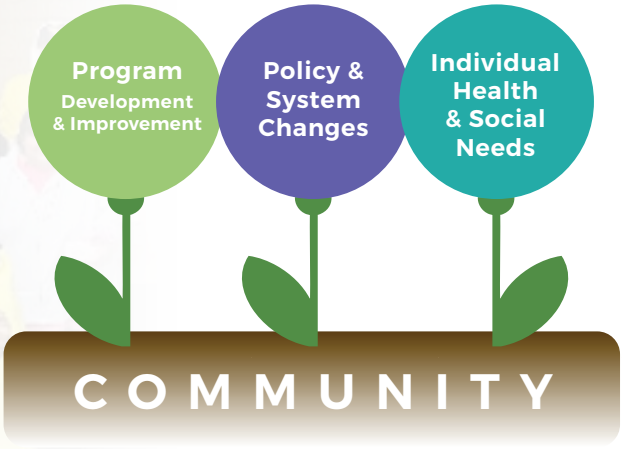
CHW Approaches and Innovations Areas of Focus



What Works:
CHW-led Innovations and Approaches

Key themes in CHW approaches and innovations and selected case examples are described below according to each of the CHW Approaches and Innovations Areas of Focus.

Community is at the center of CHW work and innovation. CHW-led innovation across all domains is community-driven, informed by deep understanding of the community served, builds relationships and partnerships across sectors and expertise, prioritizes the desires of the community, and ensures community buy-in and accountability to the community served.

CHW-led efforts and innovations may operate along the continuum of prevention. While some innovations aim to address **individual health and social needs** (e.g., access to healthcare, diabetes management), others focus upstream through **program development and improvement**, targeting multiple social determinants of health, building community infrastructure or advocating for **policy or systems change**.

WHAT WORKS: CHR/CHW APPROACHES TO SERVING NA/AN COMMUNITY MEMBERS

CHRs/CHWs emphasized the importance of building trusted relationships with the clients and community members they serve. The importance of trust in CHR/CHW relationships with community members is emphasized in research literature as well by WWTS survey and listening session participants. Trust serves as a foundation for CHW effectiveness in health promotion, health education, and navigation.

Several values and principles shared by CHWs reflected a core foundation of trustworthiness, as well as examples of What Works in building trusted relationships among CHR/CHW participants:

Best practices and emerging innovations across all areas of focus are essential for meeting the challenge of solving cross cutting and longstanding health inequities.

Time and patience

- The importance of relationships: build trusted relationships first, and maintain trust as an ongoing process
- Patience: Don't rush appointments, practice patience and listening
- Participating in community events

Cultural alignment

- Show respect for elders and for culture, follow traditional customs
- Speaking clients' native languages when possible
- Being on equal footing and being from the community
- Address the needs of the entire family, not just one family member
- Integrate traditional practices like smudging

Respect and compassion

- Developing relationships as partnerships rather than top-down education or service provision
- Giving space for community members to feel seen, heard, and valued; being friendly and kind; respect client dignity; show empathy and a non-judgmental attitude
- Respect and meet people "where they are at" and understand where they are coming from

Trust enables CHRs/CHWs to build positive connections through which health information, honest communication, health behaviors, and connection with resources can be supported.[4] The quality of this relationship is essential to the positive outcomes observed in CHR/CHW interventions.

INDIVIDUAL HEALTH AND SOCIAL NEEDS

CHRs/CHWs connect clients with transportation, utility assistance, provide accompaniment, community and social support, access to mental health and physical healthcare and more.

Examples of key health and social needs addressed by CHRs/CHWs:

- Immediate basic needs and resources (housing, food, heat)
- Access to healthcare (cultural mediation, trusted referral networks, translation)
- Connection to community and culture
- Social and emotional support
- Health-focused cultural practices (e.g., smudging, sweats, cultural festivals)
- Culturally and linguistically appropriate health information

Immediate basic needs: CHRs/CHWs described the importance of addressing immediate basic needs such as food, housing and heat in the winter. However, the need to assist clients in accessing immediate needs often takes precedence over spending time building longer term supports and resources which is essential for supporting health and well-being.

