

Utilizing Community Health Representatives (CHRs) for Improving Diabetes Management

*A Proven Pathway for
Community Health and Care Integration
in American Indian and Alaska Native Communities*

*Presented by: Bill Adams, MSN, RN, CDCES, CCHW, NHDP-BC,
Albuquerque Area Diabetes/Community Health Representative Consultant*

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

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
Representati
ve (CHR)??**

What is the Difference?

Core Roles of CHRs



HOME-BASED SERVICES



TIME TO VACCINATE

COMMUNITY VOICES



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

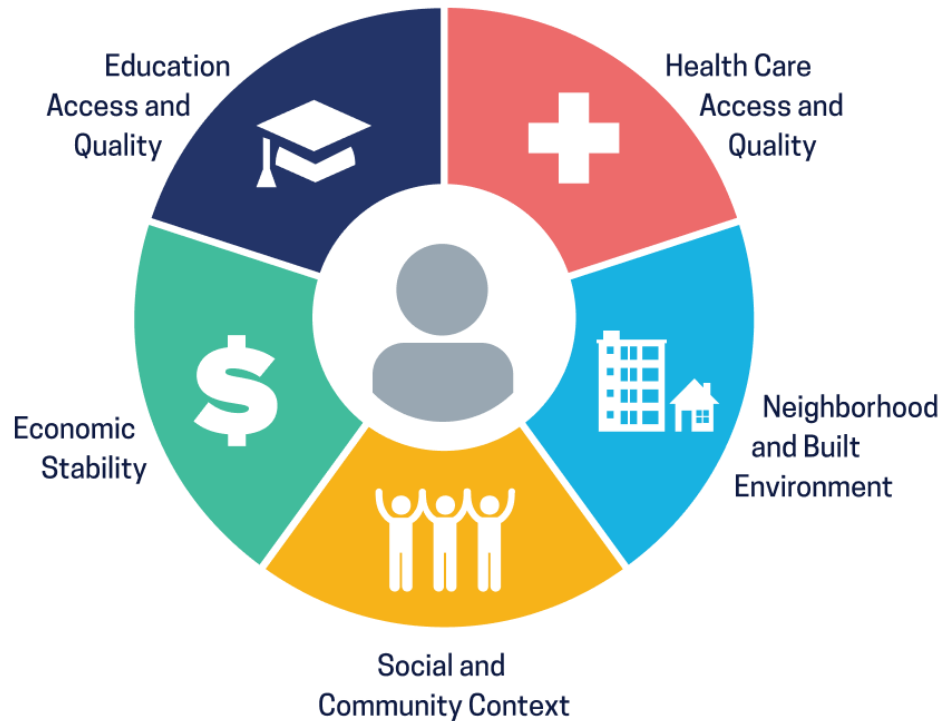
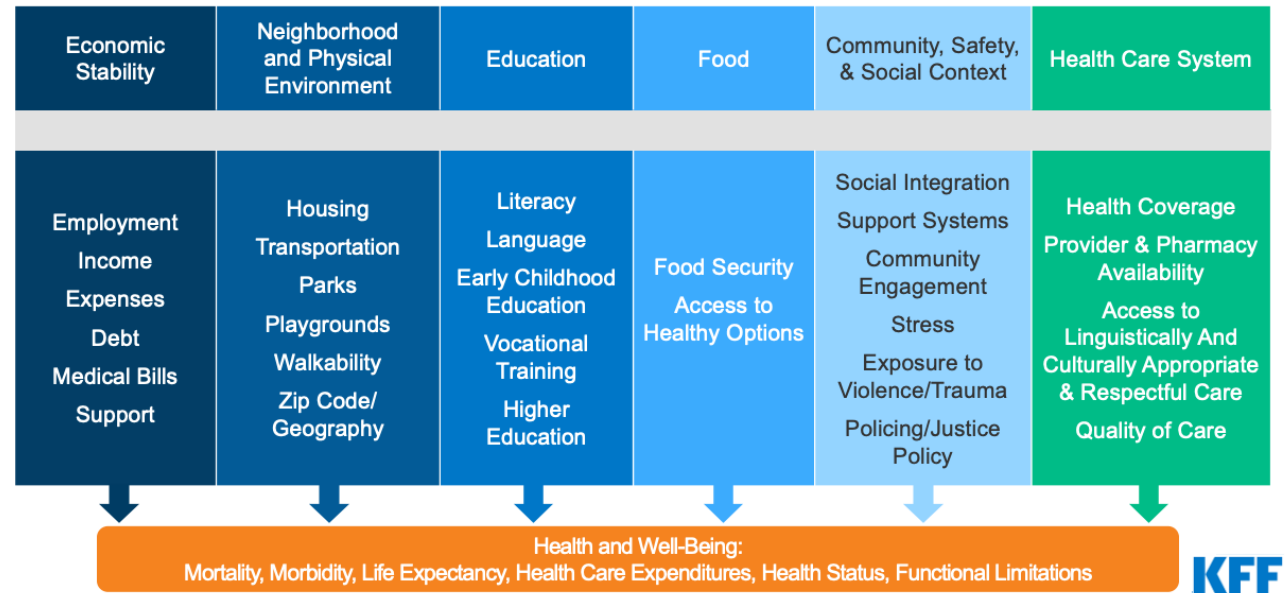


