

Utilizing Community Health Representatives (CHRs) for Improving Diabetes Management

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Indian Health Service

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A Little About Us



Community Health Representatives: EMPOWERING COMMUNITIES THROUGH HEALTH AND WELLNESS





CHRs at a Glance: A Proven Model

- Founded in 1968 — first federally funded Community Health Worker (CHW) program
- Over 1,600 CHRs in 250+ tribes across the country
- Rooted in tribal communities — not an external model imposed on them
- Deep cultural competence and trust
- IHS + Tribal leadership = flexibility + sustainability
- Supported by national standards, IHS resources, and technical assistance

The Opportunity

Many new funding streams are now available
(Medicaid, Medicare, value-based care)

Tribes and partners can choose how to invest
those funds

The CHR model is a proven, sustainable,
culturally grounded approach

Investing in and integrating with CHRs is an
effective path forward for health programs



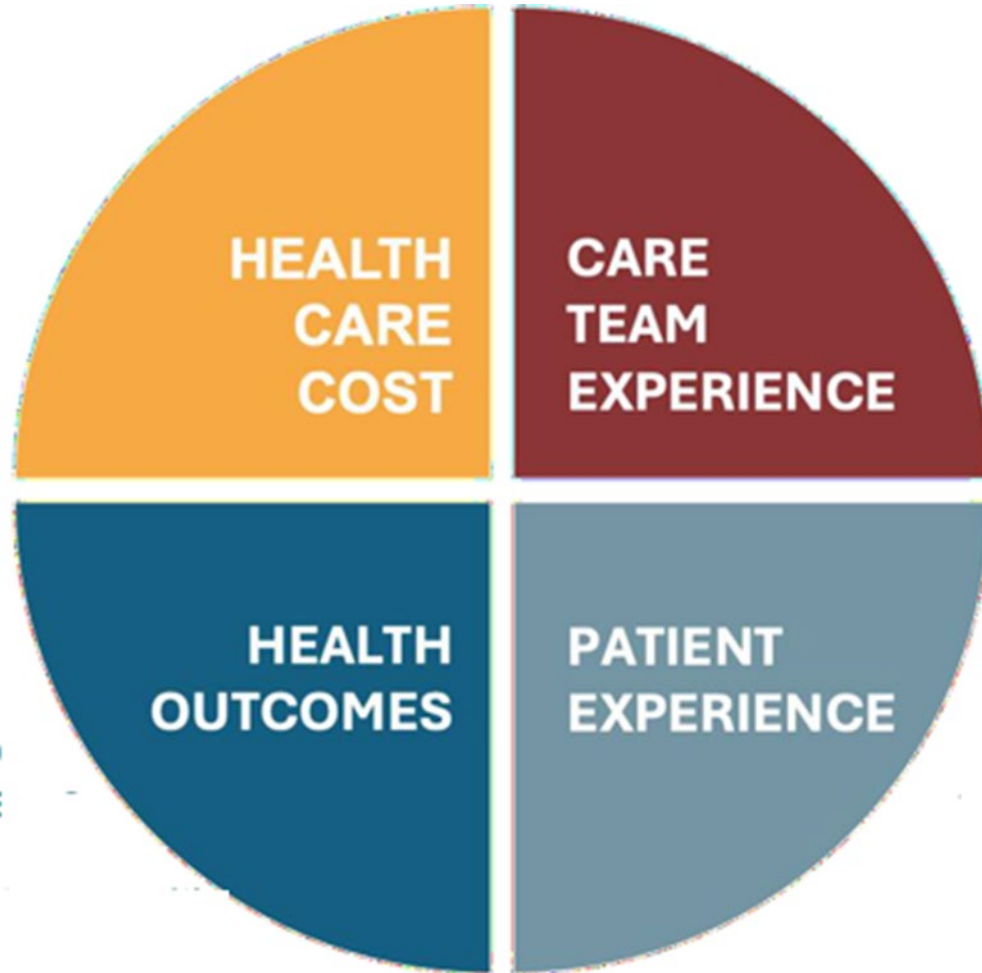


Why CHRs Matter Now

- Tribes and health programs are facing:
 - Complex health needs
 - Social drivers of health that clinical care alone cannot address
 - Demand for culturally grounded, community-based services
 - Opportunities for new funding — but risk of fragmented efforts
- CHRs are already here, already trusted, already effective
- We can build on what works — together

[Community Health Representative Program Evaluation -
Kauffman and Associates](#)

CHRs Add Value to Healthcare Teams



Integration of CHRs into care teams is an evidence-based practice that supports effective patient-centered care coordination.

