

# FACT SHEET

## Community Health Representatives (CHR) Fact Sheet

### Background

The Community Health Representatives (CHR) Program was established in 1968, under the 1921 Snyder Act (25 U.S.C. 13). CHRs are frontline public health workers who are trusted members of the community with a close understanding of the community, language, and traditions. CHRs serve as a link between the clinical setting and the community to facilitate access to services and improve the quality and cultural competence of service delivery. They assist by increasing health knowledge of patients and communities through a broad range of activities such as transportation to health visits, outreach, community education, informal counseling, social support, and advocacy. The National IHS CHR Program provides funding, training, and technical assistance to tribal CHR programs to address the health care needs through the provision of community-oriented health services.

Today, the CHR program serves as the largest tribally contracted and compacted program with more than 95% of CHR programs being directly operated by Tribes under P.L. 93-638 of the Indian Self-Determination and Education Assistance Act, as amended. There are more than 1,600 CHRs representing over 250 tribes in all 12 IHS Areas. The authority for the CHR program can be found in the Indian Health Care Improvement Act, Section 107 of P.L. 100-713, dated November 23, 1988.

### Funding History

FY 2014	FY 2015	FY 2016	FY 2017 Annualized CR	FY 2018 President's Budget
	\$58,469,000	\$58,906,000	\$58,794,000	\$58,906,000

### Data

Tribes submit data, including number of patient contacts and number of CHR trainings, from CHR programs to the IHS Performance and Evaluation System (IHPES) CHR Data Mart. In FY 2017, the **majority** of CHR patient visits were related to diabetes mellitus, dialysis, hypertension, nutrition, and heart services for **those age 60 and over**. Using this information, IHS reports on two Government Performance Reporting Act (GPRA) measures and the number of CHRs who access IHS-sponsored training each year. Results from Fiscal Year (FY) 2016 and 2017 are included in the table below. These results are reported out in the IHS Congressional Justification each year for the CHR budget. [View or Download](#) the Fiscal Year 2019 HHS Budget in Brief.



## Community Health Representatives Fact Sheet (continued)

### Outputs/Outcomes

Measure	FY 2016 and 2017
Number of Patient Contacts	FY 2016: 1,102,164 patient contacts Target: 992,464 patient contacts
CHR Patient Contacts for Chronic Disease Services	FY 2016: 453,252 patient contacts Target: 429,814 patient contacts
CHR Number of CHR's Trained	FY 2017: 724 CHR's Target: 600 CHR's

### Education and Training

- **CHR Online Training Modules** ([www.medcomrn.com/ihschr](http://www.medcomrn.com/ihschr)) are available at no-cost to IHS and tribal CHR's.
  - Basic Training (web-based) –This training is available to new CHR's and serves as core training for CHR's to obtain the required knowledge, skills, and competencies to deliver community health services. To be eligible for the training, CHR's must complete basic life support certification and first aid training. At the completion of the training, CHR's receive certification for practice.
- **In-Person Training** –In-person training is available to all CHR's on specific topics to expand the CHR's knowledge base. Available training is regularly updated on the CHR website. Examples of in-person training include:
  - **The Family Spirit Program** is the only evidence-based and culturally-tailored home-visiting intervention program designed for, by and with AI/AN families delivered by community-based paraprofessionals as the core strategy to support young parents from pregnancy to 3 years post-partum. In 2017, the IHS CHR Program partnered with the Johns Hopkins Center for American Indian Health to train and certify 26 CHR's from 7 IHS Areas.
  - **Mental Health First Aid (MHFA)** is designed to fight stigma associated with mental illness and to address the real desire to help someone who is struggling with mental illness. These trainings were tailored for Native communities and incorporated stories that took a storytelling format to reinforce or establish values and beliefs that resonated with their communities. In 2017, the IHS CHR Program and the IHS Tele-Behavioral Health Center of Excellence partnered with the University of New Mexico's Division of Community Behavioral Health to train and certify 103 CHR's in the MHFA program, representing 54 Tribes.



#### For more information contact:

CHR Program Lead

301-443-4644

[www.ihs.gov/chr](http://www.ihs.gov/chr)