Figure 1

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](#)

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

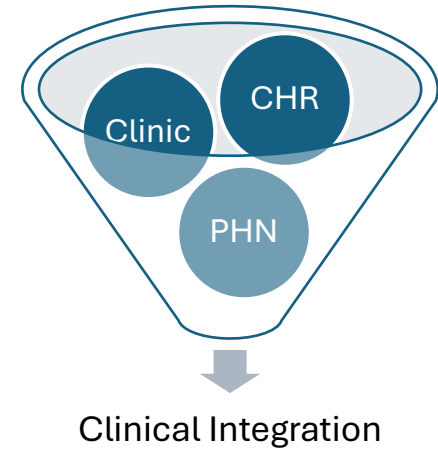
Without CHR alignment, tribes, and partners risk:

- 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

1

Priority Area 1: Advocacy and Awareness

Focuses on ways to increase awareness and advocacy to support the National CHR Program and ensure that CHRs receive comprehensive support in providing continuous care for AI/AN people

2

Priority Area 2: Partnerships

Focuses on ways to strengthen partnerships across the National CHR Program and other health care teams to improve systems of care for AI/AN people

3

Priority Area 3: Sustainability

Focuses on ways to strengthen and sustain the National CHR Program and integrate CHRs into health care teams to ensure continuous care for AI/AN people

4

Priority Area 4: Workforce Strengthening

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

5

Priority Area 5: Data Systems

Focuses on ways to optimize CHR data collection and use to support individual and community-level well-being

4

Priority Area 4: Workforce Strengthening

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

IHS CHR Strategic Plan

CHR Basic and Advanced E-Training

Course Home | Glossary

My Start Page > Phoenix Area > Course Home

Content Navigation

Course Home

- 1 CHR Overview
- 2 Advocacy Skills
- 3 Community Outreach and Engagement
- 4 Communication Skills
- 5 Interpersonal Skills
- 6 Social Determinants of Health
- 7 Chronic Illness
- 8 Infectious Disease
- 9 Promoting Healthy Lifestyles
- 10 Care Coordination and System Navig...
- 11 Individual and Community Assessmen...
- 12 Teaching and Facilitation Skills
- 13 Capacity Building Skills
- 14 Professional Conduct and Ethics
- 15 COVID-19: Care, Coordination and C...
- 16 Health Literacy: A Start
- 17 Cultural Competency
- 18 Conclusion

Users Online

Louisa OMeara

Balance

Welcome to CHR Basic Training

Begin the Course

My Tests and Certificates

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

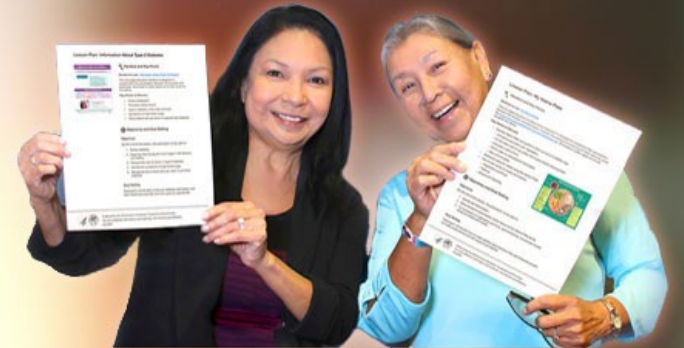
- ▶ Clinical CME/CE Training and Resources
- ▶ Diabetes Educators and Community Members
- ▶ Educational materials and Resources (online Catalog)

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

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



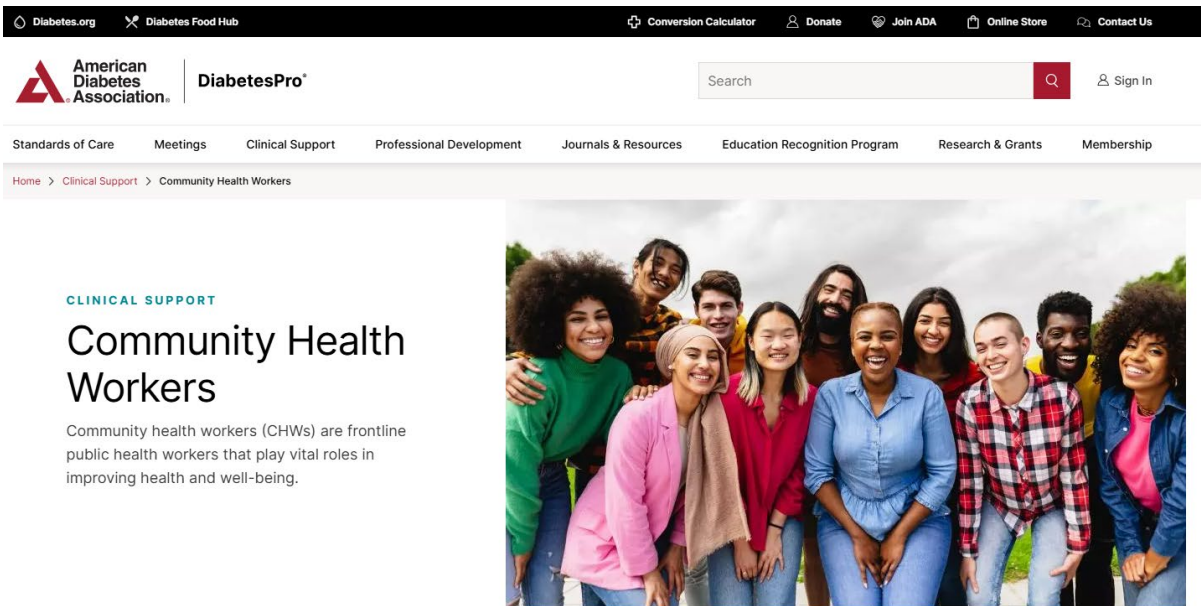
Help your clients manage or prevent type 2 diabetes with free Diabetes Education Lesson Plans