Part of the CHW Family—But Distinct



**Community
Health
Worker
(CHW)??**

vs.

**Community
Health
Representative
(CHR)??**

What is the Difference?

Core Roles of CHR's



HOME-BASED SERVICES



TIME TO VACCINATE



Critical Elements of A CHR Scope of Practice

- ▶ Providing Culturally Appropriate Health Education
- ▶ Care Coordination, Case Management, Systems Navigation
- ▶ Cultural Mediation among Individuals, Communities, and Health and Social Service Systems
- ▶ Providing coaching and social support



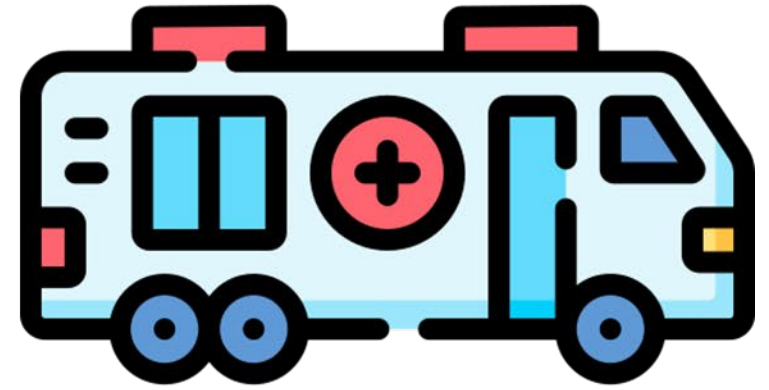
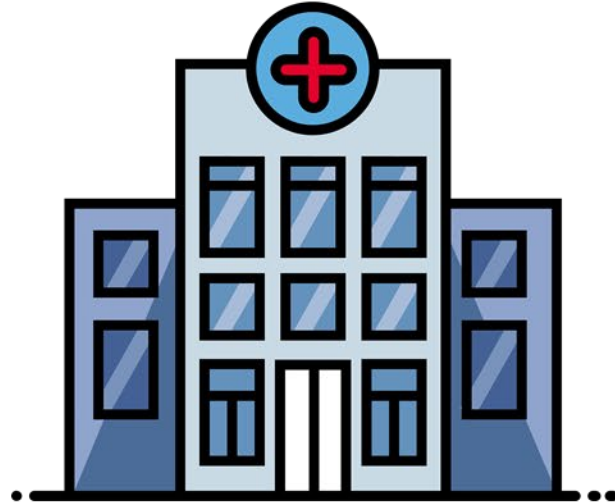
Always in the Context of Culture



