

# Whatcom County Community Health Worker Initiative

## Assessment Report



**March 12, 2018**  
Updated April 6, 2018

Special thanks to the Chuckanut Health Foundation, PeaceHealth, and the United Way of Whatcom County for supporting the Whatcom County CHW Initiative Assessment Report.

The information in this report was compiled from many different conversations, documents, and websites. We have made the greatest effort possible to ensure its accuracy, and apologize in advance for any errors or oversights.

This community assessment is a work in progress, and additions or changes may be made as local or state CHW efforts evolve and/or we have more relevant findings.

We welcome your corrections, comments and suggestions.  
Please contact the Whatcom Alliance for Health Advancement at 360.788.6594 or [waha@whatcomalliance.org](mailto:waha@whatcomalliance.org).

## Executive Summary

The Whatcom Alliance for Health Advancement (WAHA) is spearheading a Community Health Worker (CHW) Initiative for Whatcom County, the first phase of which is a community assessment. This report describes the assessment process, presents key findings, and makes recommendations for next steps.

Information was gathered via web research, email inquiries, phone conversations, and in-person interviews and conversations with people, programs, and organizations involved in CHW efforts. Four interrelated areas were researched:

- Current CHW activity and infrastructure in Whatcom County, and level of interest in developing local CHW capacity.
- The communities of Sumas, Everson and Nooksack, and the Latino population living there – the selected focus population for this initiative.
- Resources and trends in CHW workforce development.
- Other CHW programs' "lessons learned" that could benefit Whatcom County's Initiative.

### Key Findings:

- Numerous Whatcom County organizations have staff participating in some aspect of CHW work; however, there is great variability in the interpretation and operationalization of the CHW role, and little communication or coordination among CHWs.
- There is no local structure supporting CHWs in Whatcom County, providing training, or advocating for a collective CHW voice in health care transformation efforts.
- There is general awareness that CHWs are an important aspect of the North Sound Accountable Community of Health's (NSACH) Medicaid Demonstration projects, and strong interest in establishing and/or enhancing the CHW role in Whatcom County.
- Sumas, Everson, and Nooksack generally see themselves as three unique communities, each with its own individual identity.
- The area is experiencing significant growth of a largely commuter population. At the same time, key services in the area, such as grocery stores and medical practices, are closing.
- The Nooksack Valley School District (NVSD) encompasses Sumas, Everson, and Nooksack and surrounding areas, and to some extent unifies these otherwise separate communities.
- The NVSD is community-oriented, seeks partnerships to provide services to students and families, and is interested in exploring collaboration on a CHW project.
- The Latino community in Whatcom County is not a homogenous group, and there are significant populations of immigrant indigenous groups from Guatemala and Mexico.
- It takes a long time to build trust between community organizations and the Latino/indigenous community. Therefore, CHW work should be approached with a commitment to longevity and sustainability.
- Whatcom County's participation in the WA State Department of Health's CHW training program has been very low.
- The Area Health Education Center for Western Washington (AHECWW) is now located at Whatcom Community College and is very interested in CHW workforce development.
- Some of the North Sound Accountable Community of Health's Medicaid Demonstration Projects involve developing CHW roles.

- CHW collaboratives based in Pierce, Clark and Spokane counties are models for providing ongoing support for CHWs and increasing their capacity and impact.
- The Foundation for Healthy Generations is a leader in CHW program development and has provided funding for CHW initiatives in other parts of the state.

**The assessment findings lead to three recommendations for Whatcom County:**

1. Increase Whatcom's CHW capacity through training and coordination, including the possibility of an ongoing CHW network or collaborative.
2. Continue to explore a Latino CHW initiative in Sumas, Everson, and Nooksack.
3. Establish regular communication with the North Sound Accountable Community of Health, Area Health Education Center for Western Washington, Foundation for Healthy Generations, and other regional or state organization to identify opportunities for CHW workforce or program development.

## Background

In recent years, Whatcom County stakeholders have expressed interest in defining and operationalizing a Community Health Worker (CHW) role to improve access to health care and improve health for underserved communities. Statewide, Healthier Washington's health systems transformation strategy also includes CHW's as community-based, peer health promoters.

The Whatcom Alliance for Health Advancement (WAHA) is spearheading a CHW initiative in Whatcom County both in response to the local community interest and to growing evidence that CHWs provide a best practice approach to health improvement in the context of health care reform. The value of a CHW program lies in its proven ability to decrease health disparities through peer-based community-led initiatives. Such efforts engage members of the community to identify resiliency factors and barriers related to health, help empower community-driven solutions and policy recommendations, and integrate the community "voice" in planning, thereby increasing equity of access to healthcare, health information, and resources.

The first phase of the Whatcom County CHW Initiative has been to conduct a community assessment. This was originally envisioned as two activities: 1) Completing an inventory of existing CHW programs or roles used by Whatcom County organizations, and 2) Identifying trusted members of a focus community and initiating communication and developing relationships with key informants in that community. As we moved forward with these activities, we realized that our research also needed to include learning about the larger community of which the focus community was a part, organizations involved with CHW workforce development, and successful CHW programs in other parts of the state.

While we have gathered much relevant information, we acknowledge that there is still more to learn. WAHA intends to convene community health stakeholders to discuss this report, identify the gaps and needs around CHWs in Whatcom County, and discuss opportunities for capacity-building. Questions of feasibility, sustainability, and alignment with regional and state CHW initiatives will also need to be considered.

WAHA anticipates that successfully guiding a local CHW initiative through collaborative assessment, planning, and implementation will establish our agency's role as a strong partner for health equity in Whatcom County within the broader health care transformation efforts now underway.

## Defining "Community Health Worker"

There are various titles used for individuals who carry out a CHW role, including community health worker, lay health worker, promotor/promotora, community health advocate, lay health educator, community health representative, and others<sup>1</sup>. These terms are often used interchangeably, and the work performed under these titles can vary significantly.

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<sup>1</sup> Centers for Disease Control, [https://www.cdc.gov/dhdsp/pubs/docs/chw\\_evidence\\_assessment\\_report.pdf](https://www.cdc.gov/dhdsp/pubs/docs/chw_evidence_assessment_report.pdf).

The American Public Health Association (APHA) defines a CHW as “...a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community.”<sup>2</sup>

The WA State Community Health Worker Task Force, which created the CHW Recommendations Report for Healthier Washington<sup>3</sup>, endorses and recommends using the APHA definition. In addition, the report calls out three unique capabilities of CHWs:

- 1) Relationship- and trust-building with underserved populations, low income individuals, and communities of color;
- 2) Facilitating valuable communication between providers and patients or community members and decision makers;
- 3) Addressing the social determinants of health at the individual and community level.

Our CHW Initiative is based on established definitions of CHWs by the APHA and the Washington State Community Health Worker Task Force. WAHA will continue to help Whatcom County explore how to define a CHW role that will have the greatest impact on health improvement in our underserved communities.

In reviewing the many titles and various definitions of CHW, we identified two helpful phrases: “peer-based workforce” and “trusted community member,” both of which serve as touchstones for understanding the CHW role. Both imply relationships that are personal – or at least very familiar – and provide a lens through which to view programs and services. The phrases further help clarify the difference between CHWs and care coordinators, outreach staff, and other community-based health workers.

The term “peer-based workforce” was suggested by the Foundation for Healthy Generations, a Seattle based organization that played a key convening role for the WA State Community Health Worker Task Force. “Peer-based workforce” is a more encompassing way to describe CHWs, as opposed to defining a specific role or job title. The key element is “peer.” When considering a program or service, we can ask the question, Are the workers peers of the population being served? Or do they share language, culture, or geographic community, but could not really be considered peers?”

Similarly, the phrase “trusted community member” from the APHA definition is also a helpful touchstone. First, it encourages us to consider the difference between a community member in the general sense (e.g., sharing culture or geographic community) versus a member of a specific, smaller community (e.g., a neighborhood or faith community). Secondly, it reinforces the critical element of trust, and reminds us that not all community members have gained the trust of others. Again, when considering a program or service, we can ask, “Are the workers trusted community members of the population being served? Or do they have the same language, culture, or geographic community but not necessarily the trust of others in the community?”

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<sup>2</sup> American Public Health Association, 2009. [Policy Statement 20091](#).

<sup>3</sup> Foundation for Healthy Generations, 2015. [Community Health Worker Task Force Recommendations Report for Healthier Washington](#).

In sum, staff persons of an organization or agency who speak Spanish (for example) or live in a specific geographic community can facilitate work in outreach, care coordination, or education *but they are not inherently a CHW*. In addition, someone could be a member of the focus community, but not be *trusted* and in turn not the “right” person for a CHW.

## Defining a Focus Community within Whatcom County

For the initial work of the Whatcom County CHW Initiative, WAHA selected a focus community of the rural Latino population of Sumas, Everson, and Nooksack (S-E-N). Throughout this report, we use the abbreviation “S-E-N” when referring to the three communities.

The **population** focus of rural Latinos is driven by:

- The health needs and disparities that community health assessments have repeatedly identified in this population. Our local rural Latino communities face systemic barriers to equitable health care, as evidenced by data in the Whatcom County Community Health Improvement Plan<sup>4</sup> and the Community Health Needs Assessment conducted by PeaceHealth St Joseph Medical Center.<sup>5</sup>
- WAHA’s unique ability to work with this community using the expertise of its two bilingual (Spanish-English) and bicultural staff members, Christina Ortiz and Australia Cosby. (Emerging findings reveal that language considerations are more complex than this, as described under Latino and Indigenous communities, page 8.)

The focus on the **geographic area** of S-E-N is driven by:

- Its relatively high Latino population as a percent of the total population. The combined population of the three communities is 13,594 people, with Latinos comprising 19.2% of the population.<sup>6</sup>
- Its higher levels of linguistic isolation, lower educational attainment, transportation barriers, and lower incomes than other parts of the county.
- The fact that together the three communities comprise a single school district, Nooksack Valley.
- WAHA’s current experience working with the Latino Oral Health Collaborative there (an initiative of Arcora Foundation, formerly the Washington Dental Service Foundation).