Indian Health Service
COMMUNITY HEALTH REPRESENTATIVE PROGRAM



Additional Diabetes-Related Professional Development: ADA



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

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

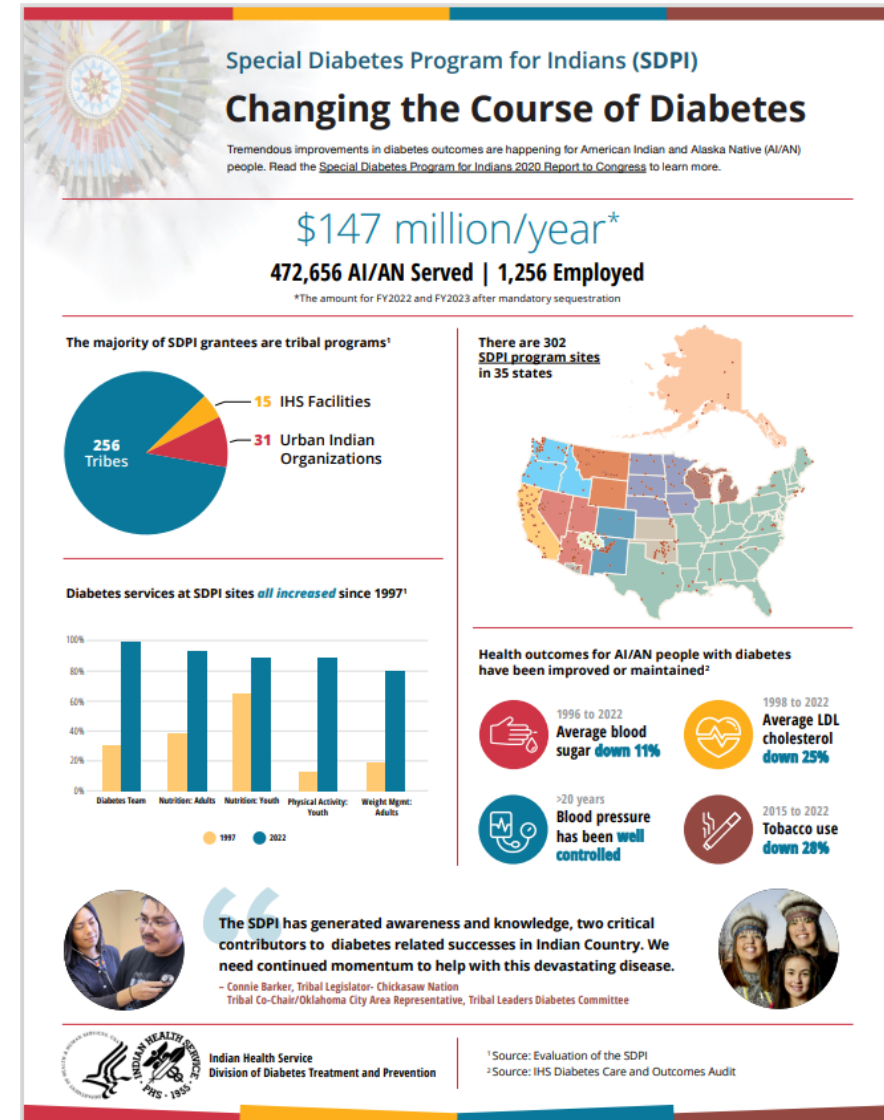
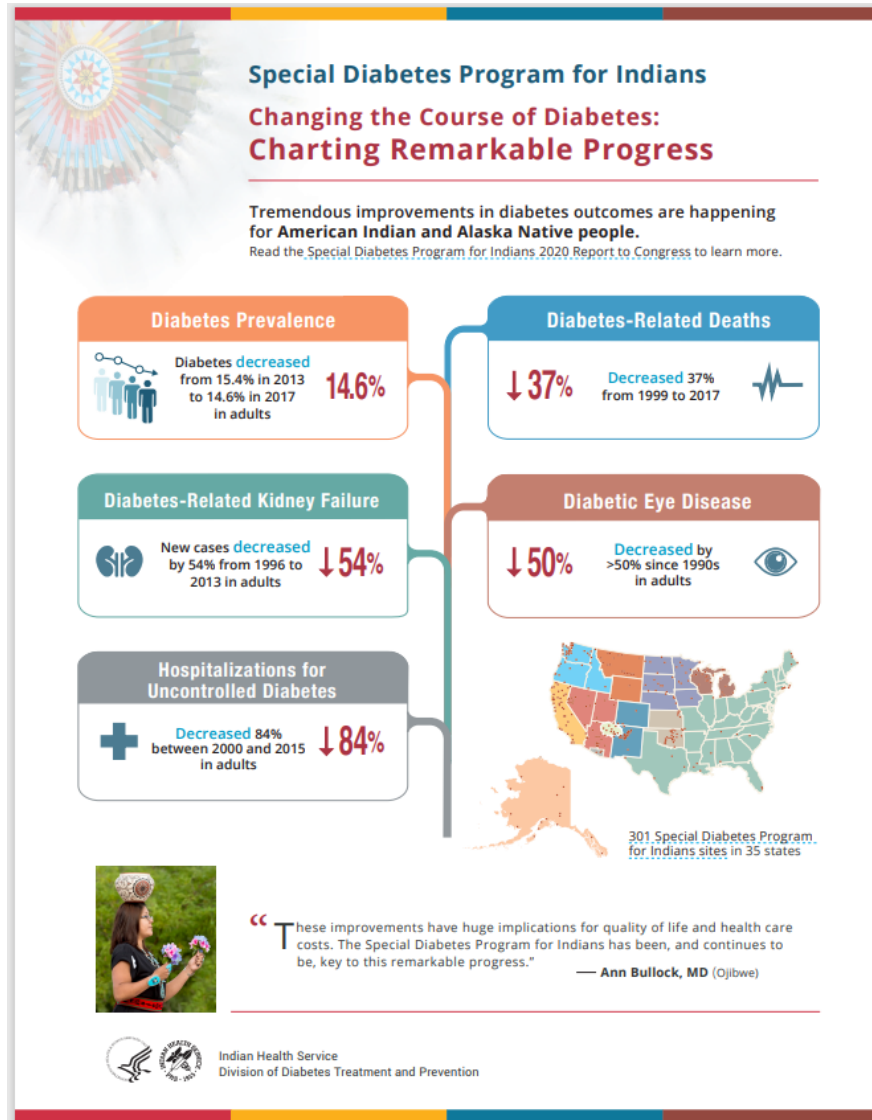
Education Recruitment Tips