**Community Health Representatives as
Cultural Liaisons:
“WE TALK IT, WE LIVE IT, WE SPEAK IT”**



Where CHRs Work



How CHRs Strengthen Health Systems

For Tribes and Communities



STRENGTHEN
HEALTH SYSTEMS



For Clinics

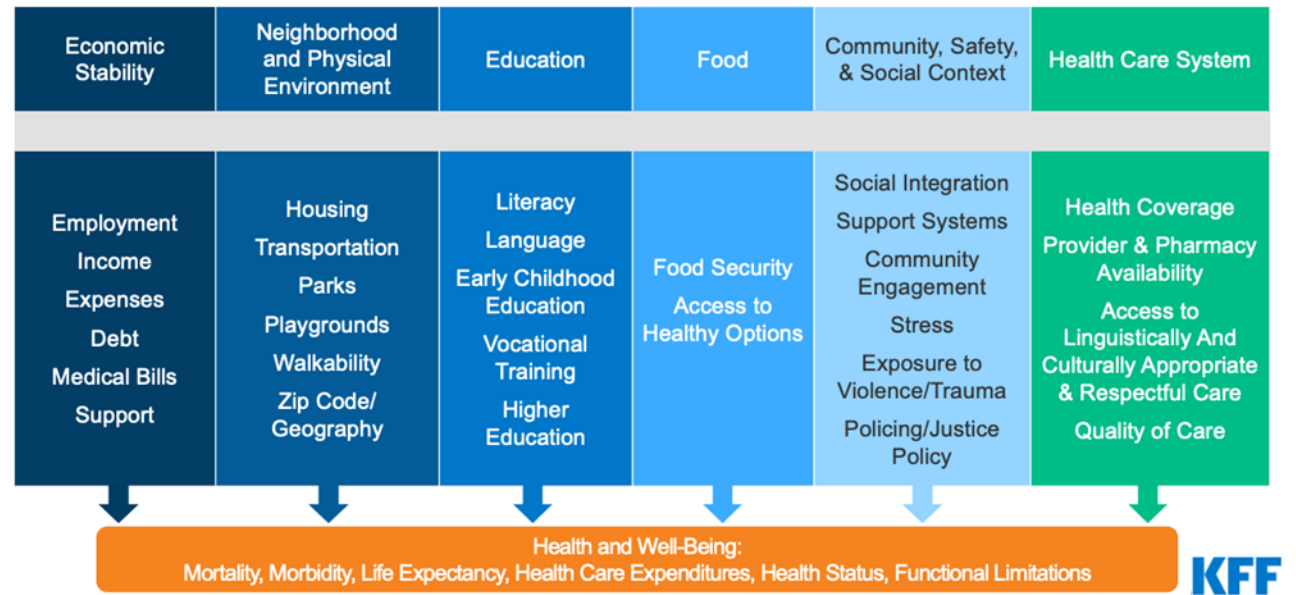
CHRs Address Social Drivers of Health



Social Determinants of Health



Figure 1
Social Determinants of Health



[Tracking Social Determinants of Health During the COVID-19 Pandemic | KFF](#)

[Social Determinants of Health - Healthy People 2030 | odphp.health.gov](https://odphp.health.gov)

CHRs Improve Outcomes



**Improving
Patient Health**



Why the CHR Model Works

- Built for tribal contexts
- Culturally grounded and trusted
- Supported by IHS infrastructure and training
- Integrated with tribal and IHS clinical systems
- Proven track record of success
- Opportunity to expand and enhance — not start from scratch
- Alignment with new funding opportunities (Medicaid, grants, value-based care)

The Risk of Fragmentation

Without CHR alignment, tribes, and partners risk:

- Creating parallel programs that duplicate effort
- Confusing patients and communities
- Undermining trust in tribal health systems
- Missing opportunities to integrate with IHS and clinical systems
- Losing sustainability after short-term funding ends

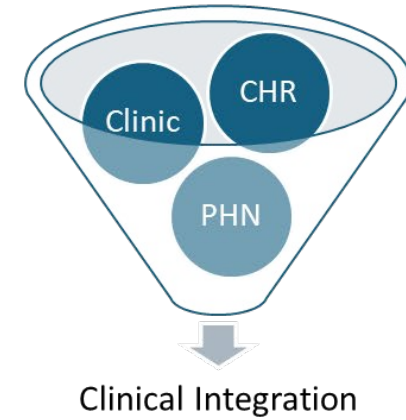




The Value of CHRs

- **V**oice of the community
- **A**ccess to care and resources
- **L**inkage to culturally grounded services
- **U**nderstanding beyond the diagnosis
- **E**ngagement at every level

