

SOCIAL WORK IN ACTION

Creating a Sustainable Native Hawaiian Pacific Islander Community Health Worker Workforce to Address Health Inequity in Hawai‘i

Chantelle Matagi; Ke‘alohilani Worthington Antonio MPH; Sarah Momilani Marshall PhD;
Donna Marie Palakiko PhD

<https://doi.org/10.62547/ZMJ15576>

Social Work in Action is a solicited column from the social work community in Hawai‘i. It is edited by HJHSW Contributing Editor Sophia Lau PhD, of the Thompson School of Social Work & Public Health at the University of Hawai‘i at Mānoa.

Introduction

In Hawai‘i, the COVID-19 pandemic revealed longstanding and disproportionate health challenges faced by Native Hawaiian, Pacific Islander, and Filipino communities.¹ State and federal efforts to implement public health policies often failed to resonate or prove effective within racially and culturally diverse communities.² The pandemic exacerbated this gap in health equity, rooted in a historical lack of culturally competent health care services and professionals that can adequately serve these communities.³ However, the pandemic also demonstrated the potential for Community Health Workers (CHWs) to bridge the gap between these communities and health services, becoming trusted liaisons and sources of critical information, services, and care. As Hawai‘i recovers from the pandemic, there is a clear opportunity to create a sustainable CHW workforce that can address health disparities by drawing on Indigenous knowledge, lived-life experiences, and culturally responsive practices. This article discusses how creating a sustainable pathway for CHWs among Native Hawaiian and Pacific Islander (NHPI) communities can strengthen public health infrastructure and create a more equitable and community-centered health landscape in Hawai‘i.

The Disparities Exposed by COVID-19

COVID-19 disproportionately impacted Native Hawaiian, Pacific Islander, and Filipino communities with higher case rates, comorbidity, and mortality rates, revealing existing health disparities that were exacerbated by the pandemic.⁴ Barriers to health care access, higher rates of chronic conditions, and economic inequities made these populations more vulnerable to severe outcomes.⁵ Additionally, cultural and language barriers, mental health issues, and housing instability further compounded their challenges during this crisis.⁶ The lack of representation in leadership roles and decision-making processes

meant that policies created were often disconnected from the communities they aimed to serve. The crisis exposed the inefficiencies of conventional public health approaches in contact tracing, testing, and outreach programming, which often lacks in language resources and cultural sensitivity, and disregards the importance of community trust. This failure extended beyond the COVID-19 response, highlighting a broader issue: the absence of NHPI representation in the development and implementation of public health policies, outreach, and solutions. This gap in leadership resulted in a misalignment between the manner in which contact tracing, testing, and outreach programming was conducted and the values, beliefs, and practices of NHPI communities.⁷ To address this issue, it is essential that future public health efforts incorporate CHWs who are embedded within their communities and can deliver culturally appropriate care.

The Role of Community Health Workers

CHWs have long played an important role in connecting underserved and marginalized populations with health care services.⁸ They serve as trusted messengers, bridging the gap between health care systems and the communities they serve. CHWs are uniquely qualified to provide culturally safe spaces for care because they often come from the communities they serve, speak the same language, and understand the cultural nuances that impact health behaviors and attitudes toward care.⁹

During the pandemic, CHWs played a crucial role in providing essential outreach and support to NHPI communities.¹⁰ They effectively communicated important health information in the appropriate languages and were mindful of cultural protocols, ensuring that their messages were more likely to resonate with community members.¹¹ For instance, Team 6B was a group of CHWs comprised of community members from the most affected communities and formed during the pandemic by the

Hawai‘i State Department of Health (DOH). Team 6B provided in-language and culturally appropriate contact tracing, community education presentations, and supported mobile vaccination clinics. Each team member quickly became the point of contact between their respective community and the DOH in all pandemic-related issues, from contact tracing to isolation to resource support. This culturally sensitive approach fostered trust and created an environment where community members felt safe asking questions and seeking assistance.

The CHWs of Team 6B played a key role in addressing barriers to care. In many cases, they went beyond their official duties to ensure that community members received the support they needed, such as delivering diapers or disinfectant supplies, or connecting with other community members to provide financial support, demonstrating a level of dedication and cultural competence that is crucial for improving health outcomes in underserved populations. Their contributions during the pandemic highlight the importance of integrating culturally informed practices into public health efforts. By building trust and rapport within the communities they serve, CHWs have the potential to facilitate better health outcomes and enhance the overall effectiveness of health initiatives. Moving forward, it is vital to continue investing in and supporting CHWs as essential players in promoting health equity and addressing the unique needs of NHPI communities.