Access to healthcare: CHRs/CHWs build trusting relationships with members of NA/AN communities who may mistrust mainstream health systems and providers due to historic and ongoing harm, discrimination and mistreatment.

CHRs/CHWs serving NA/AN community members described serving as cultural mediators, educating other providers about cultural norms and values that may impact their patients, and working with patients to explain health information, maintain trust, ensure respect for culture, and provide support and information. CHRs/CHWs also help clients navigate literacy and language barriers by translating materials and speaking in clients' native languages.

Mental health and substance use (MH/SUD): CHRs/CHWs support the mental health of NA/AN community members through a variety of roles including patient navigation and case management of existing services, and providing "adjunctive culturally appropriate psychoeducation

to families, and help tap local cultural assets and resources to promote mental wellness."[28,29(p8)]

Native Nations and tribes have been under-recognized innovators in addressing mental health and substance use. Many practices that have been adopted across the U.S. originated within Native communities including peer support related to substance use.

- Peer support practices for people with MH/SUD originated within and among Native Nations and tribes through traditional practices such as talking circles and sweat lodges. These traditional approaches are considered more effective for "supporting and sustaining recovery" among AI/AN clients compared to western models.[30]
- Stigma can present a significant barrier to accessing mental health services. CHRs, through trusted relationships with clients, help clients work through stigma and access needed services. CHRs and CHWs help combat the impact of stigma through positive regard and respect, person-centered and flexible care, warm hand
- offs and referrals including walking people into programs, helping clients feel comfortable, and partnering with mental health providers as part of interprofessional mental health care teams.
- CHR/CHW survey respondents and listening session participants described providing social support and community connections through culturally relevant community gatherings, often combined with health education. This includes culturally rooted health fairs and activities like elder socials, ice cream socials, coffee and donuts, craft events, and more.

Community

CHRs/CHWs build community and social connection and cohesion, key social determinants of health, at a time when the U.S. Surgeon General has reported an epidemic of social isolation,[31] build capacity within communities, and mobilize community members to address community needs and advocate for public health priorities.[32]

> *"Ironically, many of the cultural grounded approaches…are actually a return to traditional worldviews and practices that were part of everyday life for indigenous communities and a source of their wellbeing prior to Western intrusion."* [25]

CHR/CHW respondents shared many examples of "what works" related to drawing on traditional cultural practices and values serving NA/AN clients. In addition to the cultural values required for building trusting relationships, CHRs/CHWs discussed utilizing traditional practices including smudging, sweats, sharing of foods, speaking in their Native language, sitting in nature, and spirituality.

> *"I have grown up aware of the cultural norms and traditions of the various cultures I work with and service. I instinctively use this knowledge to build trust and relationships. These are difficult values to teach and explain to people who have not had those life experiences." – Anne Sanderson, Certified SC Community Health Worker, Lumbee Nation*

Program

Program-level innovation includes improving the way a program serves clients, advocating for changes to the way something is done (e.g., advocating to make a program trauma-informed or culturally relevant) and starting new initiatives or organizations to address unmet community health needs.

Several program components were seen as representative of "what works" on a program level including building essential (but not directly funded) operations components into program budgets and MOUs/partnerships with trusted and culturally responsive healthcare systems.

To help address mistrust of medical systems, programs 1) provide access to language services, 2) offer CHW accompaniments and/or transportation to appointments, and 3) integrate traditional cultural values and practices. In addition to program delivery, ensuring CHWs are paid a living

wage (and especially that CHWs should not need to work multiple jobs) reflects an essential and foundational program/organizational priority.