How to Get Involved



CHR Key Resources



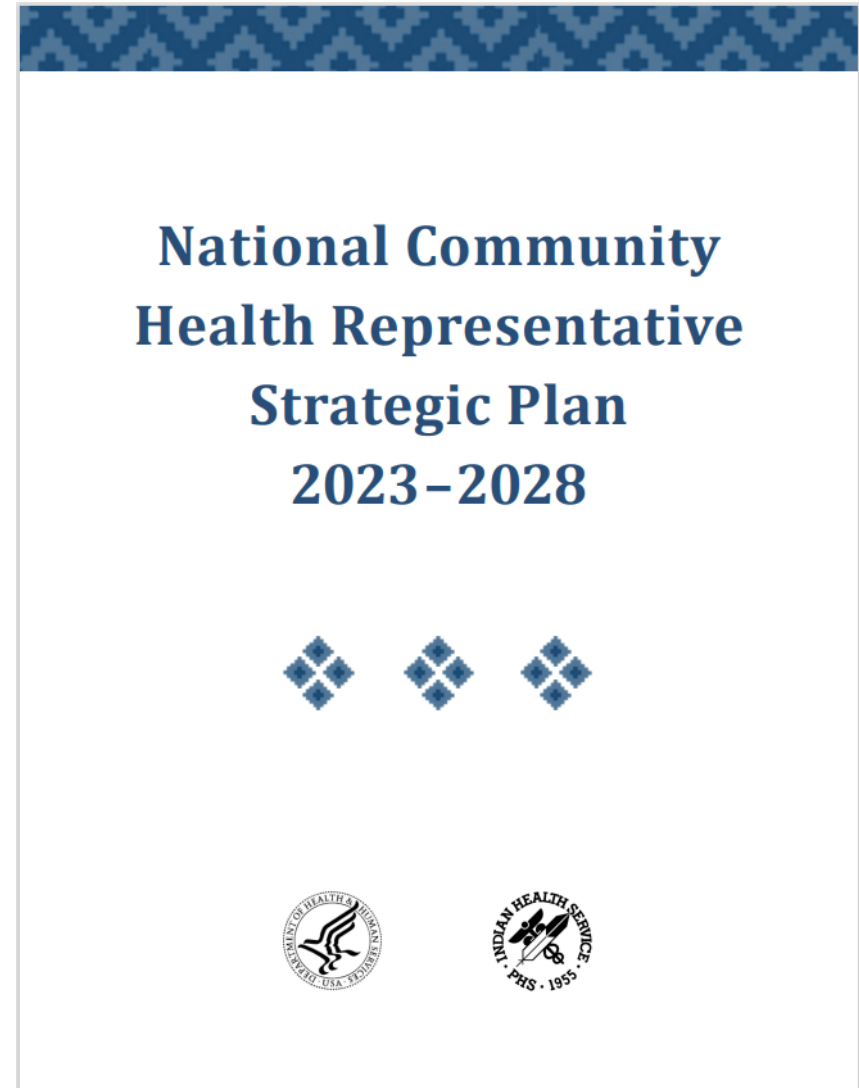
Key Resources

IHS Manual Chapter 16 & CHR National Strategic Plan

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Priority Area 4: Workforce Strengthening

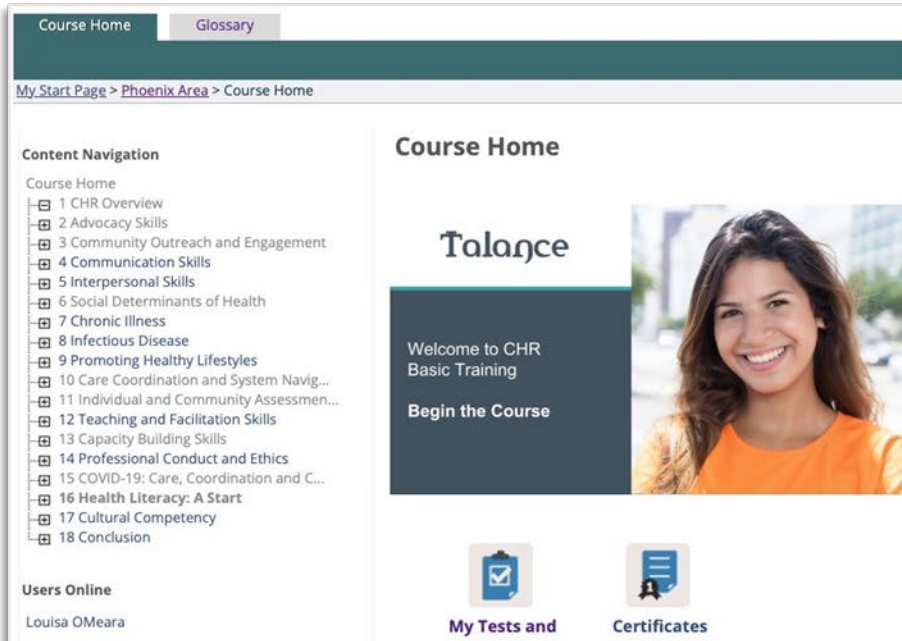
Focuses on ways to develop and enhance CHR workforce training and strengthen CHR competencies