We anticipate that this highly localized focus will help us better listen to the “community voice” of the rural, Latino residents of Whatcom County and achieve a deeper understanding of the barriers to health care and health they themselves identify. Lastly, the focus on the Latino population in S-E-N will serve to help keep the scope of the initiative manageable.

While it is logical to group Latinos in these three small towns as a community, it is possible that this grouping does not reflect reality. In general, the three towns see themselves as separate and distinct, but it is unclear if this town-specific identity holds true for the Latino

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<sup>4</sup> Whatcom County Health Department and PeaceHealth Saint Joseph Medical Center. [Whatcom County Community Health Improvement Plan 2012-2016](#).

<sup>5</sup> PeaceHealth Saint Joseph Medical Center. [Community Health Needs Assessment and Implementation Plan, 2016-2019](#).

<sup>6</sup> Statewide, Latinos make up 12.9% of the population. 2015 Population Estimates. <http://www.ofm.wa.gov/trends/population/fig307.asp>

population as well. Latinos may identify more strongly with others of the same race/ethnicity/language (i.e., other Latinos), regardless of the town in which they live. We are revising and responding to our growing understanding of what comprises “the community” in the context of CHW work (more about this under Emerging Findings).

## Community Assessment Process

Using preliminary research as a guide (completed in 2016; see #1 below), WAHA started the Community Health Worker (CHW) Initiative in May 2017. A six-month assessment and planning process was outlined in a work plan (Attachment 1), consisting of four phases:

- 1) **Background Research (completed in 2016).** Key tasks: define what a Community Health Worker is, verify that the CHW program model is an evidence-based best practice, and determine the sub-populations in Whatcom County that have the greatest needs that could be addressed by a CHW Program.
- 2) **Local Assessment (June 2017-August 2018).** Key tasks: Conduct inventory of existing CHW programs (or other “peer-based” roles) in Whatcom County, understand the needs and assets of focus communities based on input from the communities themselves, and develop recommendations for a planning phase.
- 3) **Collaborative Planning (January-June 2018).** Key task: Convene a work group of stakeholders to review findings from assessment and plan CHW role(s) that would be most feasible and effective in Whatcom County.
- 4) **Implementation (starting June 2018).** Key task: Facilitate decisions and actions to begin implementing plan.

Subsequently, a more detailed assessment plan was developed to define and guide assessment activities (Attachment 2).

It is important to note that these plans were developed as tools to guide the process. Actual methods and timelines turned out to be somewhat different, as the process was modified based on opportunities and constraints we encountered along the way.

## Assessment Goals and Methods

The original goals of the assessment were to:

- Create an inventory of existing CHW programs (or other “peer-based” roles) in Whatcom County.
- Identify trusted community members in the Sumas-Everson-Nooksack Latino community, and understand their health-related needs and assets.

As noted earlier, these goals were expanded to include learning about the S-E-N communities (of which the Latino community is a part), identifying organizations involved with CHW workforce development, and researching best practices and lessons learned from other CHW initiatives in Washington State and nationally.

## **Community Organizations**

Gaining concrete knowledge of the work currently performed by local CHW's enables WAHA to better convene and partner with other community organizations to develop its CHW Initiative to help reduce long-standing health disparities in our county.

This assessment component was completed via web research, phone interviews, in-person interviews, and email communication with key informants. A general interview guide (Attachment 3) was created to assist in our initial research. We always asked some variation of "Who else should I talk to about these questions?" which led us to organizations we had not yet identified. However, it was interesting to note that relatively few interviewees were aware of CHW-like roles in other organizations.

A similar approach of web research combined with phone interviews and email communication was taken for learning about CHW initiatives in other parts of the state and country.

## **S-E-N Latino Community**

For learning about the S-E-N Latino community, we first interviewed people in organizations working in that part of the county with whom we already had relationships. The goals of these initial key informant interviews were to identify trusted, "go-to" members of the Latino S-E-N community, learn Latinos are likely to be "found" in this community, and better understand how to approach establishing relationships with and learn from community members. We developed a guide for these interviews as well (Attachment 3), and consistently asked the question, "Who else should I talk to?" to help us identify others who could provide additional information.

From these interviews, we gained an understanding of the S-E-N communities and the area in general, which we realized was an important context in which to understand the Latino population. Through these interviews we also began to identify trusted community members, as some names were mentioned again and again. We also inquired and learned about the places where Latinos live, work, and gather.

Our original plan was to immediately follow these interviews with focus groups with Latino community members. However, instead we engaged in more informal conversations, partly in response to a discussion with the Foundation for Healthy Generations (FHG).

Staff at the FHG described an assessment process with the primary goal of identifying trusted community members, rather than learning about perceived health needs, barriers, etc. This social network analysis approach presumes that engaging the "right" people is key, and that specific health issues will become known later *through these people*. FHG's recommended approach for identifying trusted community members is to "hang out" in the community and ask as many people as possible one question: "If you had a friend who needed help, who would you suggest they talk to?"

Based on FHG's recommendation, WAHA staff members Australia Cosby and Christina Ortiz (an Everson resident) spent an afternoon at La Gloria Market in Everson doing some informal intercept interviews. The intent was to "hang out" and ask a variation of the question recommended by FHG for identifying trusted community members ("If you had a friend who



needed help, who would you suggest they talk to?”). Australia and Christina set up a table in front of the store and displayed WAHA information, toothbrushes/floss, pedometers, and headphones to encourage customers to come speak with them. Australia provided the following observations:

*We attempted to ask, “If you needed help, who would you go to?” in Spanish. However, we found the question was hard to translate in a way that gets the meaning across. We asked it a couple ways and got different responses. People were often confused by the question and at times didn’t respond until we provided a follow-up question. By the end of our time at the La Gloria Market, we simplified our question.*

*Si necesita ayuda con varios recursos ¿con quién habla?  
(If you need help with resources, who do you talk to?)*

*Si necesitabas ayuda con algo, ¿a quién pedirías ayuda?  
(If you were to need help with something, who would you ask for help?)*

*Si necesita ayuda, ¿con quién hablaría?  
(If you need help, who would you talk to?)*

*Si necesitas ayuda, ¿a quién irías?  
(If you need help, to whom would you go?)*

*Even with these simplifications, we always had to provide some type of example of “who” the person they might turn to, such as a friend, coworker, or a family member. We were able to ask the question to around 12 people and had a variety of responses: friend (1); Coworker (2), and Family (9). None of the people we talked to mentioned the school district.*

*Our presence was a little awkward since most customers coming in and out of La Gloria were in a hurry. I would encourage us to replicate this informal one-sentence survey or suggest it as a strategy for our CHW collaborative or potential partners to use when they are trying to find community liaisons.*

This experience seemed to indicate a hesitancy to chat with strangers (even Spanish-speaking Latinas), and/or that a different environment is needed to talk comfortably. This reinforces our growing understanding of the importance of trust building and long-term relationships, and made us realize that spending more informal time with community members would be necessary to increase comfort and gain information. The current plan is to hold listening sessions or “cafecito/cup-of-coffee” small group meetings (less formal than focus groups) with the support of informal community leaders and the Nooksack Valley School District.

Writing the assessment report was an iterative process and resulted in uncovering another layer of information. Every person who had contributed information or perspectives to the report was asked to review the information they had provided and make corrections or clarifications. They were also invited to comment on the report as a whole. This led to numerous revisions that increased the detail and accuracy of the report. In some cases, reviewers made suggestions for other people to talk with or programs to investigate, which then led to new findings to incorporate.

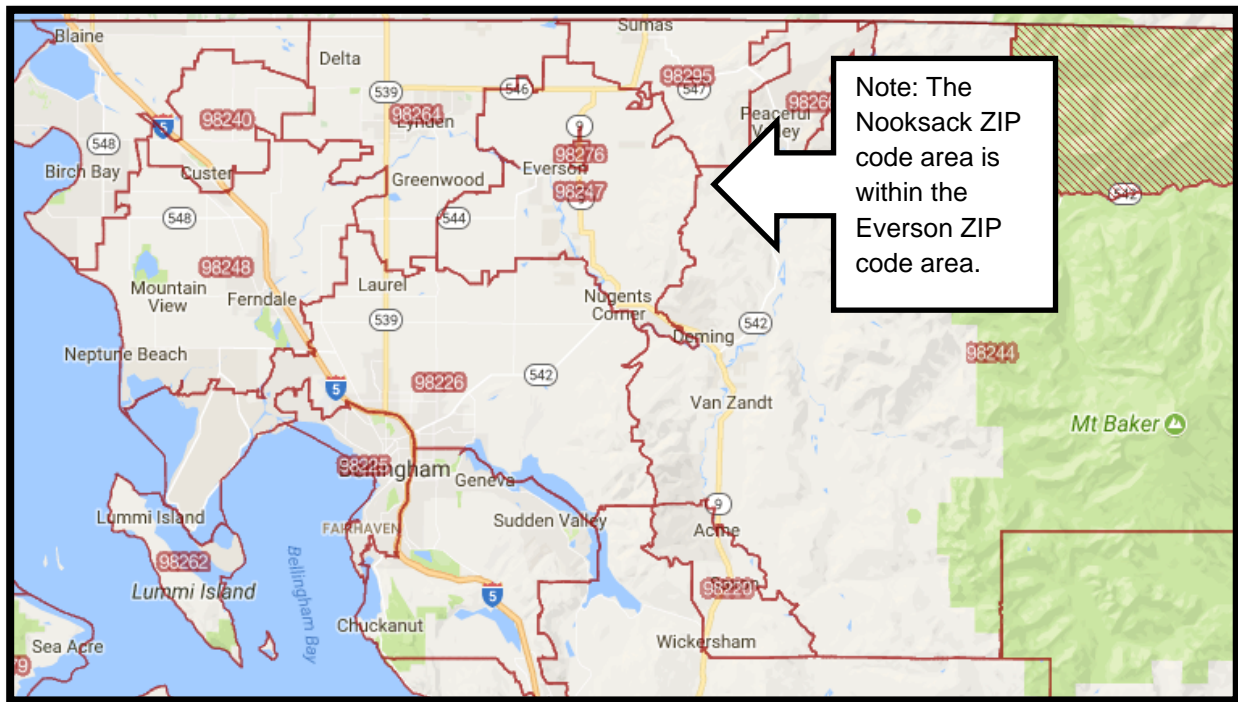
Please see Attachment 4 for the list of organizations contacted and people from whom we gathered information.

