

COMMUNITY HEALTH REPRESENTATIVE INTEGRATION:

Vaccine Deployment

2023 CHR Integration Tools Series, No. 2
Vaccine Deployment

Purpose:

This document is intended for Tribal Public Health and Community Health Representative (CHR) Program leadership and teams as a best practice guide to ensure appropriate integration of CHRs into vaccine deployment efforts.



CHR WITH US!



Acknowledgements

This guide was developed by the CHRs WITH US! initiative (Community Health Representative Workforce Integration in Tribal Health Systems to Address COVID-19), which is a consortium of Arizona Community Health Representative Programs, the Arizona Advisory Council on Indian Health Care, and Northern Arizona University's Center for Health Equity Research. These materials are informed by in-depth interviews with CHRs and managers and a literature review on CHR integration within vaccine deployment plans and efforts.



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Community Health Representatives in Vaccine Deployment

The COVID-19 pandemic underscored the need for communities to prepare for public health emergencies, including vaccine deployment for infectious diseases. Tribally employed Community Health Workers, called Community Health Representatives (CHRs), play a critical role in emergency response efforts and teams, serving as a vital link between official response agencies and local populations. CHRs are essential to comprehensive, equitable tribal vaccine deployment plans and emergency response efforts due to their local expertise, trust-building capacity, cultural awareness, and ability to reach vulnerable groups.



Key Roles for Community Health Representatives in Vaccine Deployment

1. *Risk Communication and Education*

- ▶ Act as a critical link between the health system and the community to provide accurate and culturally competent messaging about vaccines.
- ▶ Provide essential educational support at vaccination events and at-home vaccinations, ensuring patient and caregiver understanding and consent.

2. *Identification and Support:*

- ▶ Make sure that high-risk individuals, such as the elderly, the unhoused, and those with chronic illnesses get recommended vaccinations and follow-up care in a timely manner.
- ▶ Coordinate or provide transportation services for vulnerable individuals to health clinics for vaccination, testing, and treatment.

3. *Health Promotion:*

- ▶ Promote effective disease prevention strategies including vaccination, through community level and one-on-one outreach.

4. *Documentation and Data Collection:*

- ▶ Gather health data as trusted members of their communities, to guide equitable response and recovery strategies.

5. *Logistical Support:*

- ▶ Assist in the coordination and execution of standing, mobile, and pop-up vaccination events, as invaluable members of emergency response and clinical coordination teams.



During the COVID-19 Pandemic,
Community Health Representatives were highly
involved in supporting priority aims of the
Indian Health Service's Strategic Response¹

PREVENT

- ▶ Organize and carry out effective public education campaigns
- ▶ Deliver food, medication, and other essential supplies to vulnerable residents
- ▶ Support and coordinate vaccination deployment

DETECT

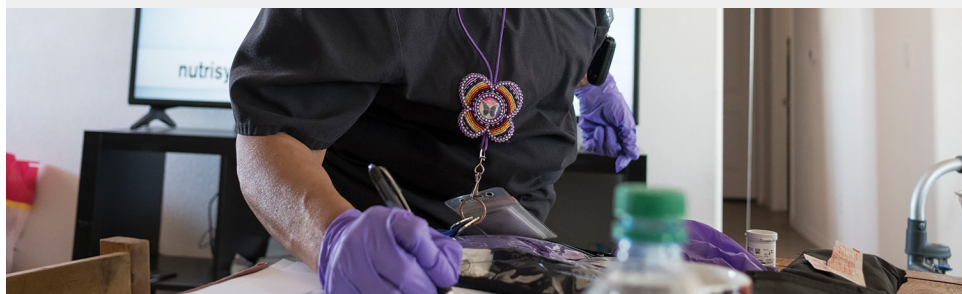
- ▶ Assist with testing events and clinics
- ▶ Distribute home test kits
- ▶ Learn the signs and symptoms of disease
- ▶ Identify high-risk community members

RECOVER

- ▶ Assist with the coordination of health care services (medical supplies, prescriptions, staffing) to support tribal communities
- ▶ Share best practices
- ▶ Support individual and community resilience

TREAT

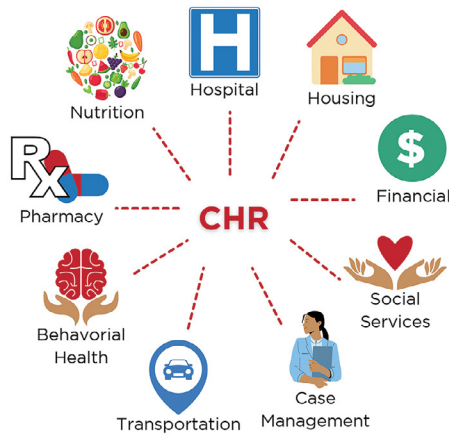
- ▶ Monitor clients' symptoms
- ▶ Support the rapid referral of people who require hospitalization to appropriate services, including transportation
- ▶ Provide follow-up care and assessment