Policy

CHRs and CHWs engage in policy advocacy as individual experts, organize other CHRs/CHWs and providers to advocate, and educate policymakers about the needs of community members and strategies to improve the health of their constituents. Policy success described included state waivers for reimbursement for (at least) some CHW services, funding for CHW innovations, and policy changes to address specific SDoH (e.g., transportation).

CHR/W-LED INNOVATION: CHR/WS' LEADERSHIP VOICE TO INNOVATE

We selected case examples of CHR/W-led innovations highlighting the strengths, assets, barriers and potential to transform and improve health among NA/AN clients. Case examples were selected from among WWTS respondents, word of mouth recommendations and landscape scan.

Almost half (20 out of 47) respondents shared examples of innovative work they took on to address the health and social resource needs of their clients and communities. These innovations included COVID outreach and distribution, starting a tribal health clinic, teaching native cultural values and practices, providing native healing gifts for people in shelter, coordinating culturally rooted health and resource fairs, educating providers about client cultural norms and the impacts of intergenerational trauma on healthcare interactions, and helping people access housing and medical appointments.

> *"CHWs are natural community leaders, who share understanding of the life circumstances and social context that have an impact on health and disease vulnerability of community members; as such, they may be in a unique position to influence social factors such as social connectedness, social capital, and social support. Our review suggests that CHWs are being underutilized in these capacities." (Islam et al, 2015)*[33]

SPOTLIGHT: HOPI TRIBE COVID RESPONSE

by Joyce Hamilton, Director, Hopi Department of Health and Human Services

The Hopi Tribe is surrounded by the Navajo Nation with a population of 15,000+ with over half of enrolled tribal members living off the Hopi Reservation due to lack of job opportunities. The reservation is made up of villages situated in three distinct mesas; First Mesa, Second Mesa and Third Mesa. The Hopi continue to practice their traditional ceremonies which occurred at various seasons throughout the year. The Hopi language is spoken in many homes and many families continue to live without the modern amenities such as electricity.

Under the Hopi Tribe Department of Health and Human Services, the CHR program has been a long-standing workforce offering home visiting, health education, health promotion, and disease prevention education to members of the community. The Hopi CHR program employs members of the community which strengthens the workforce by using the Hopi language in the day-to-day work. The CHRs were instrumental during the 2020 COVID outbreak - Hopi was not immune to the virus; the CHRs were deployed as they are frontline health care workers who contacted every household to provide education and information about the deadly virus. The CHRs offered door-to-door campaigns to ensure Hopi Tribal members were educated about the virus and offered PPE supplies to the households.

BUILDING INDIGENOUS COMMUNITY HEALTH CAPACITY: NATIVES ALONG THE BIG RIVER AND GORGE NATIVE AMERICAN COLLABORATIVE

CHW leader: Dawn LeMieux, CHW, Columbia River Gorge, Oregon and Washington

The Columbia River Gorge is the ancestral home of four Native American Nations and tribes, including the Confederated Tribes of the Warm Springs, and Yakama Nation, Nez Perce Tribe and the Confederated Tribes of Umatilla Indian Reservation—tribes who continue to advocate for protection of treaty rights and a balance for environment stability - as well as many Native American community members who are displaced from their tribal lands or not affiliated. The Columbia River Gorge is separated by the Columbia River between two states, the region is diverse in geography including urban, rural, off reservation, and semi-urban communities.

Photo Columbia River Inter-Tribal Fish Commission
https://critfc.org/member-tribes-overview/

Need for innovation: Native American community members face significant social and health disparities, including immediate basic needs (e.g., heating and weatherization in the winter, food access). Health and social services provided through the tribes are limited and oftentimes can be restricted to enrolled members living on tribal lands. Non-affiliated or displaced community members are unable to access these services and experience barriers to services through mainstream systems. Services they can access have often been culturally insensitive or harmful, resulting in deepened mistrust and avoidance of needed services. Previously many community agencies lacked cultural humility and community advocates to effectively serve Native community members and lack of culturally sensitive approaches deepened mistrust.