[National Community Health Representative Strategic Plan](#)

[Chapter 16 - Community Health Representative Program | Part 3](#)

CHR Basic and Advanced E-Training



CHR E-learning program

Basic Modules

- CHR overview
- **Advocacy Skills**
- **Community Outreach and Engagement**
- Communication Skills
- Interpersonal Skills
- Social Determinants of Health
- Chronic Illness
- Infectious Disease
- Promoting Healthy Lifestyles
- **Care Coordination and System Navigation**
- **Individual and Community Assessment**
- Teaching and Facilitation
- **Capacity Building Skills**
- Professional Conduct and Ethics
- COVID-19: Care, Coordination and Communication
- Health Literacy
- **Cultural Competency**

Advanced Modules

- Leading at the Community level
- **Organizational and Program Development**
- **Evaluation and Research Methods**

Specialty Modules:

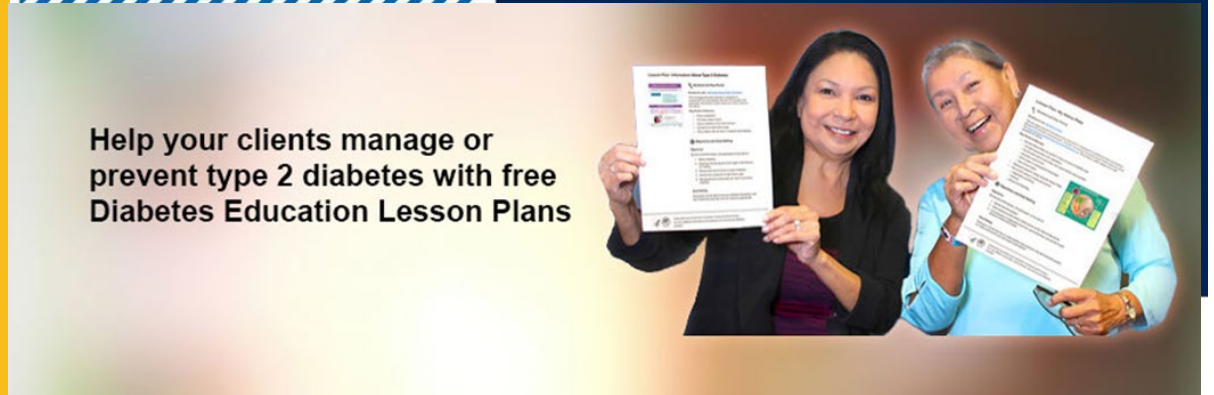
- **Health Coaching for Better Health Care**
- Home visits

IHS Division of Diabetes Treatment and Prevention (DDTP) Resources

- ▶ Clinical CME/CE Training and Resources
- ▶ Diabetes Educators and Community Members
- ▶ Educational materials and Resources (online Catalog)

[Division of Diabetes Treatment and Prevention | Indian Health Service \(IHS\)](#)

▶ Nutrition Resources
[Nutrition | Indian Health Service \(IHS\)](#)