Community Health Representatives

A Community Workforce

CHRs address the needs of their community through health improvement and outreach. They are effective agents of change working across health and social systems. CHRs play an essential role in Native Communities, and the healthcare delivery system.



www.ihs.gov

Community Health Representatives are a National Workforce

The Indian Health Services (IHS) Community Health Representatives (CHRs) Program was developed in 1968 and is the oldest federally funded community health worker workforce in the country. As a highly trained workforce with a nationally recognized scope of practice, more than 1,600 CHRs representing over 250 tribes operate in all 12 IHS Areas.

Community Health Representatives are a Unique Workforce

Community Health Representatives (CHRs) are unique from other health professionals because they are often members of the tribal community that they serve, speak the same language, and have a deep understanding of the cultural and traditional knowledge of their clients. CHRs improve the social determinants of health and decrease health inequities in tribal communities. Integrating CHRs in interdisciplinary health teams and interventions is an evidence-based practice. When involved, CHRs improve chronic disease prevention and management, mental health, and utilization and quality of healthcare.



Community Health Representatives Impact the Social Determinants of Health

Social Determinants of Health are the conditions and factors outside of medical care that play a fundamental role in health and quality-of-life outcomes for a population.² As trusted, frontline community health workers, Community Health Representatives are highly engaged in activities that improve key social determinants of health, such as:

- ▶ Access to health care
- ▶ Social and cultural cohesion
- ▶ Social justice
- ▶ Environmental quality
- ▶ Quality housing
- ▶ Food access

These factors contribute to the health and wellbeing of individuals and the greater tribal community.

Community Health Representative (CHR) Integration in Public Health Emergency Preparedness and Response Checklist

A Guide to Support CHR Program Roles, Training, and Activities

CHR Roles and Competencies: Define CHRs' new titles, roles, and adapted services to support emergency response and ensure CHR readiness.

Guiding Questions for Emergency Management and CHR Program Leadership	Y / N	Is the CHR Program represented in the Emergency Management leadership team with a decision-making role?
	Y / N	Have CHR Program emergency response roles and activities been developed in collaboration with the CHR Program (CHR Manager and CHRs)? ³
	Y / N	Do emergency response roles and activities align with CHR roles and competencies determined by Indian Health Service (IHS) and the local CHR Program? ⁴
	Y / N	Have CHR emergency response roles and activities been clearly described based on the risk level and type of emergency (e.g., wildfires, flooding, animal control, climate change, infectious disease including vaccine deployment)? ⁵



This checklist was adapted from: "Checklist for Administrators, Managers, and Clinicians to Integrate Community Health Workers in Vaccine Outreach, Acceptance, and Distribution Strategies." Prepared for the Association of Clinicians for the Underserved by the National Association of Community Health Workers. (2021). <https://nachw.org/wp-content/uploads/2021/11/COVID19-Checklist-CHWs-2021-FINAL.pdf>

CHR Training and Resources: Ensure CHRs are adequately trained to assist in emergency preparedness and response across all emergency types.

Guiding Questions for Emergency Management Leadership	Y / N	Does the CHR Program have access to and receive training on the emergency response plan?
	Y / N	Have trainings been developed and implemented to include CHR roles and activities to address the type of emergency (e.g., wildfires, flooding, animal control, winter weather, infectious disease including vaccine deployment)?
	Y / N	Is the CHR Program involved in emergency response training drills and simulation activities?
	Y / N	Are CHRs able to demonstrate their emergency response roles in regular drills?
	Y / N	Are CHRs consistently tested on and able to demonstrate proper use of PPE, including N-95 mask fitting, in a dynamic setting?
	Y / N	Have CHRs received training and materials to address cultural and linguistic barriers or concerns related to the emergency response (e.g., evacuation, social gathering, ceremony)?
	Y / N	Have CHRs received training and materials to support consistent messaging about the emergency or preparedness plan, including vaccines?
Guiding Questions for CHR Program Leadership	Y / N	Do CHRs have autonomy to design and implement social and material supports for themselves, other CHRs and clients, based on the emergency?
	Y / N	Are CHRs trained in the Health Insurance Portability and Accountability Act (HIPAA) to ensure protection of private information during an emergency response? ⁶
	Y / N	Have CHRs completed the CDC Crisis & Emergency Risk Communication (CERC) Training? ⁷
	Y / N	Have CHRs completed relevant courses from the National Incident Management System (NIMS)? ⁸



Health and Safety: Ensure adherence to federal, state, and tribal guidelines and develop and implement policies and practices to ensure CHR safety.

