COMMUNITY HEALTH REPRESENTATIVES (CHR)

Indian Health Service Preventive Health	FY 1999 Enacted	FY 2000 Final Appropriation	FY 2001 Estimate	Increase or Decrease
Community Health Representatives:				
A. Budget Authority	$45,960,000	$46,380,000	$51,105,000	+$4,725,000
B. Number of CHRs	1,612			
C. # of Tribally Operated Services Provided	2,200,000	2,000,000	2,320,000	+320,000
D. FTE	5	5	5	5

PURPOSE AND METHOD OF OPERATION

Program Mission/Responsibilities

The CHR program is a tribally administered program, based on the concept that American Indian/Alaska Native (AI/AN) community members, trained in the basic skills of health care provision, disease control, and prevention, can successfully effect change in community acceptance and utilization of health care resources.

The CHR Program plays an important role in the successful implementation of IHS/Tribal health promotion/disease prevention initiatives. The CHR is well positioned, within their communities, to provide the needed educational and related services that can result in healthier lifestyles among their people. The CHR are considered effective outreach health care providers and have established an efficient network system through which health promotion/disease prevention initiatives can be delivered to the AI/AN people.

ACCOMPLISHMENTS

The IHS uses the Community Health Representative Information System (CHRIS) II to record the services provided by CHRs. In 1997, CHRs made approximately 3.0 million client-patient contacts. A total of 1.5 million service hours were spent on health education, case management, patient care, case finding, monitoring, and transporting patients in the health areas of diabetes, hypertension, health promotion/disease prevention, alcohol/substance abuse, cancer, communicable diseases.

The CHR Program provided 3 sessions of 3-Week CHR Basic training in which 99 CHRs successfully completed the training. There were also 3 CHR Refresher training sessions provided and 64 CHRs completed the one-week training.

The CHR Program also revised the 3-Week Basic training manual as well as developed a CHR Refresher training manual. The manuals will be distributed to all 215 CHR tribal programs.
The decrease in client-patient contacts and decrease in the number of CHRs successfully completing the CHR 3-Week Basic training is due to the increase in the number of tribes taking their tribal shares under the CHR program line item.

PERFORMANCE PLAN

The following performance indicators are included in the IHS FY 2001 Annual Performance Plan and are primarily dependent upon the activities funded within this budget line item for achievement. These indicators are sentinel indicators representative of some of the more significant health problems affecting AI/AN.

Indicator 8: Improve child and family health by increasing the proportion of AI/AN children served by IHS receiving a minimum of four well child visits by 27 months of age during FY 2001 by 3 percent over the FY 2000 level.

Indicator 20: Reduce the incidence of preventable diseases by increasing the proportion of AI/AN children who have completed all recommended immunizations for ages 0-27 months (as recommended by Advisory Committee on Immunization Practices) during FY 2001 by 2 percent over the FY 2000 rate.

Indicator 21: Reduce the incidence of preventable diseases, by increasing pneumococcal and influenza vaccination levels among adult diabetics and adults aged 65 years and older by 2 percent over the FY 2000 rates.

Following are the funding levels for the last 5 fiscal years:

Year	Funding	FTE
1996	$43,955,000	0
1997	$44,973,000	12
1998	$44,312,000	13
1999	$45,960,000	5
2000	$46,380,000	5

RATIONALE FOR BUDGET REQUEST

TOTAL REQUEST -- The request of $51,105,000 is an increase of $4,725,000 over the FY 2000 Appropriation of $46,380,000. The increase includes the following:

Phasing-In of Staff for New Facilities: +$1,386,000

The request of $1,386,000 provides for the phasing-in of staff and related costs for new facilities. The staffing of new facilities also contributes to the recruitment and retention of medical staff and promotes self-determination activities. The following table displays the requested

increase.

Facilities:	**Dollars**	**FTE**
Hopi, AZ Health Center	1,386,000	20 1/
Total	$1,386,000	

1/ Non-add – Tribally operated program

Health Disparities - +$3,339,000

These funds would be used to increase access to community based health promotion and disease prevention services to address the priority health problems identified by the I/T/Us for FY 2001. The CHRs are often the front line health care providers to meet the needs of the AI/AN population within the communities. Funds will also be used to provide quality training needed to upgrade the skills and knowledge for the CHRs in order for them to become a more integrated part of a multidisciplinary community health network. Ultimate use of the funds will be determined by local priorities consistent with the needs identified during the budget formulation process.