## Emerging Findings

### Emerging Findings: A View of Sumas, Everson and Nooksack

The two most accessible ways to look at the population of S-E-N are by ZIP codes (each of the three communities has its own) and the Nooksack Valley School District demographics. Since the boundaries for ZIP code areas and school districts are not identical, there is some discrepancy in population data, but in general population by ZIP code corresponds with school district demographics.

### Whatcom County ZIP code areas, including Sumas (98295), Everson (98247), and Nooksack (98276).



Map Source: <http://washington.hometownlocator.com/zip-codes/zipcodes.city.bellingham.cfm>

As shown in the following chart, in 2015 the combined population of the S-E-N ZIP code areas was 13,594 people, with the Latino population comprising 18-20% (average 19% for the three communities combined). In comparison, Latinos make up only 13% of Washington State's population.<sup>7</sup> Rates of 18-20% are significantly higher than other Whatcom County ZIP code areas; the communities with next highest rates are Lynden (11.9%), Ferndale (10.6%), and Bellingham (98225 and 98226, 7.3% and 8.7%, respectively).<sup>8</sup>

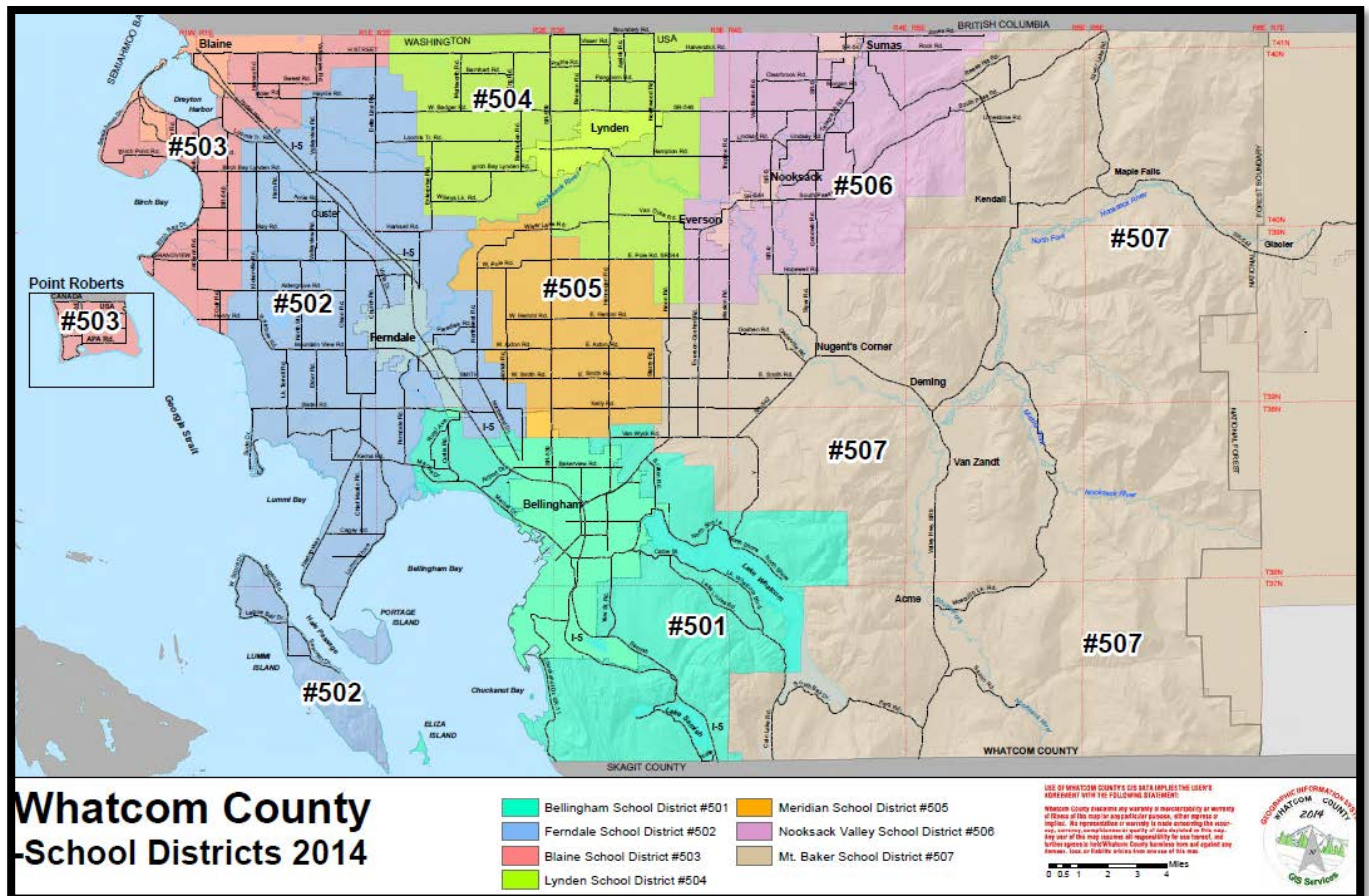
<sup>7</sup> Office of Financial Management, 2015 Population Estimates. <http://www.ofm.wa.gov/trends/population/fig307.asp>

<sup>8</sup> U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates. <https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>

2015 Population Estimates Total and Hispanic or Latino populations of Everson, Nooksack and Sumas by ZIP Code				
City	ZIP Code	Total Population	Hispanic or Latino Population (of any race)	% Hispanic or Latino
Sumas	98295	2,571	514	20.0%
Everson	98247	10,263	1,930	18.8%
Nooksack	98276	760	144	18.9%
		<b>Total: 13,594</b>	<b>Total: 2,588</b>	<b>Average: 19.2%</b>

Source: U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates.  
<https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>

### Whatcom County School Districts, Nooksack Valley School District #506



Map Source: [www.co.whatcom.wa.us/DocumentCenter/View/6526](http://www.co.whatcom.wa.us/DocumentCenter/View/6526)

The Nooksack Valley School District encompasses S-E-N plus the surrounding areas. Population data from 2016 indicate the district is home to 12,755 people. 2,070 of these are Latinos, comprising 16% of the population. The highest rates of Latino residents (20-24%) are in age groups under 35 years, while age groups over 50 are all less than 10% Latino.<sup>9</sup>

<sup>9</sup> Washington State Office of Financial Management, 2016. <http://www.ofm.wa.gov/pop/smallarea/default.asp>

**2016 Total Population and Percent Hispanic or Latino by Age Group  
Nooksack Valley School District #506**

<b>Age Group</b>	<b>Total Population</b>	<b>Hispanic or Latino Population (of any race)</b>	<b>Percent Hispanic or Latino</b>
0-4	1,121	266	23.7%
5-9	993	223	22.5%
10-14	1,001	222	22.2%
15-19	1,223	247	20.2%
20-24	866	192	22.2%
25-29	906	181	20.0%
30-34	850	171	20.1%
35-39	728	127	17.4%
40-44	811	122	15.0%
45-49	839	105	12.5%
50-54	723	70	9.7%
55-59	716	46	6.4%
60-64	616	32	5.2%
65-69	531	27	5.1%
70-74	357	23	6.4%
75-79	238	11	4.6%
80-84	134	1	0.7%
85+	103	3	2.9%
<b>Total</b>	<b>12,755</b>	<b>2,070</b>	<b>16%</b>

Source: WA Office of Financial Management. <http://www.ofm.wa.gov/pop/smallarea/default.asp>

Whether viewed by ZIP code areas or school district boundaries, the S-E-N area is an expansive geographic region, with large farms, especially dairies and commercial berry farms. Services, employers, and housing areas are very dispersed, reinforcing our knowledge that transportation is often a barrier to accessing health care, social services, education, employment, and other services.

In visiting the area, WAHA staff observed that this dispersion contributes to the feeling that housing and services often seem “tucked away,” “hidden,” or “invisible” (at least from outside observers) and suggests the possibility of little social cohesion among S-E-N Latinos.

**Services Available in Nooksack, Everson, and Sumas**

The basic services available in each town were inventoried, as shown in the following chart. Overall, local services are becoming fewer and fewer, even as the population of the area grows. In recent years, two grocery stores, a post office, a bank, and a medical clinic have closed.

