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**.

INDIVIDUAL HEALTH AND SOCIAL NEEDS

CHWs described routinely helping clients access HRSN, most notably, housing. CHWs translated materials, conducted outreach, and helped clients fleeing domestic violence access shelter and safety.

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

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

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

Culturally grounded approaches to addressing health inequities in NHPI communities include integration of traditional worldviews and practices such as use of traditional dance to reduce CVD risk and traditional food and diet for obesity.

A community-designed project called PILI ʻOhana Project (POP) deployed NHPI CHWs as community peer educators to enhance cultural relevance and sustainability, resulting in improvements in measures of diabetes and obesity risk.[13]

Ke Kuʻuna Naʻau (KKN), another culturally grounded effort featuring CHWs, sought to reduce hospital readmissions among vulnerable Native Hawaiian adults. KKN, a program of the Native Hawaiian Health Program (NHHP) at Queen's Health System, integrated Native Hawaiian values and concepts focused on trust and care. KKN was found to be effective in reducing readmissions.[25]

WHAT WORKS: BUILDING TRUSTING RELATIONSHIPS AND CULTURALLY ALIGNED APPROACHES

Building trusting relationships is a foundation of CHW practice. CHWs emphasized the importance of trust, patience, listening, being from the community and being seen as being from the community or being on equal footing in serving NHPI community members.

- Patience and listening: CHWs emphasized the importance of taking time to build relationships with clients and community members, "really listening," not interrupting, and allowing people to tell their stories. CHWs take time to listen and understand where clients are coming from and what challenges and needs they are experiencing. Many CHWs described the ways in which profound client needs were only revealed to them once a trusted relationship was established.
- Care: CHWs discussed the importance of showing or demonstrations of care, keeping promises, and showing you are excited to see clients
- Shared lived experience: CHWs shared the importance of drawing on shared cultural, community and personal experiences.

"I always remember to listen to the client first, before I start. As a Native Hawaiian born and raised on the island, I know about the mistrust that my people have of the Westen outsiders" - Aunty Geri Kaleponi

- Cultural sensitivity and reducing barriers: Despite many shared and similar values and experiences, NHPI cultures are diverse and CHWs described the importance of not assuming and learning what is appropriate in a clients' culture. Culturally appropriate clothing, following customs, and translation of health material and information into client languages were also highlighted as essential.
- CHWs who were also CHW supervisors or employers discussed the importance of employing staff from similar backgrounds to their client population and ensuring equitable pay.

"The biggest thing is trust—CHWs live in the community, CHWs address the needs of the community because they understand the cultural, economic and social engagement that is needed, and barriers to access to healthcare."

– Auntie Jessanie Marques

- **CHW survey respondents identified key practices and factors for building trust including:**
  - Spending time with clients (90%)
  - Understanding the cultures clients come from and adapting to cultural norms and practices (86%)
  - Building relationships with community leaders or gatekeepers (79%)
  - Accountability (doing what I say I am going to do, returning data findings to the community after asking for data) (72%)
  - Following clients' cultural norms or expectations (69).
  - Most CHWs said that being from the community or having shared lived experience (76%) was essential for building trust, and almost as many highlighted the importance of community members seeing them as being from the community or having shared lived experience (72%).

Policy

CHWs engage in policy advocacy as individual experts, organize other CHWs and providers to advocate, and educate policy-makers about the needs of community members and strategies to improve the health of their constituents.

Community

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,[26] build capacity within communities and mobilize community members to address community needs and advocate for public health priorities.[24]

In addition to building trusted relationships with clients and community members that is foundational to all CHW practice, CHW respondents shared many examples of "what works" in serving NHPI clients, drawing on traditional cultural practices and values. This is essential to building and maintaining trust and efficacy of public health efforts.

> *"Ironically, many of the cultural grounded approaches…are actually a return to traditional worldviews and practices that were part of every-day life for indigenous communities and a source of their wellbeing prior to Western intrusion."* [13]

- Native Hawaiian values including Aloha (caring, love, compassion), lokahi (balance, harmony, unity), mālama (care, protection, stewardship), ha'aha'a (humility), kokua (helping one another, cooperation, reciprocity), kuleana (responsibility), 'olu'olu (graciousness), laulima (cooperation, many hands working together), ahonui (patience, perseverance), 'ohana (family), akahai (kindness), and pono (integrity, nurturing what is right and just.)[27]
- Tauhi vä (nurturing relationships (Tongan))
- Kilo (observation) and kino (body), an indigenous form of mindfulness.
- Respect for elders

Working for the community: CHWs described working for the community first and foremost. One respondent explained that sometimes accountability to the community has put them at odds with the mainstream/western systems and even their own employers. However, providing the highest level of care and support to the community in ways that work for community members is the priority.

