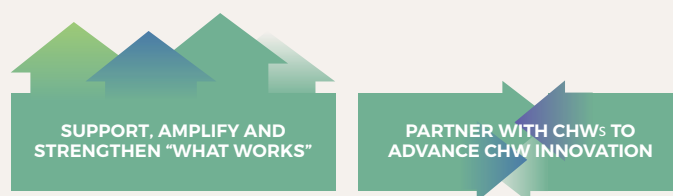


What Works for Partners:

How policymakers, funders and other partners help support, elevate, enhance and sustain CHW-led efforts to advance health for NA/AN community members

CHW participants shared their perspectives about “what works” in terms of actions, principles and strategies taken by partners that have positively impacted their work serving NA/AN community members. Many themes discussed by CHWs and SMEs aligned with the existing pillars of the NACHW SUSTAIN Framework for CHW Sustainable Financing³⁴ and the [NACHW Policy Platform](#).³⁵



SUPPORT AND SUSTAIN CHR/W LEADERSHIP IN ADVANCING “WHAT WORKS” AND CHR/W-LED INNOVATION

Partners including funders, employers, and policymakers can partner with CHR/Ws to sustain and advance “what works” and develop innovative solutions to addressing pressing community health needs. The following principles provide a preliminary set of guidelines – a starting point – for partners interested in partnering with CHR/Ws to understand, improve, scale, and sustain community health for NA/AN community members.

Key principles for partnering with CHWs to advance and sustain “What Works” and CHW-led innovation:

- Respect, center, and protect CHR/W leadership and expertise
- Provide expertise, training and support to support CHR/W professional development to build capacity around innovation, leadership and organizational development.
- Ensure equity, flexibility, and sustainability in funding CHR/W efforts and innovations
- Maintain CHR/CHW leadership in evaluation and dissemination

RESPECT, CENTER, AND PROTECT CHR/CHW LEADERSHIP AND EXPERTISE

Respect and protect CHW leadership: Partners seeking to support development or expansion of CHR/W-led innovation to serve communities must ensure equity and respect for CHR/Ws’ unique expertise, time, and effort. This includes:

- CHR/Ws are fairly and equitably compensated: Better pay for CHR/Ws employed by CBOs and health systems, ensuring CHRs/CHWs are paid fairly and equitably for their work and receive full and equitable compensation including health insurance and other benefits.
- Engagement of CHR/Ws by partners is sustained, equitable and inclusive, CHR/Ws as full partners and leaders;
- Center CHR/CHW leadership: CHR/W leadership in innovation extends far beyond informing programs developed by others.
- Recognize CHR/Ws for their essential contributions to individual, community and social health and wellbeing.

CHR/Ws can be effective when paid a fair, thriving wage and receive full and equitable compensation including health insurance and other benefits.

This includes ensuring funding for CBOs to cover living wages, health insurance, administrative costs, programmatic costs to reduce barriers for clients (e.g., transportation, incentives, food), and more.

PROVIDE EXPERTISE, TRAINING AND SUPPORT TO SUPPORT CHW PROFESSIONAL DEVELOPMENT TO BUILD CAPACITY AROUND INNOVATION, LEADERSHIP AND ORGANIZATIONAL DEVELOPMENT.

- **Provide expertise, training and support** in activities like data and evaluation, administrative tasks, fundraising, connecting CHR/W leaders with organizations or agencies with similar missions, providing in-kind resources and space, and more.
- **Help build relationships and connections** with policy makers and funders—connecting CHR/W leaders with organizations or agencies with similar missions.
- **Support CHRs/CHWs from vulnerable subgroups:** Elders were frequently discussed as a vulnerable NA/AN subgroup due to social isolation and other barriers to health and social needs. Elders, like other members of vulnerable subgroups, can serve as CHRs/CHWs if provided with the necessary support such as scheduling flexibility including part-time options.³⁶

ENSURE EQUITY, FLEXIBILITY, AND SUSTAINABILITY IN FUNDING CHW EFFORTS AND INNOVATIONS

Equity: Ensure equity in funding recipient and grantee selection: Funding must be directed to authentic CHR/W-led initiatives and CBOs that have roots in the community and community health work. Funders should work to build internal capacity to understand the essential work that CHR/Ws do, the local landscape of CHR/Ws and CBOs, and avoid deepening inequities by restricting funding or inequitable funding.