## Key Services Available in Nooksack, Everson, and Sumas

As of October, 2017

	Nooksack	Everson	Sumas
<b>Total Population*</b>	<b>760</b>	<b>10,263</b>	<b>2,571</b>
<b>Service</b>			
<b>Public Library</b>	No	Everson Library	Sumas Library (same location as Senior Community Center)
<b>Medical Care</b>	No	Family Care Network clinic closing December 2017; Nooksack Tribal Clinic; Sea Mar (Everson address, distant from town)	No
<b>Dental Care</b>	Evernook Family Dentistry	Everson Dental Clinic: Barrett & Ross; Nooksack Tribal Clinic	No
<b>Pharmacy</b>	No	Nooksack Valley Drug	Sumas Drug
<b>Grocery Store</b>	No	Everson Market La Gloria	No (Bromley's Market closed May 2017)
<b>Community Center</b>	No	Everson Senior Activity Center	Sumas Community Center (same location as Sumas Library)
<b>Elementary School</b>	Yes	Yes	Yes
<b>Middle School</b>	No	Yes – for entire district	No
<b>High School</b>	No	Yes – for entire district	No
<b>Food Bank</b>	No	Nooksack Valley Food Bank; Nooksack Tribe food bank	Sumas Food Bank
<b>Post Office</b>	Yes-Combined with Everson	Yes-Combined with Nooksack	Yes
<b>City Park</b>	Yes	Yes	Yes
<b>Fire Department</b>	Yes	Yes	Yes
<b>Emergency Medical Services</b>			
<b>Police Department</b>	Yes-Combined with Everson	Yes-Combined with Nooksack	Yes

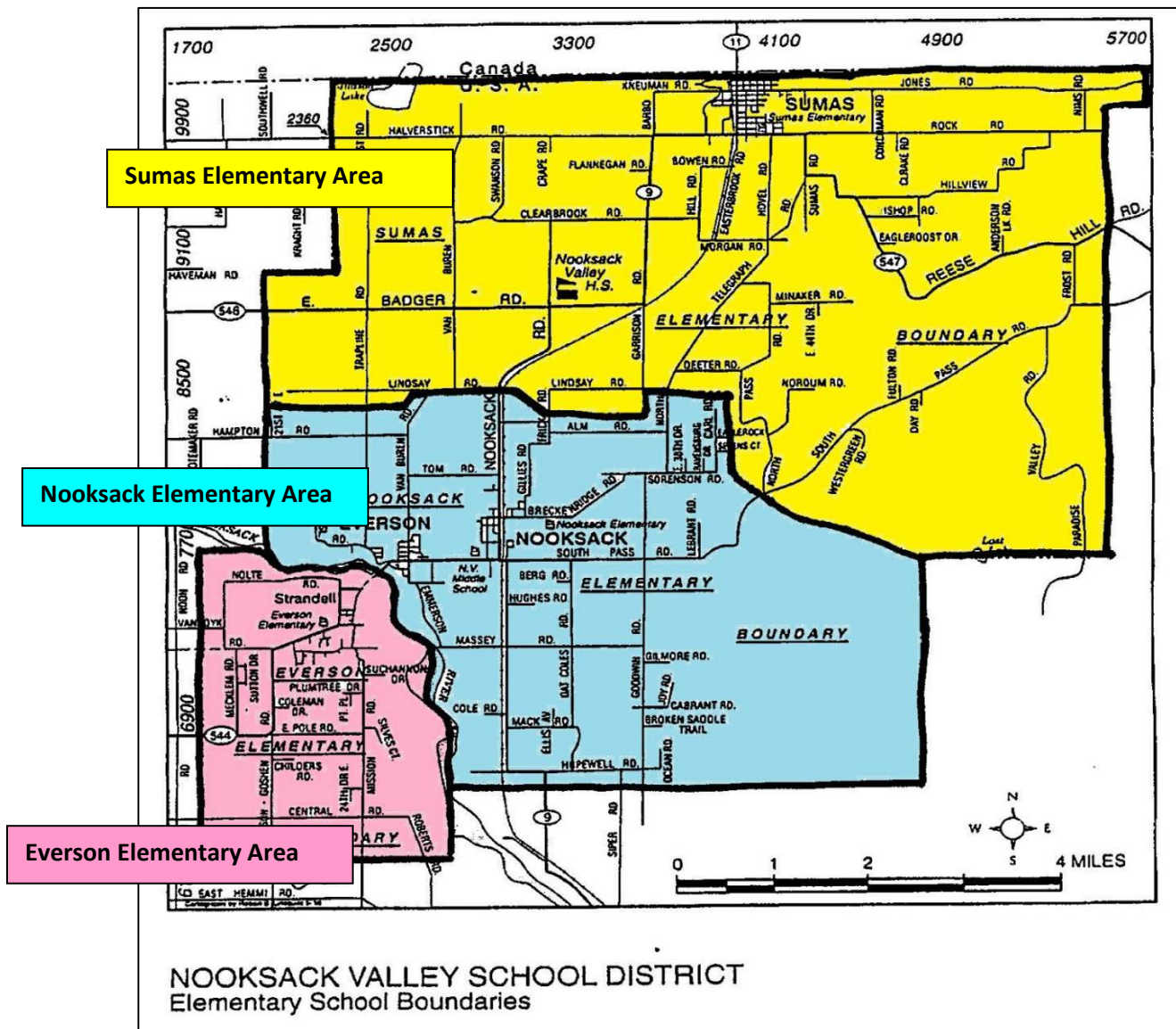
\* Source: U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates. <https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>

## Nooksack Valley School District

WAHA staff held in-person meetings and phone interviews with key personnel from the Nooksack Valley School District (NVSD), ranging from the Readiness to Learn Coordinator to the Superintendent. Information was gathered regarding characteristics of the communities, existing school services, programs, and partnerships, and the potential for collaboration on a CHW initiative.

## Community Information

The NVSD encompasses the towns of Nooksack, Everson and Sumas and the surrounding areas. Each community has its own elementary school, as shown in the district map below. There is one middle school (in Nooksack) and high school (in Everson) for the entire district. As of May 2017, 1,622 students were enrolled in Nooksack Valley Schools.<sup>10</sup>



Map Source: Nooksack Valley School District. <https://www.nv.k12.wa.us/Page/1>

<sup>10</sup> WA State Office of Superintendent of Public Instruction <http://reportcard.ospi.k12.wa.us/summary.aspx>.

According to information provided by Superintendent Mark Johnson in the chart below, NVSD's demographic profile includes characteristics that are generally considered challenges for school systems. Of all school districts in Whatcom County, NVSD has the highest rates of poverty (based on Free and Reduced Lunch eligibility), Hispanic and bilingual students, migrant students, and special education students.

## Demographics of Whatcom County School Districts

District	Free/Red Poverty	Bilingual	Native American	Hispanic	Migrant	White	Special Ed
State Avg	44.0	10.8	1.3	22.4	1.8	56.1	13.5
Nooksack Valley	53.0	13.9	3.8	32.5	5.7	56.9	19.3
Bellingham	37.3	6.3	1.1	15.9	0.7	68.0	13.7
Blaine	44.3	3.8	0.8	12.6	0.6	75.3	15.2
Ferndale	41.9	6.2	8.6	18.6	1.1	62.7	17.0
Meridian	37.2	8.8	1.1	18.0	2.2	70.9	11.6
Lynden	34.0	9.2	0.5	23.3	2.4	69.2	15.5
Mt Baker	52.0	4.1	5.1	11.1	0.6	75.3	17.7

Source: Superintendent Mark Johnson. Data presented to NVSD staff Fall 2016.

S-E-N each have their own identity and prefer to be regarded as individual communities. The school district is a central and critical institution in the area and is the primary “unifying force” among the communities it serves.

The S-E-N area has seen substantial population growth in recent years, with many people moving in because housing is more affordable than in Bellingham. However, they generally work, shop, entertain themselves, and use services in Bellingham, resulting in the sense that Everson, Nooksack, and Sumas are increasingly becoming “bedroom communities.” Newcomers and long-time residents often have different relationships to the towns; long-time residents tend to have a stronger connection to their local community, while recent arrivals are more likely to have a “commuter mentality.”

While the area’s population is increasing steadily, at the same time some basic businesses and services are leaving S-E-N. In recent years, the Sumas bank and the Nooksack Post Office were closed (it was recently merged with the Everson Post Office, though it retained its own ZIP code). In 2017, the supermarket in Sumas and the Family Care Network medical clinic in Everson both closed. The decline in locally available services reinforces the tendency to do business and shop elsewhere, which in turn contributes to local businesses’ lack of viability.

School district personnel also noted that most enrichment and support services are based in Bellingham, and often don’t extend into the S-E-N area. In addition, agencies have sometimes out-stationed staff or started programs without a well-defined purpose or a clear understanding

of what the community perceives as its needs. In some cases, agencies' high staff turnover also compromises the efficacy of services, or even contributes to programs discontinuing.

## **NVSD Existing Programs and Partnerships**

### ➤ **Early Childhood:**

- NVSD has an early childhood program (birth to age five), in partnership with the Opportunity Council's Early Learning and Family Services and Whatcom Community College.
- Birth to age two services are housed at the high school, so that childcare is available to teen parents, enabling them to complete high school.
- The early childhood program recently added Play and Learn programs, and a pre-Kindergarten program.
- Each elementary school has a preschool program with about 20 children, for a total of 60 enrolled district-wide. However, about 170 children enroll in kindergarten each year, so only about a third of preschool aged children in the area receive preschool services. The district would like to double its preschool capacity.
- Community-based licensed childcare is also needed, as there are currently only two licensed childcare providers in the area.

### ➤ **Health-Related Services:**

- The district Health Team is comprised of a mental health counselor, school nurse, and Readiness to Learn Coordinator/Social Worker.
- The district partners with Unity Care NW to offer mobile dental clinics at all schools.

### ➤ **Language/Literacy:**

- Hired "Language Developer" in 2017 to oversee and develop English language learner (ELL) and literacy programs.
- Family literacy night is held in both English and Spanish.
- High school students tutor at elementary school.
- A book mobile (not Whatcom County library affiliated) operates in the summer months.
- Club de Lectura promotes literacy in Spanish.

### ➤ **Community-Focused Efforts:**

- The district meets monthly with local churches/pastors to discuss school and family needs and ways churches can help. There is a core group of churches that are very committed to and involved with school and community efforts.
- There are regular meetings with Nooksack tribal families and leaders, held at tribal offices in conjunction with Mt Baker district since Nooksack children attend schools in both districts.
- School-sited YMCA afterschool program.
- Other partnerships have been developed with:
  - Rebound's Roots program is active and collaborating with school district.
  - Catholic Community Services Wise program.
  - Northwest Youth Services (NVSD and NWYS cowrote a Homeless Housing Grant).



## Resiliency Project

About three years ago NVSD launched a community resiliency project in collaboration with consultant Geof Morgan (previously the Executive Director of the Whatcom Family and Community Network). The project brought together community stakeholders both within and outside of the schools to learn about adverse childhood experiences (ACEs) and the concept of resiliency. Subsequently, parent meetings/gatherings were held around the same concepts and issues.