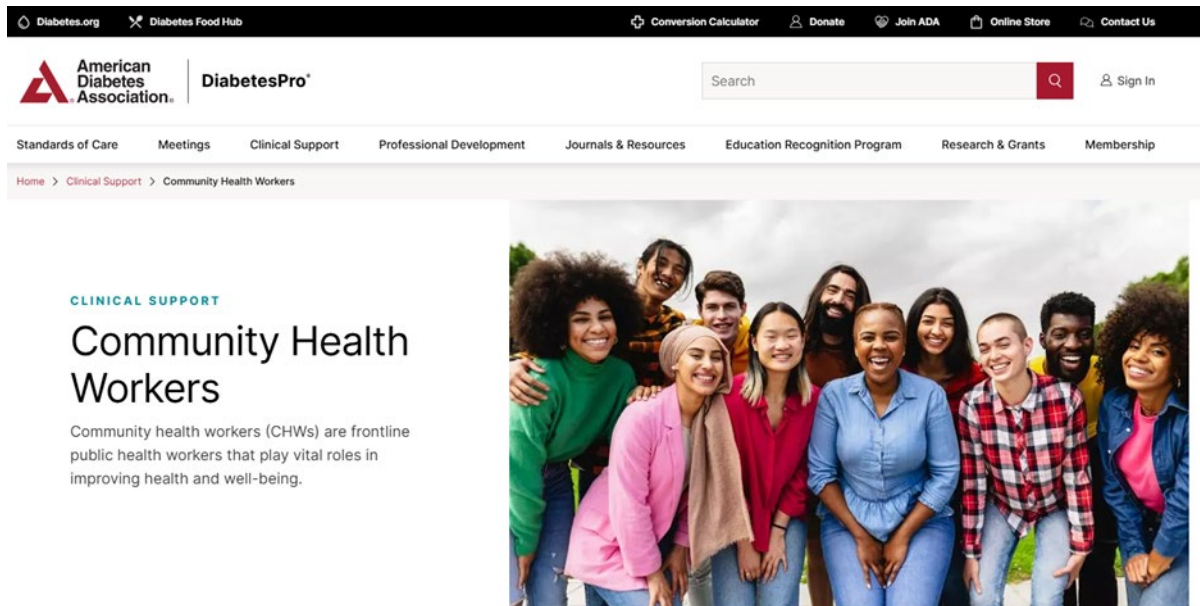


Indian Health Service
COMMUNITY HEALTH REPRESENTATIVE PROGRAM

The American Diabetes Association (ADA)



FREE Continuing Education



Standards of Care Professional Education

Community health Worker Diabetes Education Program

Keep your eyes healthy

Community Health Worker Case Study Program

Women's health Program

Healthy Eating with Diabetes

Preventing Diabetes Complications: From head to toe.

CHW Resources

Diabetes Placemats

Community Connection

Local Diabetes education Programs

Patient Education Library

Education Recruitment Tips

Diabetes Food Hub

[Community Health Workers | American Diabetes Association](#)



Other Key CHR Resources

- [CHR program newsletter and updates](#)
- [IHS Area CHR Consultants and National CHR program team](#)
- [IHS CHR Fee-for-Service Medicaid Billing Environmental Scan Summary](#)

SDPI and Diabetes Outcomes



2021

Special Diabetes Program for Indians

Changing the Course of Diabetes: Charting Remarkable Progress

Tremendous improvements in diabetes outcomes are happening for American Indian and Alaska Native people. Read the [Special Diabetes Program for Indians 2020 Report to Congress](#) to learn more.

Diabetes Prevalence

Diabetes decreased from 15.4% in 2013 to 14.6% in 2017 in adults **↓14.6%**

Diabetes-Related Deaths

Decreased 37% from 1999 to 2017 **↓37%**

Diabetes-Related Kidney Failure

New cases decreased by 54% from 1996 to 2013 in adults **↓54%**

Diabetic Eye Disease

Decreased by >50% since 1990s in adults **↓50%**

Hospitalizations for Uncontrolled Diabetes

Decreased 84% between 2000 and 2015 in adults **↓84%**

301 Special Diabetes Program for Indians sites in 35 states

"These improvements have huge implications for quality of life and health care costs. The Special Diabetes Program for Indians has been, and continues to be, key to this remarkable progress." — Ann Bullock, MD (Ojibwe)

Indian Health Service
Division of Diabetes Treatment and Prevention

2023

Special Diabetes Program for Indians (SDPI)

Changing the Course of Diabetes

Tremendous improvements in diabetes outcomes are happening for American Indian and Alaska Native (AI/AN) people. Read the [Special Diabetes Program for Indians 2020 Report to Congress](#) to learn more.