Diabetes Food Hub

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



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](https://www.adces.org/wp-content/uploads/2019/04/adces-community-health-workers-as-diabetes-paraprofessionals-in-dsmes-and-prediabetes---final-4-1-20.pdf). Accessed July 2, 2025.

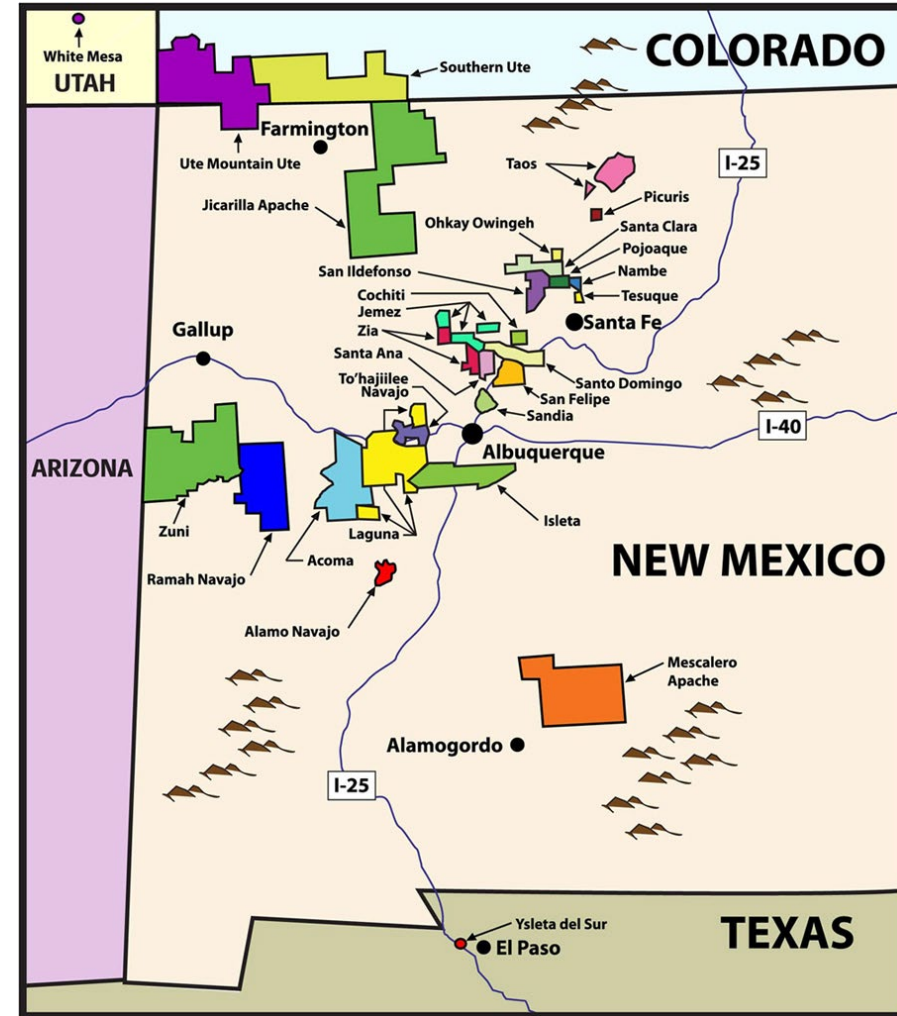
*DSME = Diabetes Self-management Education

