

CHW-led, Community-based Innovation

WHAT IS INNOVATION IN PUBLIC HEALTH?

Innovation includes strategies and practices that advance progress toward meeting public health goals. This includes developing new ways of doing things as well as improving current approaches. The Framework for Public Health Innovation (FPHI) identifies important components for public health innovation and types of innovations.¹⁶

WHY IS CHW-LED INNOVATION IMPORTANT?

Decades of public health evidence demonstrates CHWs' effectiveness as essential frontline providers addressing social determinants of health (SDoH) and reducing health inequities in communities experiencing disproportionate health burdens. Despite this proven track record, CHWs are often overlooked as community health experts in designing and developing innovative approaches to meet community public health needs – communities they serve and which CHWs often are from or share common health barriers. Due to this unique position, CHWs bring essential expertise anchored in professional and lived experience.

Programs that CHWs implement are often designed and developed by other providers, administrators, or researchers without full CHW

partnership and equitable engagement. In a [national CHW survey](#) conducted by NACHW in 2022, only half of CHW respondents reported being able to lead discussions to improve services where they worked.²

Furthermore, CHWs often work in roles that are [under-paid, limited term](#) (e.g., grant funded), and lack autonomy and authority to develop and innovate efforts to serve community members—despite deep understandings of community needs and cultural contexts.^{3,4} Despite these challenges, CHWs are actively innovating to improve public health systems, build community health infrastructure, reduce health inequities, and advance the overall health of all communities they serve. Often this work comes at personal cost, extra hours, and unpaid labor, out of pocket costs, and lacks funding and support for evaluation and sustainability. As a result, it is largely not found in evidence-based literature and our public health systems lose out on this potential well of innovation to improve community health.

Public health institutional leaders, including Federal Government agencies (e.g., [HUD](#)) and public health NGOs ([NASHP](#)), among others, have highlighted the importance of engaging communities and people with lived experience

“CHWs are versatile and natural leaders. They can effectively work across community and healthcare providers to accelerate community engagement among underserved populations and structural competency of healthcare providers and, ultimately, lead to patient-centered care and population health improvement for diverse communities.”

Trinh-Shervin et al, 2019

(PwLE) in the design of policies and programs and cross sector investment in community health.^{20,21}

However, CHWs have not been adequately highlighted for their essential role in driving public health innovation and policy development as unique stakeholders with shared community and cultural backgrounds, identities, and oftentimes lived experience of incarceration, homelessness, health conditions, and more. CHWs must be included in these efforts to ensure innovations are community-driven, culturally relevant, and locally responsive.

WHAT IS UNIQUE ABOUT CHWS' PERSPECTIVES?

CHWs are deeply immersed in the communities they serve—either as members of the community or as trusted partners. They build trusted relationships with clients and community partners, centering culturally aligned and trauma-informed approaches, and drawing on their own lived experiences.

CHWs strengthen the health of communities by responding to multifaceted individual and community needs and by developing community public health infrastructure, partnerships and collaborations. Their unique position provides CHWs with expertise and understanding of the immediate and long-term needs of clients and communities.

Limited public health literature focuses on CHWs'

roles serving people experiencing homelessness and the available literature focuses primarily on program development or outputs rather than impacts.^{1,22} From the available literature, it appears that CHWs engaged in development of interventions have often been limited to informing (e.g., providing input) rather than leading design and development or having a decision-making role.

CHW-LED INNOVATION

TYPES OF CHW-LED INNOVATION (ADAPTED FROM (GARNEY ET AL., 2022) TO REFLECT CHW-LED INNOVATION APPROACHES):

- **Adaptation or new component:** The addition of a new component to a public health program which does not change the overall intervention, including modifying how a program is implemented, often to make it more relevant for different populations.
- **New approach to addressing a public health challenge:** Developing a new way of carrying out a program, establishing a new initiative or founding an organization.
- **Paradigm shift / Reframing the way a problem is understood or addressed:** Upstream innovation, policy or system improvement, including building new community health infrastructure, and system transformation to change the root causes of health inequities.

Innovation is iterative, so people become more familiar with the process as they participate. Through these interactions, people develop the capacity for innovation.”

(McCurry et al, 2024)