\$147 million/year*
472,656 AI/AN Served | 1,256 Employed

*The amount for FY2022 and FY2023 after mandatory sequestration

The majority of SDPI grantees are tribal programs*

There are 302 SDPI program sites in 35 states

Diabetes services at SDPI sites **all increased** since 1997¹

Health outcomes for AI/AN people with diabetes have been improved or maintained²:

- 1996 to 2022: Average blood sugar down **11%**
- 1998 to 2022: Average LDL cholesterol down **25%**
- >20 years: Blood pressure has been **well controlled**
- 2015 to 2022: Tobacco use down **28%**

The SDPI has generated awareness and knowledge, two critical contributors to diabetes related successes in Indian Country. We need continued momentum to help with this devastating disease.

— Connie Barker, Tribal Legislator- Chickasaw Nation
Tribal Co-Chair/Oklahoma City Area Representative, Tribal Leaders Diabetes Committee

Indian Health Service
Division of Diabetes Treatment and Prevention

¹Source: Evaluation of the SDPI
²Source: IHS Diabetes Care and Outcomes Audit

[SDPI Fact Sheet 2020](#)

[Changing the Course of Diabetes](#)


SDPI and Diabetes Outcomes

2025

Special Diabetes Program for Indians (SDPI)

Tremendous improvements in diabetes outcomes are happening for American Indian and Alaska Native (AI/AN) people.

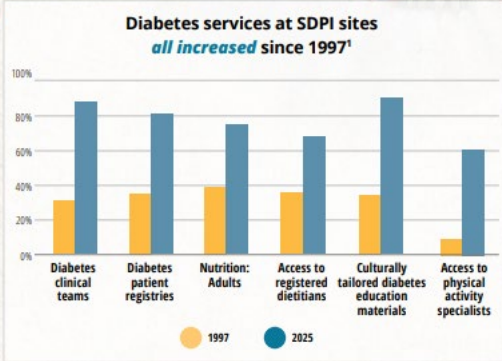
\$159 Million*
982,053 AI/AN Served | 1,087 Employed¹
*The amount for FY 2025 only



Health outcomes for AI/AN people with diabetes have improved²

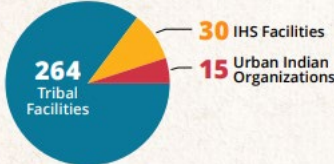
- 1997 to 2024**
Mean A1C ↓ **12%** to 7.72%²
- 1998 to 2024**
Mean LDL cholesterol ↓ **28%** to 86 mg/dL²
- 2008-2024**
Percentage of people with mean BP <140/<90 ↑ **6%** to 69%²

Diabetes services at SDPI sites all increased since 1997¹




Service	1997	2025
Diabetes clinical teams	~30%	~85%
Diabetes patient registries	~35%	~80%
Nutrition: Adults	~40%	~75%
Access to registered dietitians	~35%	~70%
Culturally tailored diabetes education materials	~35%	~85%
Access to physical activity specialists	~10%	~60%

The majority of SDPI grantees are tribal programs¹



- 264 Tribal Facilities
- 30 IHS Facilities
- 15 Urban Indian Organizations

There are 309 SDPI program sites in 36 states



Indian Health Service
Division of Diabetes Treatment and Prevention

“ Tribes across the nation have benefited from the SDPI funding administered through the Indian Health Service. This is evident in the outcomes, such as a 54% reduction in End Stage Renal Disease and a \$520 million savings to Medicare. The tribes are grateful for this and realize that more work is needed to continue to improve diabetes treatment and management efforts in American Indian and Alaska Native communities.”
Rosemary Nelson, Member of the Astariki Band of Indians
California Primary Representative, Tribal Leaders Diabetes Committee.

¹Source: Evaluation of the SDPI, ²Source: IHS Diabetes Care and Outcomes Audit

Association of Diabetes Care and Education Specialist (ADCES)

“As the number of Americans living with diabetes and prediabetes grows, and the population of the United States grows increasingly diverse, investing in an agile, culturally competent workforce to provide person-centered DSMES* and diabetes prevention is critical; diabetes paraprofessionals can be that workforce”.

