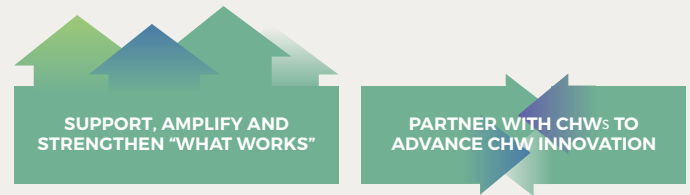# What Works for Partners:

How policymakers, funders and other partners help support, elevate, enhance and sustain CHW-led efforts to advance health for NHPI 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 NHPI community members. Many themes discussed by CHWs and SMEs aligned with the existing pillars of the NACHW SUSTAIN Framework for CHW Sustainable Financing31 and the NACHW Policy Platform.[32]

SUPPORT, AMPLIFY AND STRENGTHEN "WHAT WORKS"

PARTNER WITH CHWs TO ADVANCE CHW INNOVATION

SUPPORT AND SUSTAIN CHW LEADERSHIP IN ADVANCING "WHAT WORKS" AND CHW-LED INNOVATION

Partners including funders, employers, and policymakers can partner with CHWs 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 CHWs to understand, improve, scale, and sustain community health for NHPI community members.

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

- Respect, center, and protect CHW leadership and expertise

- Provide expertise, training and support to support CHW professional development to build capacity around innovation, leadership and organizational development.

- Ensure equity, flexibility, and sustainability in funding CHW efforts and innovations

- Maintain CHW leadership in evaluation and dissemination

RESPECT, CENTER, AND PROTECT CHW LEADERSHIP AND EXPERTISE

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

- **CHWs are fairly and equitably compensated:** Better pay for CHWs employed by CBOs and health systems, ensuring CHWs are paid fairly and equitably for their work and receive full and equitable compensation including health insurance and other benefits.

- **Engagement of CHWs by partners is sustained, equitable and inclusive**

- **Center CHW leadership:** CHW leadership in innovation extends far beyond informing programs developed by others, CHWs as full partners and leaders;

- **Recognize CHWs for their essential contributions** to individual, community and social health and wellbeing.

CHWs 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 CHW 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 CHW leaders with organizations or agencies with similar missions.

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 CHWs do, the local landscape of CHWs 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 CHW-led CBOs.

- **Following in line with data disaggregation, funding must also be "disaggregated."** Often funding for AANHPI goes to Asian American agencies and NHPI don't receive equitable access.

"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

Flexibility: Ensure funding and programmatic flexibility (e.g., timeline, determining funding priorities), remove funding silos: CHWs 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.

- **CHW Employers:** Ensure CHW employees have time, flexibility, and autonomy to innovate, adapt and improve programs and services.

- **Funding flexibility is essential for effective CHW-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 CHWs from accessing needed startup funds.

  - **Funding for less recognized activities that improve programming and promote CHW 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.

"We are always talking about breaking down these silos, but the funding comes in silos and [we are] talking about intersectionality

but the funding is siloed. We look at health holistically, but the funding is still siloed. When you're looking to help the community, you have to approach it holistically." - Mavis Boone, CHW, Pacific Community of Alaska

"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)]

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

- The SUSTAIN[31] framework provides guidance around sustainable financing for CHW programs and roles to enable CHWs to build on and sustain "what works." The ability of CHWs to innovate requires sustainable, flexible funding—if innovations aren't sustained, community members lose the trust that is the hallmark of CHW 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 CHW-led innovations are included in the public health evidence base through integration of CHW leadership in program evaluation, funding for evaluation of CHW-led innovations, support for dissemination and championing CHW-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?"[33]

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 CHWs 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.