Planning and implementing concrete projects were more challenging, partly due to losing momentum over the summer months. In addition, after the initial awareness raising, the purpose of the groups became less well-defined. School district leaders observed that the process “got stuck on building a sense of community, but not figuring out where they could go with it.”

Some concrete needs were identified by “resiliency groups,” and some resulted in changes. For example, local food bank hours were changed to evening hours to increase access, and mobile summer meals were implemented for all community members. However, most of the work/action was on the part of the school district, rather than community members. Other needs and ideas were identified, but did not move to action, including starting a farmer’s market in Sumas and a swimming pool in Everson.

Several “lessons learned” emerged from the Resiliency Project. First, S-E-N each have their own identity and need to be approached as individual communities. Secondly, holding meetings at the elementary schools inadvertently communicated that the effort was an “elementary school thing.” While all families were invited, most of the participants ended up being families with elementary school aged kids. And third, the importance of leadership, coordination, and facilitation to move action projects forward was reinforced.

## Community Issues Identified by the NVSD

- **Food Security.** Limited locations take food stamps/Electronic Benefits System (EBT). Dairies such as Edaleen and Breckenridge accept EBT; Everson Grocery accepts EBT, but prices tend to be high. Food bank hours are limited. The Sumas grocery store closed in 2017. The Sumas resiliency group identified the goal of starting a farmer’s market. Summer meals are needed, and the district piloted a program in the summer of 2017.
- **Childcare.** Additional childcare options are needed; within the NVSD boundaries, there are currently only two licensed childcare providers. ALICE (Asset limited, income constrained, employed) parents in particular would benefit from childcare where they can leave sick children, so they can go to work and avoid losing earnings for the family’s basic needs.
- **Transportation.** The Readiness to Learn Coordinator does many home visits and drives clients and families to appointments and services. The community responded well to mobile book and meal services in 2017 that reduced transportation barriers.
- **Unaccompanied Youth.** The health team reports there are many instances of unaccompanied youth needing to be connected to services. Along similar lines, the Migrant Out-of-School Youth/Health Coordinator at Educational Service District 189 says there appear to be increasing numbers of migrant farmworker youth between the ages of 16-21 that are not accompanied by their families.

### **NVSD Wishes (“It would be great to have...”)**

- More partnerships to offer extended childcare for families. For example, further expanding the programs and services provided by the YMCA, increasing the presence of the Boys and Girls Club, with a greater focus on programs vs. buildings and facilities.
- Health care/well care available in the community, which could be a school-based clinic open to all community members. Basically, use existing structures (schools, churches, and other) to provide health care and other services for the entire community.
- More resiliency/community building – any activity that creates a stronger, healthier community and supports the well-being of children and families.
- A broader range of community members participating in the district’s resiliency and community building efforts.
- “Another Becky [Robertson]”– in other words, expanded Readiness to Learn/care coordination/family support services.
- Ways for families and others who are new to the community to be welcomed and oriented to local services.

### **NVSD Responses to Potential Collaboration on a CHW Initiative:**

- The district is interested in exploring what a CHW effort could look like in S-E-N.
- Some issues and needs affect many community members – including, but not exclusively Latinos. NVSD would like to see an approach that is broad-based and connects and cares for everyone.
- The CHW concept fits in with NVSD’s resiliency focus and family and community engagement.
- It would make sense to build on the resiliency work; people who were most involved could probably be “re-activated.” NVSD could provide a list of parents/community members to invite to participate; to do so, they request a clear description (in English/Spanish) of what the work is and what is being sought/expected from participants.
- Community members involved in the original broad resiliency groups would probably be the easiest to engage initially. Within the schools, Everson Elementary parents (very active with resiliency groups), and other parent organizations such as the PTA would also likely be interested.
- District would support a CHW initiative/program even if its focus was broader than just school families.
- The Health Services team could be a key player in terms of CHW work.
- It would be critical to have a truly collaborative effort between the district and other people and organizations in the community. In such a collaboration, a variety of resources could be tapped and work would be shared.
- The district would like to continue discussing opportunities for developing partnerships to improve community health, including the possibility of a CHW program.

### **Emerging Findings: Latino/Indigenous Community in Sumas-Everson-Nooksack**

- The Latino community in Whatcom County is not a homogenous group. It has internal diversity including culture and language (ladino/mestizo vs. indigenous), residency (year-

round vs. seasonal), and immigration status including US citizens or legal residents, those with temporary work visas, and those who are undocumented.

- Whatcom County is home to significant populations of immigrant indigenous people. Most are from Guatemala, with the Awakateco (also called Aqaucateco) and Mam communities being the largest.
- The Association of Awakatecos has about 800 registered members in Whatcom County; additional Awakatecos are not registered. The Association of Awakatecos has elected leaders and holds annual meetings. They also help members in times of need, such as when someone dies or has an accident.
- Many indigenous people from Guatemala or Mexico do not identify as Latino and speak Spanish as a second language, or not at all; hence, Spanish-English bilingual abilities may not adequately address language barriers.
- It takes a long time to build trust between community organizations and the S-E-N Latino community. For example, school staff who know trusted community members (or have become trusted community members themselves) have worked in their role for a minimum of ten years. Therefore, thinking about longevity and sustainability is critical, and CHW work needs to be approached with a commitment to a long-term effort.

### **Salient findings that will be useful for further outreach are summarized below:**

#### **Trusted community members:**

Multiple interviews with staff of NVSD and community organizations have identified several trusted community members, to whom Latinos turn for information or advice.

- Petra Apreza – owner of La Gloria Market
- Ernesto “Ernie” Apreza – Petra’s son
- Ivan Montenegro – pastor
- Cheryl Brown (A Watered Garden)
- Marcela Suarez Diaz (works at Sea Mar)

#### **Gathering places or social crossroads:**

Places that Latinos frequent and generally perceive to be comfortable and safe include:

- Schools/school functions
- Churches
- Places of employment
- La Gloria Market
- Laundromat

#### **Employers:**

Latinos’ employment is largely, though by no means exclusively, based in agriculture and farming. Employers with a significant Latino workforce include:

- Dairies, especially in Sumas area
- Lumber mills – 1 in Sumas, 2 in Everson
- Mushroom farm (Ostrom’s, based in Olympia)
- Sourcing Northwest (supplier of decorative botanicals, pine cones, and potpourri ingredients)

- Sarbanand Farm on Rock Rd, Sumas. Farmworker housing, single men (H2A visas/ temporary guest worker program)
- Berry growers outside of the S-E-N area

### **Housing areas:**

Clusters or “pockets” of housing in S-E-N where greater numbers of Latinos live include:

- Strandell & Roeder St. A Watered Garden is located here; near Everson Elementary school
- Trailer park on Reeds Lane
- Everson Meadows, Everson (Bellingham Whatcom County Housing Authority) – have an on-site manager
- Camp on Rock Rd, Sumas (Sarbanand Farm) – seasonal farmworker housing, single men with H2A visas (temporary guest worker program)
- Juan Vicente’s camp on Mission Rd
- Trailers behind fire department, on First Street in Everson

### **Advice for gathering more information from community members:**

- Informal relationships and in-person interactions are the best way to make contact and establish relationships
- A group setting is better than one-on-one interviews or contacts
- Informal gatherings in people’s homes can be a useful approach
- Hold meetings or gatherings in a safe place, such as a church or school
- Don’t bother with posting flyers or leaving voicemails
- Friday evenings can be a good time
- Food and/or close-to-cash incentives can help draw people in
- Use the libraries for meetings and CHW work; they’re underutilized spaces and it will help convey the community-wide focus

## **Emerging Findings: Existing CHW Programs in Whatcom County**

- Different agencies and organizations use the CHW title and define the CHW role differently.
- The lack of a clear line between what is and is not a CHW has complicated the process of inventorying CHW roles and programs in Whatcom County.
- It is apparent that there is a fundamental difference between a CHW who is a trusted member of the focus community vs. an agency staff doing outreach or being inserted into that community.
- There is widespread interest among Whatcom County organizations in being involved in a community-wide conversation about developing CHW role(s).
- The possibility of “sharing” CHWs across/among organizations has been mentioned.
- There are varying perspectives on the differences between CHW work and care coordination.
- There are questions about if and how a CHW role fits into the Pathways Model.

Whatcom County organizations engaged in some kind of CHW work can be grouped into three broad categories: 1) Organizations with well-established and/or strongly peer-based programs;

2) Organizations with staff who perform some CHW-like functions; and 3) Organizations with awareness and interest in developing a CHW role, but without one currently in place.

### 1) Organizations with well-established and/or strongly peer-based programs:

- **Sea Mar Community Health Center** has a Promotor(a) de Salud (lay health promotor) program with a “true” CHW model, in that the workers are in and of the communities they serve. The program focuses on serving migrant/seasonal farmworkers in Skagit and Whatcom counties. During summer harvest season, the primary activity is mobile medical and dental clinics at farmworker housing or at the farms. These mobile clinics are coordinated with community partners such as Medical Teams International and other local agencies.

The program also conducts a variety of outreach activities throughout the year, including facilitating culturally appropriate workshops on specific health topic specific, providing mobile flu or TB clinics, and coordinating person-to-person outreach or special projects.

The program has five to seven promotores who are from the migrant or seasonal farmworker community; they speak one or more of several languages (Spanish, English, and various indigenous languages) and have varying literacy levels. The promotores are volunteers; not Sea Mar staff, but they do receive a stipend for hours spent in trainings or meetings, along with medical and dental services at Sea Mar clinic, training and professional development opportunities.

The program's greatest need is to expand staffing and resources. Sea Mar already works with community partners but is open to considering collaboration around CHW/Promotor(a) work in Whatcom County. However, it is important to them that any new efforts complement Sea Mar's existing program because they have already invested many hours in developing programs, as well as key relationships on which the program depends.