Guiding Questions for Emergency Management Leadership	Y / N	Are emergency response information materials available to post in CHR Program office spaces for quick and easy access?
	Y / N	Have CHRs been provided a central, safe meeting location for when communication lines are down, in the event of wildfire, flood, or other emergency?
	Y / N	Does the CHR Program have access to necessary PPE, and up-to-date training materials for PPE usage and related safety procedures based on emergency type and work setting? ⁹ Settings include in-person, in-office, virtual, and/or in a vehicle used for client transportation or home visits.
Guiding Questions for CHR Program Leadership	Y / N	Are new protocols and decision tools to assess the need for, and safely deliver home and community-based services, aligned with the emergency response plan?
	Y / N	Have CHRs have been trained in protocols for what to do if they, a co-worker and/or client tests positive for an infectious disease or has contact with an actual/perceived positive individual?
	Y / N	Are there transportation policies in place to protect CHRs when transporting clients?
	Y / N	Are policies and procedures in place for CHRs to say “no” or refrain from providing services if they determine a situation or environment is unsafe?

Infrastructure and Support: Recognize and respond to CHR Program infrastructure and support needs.

Guiding Questions for Emergency Management Leadership	Y / N	Do Emergency Management leadership champion the roles of CHRs as part of the emergency response team?
	Y / N	Have Emergency Management leadership provided a chain of command in emergency response, with the CHR Program included, to ensure clear guidance?
	Y / N	Have Emergency Management leadership involved CHR leadership/program in decision-making about their adapted roles?
	Y / N	Have the CHR Program emergency response roles and responsibilities been communicated to tribal leadership, community members, and partnering programs?
	Y / N	Is CHR in-depth knowledge about areas that lack basic infrastructure considered in the emergency response (roads, utilities, food access)?
	Y / N	Is CHR in-depth knowledge about the community considered in emergency response (e.g., Cultural and Traditional Knowledge and practices, language, literacy, high-risk populations)?
Guiding Questions for CHR Program	Y / N	Do CHR Program leadership champion the role of CHRs as part of the emergency response team?
	Y / N	Are appropriate mental health and self-care resources and supports available for CHRs?
	Y / N	Are CHR supervisory sessions, check-ins, and communication with CHR staff adapted to engagement types (in-person, in-office and/or virtual service delivery)?
Guiding Questions for Tribal Leadership	Y / N	Do tribal leaders acknowledge and champion the unique role of CHRs as part of the emergency response team?
	Y / N	Are CHRs guaranteed a living wage, sick time off and hazard pay?
	Y / N	Have tribal leaders communicated to community members and partners about CHR roles and responsibilities in emergency response efforts?

Endnotes

1. IHS Covid-19 Response 100 Day Review. Indian Health Service. (2020)
Accessed July 10, 2023, <https://www.ihs.gov/coronavirus/resources/>
2. Office of Disease Prevention and Health Promotion. (n.d.). Social determinants of health. Healthy People 2030. U.S. Department of Health and Human Services.
<https://health.gov/healthypeople/priority-areas/social-determinants-health>
3. A Playbook for Local Health Departments to Advance CHW Engagement in COVID-19 Response Strategies. The Community-Based Workforce Alliance. (2021)
<https://communityhealthalignment.org/wp-content/uploads/2020/11/CB-WA-Playbook-for-CHW-Engagement-Summary.pdf>
4. CHR Standards of Practice. Indian Health Services. (1991)
<https://www.ihs.gov/ihs/pc/part-3/p3c16/>
5. Resource Guide for Health Centers: Community Health Workers and COVID-19 Vaccine. MHP Salud. (2021)
<https://mhpsalud.org/portfolio-items/healthcenters-chws/>
6. HIPAA Training and Resources. U.S. Department of Health and Human Services. (2023)
<https://www.hhs.gov/hipaa/for-professionals/training/index.html>
7. Crisis and Emergency Risk Communication Training. Centers for Disease Control and Prevention. (2018)
<https://emergency.cdc.gov/cerc/training/index.asp>
8. National Incident Management System (NIMS). Federal Emergency Management Agency (FEMA). (2015)
<https://training.fema.gov/nims/>
9. National Preparedness Report: December 2022. Federal Emergency Management Agency (FEMA), National Preparedness Assessment Division. (2022) https://www.fema.gov/sites/default/files/documents/fema_2022-npr.pdf

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