[adces-community-health-workers-as-diabetes-paraprofessionals-in-dsmes-and-prediabetes---final-4-1-20.pdf](https://www.adces.org/wp-content/uploads/2019/04/adces-community-health-workers-as-diabetes-paraprofessionals-in-dsmes-and-prediabetes---final-4-1-20.pdf)



Albuquerque Area CHR Programs

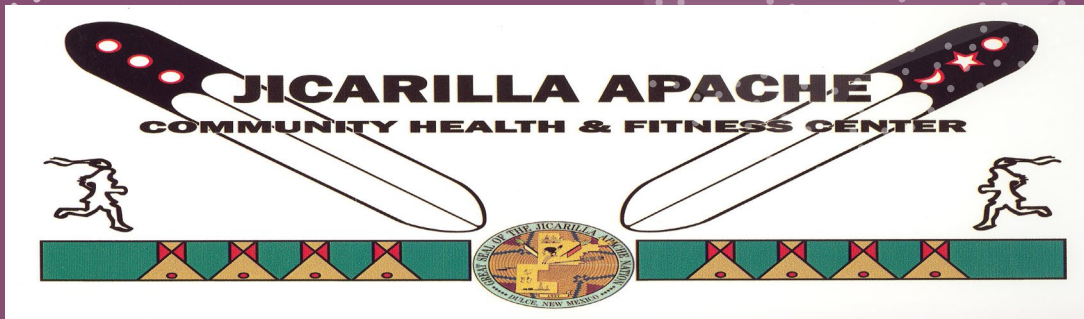
- 24 CHR Programs
 - All Tribes and Pueblos
- 28 SDPI Programs
 - 26 Tribes and Pueblos
 - 2 Urban Organizations
- There are 8 SDPI and CHR programs that are integrated sharing a program coordinator/director.





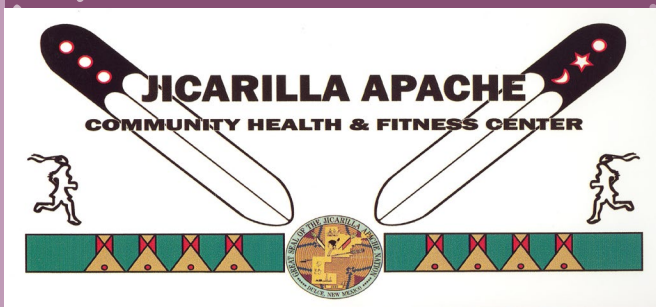
Jicarilla Health & Fitness Center
Community Health Representative C.H.R.
Special Diabetes Program for Indians S.D.P.I.
Jicarilla Apache Nation
Sabrina Baca, Director





The Jicarilla Apache Nation is located in rural northern New Mexico. The Reservation is within two New Mexico counties, Rio Arriba County and Sandoval County, and spans the Colorado border south to Cuba, New Mexico. The reservation sits along US Route 64 and New Mexico 537. The reservation has a land area of 1,364,046 square miles and has a tribal member census of 3,992 as of the August 2022.





Fitness Center is staffed with 22 staff members:

Six are Tribally Funding

Six are CHR Funded

Three are SDPI Funded

Two are on-call contract drivers Tribal funded

Five are temporary employees funded under the Tribe.

Staff includes: Director, Assistant Director, CHR Generalist/Drivers, Diabetes Coordinators, Health Educator/Environmentalist, Custodians and Personal Trainers.



Personal Trainers and Diabetes
Coordinators:

Nick Perea, Diabetes Coordinator
CHR

Rhonda Garcia, Personal Trainer
CHR

Dakota Petago, Supervisor Personal
Trainer SDPI

Chad Vigil, Personal Trainer SDPI

Vinson Veneno, Diabetes
Coordinator SDPI





Jicarilla Service Unit 2024 Diabetic audit showed 255 diabetics. All of whom are Type 2 Diabetics of those 60% had a BMI greater than 30.0, and 28% with A1C over 9.0, and 31% with a Blood Pressure of 140/90 and greater.

The average age of those are between 45-64; and numbers are even between males and females.



Jicarilla Fitness Center "Best Practice is Diabetic Education/Physical activity."

Our target group are those with a BMI greater than 25% and or A1C over 7.

We are doing a 12- week Fitness Challenge, are target is 60 individuals;

Each trainer (5) is to recruit will three (3) teams of two individuals, per-team.

We get our clients pre/post A1C's and BMI's; during the fitness challenge they educate them on the importance of proper nutrition, and exercise.



