

Tribal Community Health Representatives (CHR): Home care workforce insights, experiences, and recommendations for elder care.

By Jackie Kaslow, DrPH, MPH, Kurt Schweigman, MPH, Celena Donahue BA, Susan Chapman, RN, PhD

University of California, San Francisco, Health Workforce Research Center on Long-Term Care

January 2025

Objective/Purpose

The purpose of this project was to assess whether the workforce in Tribal and urban clinic settings has a sufficient supply of workers with access to training and resources, and to identify the barriers and facilitators to meeting the health care needs of elders.

Data/Setting

Twenty (20) individuals were recruited from 10 tribal and urban clinic sites in California using snowball sampling between July 2023 through February 2024. Fourteen (14) individuals participated in the study and completed a recorded interview session of 45-60 minutes via zoom or telephone. AIAN professionals experienced in qualitative methods conducted the interview using a semi-structured interview guide with questions focused on seven domains: 1) work background, 2) setting, 3) scope of CHR services, 4) CHR services during the COVID-19 pandemic, 5) influence of AIAN culture on elder care, 6) drivers and barriers to providing optimal elder care, and 7) organizational support for the CHR role.

Design/Methods

A qualitative approach was used to assess the experiences of Community Health Representative (CHR), or Nursing Supervisor of home care, or Manager or Director overseeing elder care services in a tribally operated or urban American Indian clinic and home settings. A convenience sample was drawn from the California Area Indian Health Service (IHS) clinic system statewide utilizing existing contacts known to the project's principal investigators and team members. Two project investigators coded the interviews using Dedoose™ qualitative software, conducting 3 passes to check for inter rater reliability, conducting thematic analyses and deriving key themes.

Results/Findings

The study resulted in 9 key findings related to the CHR role in addressing tribal elder health needs most frequently citing the critical importance of home visits and transportation to clinical appointments. The CHR role was often described as the primary care giver for basic elder needs and social support. The vulnerability of the CHR role to budget cuts was described including constrained funding for CHR services which are often grant supported and lack sustainability. The impact of highly rural environments on the CHR role was also described including driving long distances, limited access to internet and telephone, and limited elder resources. The need for culturally appropriate training for the CHR team, organization staff, and leadership was emphasized as was the importance of awareness of the historical trauma

experienced by the AIAN receiving health services. Barriers to CHR training as well as a lack of guidance on CHR training options, training gaps, availability, or fit/relevance of training were identified as impeding optimal elder care.

Conclusions/Discussion

Health disparities and equity concerns for AIAN elders extend to the Tribal CHR/frontline workforce who care for them. Consideration of the conditions of Tribal CHR/frontline workforce is needed to reduce the risk of losing this core part of the health care team. Identifying system-level changes as well as local and internal adjustments that can improve and optimize the CHR work conditions and acknowledge their contributions is of paramount importance given their task of caring for tribal elders.

Key Words

Community Health Representative, elder care, tribal, culture, home care workforce