Barriers to Building a Sustainable Workforce

Despite the success of CHWs during the pandemic, several barriers hinder the development of a sustainable CHW workforce in Hawai‘i. One of the primary challenges is the misconception that CHWs require a Western-academic degree to be effective in their roles. While this can be valuable in some instances, it is not always necessary for CHWs, especially when their lived experiences and cultural knowledge are equally, if not more, important. While most individuals can be trained in basic contact tracing, which includes interviewing a case over the phone with an elaborate script, it is impossible to train an individual to become well-versed in all the nuances of a specific culture without having lived in that community and being a part of it. You can teach a Samoan to be a CHW but you cannot teach a non-Samoan to be Samoan.

Institutional racism and cultural stereotypes further compound the challenges faced by NHPI. The lack of representation in leadership roles and decision-making positions means that NHPI voices are often excluded from the conversation, leading to policies that do not reflect the needs and values of the communities they are meant to serve. This exclusion perpetuates health disparities and prevents meaningful progress toward health equity.

In addition to these barriers, the health care system in Hawai‘i often fails to value Indigenous knowledge and ways of knowing

in its hiring processes. Instead, it focuses on Western academic achievements as the principle qualification, despite ample evidence on the barriers that marginalized communities face in accessing and completing Western academic programs. The current system is rooted in a colonial framework that prioritizes Western medical practices and overlooks the importance of moving beyond cultural competence and focusing on creating culturally safe spaces. This paternalistic approach focuses on educating outside “qualified” individuals on a different culture, rather than shifting to focus resources on empowering NHPI communities to take an active role in shaping their own health outcomes by building up the existing community infrastructure and community members.

Crafting a Pathway to Public Health Careers for NHPI Communities

To create a sustainable CHW workforce, Hawai‘i must invest in pathways that provide NHPI community members with opportunities to enter into and advance in public health careers. This means reallocating resources to support equitable hiring practices that value lived experiences on par with formal Western education, thus creating workspaces that reflect the communities being served. NHPI community members must be recruited, trained, and retained as CHWs, and their contributions must be recognized as vital to the success of the public health system.

One solution is to develop community-based teams that embrace inclusivity and foster meaningful engagement. These teams should reflect the diversity of the communities they serve and include CHWs who have the language skills, cultural knowledge, and lived experience to provide effective care. By creating entry-level positions that offer opportunities for advancement, Hawai‘i can build a thriving sustainable pathway of CHWs who are prepared to take on leadership roles in public health.

The success of Team 6B during the pandemic demonstrates the power of community-based CHWs in addressing health disparities. By looking within the community for trusted messengers, Team 6B was able to provide culturally informed outreach that resonated with NHPI communities. Their success illustrates the importance of drawing upon existing community strengths and assets to create solutions that are both effective and sustainable.

Valuing Indigenous Ways of Knowing

One of the most significant lessons learned from the pandemic is the value of Indigenous knowledge and ways of knowing in public health. As members of the communities that they serve, NHPI CHWs possess a deep understanding of their communities’ values, beliefs, and practices, which allows them to provide care that is culturally responsive and appropriate.⁸ This knowledge is as important as formal education when it comes to addressing health disparities and creating sustainable change.

The DOH's decision to implement a parallel hiring system that valued lived-life experience alongside formal education was a step in the right direction. This system allowed NHPI CHWs to take on leadership roles and provided them with the authority to determine who was best suited to serve their communities and how those services were provided. By prioritizing lived-life experience and community ties, the DOH created a hiring process that was more equitable and better aligned with the needs of NHPI communities.

Long-Term Solutions for Health Equity

Building a sustainable CHW workforce is not just about addressing the immediate needs of the pandemic—it is about creating long-term solutions for health equity in Hawai'i. CHWs are uniquely positioned to play a central role in these efforts, as they possess the cultural knowledge and community connections needed to provide effective care that can shift the health outcomes being experienced by underserved and marginalized communities.

The success of Team 6B during the pandemic serves as a model for how CHWs can address health disparities and foster equity within the public health system. By drawing upon existing community strengths and assets, and providing culturally informed care, CHWs can create solutions that are both effective and sustainable.

Policy Recommendations

The following policy recommendations are suggested to support the development of a sustainable CHW workforce and promote health equity in Hawai'i:

1. Implement more equitable hiring practices that embrace both Western and Indigenous/Native educational qualifications.
2. Create a pathway to increase access for NHPI individuals to educational and professional opportunities in public health.
3. Support systems changes that result in deliberate diversity in leadership and decision-making processes.
4. Develop mechanisms to evaluate and monitor progress towards greater racial and cultural diversity at all levels of public health.