"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 positions 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)[16]

ADDITIONAL CHW-LED CBOs SERVING NHPI

Many more NHPI CHW-led or co-led organizations provide critical community health capacity to address the health needs of NHPI communities throughout the United States, including We are Oceania (WAO), Arkansas Coalition of Marshallese (ACOM), Utah Pacific Islander Health Coalition (UPIHC), Kula no nā Poʻe Hawai'i (serving the Papakolea Hawaiian Homestead Region), and Pacific Island Knowledge 2 Action Resources (Pik2Ar) and Kalanihale (serving Milolii, Hawai'i).

NEED FOR AND BARRIERS TO CHW-LED INNOVATION FOR NHPI COMMUNITIES

Need for CHW-led innovation: Researchers have highlighted a "paucity of empirically based health promotion interventions designed by and for Native Hawaiians,[28] emphasizing the importance of community-led design of public health innovation. In addition, there is a lack of research on CHW interventions within the smaller Pacific Islander ethnic groups in the U.S. including Chamorran, Chuukese, Marshallese, Micronesian, Tongan, and other PI communities.[16]

> **NHPI public health scholars have called for culturally grounded and adapted approaches to addressing the overlapping chronic disease epidemics in NHPI communities.[13,29]**

The drive for innovation among NHPI-serving CHWs is evident – over two-thirds (72%) of CHW survey respondents said that if they had the funding and resources needed, they would help start a new program or initiative to help the community and the same number said they would "spend more time engaging in advocacy." Two-thirds said they "would improve the services or resources they deliver." CHWs shared ideas for building community health capacity, meeting the needs of vulnerable subgroups like elders and unhoused people, advocating for responses to upstream social determinants of health, and advancing workforce capacity among CHWs serving NHPI.

Barriers to CHW-led innovation: Despite the importance of CHW and community-led innovations, CHW respondents identified several barriers preventing them from engaging in this work including no or limited funding (including funding with restrictions that prevent innovation) and lack of services and resources (e.g., lack of affordable housing). Respondents consistently emphasized the importance of addressing SDoH on a policy level including but not limited to affordable housing, rural infrastructure, transportation, cost of living, affordable quality childcare, and sustainable funding for CHWs.

"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." [30(p37)]

INCREASING ACCESS TO CULTURALLY ALIGNED HEALTHCARE

CHW Leader: Geri Kaleponi, Ho'okuikahi Festival

Geri Kaleponi, known as Aunty Geri, is a community leader who has been a CHW far longer than she has held the title. Geri works as a CHW providing essential case management and navigation for kūpuna (elders), but much of her community health outreach work is done as a volunteer outside of her paid role out of a deep care for her community and Lahui (people).

Due to the historic harms and ongoing harmful practices of researchers and providers who come into the community, mistrust of the western medical system is common among kāne (men), and especially in remote villages. This results in people going without needed care and prevention.

Aunty Geri understands the high rates of diabetes, obesity, substance use, domestic violence, as stemming from the historical trauma and as she says, "what was taken from us before we were born." During the decades Aunty Geri has worked in the Kanaka Maoli (Native Hawaiian) community, she has observed the legacies of this historical trauma in everyone she encounters and remains dedicated to helping her community heal from it.

"You have to go to the people, they can't or won't come to you. They love it when you come, they are so appreciative, nobody really helps them, they don't have the help that they need. Why shouldn't they be able to get that, because of their demographics or financial status?"

Outside of her paid role as a CHW, Aunty Geri carries out community health initiatives with people most in need of health and medical care, but who also have mistrust of western medicine. One of her major efforts, she organizes an annual effort to reach kāne as part of a large gathering from men across all islands for Ho'oku'ikahi, a ceremony for kāne to honor King Kamehameha 1. Geri developed and currently leads programming to integrate community health resources as part of the gathering which brings men together to connect with and honor culture and history.