We offer two fitness challenges within the year. The first 12 weeks is to get them started on their health journey. The teams are followed throughout the year and often continue to work with trainers. Those that may not complete the challenge, will often come back and get started again.



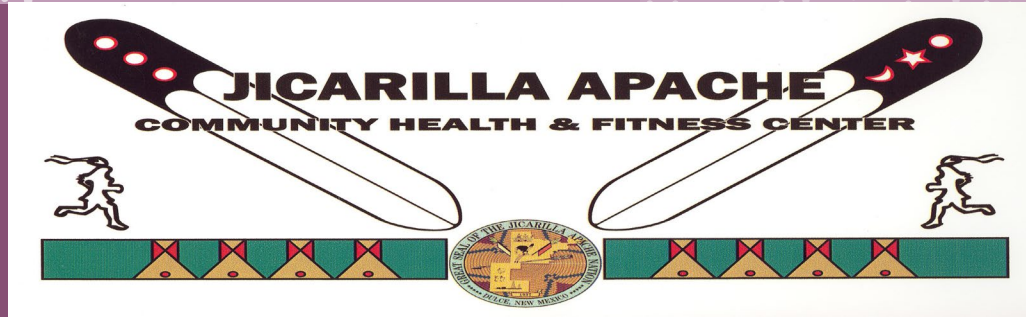


We have had great success with our Challenge.

During the pre-assessment screening we have found those with an elevated A1C, whom might not have known.

With the challenge we have seen clients drop their A1C from 11 to 9, clients drop 10-20 lbs, while gaining 5-8 lbs of muscle mass.





The CHR's provide transportation for clients to Dialysis, eye appointments, dental appointments and other specialty doctors locally and out of town.

They also do home visits with clients. Where they check basic vitals, assess homes for fall risks, other health concerns. They will make referrals to trainers and additional resources in community.



Pictured is trainer Rhonda working with our eld to help prepare for Senior Games.

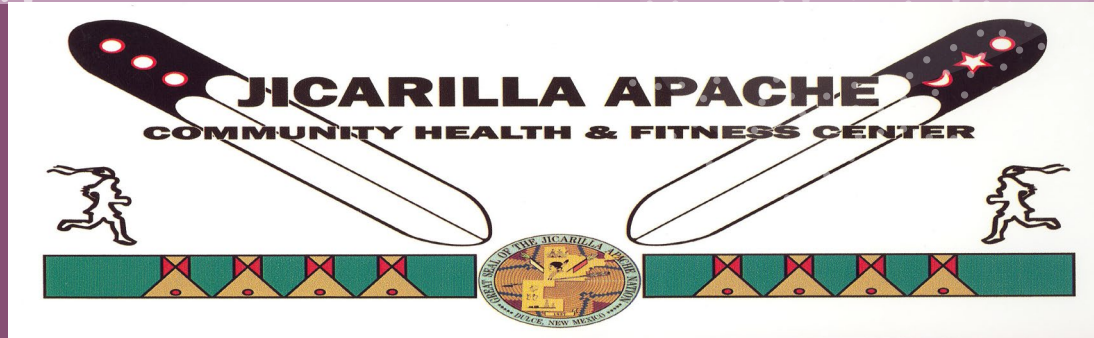


The Health & Fitness Center is part of case management team:

- *JSU PHN's
- *EMS
- *Fire Dept
- *Police Dept.
- *Disable & Elderly Program
- *Senior Center
- *Behavioral Health

We meet monthly to discuss our most vulnerable and elderly clients.



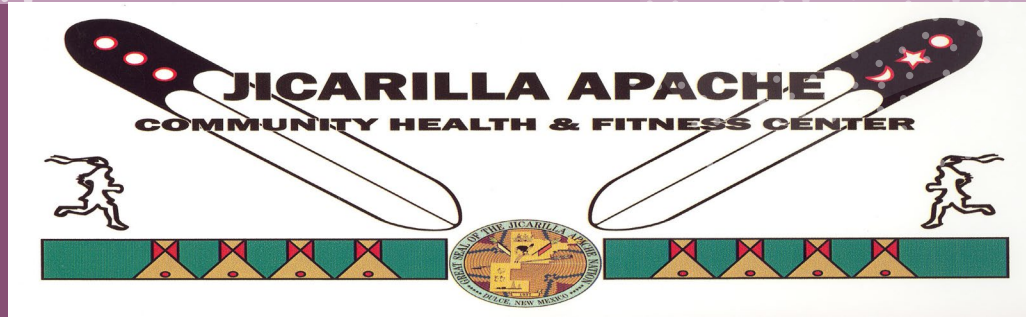


In being part of the case management team, we can make and receive referrals.

