

Methods

To learn about “What Works” and CHW-led innovations, serving the four WWTs populations, we conducted a national CHW engagement initiative including 1) a national CHW survey, 2) listening sessions, 3) individual interviews with key informants. We also conducted a landscape scan to identify CHW-led innovations and better explore the public health literature.

Our approach was guided by an advisory of 17 subject matter experts (SMEs) with decades of professional and lived experience as members of these populations: 24% were Native Hawaiian or Pacific Islanders, 24% were Native American; SMEs were from 8 states and affiliated with 5 Native Nations or Tribes. At least 3 had experienced homelessness or incarceration.

The survey was designed in close collaboration with SMEs and informed by the landscape scan and literature. We conducted two national recruitment efforts to engage CHWs and allies to share their experiences through a national survey. CHW respondents were able to select up to two

populations that they predominately served from the four toolkit topics. There were 47 respondents who completed the survey who selected Native Americans and Alaska Natives as a primary community served.

Survey data was analyzed using descriptive statistics (quantitative data) and thematic analysis (qualitative data).

These survey respondents were invited to a listening session to discuss the themes from the survey in greater depth. Thematic analysis was used to identify key themes from the listening sessions. A consensus-based approach to identify and select case examples from among survey and listening



Figure 1. CHR/CHW Participant Location or Client Tribal Affiliations* – *Created using Google Maps

session participants, landscape search, and SME recommendations. Criteria for selection of case examples included CHW leadership, innovation, community involvement and empowerment, adaptability, impact on health outcomes, health and social needs addressed, sustainability, and diversity of examples.

Individual interviews were conducted with the CHWs highlighted in case examples to learn more about their work, startup, challenges and innovations. Case examples were developed based on key themes highlighted in these interviews.

TABLE 1. IHS SERVICE AREAS REPRESENTED AMONG RESPONDENTS

IHS Areas:

Albuquerque

- Pueblo of Santa Ana
- Ohkay Owingeh
- Santo Domingo Pueblo
- Taos Pueblo
- Pueblo of Zia
- Pueblo of Laguna

Phoenix

- Gila River Indian Community
- Hualapai Tribe
- Hopi Tribe
- White Mountain Apache Tribe
- Pima
- Cocopah Tribe

Oklahoma

- Peoria Tribe of Oklahoma
- Kickapoo Traditional Tribe of Texas
- Cherokee Nation

Great Plains

- Ponca Tribe of Nebraska
- Turtle Mountain Band of Chippewa
- Oglala Lakota
- Rosebud Lakota
- South Dakota Tribal Populations-Great Plains

California

- Yurok Tribe
- Chapa-De Indian Health Program, Inc.

Nashville

- Lumbee Tribe of North Carolina
- Pine Hill Indian Tribe

Portland

- Confederated Tribes of the Colville Reservation
- Fort McDermitt Paiute Shoshone Tribe of Nevada and Oregon
- Confederated Tribes of the Warm Springs
- Yakama Nation
- Nez Perce Tribe
- Confederated Tribes of Umatilla Indian Reservation
- Kalispel Tribe of Indians

Navajo

- Navajo Nation
- Ute (not specified)

Bemidji

- Anishinaabe Ojibwe
- Upper Sioux Community
- Nottawseppi Huron band of the Potawatomi

Alaska

- Anchorage area Native American community members