Aunty Geri has worked with a team of Native Hawaiian professionals to develop a comprehensive health and social needs assessment for attendees and currently coordinates a roster of Native Hawaiian doctors and nurses. She connects attendees with Native Hawaiian providers who understand their struggles and culture, so that they can get access to medical care. After 25 years of organizing this work, Geri says "they trust us because they see us every year". This event helps to put them in contact with Native Hawaiian providers.

Barriers to accessing healthcare, and mistrust of western healthcare systems due to historical trauma and past experiences of discrimination requires culturally centered approaches to serving the community. CHWs bring healthcare services and navigation to the community through outreach events, health fairs, and culturally rooted efforts.

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. For NHPI communities, integrating cultural practices and traditional knowledge and values represented an important innovation and component of effective practice.

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. For example, providing food was seen as an essential component of outreach and engagement of NHPI community members and when possible, can be written into program budgets.

To help address mistrust of medical systems, programs 1) provide access to language services, 2) offer CHW accompaniments to appointments, 3) conduct outreach to people where they are (e.g., churches, remote areas, villages, ceremonies), and 4) integrate traditional cultural understandings and practices into programming. In addition to program delivery, ensuring CHWs are paid a living wage (and especially that CHWs should not need to work multiple jobs) was seen as an essential and foundational program/organizational priority.

Designing programs to be culturally sensitive and relevant included integrating traditional cultural practices and understanding that "our own cultural best practices work for us." Mainstream "best practices" may not be helpful or accessible for NHPI community members.

CHW-LED COMMUNITY-BASED INNOVATIONS: CHW'S LEADERSHIP VOICE TO INNOVATE

Case examples of CHW-led innovations highlighting the strengths, assets, barriers and potential of CHW-led innovation to transform and improve NHPI health.

In total, 17 out of 29 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, founding organizations to address community needs, coordinating culturally relevant health and resource fairs, helping people access housing, culturally rooted programming and health education.

PACIFIC COMMUNITY OF ALASKA (PCA)

CHW Leaders: Tafilisaunoa (Tafi) Toleafoa, Executive Director and Mavis Boone, Director of Programs | Website: www.pcalaska.org

A group of NHPI community members posing for a photo at a PCA eventIt all began with a simple conversation. In the midst of the COVID-19 pandemic, a small group of Native Hawaiian and Pacific Islander (NHPI) community members recognized the negative impact the virus was having on NHPI communities in Alaska. Together, they gathered to share their observations, voice their concerns, and develop strategies to support their community through this challenging time. From these initial discussions, a new organization would emerge: the Pacific Community of Alaska (PCA), born from the collective determination to protect and serve Alaska's NHPI community during their time of greatest need.

Need for innovation: Although they knew NHPI were experiencing frequent hospitalizations due to COVID, the state data was not showing it, leading to inadequate public health response. As their first major effort, the group advocated for the state to disaggregate COVID data. Once disaggregated, the data confirmed high rates of hospitalization for NHPI - this became a call to action.

Alaska has one of the largest NHPI populations in the U.S. NHPI has been inadequately understood and served by public health systems that use aggregate data which groups together NHPI and Asian Americans.

PCA got to work immediately addressing the pressing needs of community members. Using the newly disaggregated data, PCA advocated for funding to support its efforts to serve NHPI communities deeply impacted by COVID. PCA got to work addressing pressing COVID-related needs. Misinformation was also prevalent, and high-quality information was only available in English. PCA translated important health information, provided vaccine education to community members, set up 12 pop-up clinics, administered vaccinations, distributed at-home tests, presented COVID health education sessions to churches, and engaged community members and churches to bring more people to get vaccines.

Once COVID slowed down, PCA expanded its services and shifted focus on addressing underlying health conditions and ongoing community needs. Building partnerships has been essential to PCA's growth and ability to serve the community. PCA became a 501(c)3 nonprofit in 2021. Tafi and Mavis are both "lifelong" CHWs.

Why it's innovative: NHPI experiences high rates of chronic health conditions including diabetes and hypertension, which led to the disproportionate impacts of COVID. During COVID, NHPI with underlying health conditions and who were immunocompromised were sent home without any guidance or follow-up regarding these chronic conditions. There is also a lot of historic mistrust of providers and misinformation has been prevalent.

PCA provides holistic community care, grounded in trusted, culturally relevant, trauma-informed CHW-client relationships.