As well as collaborate for activities such as:

- Vaccination clinics
- Health Fairs
- Health Education Classes
- Emergency Response

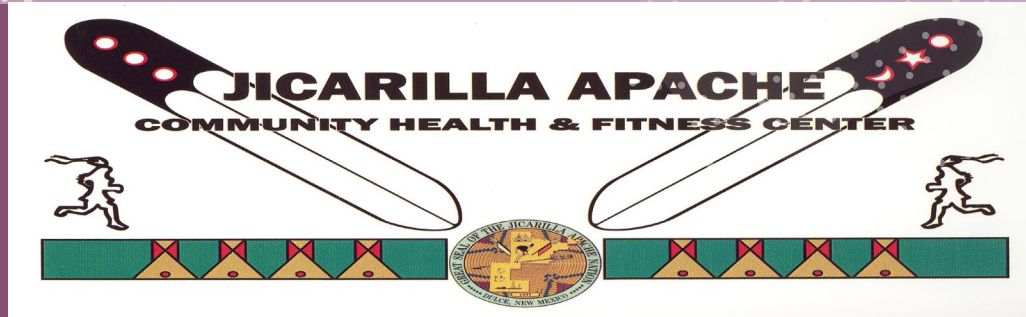




The Health & Fitness Center participates in many local fairs: Shown here is at the Jic. Game & Fish "Wild" Community Outdoor Resource Education day at one of the local lake.

We talked to students about heat related illness and diabetes (soda's vs. H2O), etc.





The Diabetic coordinators along with CHRs host a monthly Fun Walk/Runs.

We try to partner with different departments and bring attention to different health topics;

Shown is our Missing & Murdered Indigenous Peoples walk. Where we partnered with the Dulce Schools and Behavioral health. We brought in speakers to talk to the students about Cyber bullying; and online safety





Within the department we provide:

Diabetes Education Nutrition

Fitness classes (senior; in-home; HITT;
personal)

Commodities

Rabies Clinics

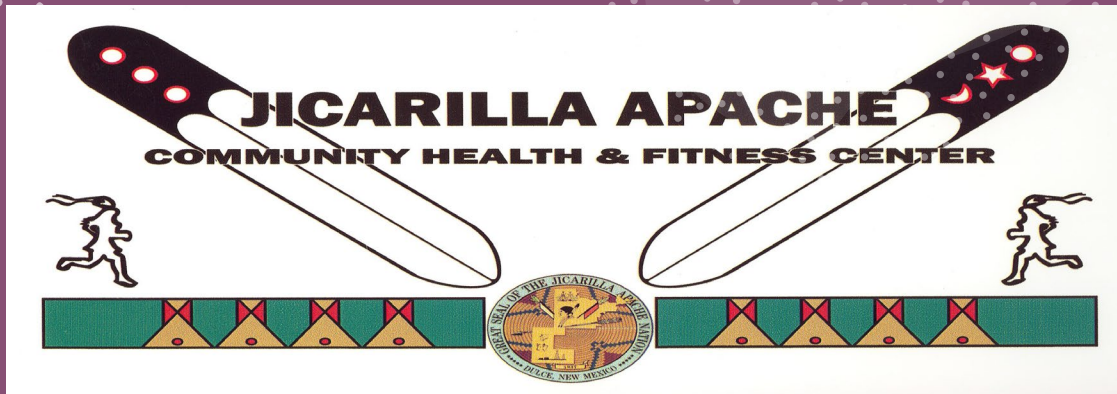
Vendor food surveys

Health Education (Cancer, Smoking
secession, etc)

Car Seat Safety Checks

Transportation



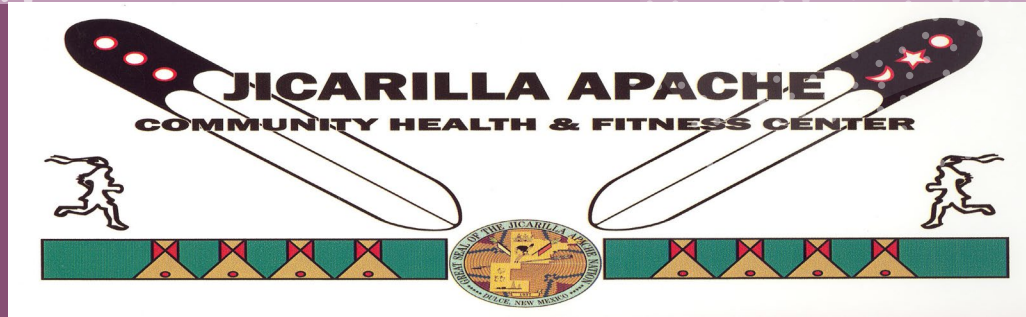


We receive trainings and education from NMDOH, I.H.S, University of New Mexico Project ECHO, AASTEC/AIHB, SDPI, CHR, American Red Cross, American Diabetes Association, Native American Health & Fitness Council, to name a few.

We utilize all of these to receive certifications and CEU's to maintain staff certifications and educational needs.

Staff's education/certifications include CPR/First Aid certified; defensive driving, Adult/adolescence Mental Health 1st aid; CHR basic, CHW, personal training, nutrition, and any other special training to aide them in their job duties.