- The **Health Ministries Network** uses a Faith Community Nurse model, in which nurses who are members of faith communities serve as health resources for the congregation, as well as other community members who seek assistance. “Health Ministers,” who are not necessarily health professionals, also provide support to congregation members. Nurses and Health Ministers are volunteers. About 30 Whatcom County congregations are active in Health Ministries Network, with another 20 or so on the list but not currently active. Two churches in the Sumas, Nooksack, and Everson area are part of the network: St. Innocent Orthodox church in Everson and the Nooksack Christian Fellowship.
- The **Lummi Tribal Health Center** has CHWs called Community Health Representatives (CHRs), based on the Indian Health Service model. Several CHRs primarily provide transportation to and from appointments; one has a somewhat broader scope. There is interest in expanding the number of CHRs and/or broadening the scope of their role, though current capacity to do so is limited.

- The **Nooksack Health Center** also has a Community Health Representative (CHR) program with four CHRs who are the “eyes and ears” for the primary care doctor at the health center. The CHRs do community education and outreach activities for tribal members, with a focus on their elders. Two of the CHRs do home visits to monitor vitals and provide whatever help is needed in the home to support health. The other two CHRs primarily provide transportation to appointments at the Nooksack Health Center, Bellingham, and sometimes even Seattle. All four CHRs deliver medications to clients’ homes (except for narcotic pain medication).
- **Unity Care Northwest** is launching the Advancing Community Connections with Engagement Support Services (ACCESS) program. The program incorporates CHWs into the clinic’s health care teams, delivering services primarily to communities affected by housing insecurities (homeless or at risk for homelessness). Pilot sites include Whatcom Community College, Options High School, Ferndale High School, Maple Alley Café, as well as “in-house” at UCNW’s Homeless Access Day.

ACCESS is designed to demonstrate key aspects of the CHW role, including:

- Mobile and fluid approach to initial and follow up visits (meeting clients where they’re at)
- Health education, and emotional and peer networking support
- Dental and behavioral health referrals, with appointment scheduling in real time
- Facilitation of health care services and resource coordination
- Advocacy around social determinants of health

Currently UCNW is working on staffing the program, securing funding, and implementing it to align with the Pathways model and the North Sound Accountable Community of Health’s Medicaid transformation projects.

- **Western Washington University/Prevention and Wellness Services' Peer Health Educator Program** enables WWU students to care for their own health, promote the health of other students, and increase the "health literacy" of Western's campus community. Peer Health Educators receive extensive training, using the Certified Peer Educator training developed by the national organization NASPA, Student Affairs Administrators in Higher Education. The training builds Peer Health Educators’ skills to deliver health information to a diverse college population, emphasizing advocacy (such as acting as an “empowered bystander”) and awareness of the impact power, privilege, and oppression have on individual and community health and well-being.
- **Mercy Housing Northwest** has not developed a CHW role in its Whatcom County housing, but has extensive experience with CHWs in King County, including the “Bringing Health Home,” a three-year (2014-2017) CHW pilot project in public housing.<sup>11</sup> Mercy’s presence in Whatcom County is increasing, with their recently opened Eleanor apartments in Bellingham in addition to the Sterling Meadows and Everson Meadows properties. Mercy would be interested in the possibility of starting a CHW program in Whatcom and has experience that could be very helpful to others in the county.

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<sup>11</sup> See Mercy Housing Northwest’s report [King County Housing-Health Project: Making Housing a Platform for Health](#).

## 2) Organizations with staff who perform some CHW-like functions:

- **Compass Health Whatcom** – the Community Outreach and Recovery Services (CORS) Program provides services to individuals who are homeless or are in unstable housing due to mental illness. The CORS team includes two “certified peers” who serve as mentors and advocates for program participants, helping them to access and maintain benefits, food, vocational services, health care, and housing. Compass Health Whatcom is also implementing the national PATHfinder Peer Project. In this program the two certified peers interact specifically with individuals who are opioid addicted or experiencing an overdose crisis, assisting them to engage in mental health and/or substance use services.
- **Northwest Regional Council** (Area Agency on Aging) – coordinates the Wisdom Warriors program. Tribal community members complete the Chronic Disease Self-Management Program (CDSMP) and provide culturally relevant outreach, health education, and assistance for elders in tribal communities. Lummi and Nooksack both have Wisdom Warriors, along with other Northwest tribes including Lower Elwha, Sauk-Suiattle, Swinomish, Upper Skagit, Samish, Neah Bay, and Tulalip.
- **Opportunity Council** – Weatherization + Health program staff, Homeless Outreach Team, Housing Case Managers, and navigators for health insurance enrollment under the WA Health Benefits Exchange (at East County Resource Center).
- **Parent to Parent of Whatcom County** – coordinates peer support for parents of children with developmental disabilities, delays, or ongoing health care needs. The program offers group support meetings, as well as matching a parent seeking support with a volunteer “helper parent.”
- **PeaceHealth Cancer Care Center** – employs a Navigator, a clinical position that assists patients in navigating health care and other resources related to cancer treatment.
- **Sea Mar** (in addition to promotores program described above) – outreach, education, and home visits by staff of Maternity Support Services, Homeless Healthcare, Health Education, navigators for health insurance enrollment under the WA Health Benefits Exchange, and other programs.
- **Unity Care Northwest** (in addition to the ACCESS program described above) – outreach and case management staff, and navigators for health insurance enrollment under the WA Health Benefits Exchange.
- **Whatcom Alliance for Health Advancement** (WAHA) – case managers in the Intensive Case Management Program for individuals with complex health and social needs; navigators for health insurance enrollment under the WA Health Benefits Exchange.
- **Whatcom Council on Aging** – has several programs with CHW elements. 1) Chronic Disease Self-Management Program (CDSMP), an evidence-based chronic disease management program with strong peer education and support component); 2) Meals on

Wheels, meal delivery to frail and sometimes isolated elders. While primarily a nutrition program, Meals on Wheels also provides informal social support and serve as the “eyes and ears” in clients’ homes. Some drivers volunteer for many years, so long term relationships can be established; 3) Bellingham at Home, “created by elders, for elders,” uses the national Village-to-Village model to empower older adults to stay active and engaged while living in their own homes and neighborhoods.

- **Whatcom County Health Department** – Breastfeeding Advocate, Nurse Family Partnership cultural liaison.

### 3) Organizations with no CHW in place but with interest in developing this role:

- **Bellingham/Whatcom Housing Authority**

In addition to the organizations described above, **Community to Community (C2C)** would be a logical partner in developing CHWs in Whatcom County. C2C is a grassroots organization whose mission is aligned with CHW principles: to develop projects that “come from and are led by the folks from communities that need to affect change for improving the lives of their families and future generations.”<sup>12</sup>

C2C has a strong community organizing emphasis and strives to develop “solutions with dynamic participatory processes.” The organization’s social justice work is focused on creating communities that empower underrepresented peoples to have an equal voice in decision-making; develop and strengthen cross cultural awareness; restore justice to our food, land and cultural practices; promote community relationships towards self-reliance; and stand in solidarity with organizations working for human and civil rights.

Establishing a relationship with C2C will be important to developing CHWs in Whatcom County, especially any program within the Latino community. The CHW workgroup has made multiple attempts to contact C2C to discuss possibilities for collaboration and will continue to reach out to them as this work continues to unfold.

## Emerging Findings: Workforce Development

Several entities are involved with or interested in CHW training and development in Whatcom County. Interviews were conducted with people from the organizations described below; all have a regional or statewide presence and could provide different kinds of resources and support to Whatcom County CHW efforts.

- **CHW Training Program from the WA State Department of Health (DOH).** DOH offers a free, 30-hour CHW training which includes two full day of in-person training, plus on-line work. It is provided on a quarterly basis in seven regions around the state and has the capacity to train up to 500 CHWs annually.

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<sup>12</sup> From the Community to Community website: <http://www.foodjustice.org/mission/>.



Completing the DOH training does not result in CHW certification (there is no certification specific to CHWs in Washington State). Participants who complete the training receive a certificate of completion, verifying they completed 30 hours of training related to community health work.

Though the training has been available since 2011, DOH reports that only 34 Whatcom County participants have completed it, and that recruitment from this area has been challenging. One interviewee for this report noted that the relatively low participation in the DOH training could be due to that fact that the training involves a significant time commitment and requires that participants have office and computer skills (since part of the training is web-based). CHWs in peer models may lack English proficiency and/or computer skills, and their time may be more constrained, especially if they are volunteers.

- **Care Navigation and Coordination Program at Whatcom Community College (WCC).** WCC is one of six Washington community colleges that developed and currently offers a Care Navigation and Coordination program. This 15-credit certificate program trains current healthcare and human services workers, as well as community members to work with clients navigating complex diagnoses and care systems. WCC will grant prior learning credit for the “Essentials of Care Navigation” class (the first in a series of three 5-credit classes) for students who have completed certain topics of the DOH’s CHW training. This option creates a training pathway for CHWs who wish to continue their formal education to complete the Care Navigation and Coordination certificate.
- **Area Health Education Center for Western Washington (AHECWW).** The AHECWW moved its home office to Whatcom Community College in March 2017. Regional AHECs strengthen health care for rural and underserved populations by improving workforce training/professional development, academic progression, and the recruitment, retention, and distribution of health care professionals. The AHEC’s current scope of work aligns with the Health Care Authority A Plan for Healthier Washington, and they are involved in current planning efforts of several Accountable Communities of Health (ACH) in western Washington, including the North Sound ACH. Training and developing CHWs is of great interest at the regional level, as well as more locally in Whatcom County.
- **The North Sound Accountable Community of Health (NSACH).** In 2018, the NSACH will start to implement the Pathways Model of care coordination as part of Washington’s Medicaid Waiver Demonstration Projects. CHWs have an essential role in the Pathways model, so CHW development will be a key aspect of this work. Other ACHs also plan to implement Pathways, so there will likely be a statewide focus on CHWs.

Liz Baxter, the Executive Director of NSACH, notes that as of October 2017, there are still many decisions to make regarding CHW work in the North Sound region, such as whether to define communities by geography or sub-population, and how the CHW workforce will be trained. In addition, the NSACH will need to decide whether to use a regional approach vs. localized pilot projects. Liz’s perspective is that pilots from smaller communities are easier to replicate in other communities both large and small, while programs developed in more urban areas are challenging to replicate in areas with smaller populations.