Culturally rooted, CHW-led: PCA is a CHW-led CBO that mobilizes CHWs to address community health needs among NHPI in Alaska. PCA approaches health holistically and communally. PCA engages with families intergenerationally including extended families, as is common in NHPI cultures, and utilizes culturally sensitive approaches to avoid re/traumatization. PCA hires NHPI CHWs who "know the culture and how to speak with people, how to be respectful and make people feel safe and accepted."

Through culturally rooted programs and partnerships to address NHPI health, PCA has built community health infrastructure for NHPI in Alaska by partnering with trusted healthcare systems, and contributes to development of national NHPI- led, CHW-led public health organizational infrastructure as a member of the National Association Of Pasifika Organizations (NAOPO).

PCA has several core programs, mostly staffed by CHWs.

- **Health and wellness:** CHWs provide health education, outreach, and health and social resource navigation. Through relationships with clients, they help access needed resources (e.g., housing, health insurance, social security, etc.). PCA has also carried out community mental health promotion activities.

  "When people realize they have someone who speaks their language, they open up and share more about the barriers that are preventing them from accessing needed healthcare."

- **Domestic violence and sexual assault (DV/SA):** Alaska Pasifika Safe Homes program (APSH) provides culturally appropriate trauma-informed case management, navigation and resources for survivors of DV/SA and culturally sensitive DV/SA prevention programming like Talanoa and Film. Understanding these sensitive issues from a cultural lens allows PCA to filter the information for our people and provide culturally appropriate responses where necessary. The APSH Program was initiated and guided by the understanding that many NHPI families live in multi-generational homes where those affected by DVSA are not only the nuclear family unit but all members of

the home who are the extended family, for example, grandfather, grandmother, cousins, siblings, etc.

Many of the DV/SA resources available are not tailored for the NHPI community. The existing framework seeks to break up families where services are tailored to age-groups which in turn re-traumatizes families going through these situations. The APSH Program purports to maintain the family unit (whether nuclear or extended) as opposed to dismantling it whilst navigating their new circumstances.

- **Community response and civic engagement:** PCA serves as a community resource. It has been brought in to help with issues including voting rights and intimidation and police brutality. PCA carries out activities to help people understand their rights and help people access legal assistance when needed.
- **Community health promotion:** PCA provides opportunities for NHPI community members to come together, build community through culturally rooted health promoting activities including traditional dance (e.g., hula) and step-aerobics classes. PCA has provided interpretation and translation at health clinics to address language access as a key Social Determinant of Health (SDoH) within the NHPI community.
- **Partnerships:** PCA's CHW team has strong connections with primary care providers at the Anchorage Neighborhood Health Center (ANHC), a Federally Qualified Health Center (FQHC), to bridge the gap between NHPI community members and primary care. This partnership has been essential for serving some of the most disenfranchised community members, removing barriers to access related to cost, literacy, language or immigration status. PCA is also connected with the Alaska Department of Health, the Anchorage Municipality Health Department, the Providence Alaska Medical Center CHW program, ANHC, and other DV/SA providers and CHWs in Anchorage, Fairbanks, Juneau, Matanuska Valley and Utqiagvik.

PCA recently co-hosted the 2024 Pacific Health Gathering in Anchorage with NAOPO with over 300 attendees from across the US, Pacific Islands, and New Zealand. CHWs and other healthcare providers shared culturally appropriate best practices and innovations developed during COVID.

Challenges: The NHPI community in Alaska has experienced many nonprofits "going in and out" due to funding, which can

exacerbate mistrust of health providers. As a newer organization focused on comprehensive and holistic services and community-centered programming, accessing sustainable funding can be a challenge, as funding is often siloed for specific health behaviors or activities (e.g., smoking cessation). Often, funding doesn't allow CHWs to cross boundaries, systems and issues and address interconnected SDoH. Additionally, finding expertise within the community to build infrastructure reflects an ongoing challenge.

How PCA has addressed these challenges: PCA has worked to develop strong partnerships with various health care and DVSA providers.,. PCA maintains consistent communication with the local healthcare system, connects with their CHW team

and receives referrals from many partners. PCA has provided public testimony at the local assembly meeting to demonstrate the critical need for funding this type of CHW-led work. It also serves as a member of the Alaska Community Health Worker Network (AK CHW Network) currently being developed which will serve to elevate the Alaska CHW workforce.

IMPACT:

In the three years it has been active, PCA has served over 3,500 community members through individual services and hosted at least 30 community events during which they engaged over 1000 community members. PCAs impact is also seen in rich stories of community members they have helped, "stories that can't be captured in data and metrics."