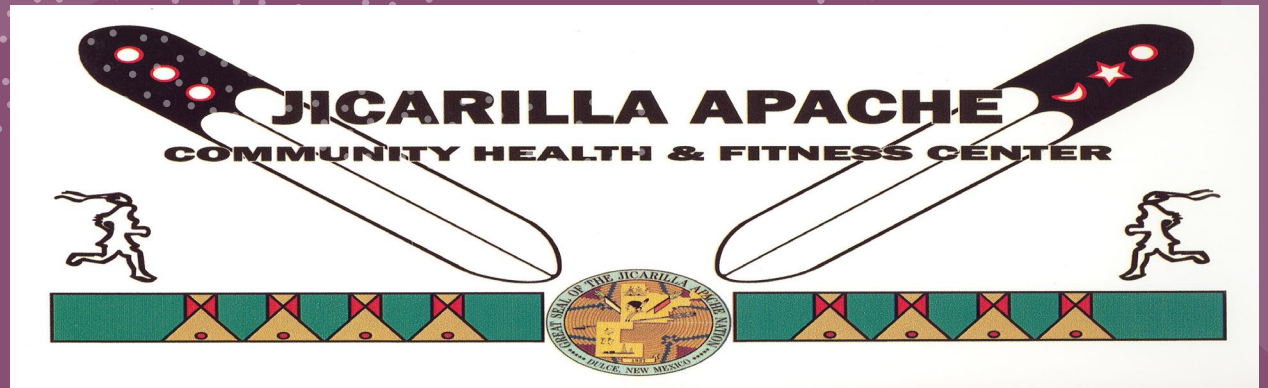


Having the CHR and SDPI in one program is a great advantage in helping us provide a more inclusive service to the community.

We don't see us as two separate programs:

We are Community Health & Fitness Center

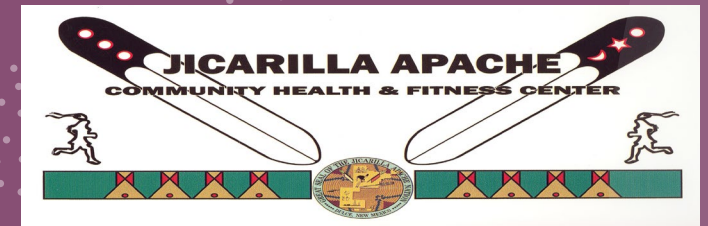




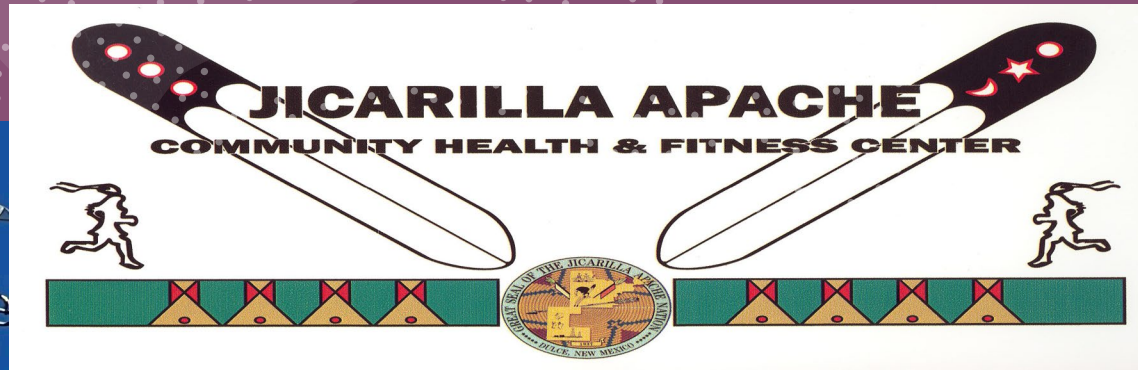
We are invested in our community and do our best to model what we teach.

We have staff that coach high school track, boys' and girls' basketball, participate in other communities runs and weightlifting competitions.

I sit on the Albuquerque Area Southwest Tribal Epidemiology Advisory Council. Which is a great resource as they provide several health training and funding opportunities.



The Jicarilla Health & Fitness Center was awarded the Albuquerque I.H.S. Disease prevention and Health promotion award Fy'2024



Thank you
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Sbaca@jan-nsn.com




Community Health Representatives/Workers with Diabetes Program


Presented by:
Michelle Tafoya, CHW





▶ STAFF

- ▶ Florence Coriz-Diabetes Case Manager
- ▶ Denise Chavarria-CHR Generalist/Diabetes Case Manager
- ▶ Kristy Salazar-Administrative Assistant
- ▶ Jonathon Tafoya-Community Health Planner

- 
- ▶ We have three (3) staff members that are CHW certified through the New Mexico Department of Health
 - ▶ Have to maintain our certification, we need to have 30 CEU's in 2 years

- 
- ▶ Community Health Representatives are a vital asset to our community for many reasons
 - ▶ Home visits with community members, sometimes it's the only visit they get. While the visit is going on, they communicate with community members in our Tewa Language

- 
- ▶ They advocate on behalf of community members whose family members are not living close by. They go into the appointments with the patient(s) and give feedback to the family members.

- 
- ▶ When they are transported to their appointments, not only is there just the trip, but they also talk about their medication and educate them without them knowing. Just talking helps cover many areas.
 - ▶ Espanola Hospital-Specialty Clinics
 - ▶ Los Alamos Medical Center
 - ▶ Santa Clara Health Center
 - ▶ Santa Fe Indian Hospital
 - ▶ Santa Fe Eye Associates
 - ▶ St Vincent's
 - ▶ Santa Fe Presbyterian

Thank You!

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