Association of Diabetes Care and Education Specialist. 2019. *Community health workers as diabetes paraprofessional in DSMES and prediabetes*. ADCES Practice Paper. pp. 1-5. [adces-community-health-workers-as-diabetes-paraprofessionals-in-dsmes-and-prediabetes---final-4-1-20.pdf](#). Accessed July 2, 2025.

*DSME = Diabetes Self-management Education

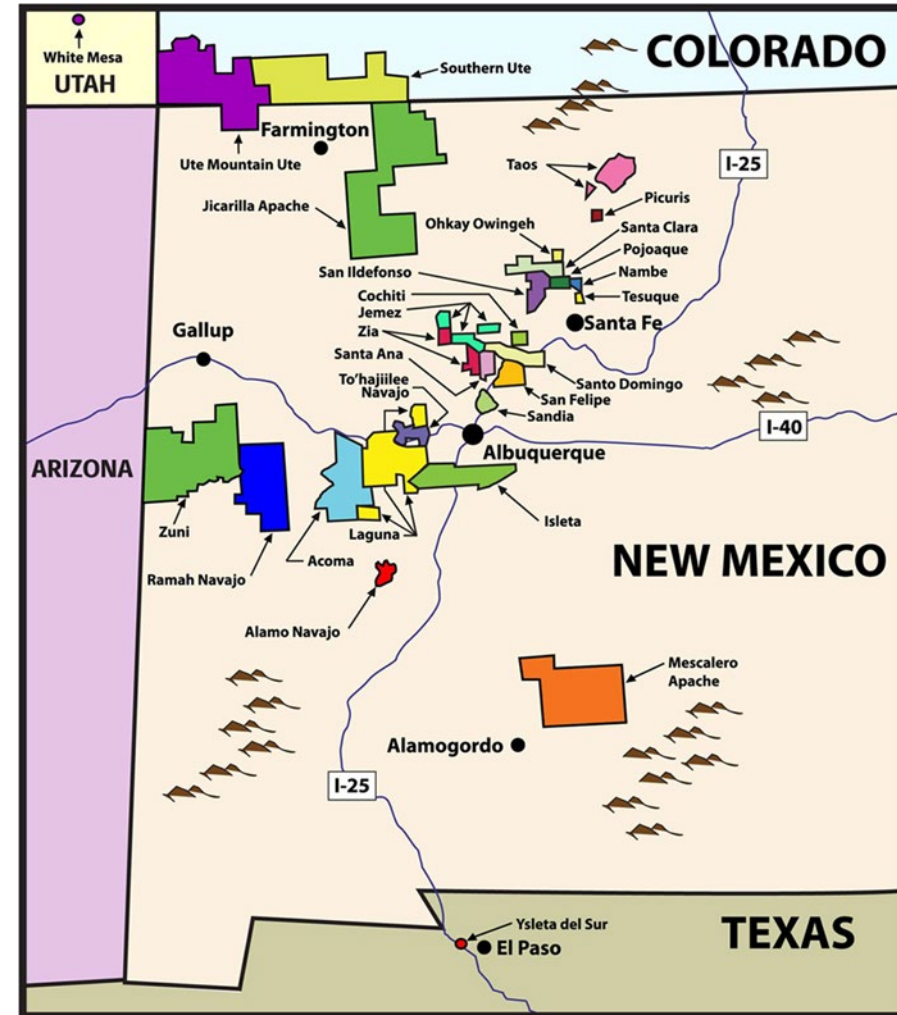
[adces-community-health-workers-as-diabetes-paraprofessionals-in-dsmes-and-prediabetes---final-4-1-20.pdf](#)



Albuquerque Area CHR Programs



- 24 CHR Programs
 - All Tribes and Pueblos
- 28 SDPI Programs
 - 26 Tribes and Pueblos
 - 2 Urban Organizations
- There are 8 SDPI and CHR programs that are integrated sharing a program coordinator/director.



[Who We Serve | AASTEC](#)

Thank You!



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Questions???