As a CHW and displaced tribal member who had experienced these barriers herself, Dawn LeMieux saw these challenges and stepped in to get to work. Dawn and partners have built indigenized and culturally responsive community health capacity which has transformed the public health landscape for Native community members through two key initiatives—Natives Along the Big Gorge coalition (acronym NABR & pronounced neighbor) and the Gorge Native American Collaborative.

> ***"Previously, the services that were meant to help and heal did more harm than they did good. During covid, we worked to revamp the outreach and services."***

Natives Along the Big River (NABR): Dawn co-founded NABR as a leadership coalition with very limited state funding. With three co-founders, Dawn expanded NABR through

community outreach. She visited community members where they lived, listened, built relationships, and brought culturally specific gifts. NABR membership grew from three co-founders to 30 members from diverse tribal backgrounds and geographical locations throughout the Columbia River Gorge.

NABR brings together community members to advocate for policy changes on a local, state and federal level where Native voices aren't typically heard. NABR has focused on immediate survival needs of community members by necessity. To prepare for the cold winter, NABR developed a community needs assessment and conducted outreach to Native American community members to assess weatherization needs, then brought together partners for a large-scale weatherization supply drive and distributed weatherization supplies to community members in need equitably. NABR also successfully advocated to remove bureaucratic barriers that Native community members faced in applying for heating assistance programs for both Oregon and Washington local programs. NABR continues to bring together Native American community members to advocate for and meet community health needs.

Gorge Native American Collaborative (GNAC): During COVID, Dawn saw the needs of community members skyrocket and collaborated with many social service programs to set a regular weekly meeting to discuss community needs and determine how best to work with Native American Community members to meet the need. GNAC—a social services collaboration partnership—aims to increase staff and community volunteer education opportunities to improve their toolbox to become better allies for communities and collaborate with health and social service organizations to better meet the needs of Native community members. Annual culturally specific training for GNAC partners helps them improve services and rebuild trust.

GNAC includes 35 programs, a variety of partner agencies including medical programs, state programs, nonprofit grassroots community-led organizations, and faith-based organizations. NABR participates as a steering committee for GNAC and often volunteers alongside GNAC events for Native American community members of all ages. GNAC hosts in-person engagement events which provide spaces to build trusted relationships between Native community members and health and social service organizations.

During COVID, GNAC engaged in direct response through pop-up clinics, vaccines and test kits, set up covid testing stations, pooled and distributed donated supplies, and brought partner organizations together to engage with community members. By collaborating on these COVID responses, services were able to improve events by reducing duplication or trying to recreate the wheel. During collaboration and planning meetings, programs would commit or offer services, supplies to support community success in health equity.

A GNAC initiative called INDFEAST provides a food box or individually pre-cooked meal to community members before the holidays. The first year, 20 households participated, and through word of mouth, 180 households signed up for this year's feast.

GNAC gathering and training

"The pandemic started the partnership between direct community members within NABR and social service programs in the GNAC."

Through NABR and GNAC, Dawn and partners led development of indigenous-centered community health capacity and connectivity between individual community members, community leaders and health and social service organizations to address the longstanding health burdens facing the community. Due in no small part to the impact of NABR and GNAC in building community infrastructure and visibility, there are now six Native-led organizations serving Native American community members, one of which is a Native medical outreach team.

Why it is innovative:

While CHWs are known for building individual trusted relationships, GNAC has built trusted relationships on a community-level. Before NABR, there was nothing in place to serve Native American community members who were falling through the cracks or harmed by existing service systems. Previously where there was hesitancy and mistrust of partner agencies, community members now are welcoming of agency staff, increasing the potential of community organizations to meet their health and social needs.

