

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.¹⁹

WHY IS CHR/CHW-LED INNOVATION IMPORTANT?

Decades of public health evidence demonstrates CHR and CHW (CHR/CHW) effectiveness as essential frontline providers addressing social determinants of health (SDoH) and reducing health inequities in communities experiencing disproportionate health burdens. Within NA/AN communities, CHR/CHWs often hold trust and confidence beyond that of other medical and social service providers. Despite this proven track record, CHRs/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 CHRs/CHWs often are from or share common health barriers. Due to this unique position, CHRs/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 CHR/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.²⁰

Furthermore, CHWs often work in roles that are [under-paid, limited term](#) (e.g., grant funded), including serving as volunteers due to the necessity of services, and lack autonomy and authority to innovate.^{22,23} Despite these challenges, CHWs are actively developing new approaches to improve public health systems, build community health capacity, 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

“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

communities and people with lived experience (PwLE) in the design of policies and programs and cross sector investment in community health.^{23,24}

However, CHR/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. CHR/CHWs must be included in these efforts to ensure innovations are community-driven, culturally relevant, and locally responsive.

WHAT IS UNIQUE ABOUT CHR/CHWS' PERSPECTIVES?

CHR/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.

CHR/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 CHR/CHWs with expertise and understanding of the immediate and long-term needs of clients and communities.

CHW-LED INNOVATION

TYPES OF CHR/CHW-LED INNOVATION (ADAPTED FROM GARNEY ET AL.'S (2022) FRAMEWORK FOR PUBLIC HEALTH INNOVATION):

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. This would include tailoring evidence-based interventions for NA/AN individuals and communities.

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. This includes development and implementation of new NA/AN CHW/CHR-designed programs and initiatives.

Paradigm shift / Reframing the way a problem is understood or addressed: Upstream innovation, policy or system improvement, including building new community health infrastructure, centering NA/AN and CHW/CHR leadership, indigenizing approaches to community health, 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.”²⁴

– Garney et al (2022)

IMPORTANCE OF INDIGENOUS CHW AND CHR-LEADERSHIP

“Indigenous communities hold the solutions to the challenges they face and are leading efforts to create a healthier future for all peoples.”⁵

Although the importance of CHRs/CHWs as trusted messengers is well-established, the specific role of CHW/CHR leadership and innovation in developing and implementing approaches to addressing longstanding health inequities has been underexplored. Public health leaders continue to highlight the necessity of decolonizing health systems to address the health inequities faced by indigenous communities. NA/AN, along with other indigenous people, are being failed by public health systems.¹²

“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

Indigenous leadership in the development of solutions to health inequities is necessary for transforming health systems to better serve NA/AN populations.^{5,15}

“Given the paucity of empirically based health promotion interventions designed by and for American Indian, Alaska Native, and Native Hawaiian (i.e., Native) communities, researchers and partnering communities have had to rely on the adaptation of evidence-based interventions (EBIs) designed for non-Native populations, a decidedly sub-optimal approach. Native communities have called for development of Indigenous health promotion programs in which their cultural worldviews and protocols are prioritized in the design, development, testing, and implementation.”²⁶