- **Support small CBOs, integrate capacity building:** Support for small CBOs including

capacity building support and guidance for CHR/W-led CBOs.

“The most engaged and impactful CBOs may be the smallest ones - they often don't have capacity to carry out funding requirements like reporting, financials and administrative tasks.” - Oreta Tupola, SME

“Philanthropy further aggravates this schism when it requires Indigenous people to seek funding by category, like scientific research or cultural programming, environmental justice or food culture, or to justify the worth of their knowledge... instead of allowing practitioners to present their whole selves in applications, in projects, in programming, and ultimately, in the results of those efforts.”¹⁴

Flexibility: Ensure funding and programmatic flexibility (e.g., timeline, determining funding priorities), remove funding silos: CHR/Ws respond to immediate, ongoing, and long-term needs in difficult and changing environments, in close collaboration and partnership with community members. This requires adaptation, flexibility and responsiveness to changes.

- **CHR/W Employers:** Ensure CHR/W employees have time and flexibility to innovate, adapt and improve programs and services.
- **Funding flexibility is essential for effective CHR/W-led innovation, including:**
 - ◆ **Ensure time for community buy-in and acceptance,** this can require time-intensive planning, relationship building, and ongoing engagement with community partners for innovations to be sustained and effective.
 - ◆ **When possible, remove restrictions** (e.g., overhead, administrative and indirect costs, diverse programs and activities) and barriers to eligibility (e.g., requirements of audited documents, operations budget to match funds)—these can prevent CHR/Ws from accessing needed startup funds.

- ♦ **Funding for less recognized activities that improve programming and promote CHR/W leadership development** like travel to present at conferences, building capacity in different locations, incentives for community members to attend an event, and translate culturally relevant materials to the community.

“Developing innovations requires a great deal of flexibility and the ability to trust a process, rather than entering a project with an outcome in mind, and then working towards that metric,” and “innovation is iterative, so people become more familiar with the process as they participate. Through these interactions, people develop the capacity for innovation.”²⁰

“Federal funding requirements often hinder the ability of state and local governments, territories, tribes, Native-serving organizations operating off tribal land, nonprofits...To promote progress at all levels of government and encourage local adaptation and innovation, federal agencies must allow their funds to be used more flexibly.”^{37(p37)}

Support sustainability of funding: Partners support pathways toward sustainability for existing CHR/W programs and emerging CHW-led innovations.

- The SUSTAIN³⁴ framework provides guidance around sustainable financing for CHR/W programs and roles to enable CHWs to build on and sustain “what works.” The ability of CHR/Ws to innovate requires sustainable, flexible funding—if innovations aren’t sustained, community members lose the trust that is the hallmark of CHR/W work. Examples of support for sustainability may include:

- ♦ unrestricted funding or long-term targeted funding
- ♦ funding that builds toward sustainability through activities such as evaluation, capacity building, advocacy, business development, and ongoing fundraising.

MAINTAIN CHW LEADERSHIP IN EVALUATION AND DISSEMINATION

Support CHW leadership in evaluation and dissemination: Ensure that CHR/W-led innovations are included in the public health evidence base through integration of CHW leadership in program evaluation, funding for evaluation of CHR/W-led innovations, support for dissemination and championing CHR/W-led innovations.

“After all, metrics are an impersonal process to evaluate success and ensure money is well spent. But what if we decided to trust that Indigenous people have a knowledge-based, systemic, holistic approach to address health disparities, environmental justice, and cultural resiliency? What if we decided to “hear” their story of impact, instead of frantically trying to measure it?”¹⁴

In addition, addressing upstream social, economic and political and indigenous determinants of health is critical to advancing “what works.” The social failures to address upstream determinants of health erodes CHR/Ws ability to focus on addressing long-term immediate needs such as affordable housing, cost of living, immigration barriers, language access, and barriers to accessing healthcare. These immediate needs often took precedence and took focus away from longer term needs to close the gaps in health equity.