NABR and GNAC have built community public health capacity centered on the needs of Native community members. They have rebuilt trust between community members and agencies where past harms had ruptured health and social service effectiveness, ensured that Native serving approaches are Native-led and culturally responsive, established ongoing access to culturally aligned health services, and ensured that Native American community members have the same opportunities for health and wellbeing as all other community members. The scale of these efforts and sustained level of engagement reflects a paradigm shift in community leadership and engagement. Recognizing this transformative work, GNAC was awarded the 2022 Community Star award by the State Office of Rural Health.

NABR and GNAC youth and family event

GNAC group

Oregon Public Health Association Community Star Award Presented to GNAC, CHW Dawn LeMieux second from left

GNAC food distribution assembly

2024 Local Rhoots food distribution

BUILDING SOCIAL AND CULTURAL CONNECTION AMONG NATIVE AMERICANS AND ALASKA NATIVES IN AN URBAN SETTING: THE WIDOKTADWEN CENTER

CHW leader: Amanda Funk, CHW, Citizen Potawatomi Nation, Co-Founder, Widoktadwen Center Executive Director | www.widoktadwen.org

"I'm part of the Urban Indian diaspora, I have no access to IHS. I wanted to see what I could do to promote urban Indian health here where I am, knowing that so many of us won't have the option to return to our native communities, we may not even have the luxury of being connected to communities of native people."

Despite a quickly growing population of Native Americans/Alaska Natives in Berks County, Pennsylvania, the state has one of the smallest NA/AN populations nationally. There was no visible NA/AN presence or community before CHW Amanda Funk, from Citizen Potawatomi Nation, started the Widoktadwen Center for Native Knowledge.

"How is it that such a significant population remains so invisible?"

Like many CHW-led innovations, the Widoktadwen Center started in conversation.

Over a decade before it was founded, the need for a cultural center to connect NA/AN community members was discussed. As they started to build programming, Amanda and co-founders realized how much culture is embedded in NA/AN health and wellbeing - "our culture teaches us how to be healthy."

Now an established nonprofit, the center provides cultural education, indigenous community health resources, and youth programming. As a small nonprofit, Amanda does much of the work herself and with her co-founder. They table at college health fairs,

public events, and festivals, and distribute resources from national NA/AN health organizations. In addition to Lenape, the original inhabitants of the area, the WC serves a diverse NA/AN diasporic community with members of dozens of Native Nations.

The WC has ongoing programming and one-time events. They share the importance of food sovereignty, lead foraging walks, connect people with Native and local foods, discuss food as medicine and local herbs, and share homemade Native meals. Events highlight NA/AN community health and wellbeing including the two-sprit LGBTQIA community and Native American Healthcare Summit. Last year, the center launched the annual Good Medicine Indigenous Wellness Celebration, a gathering to connect with indigenous health knowledge and practices. The Firekeepers Youth Program connects youth with elders as a core component of an intergenerational focus.

Why it is innovative: The Widoktadwen Center addresses connection to culture and community as ISDoH for urban NA/AN community members, many of whom were disconnected and isolated from Native communities.

Culture and community connection are well recognized indigenous social determinants of health (ISDoH), however the unique assets and challenges of health and wellbeing for diverse urban NA/AN community members is less often discussed. The center focuses on connection to culture-as-health and indigenous health information.

> ***"Too many people left [the area] because they couldn't connect with their indigenous identity here. Not everyone has the option to leave. We need something here."***

IMPACT:

The Widoktadwen Center programs are not exclusive to NA/AN people but are situated within a native context. Amanda also focuses on building relationships with allies, bringing people in, and helping them to understand the challenges and how they can contribute. When tabling at community events, Amanda often hears a version of "Where have you been, I thought I was the only one." She says, "when you hear that over and over again, you realize how common of a problem it is that you have all these native people who don't even know about each other."

People are longing for connection…That's what I hope our center is a mechanism for, this connection, sharing of knowledge, and resources so that we don't have to feel that we are all alone, we don't have to do it all by ourselves. We weren't meant to live as individuals, that's not our cultural way…Medicine that comes from being in community and feeling comfort and safety in each other's company.