Liz was very involved with Oregon's CHW efforts in the last five-six years. After more than three years of advocacy and championing by the Latino Oral Health Coalition, Oregon passed House Bill 3650 in 2011. The legislation, which became the foundation for the state's CHW work, called for the formation of a CHW organization or association. In addition, an annual statewide CHW conference was started, a minimum wage for CHW was established, and role definitions for CHWs and similar roles, such as doulas, were developed. The Association is now supported financially at least in part by Managed Care Organizations and hospital systems.

In contrast, Washington does not have a state CHW association or legislation supporting CHW work. Key aspects of a robust CHW program/system need to be developed, including CHW certification, training standards, and a registry. This is an exciting window of opportunity for Washington and/or the North Sound region to be very active and thoughtful about the development and use of CHWs.

- **Familias en Accion.** Familias en Accion is an organization based in Portland, Oregon that supports CHW efforts through education and training on a variety of health topics, as well as training and guidance for CHW program planning and implementation. The organization produced an implementation guide for creating partnerships between CHWs and health systems.<sup>13</sup>
- **WA Association of Community and Migrant Health Centers (WACMHC)** has a statewide workgroup for CHWs working in clinics of the 27 community health center organizations that comprise WACMHC's membership. The workgroup was started in Jan 2017 in response to an expressed need from CHWs to have a forum for communication and support around their work in the CHC setting.

WACMHC now holds quarterly statewide calls for CHWs in CHCs, creating a loose network for CHWs to share experiences and information, discuss common issues, and identify needs and opportunities. WACMHC also coordinates bi-annual in-person trainings, and facilitates communication (e.g., sending out information about relevant resources or training opportunities). Conferences and trainings are planned with awareness of the Department of Health's and others' CHW events to avoid duplication or scheduling conflicts.

## Emerging Findings: CHW Networks in WA State

Washington State has three local CHW collaboratives or networks: the Pierce County Community Health Worker Collaborative, Community Health Advocates and Peer Support (CHAPS) Network in Clark County, and the Eastern Washington Community Health Worker Network based in Spokane. All of them have been supported in various ways by the Foundation for Healthy Generations, so it is also described in this section.

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<sup>13</sup> Familias en Accion, 2017. [Implementation Guide for Community Partnership Model: Improving Health Outcomes by Linking Community-based Community Health Workers with Health Systems.](#)

## Foundation for Healthy Generations

The Foundation for Healthy Generations (FHG) is a Washington State foundation that started in 1974 as the Comprehensive Health Education Foundation (CHEF). CHEF supported health educators, promoted health education as a profession, and developed K-12 health education curriculum.

In 2007, CHEF started shifting its focus to health equity and funded a 10-year Place-Based Initiative involving community health workers in public housing. This initiative took place in Clark, Pierce, and Spokane Counties. Of note, these same counties have CHW networks or collaboratives (described below) and overall are further along in their development of CHW roles than other areas in Washington State.

In 2013-2014, CHEF's emerging focus on equity was cemented with a new strategic plan and adoption of the new name, Foundation for Healthy Generations. FHG considers Community Health Workers to be a key strategy for promoting health equity, as outlined in its 2013 "Community Health Worker White Paper: Report and Recommendations."<sup>14</sup>

As noted previously, in 2015, FHG convened Healthier Washington's Task Force on Community Health Workers. The Task Force's [Community Health Worker Task Force Recommendations Report for Healthier Washington](#) is now a guiding document for CHW development work in Washington.

## Pierce County Community Health Worker Collaborative

### History

The Pierce County Community Health Worker Collaborative started in 2011. The current co-chair we spoke with explained that a few people doing CHW work decided it would be useful to pull CHWs together. They were also aware of the ACA language regarding CHWs. "They thought, 'the language is here [in the ACA] – where do we see the future? How do we fit into it?'" Early support was provided by the Pierce County Health Department and the Foundation for Healthy Generations.

The Collaborative is an informal group. No formal inventory or mapping has been done to identify who is doing CHW work; the process has been more organic. They have no office space and hold monthly meetings at a neighborhood center. A consistent meeting place has helped the group stay connected and bring in new people. Meetings include a CHW spotlight which helps involve more CHWs, as well as educate the group about the spotlighted group/program. Once a quarter, meetings include training of some kind.

The Collaborative has a strong relationship with the Pierce County Accountable Community of Health (ACH), which has actively sought CHW input and involvement in its planning. The co-chair stated that they definitely have a "seat at the table" of the ACH; she also noted that "having CHWs collected and organized is a big benefit to an ACH, so they should support it!"

### Leadership and Coordination

The Collaborative has two co-chairs who are nominated and voted in. One of them works for a non-profit that pays for a small number of hours to help coordinate the Collaborative. Co-chairs

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<sup>14</sup> This report is no longer available on line, but can be obtained from the Foundation for Healthy Generations.

have six-month terms, because this seems like a realistic and “do-able” commitment for people. Asking two years would be too much, no one would want to do it. Sometimes a person does six months and then is willing to continue.

The ACH/Medicaid Waiver funding is the first opportunity for any substantial funding. In 2014 the Collaborative received some funding to hire a consultant to assist with developing a mission and values statement and create a general work plan. More recently, they received funding to develop a website.

#### Membership and Thoughts on CHW Role

The Collaborative has about 12 consistent members; most meetings have about 30 people, and there are about 200 on the roster. There are still many people doing CHW work in the community who don't participate in the Collaborative. Some people don't see themselves as CHWs, such as after school counselors, or workers helping with nutritional support.

In the view of the co-chair with whom we spoke, a CHW is anyone who is of the community or has a shared lived experience. She stated, “If you feel you are a CHW, then you are.” She said there could be three people with the CHW title, but maybe only one is truly community based and has the lived experience. “It's not a job title, it's who you are.” She also observed that right now with the Medicaid Waiver and potential funding, naming a position a CHW is a “smart administrative move.”

### **Community Health Advocates and Peer Support Network (CHAPS) in Clark County/SW Washington**

#### History

The housing authority started using Community Health Advocates (CHAs) in 2011 who did health promotion, health education, outreach, and activity coordination, such as getting kids outdoors, biking programs, and social community-building activities. The role also includes one-on-one interactions, which a CHA describes as “starting with relationships to hear and understand people, then supporting them in getting what they need, then helping them learn to advocate for themselves.”

#### Leadership and Coordination:

The CHAPS Network has gone through several phases with coordination happening in different ways. Starting in the summer of 2017, a 4-member Coordinating Committee started leading the network convening and coordination. Each member gets paid for 15 hrs/month.

#### Membership and Thoughts on CHW Role:

The Network meetings are mostly attended by CHWs who are paid staff of organizations. A Coordinating Committee member stated that there are also “actual community health workers” who are not participating in the network. She characterized them as unpaid, ground level, and “maybe not even thinking of themselves as CHWs, but just doing the connecting because it's who they are, and they do it naturally.”

Currently people are attending Network meetings, but the group has not yet taken on activities that go beyond networking. It's challenging to figure out where to focus their efforts, and how to define a bigger agenda and make change happen. It's unknown who/where all the CHWs are in Clark County, since there hasn't been a community assessment or inventory of CHW efforts.

## **Eastern Washington Community Health Worker (EWCHW) Network**

### History

The Eastern Washington CHW program began with the Spokane Regional Health District partnering with public/low-income housing to identify residents to be Community Health Advocates (CHAs). The program has grown and there are now ten properties participating in the program, with about 20 CHAs.

The CHW program coordinator is an employee of the Spokane Regional Health District. She is also a trainer for the DOH CHW training and was a trainer prior to being the CHW coordinator. She observed the DOH training is often a “stand-deliver-leave model:” the training is provided in a community but there is not ongoing infrastructure to support and continue to develop the CHW role. She became interested in providing that ongoing support, and “convinced” the health department to try creating a CHW network. They started by surveying people who had completed the DOH training, which revealed an interest in in-person meetings as well as a web-based tool.

In May 2016 there was an initial meeting of about seven people who launched the network, and from there the group grew quickly. In July 2016 they organized a motivational interviewing training that was well-attended, followed by a networking event in October 2016 at which there were 50-60 people. They held a “Connecting the Connectors” conference in May 2017 and 117 people attended. In Oct 2017, they hosted an “ACH 101” meeting at which Kathy Burgoyne (Foundation for Healthy Generations) and Hadley Morrow (Better Health Together Accountable Community of Health, or ACH) presented. They have just developed a website (CHWconnects.org) which is currently being beta tested.

### Leadership and Coordination

The CHW program coordinator coordinates the Network, along with a leadership group of 10-12 people. They work with the ACH to increase community engagement in the ACH’s work and get the CHW voice involved. With the EWCHW Network’s rapid growth in 2016-2017, it’s likely that questions such as additional structure/formality, leadership roles, and its relationships with the ACH will need to be addressed in 2018.

Funding for the CHW program and Network has come from SNAP Education Grants, Prevention First, and the Foundation for Healthy Generations. Most recently they received a USDA Food Insecurity Incentive grant in partnership with the Spokane Transit Authority to address transportation in relation to food access.

### Membership and Thoughts on CHW Role

The EWCHW Network encompasses the same area as the region’s ACH (Better Health Together), so the Network is drawing from and serving a six-county region. Anyone who requests to get involved or accepts an invitation to join the network is considered a member.

The coordinator noted that CHWs are the “sexy thing” right now and there is a lot of buzz about them. She “goes back and forth” in her thinking about the CHW definition, and who or what a “real” CHW is – the APHA definition or something more general. In terms of participating in the EWCHW Network, she says, “if you’re a connector, you’re welcome.” She reflected that there is a whole range of different kinds of connectors, including people who connects at an informal level, like helping a neighbor figure out how to take the bus.