Conclusion

The COVID-19 pandemic laid bare the entrenched health disparities in Hawai'i, revealing the critical gaps that need addressing. However, it also demonstrated the transformative potential of community-based CHWs in bridging these gaps. By investing in a sustainable and culturally grounded CHW workforce, Hawai'i can revolutionize its public health system to be more equitable and attuned to the unique needs of its diverse populations. The triumphs of Team 6B during the pandemic illustrate the profound impact that integrating Indigenous knowledge and lived experiences can have on health outcomes. These successes offer a blueprint for future public health initiatives, highlighting the importance of community resilience and creating culturally safe spaces for care. Moving forward, Hawai'i has the opportunity to lead by example, fostering an environment where public health strategies are not only inclusive but also reflective of the rich cultural tapestry that defines the islands. By doing so, Hawai'i can ensure lasting and meaningful improvements in health equity, setting a standard for others to follow.

Authors' Affiliations:

- Tagata Moana Hui Foundation, Honolulu, HI (CM)
- Department of Native Hawaiian Health, John A. Burns School of Medicine, University of Hawai'i at Mānoa, Honolulu, HI (KWA)
- Department of Social Work, Thompson School of Social Work & Public Health, University of Hawai'i at Mānoa, Honolulu, HI (MSM)
- School of Nursing and Dental Hygiene, University of Hawai'i at Mānoa, Honolulu, HI (DP)

References

1. Hawai'i State Department of Health. *COVID-19 in Hawai'i: Addressing Health Equity in Diverse Populations. Disease Outbreak Control Division: Special Report*. Published 2021. Accessed October 1, 2024. <https://hawaiiicovid19.com/wp-content/uploads/2021/03/COVID-19-Race-Ethnicity-Equity-Report.pdf>
2. Hofschneider A. Health officials knew COVID-19 would hit Tagata Pasefika hard, The State still fell short. *Civil Beat*. Published August 17, 2020. Accessed October 1, 2024. <https://www.civilbeat.org/2020/08/health-officials-knew-covid-19-would-hit-pacific-islanders-hard-the-state-still-fell-short/>
3. U.S. Department of Health and Human Services. *Asian American, Native Hawaiian, and Pacific Islander (AA and NHP) Fact Sheet*. Published 2023. Accessed October 1, 2024. <https://www.hhs.gov/sites/default/files/aa-nhpi-fact-sheet.pdf>
4. Hofschneider A. COVID-19 cases among Tagata Pasefika surge in Hawaii. *Civil Beat*. Published June 29, 2020. Accessed October 1, 2024. <https://www.civilbeat.org/2020/06/covid-19-cases-among-pacific-islanders-surge-in-hawaii/>
5. Kaholokula JK, AuYoung M, Chau M, et al. Unified in our diversity to address health disparities among Asian Americans, Native Hawaiians, and Pacific Islanders. *Health Equity*. 2022;6(1):540-545. <https://doi.org/10.1089/heq.2022.0034>
6. Perry HB, Zulliger R, Rogers MM. community health workers in low-, middle-, and high-income countries: An overview of their history, recent evolution, and current effectiveness. *Annu Rev Public Health*. 2014;35:399-421. <https://doi.org/10.1146/annurev-publhealth-032013-182354>
7. Knowles M, Crowley AP, Vasan A, Kangovi S. Community health worker integration with and effectiveness in health care and public health in the United States. *Annu Rev Public Health*. 2023;44:363-381. <https://doi.org/10.1146/annurev-publhealth-071521-031648>
8. Moir S, Yamauchi J, Hartz C, et al. The critical role Hawai'i's community health workers are playing in COVID-19 response efforts. *Hawai'i J Health Soc Welf*. 2021;80(10 Suppl 2):46-49.
9. Curtis E, Jones R, Tipene-Leach D, et al. Why cultural safety rather than cultural competency is required to achieve health equity: A literature review and recommended definition. *Int J Equity Health*. 2019;18(1):174. <https://doi.org/10.1186/s12939-019-1082-3>
10. Varma DS, Samuels E, Platt G, et al. Community health workers and promotoras' perspectives of a research best practice course: A focus group study. *J Clin Transl Sci*. 2022;6(1). <https://doi.org/10.1017/cts.2022.464>
11. Andersen JA, Willis DE, Kaholokula JK, et al. Experiences of discrimination among Native Hawaiians and Pacific Islanders living in the USA. *J Racial Ethn Health Disparities*. 2024;11(1):184-191. <https://doi.org/10.1007/s40615-022-01509-x>