# Assessment Report

## Summary of Key Findings

### **CHW Activity and Infrastructure:**

- Currently numerous Whatcom County organizations have staff doing some aspect of CHW work; however, there is great variability in the interpretation and operationalization of the CHW role.
- Whatcom County's CHW efforts are fragmented and there is very little communication or coordination among organizations' CHW work.
- There is no local structure supporting CHW work in Whatcom County, providing training or capacity building, or advocating for a collective CHWs voice in health care transformation efforts.
- Many Whatcom County organizations have a general understanding that CHWs will become increasingly important with the implementation of the NSACH Medicaid Demonstration projects. They have a strong interest in establishing and/or enhancing the CHW role.

### **S-E-N Communities:**

- The communities of S-E-N are experiencing significant growth of a largely commuter population. At the same time, there is a trend of key services such as grocery stores and primary medical care closing.
- The Nooksack Valley School District (NVSD) encompasses all three communities, and to some extent unifies these communities that otherwise see themselves as independent from each other.
- NVSD has 1,622 enrolled students, and in Whatcom County is the district with the highest rates of poverty, special education needs, and English Language Learner (ELL) students.
- School district data show that of the 12,755 people residing in the district, 2,070 (13%) are Latino. Of the 1,622 children enrolled in NVSD schools, 33% are Latino – significantly higher than that of any other district in Whatcom County.
- The NVSD is community-oriented and seeks partnerships to provide services to students and families. Over the past few years, the district has focused on building community resiliency, and is interested in exploring opportunities to collaborate on CHW work.

### **Latino/Indigenous Community(ies) in S-E-N:**

- The Latino community in Whatcom County is not a homogenous group. It has internal diversity, including culture and language, residency (year-round vs. seasonal), and immigration status.
- Whatcom County is home to significant populations of immigrant indigenous groups. Most are from Guatemala, with the Awakateco and Mam communities being the largest. Many indigenous people from Guatemala or Mexico do not identify as Latino and speak Spanish as a second language, or not at all; hence, Spanish-English bilingual abilities may not adequately address language barriers.
- It takes a long time to build trust between community organizations and this community. Therefore, thinking about longevity and sustainability is critical, and CHW work needs to be approached with a commitment to a long-term effort.

### **CHW Workforce Development:**

- The Area Health Education Center for Western Washington recently moved its home base to Bellingham and is very interested in CHW workforce development.
- The Washington State Department of Health has a statewide CHW training program. However, participation from Whatcom County has been very low.
- CHWs are included in the Workforce Development domain of the North Sound ACH Medicaid Demonstration Projects plans submitted to the Health Care Authority. The NSACH will be implementing the Pathways care coordination model in 2018, of which CHWs are a critical component. However, as of January 2018, much remains to be decided by the NSACH in terms of geographic area(s), focus community(ies), funding, and other aspects of CHWs.
- Other ACHs in Washington State also plan to implement Pathways, so there will be a statewide focus on CHW workforce development.

### **Broader CHW Initiatives and Potential Partnerships:**

- Nooksack Valley School District. The district is community-oriented and aware of and concerned about the paucity of health and social services in area. Its community resiliency efforts are strongly aligned with CHW work; CHWs could be an outgrowth of this work and/or be supports/partner for the district's Health Services team.
- Familias en Accion. A Portland based organization providing education and advocacy for CHWs, and support and training related to CHW program implementation.
- Pierce, Clark, and Spokane counties have been implementing CHW programs since around 2011; in the last few years, they have moved into developing CHW collaboratives or networks.
- The Foundation for Healthy Generations (previously Comprehensive Health Education Foundation) is a strong leader and advocate for CHW programs and networks

## **Recommendations for Next Steps**

**Based on these findings, we present the recommendations and related action steps outlined below.** These action steps inform and reinforce each other and could happen concurrently.

1. Explore creating a Whatcom County CHW network or collaborative, similar to those in Pierce, Clark, or Spokane counties. Some possible action steps:
  - Widely distribute this assessment report, especially to organizations already doing or interested in developing CHW work.
  - Assess local interest in a CHW network, and what stakeholders would want it to provide or accomplish.
  - Hold a Whatcom County CHW symposium to increase knowledge and generate excitement and energy.
  - Form an ongoing CHW Network if there is interest and a felt need.

2. Continue to explore a Latino CHW initiative in Sumas, Everson, & Nooksack. Some possible action steps:
  - Continue conversations with NVSD about partnering to leverage resources and address community needs.
  - Gather Latino community members and their allies to learn more about interests, priorities, and opportunities for action related to health and well-being. Use community cafes, cup-of-coffee focus groups, or other informal ways to hear community members' perspectives.
  - Convene a broader group of stakeholders in Nooksack, Everson, and Sumas to learn more about community assets, issues, and needs related to health and well-being.
  - Facilitate program planning and identification of Latino community members who would be strong CHWs (natural helpers and informal leaders who are trusted by and have good standing in the Latino community).
  - In response to questions about concentrating exclusively on the Latino population, there may be value in reconsidering the focus population. It could be reframed as Latino and their community allies or as community-wide focus (defined by geographic community, but not race/ethnicity/culture/language).
3. Establish regular communication with the NSACH, AHECWW, Foundation for Healthy Generations, and other regional or state organization involved with CHW workforce or program development, and/or health care reform. Stay attentive to possible opportunities, and/or take plans or ideas to others.

**This community assessment has been generously funded by the Chuckanut Health Foundation, PeaceHealth St Joseph Medical Center, and the United Way of Whatcom County.**

The CHW workgroup includes Carol Gipson, WAHA Executive Director; Nic Jensen, Australia Cosby, and Christina Ortiz, WAHA staff; Lara Welker, Community Health Consultant; and Dr. Senna Towner, Community Health Program at Western Washington University.

In addition, workgroup discussions included:

- Kathy Burgoyne (Senior Director of Applied Research) and Andrea Lopez-Diaz (Community Connector) of Foundation for Healthy Generations
- Liz Baxter, Executive Director of the North Sound Accountable Community of Health, and previously a leader in CHW initiatives in Oregon and Nicole Willis, NSACH Research and Data Analyst
- Colleen Pacheco, Sea Mar Special Populations Program Manager and Marcela Suarez, Sea Mar Promotores Coordinator
- Carol Nicolay, Interim Executive Director of the Health Ministries Network
- Cori Garcia-Hansen, Director of the Area Health Education Center for Western Washington.



## Attachment 1

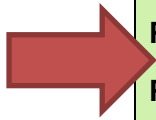
### Developing a Community Health Worker (CHW) Program in Whatcom County: A Proposed Process for Assessment and Planning

#### PHASE 1 – Background Research

**Timeline: Completed**

**Product:** Information included in WAHA documents and funding requests submitted to PeaceHealth, Chuckanut Health Foundation, and United Way.

Goal	Conclusions or decisions based on research completed by others.	Comments
1-A. Define “Community Health Worker.”	<p>The CHW role and function are well-defined by the American Public Health Association.</p> <p>Reviewed, adopted, and recommended by the WA State Community Health Worker Task Force.</p>	<p>American Public Health Association Definition: “... a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community.” <a href="#">2009, Policy Statement 20091</a></p> <p>WA State Community Health Worker Task Force endorses APHA definition. <a href="#">Community Health Worker Task Force Recommendations Report for Healthier Washington</a> (2015).</p> <p>Three unique capabilities of CHWs:            1) Relationship and trust-building with communities of color, underserved, low income populations            2) Facilitating valuable communication between providers and patients or community members and decision makers            3) Addressing the social determinants of health at the individual and community level</p>
1-B. Verify that the CHW program model is an evidence-based best practice.	It is. Efficacy is well-established in the public/community health literature.	Comprehensive literature review on pp17-18 of the <a href="#">Community Health Worker Task Force Recommendations Report for Healthier Washington</a> (2015).
1-C. Determine what sub-populations in Whatcom County have the greatest needs that could be addressed by a CHW Program.	Rural, Latino, Native.	Well documented by the <a href="#">Asset Limited Income Constrained Employed (ALICE) Report</a> , <a href="#">Whatcom County Community Health Improvement Plan 2012-2016</a> , and <a href="#">Community Health Needs Assessment and Implementation Plan, 2016-2019</a> .



**PHASE 2 – Local Assessment**

**Timeline: May-July, 2017**

**Product:** Assessment Report, including current activity, how it synchs with known needs, and recommendations for next steps.

Goal	Actions/ Methodology	Comments
<p>2-A. Conduct inventory of existing Community Health Worker programs in Whatcom County, or programs/services that have elements of this model.</p>	<p>Key informant interviews; 1:1 conversations</p> <p>Where is activity strong? Where are there gaps?</p> <p><u>Sub questions</u></p> <ul style="list-style-type: none"> <li>• Does the program have a “target population”? “Target health issue”? “Target geographic area”?</li> <li>• Paid/unpaid? Accountable to whom?</li> <li>• Goals? Metrics? Funding?</li> <li>• Tricky: does program meet the definition for CHW?</li> </ul>	<p><u>Starter list</u></p> <ul style="list-style-type: none"> <li>• Nurse Family Partnership (WCHD)</li> <li>• Health Ministry Network</li> <li>• Sea Mar</li> <li>• Community to Community</li> <li>• WWU Peer Health Educators</li> <li>• United Families for Action</li> <li>• K-12 Family Resource Centers</li> <li>• PH Cancer Center Navigators</li> <li>• Homeless Outreach Team (OppCo)</li> <li>• Intensive Case Management (WAHA)</li> <li>• Health Benefit Exchange Navigators</li> <li>• Camp Managers (farmworker housing)</li> <li>• Bellingham/Whatcom Housing Authority</li> <li>• Family Resource Coordinators (SEAS, OppCo)</li> <li>• Community paramedic</li> </ul>
<p>2-B. Learn about the needs of focus communities from the communities themselves.</p>	<p>WAHA staff interactions:</p> <p>1:1 conversations with informal community/neighborhood health advisors or networks.</p> <p>Small localized discussions with members of focus communities.</p>	<p><u>Learn about</u></p> <ul style="list-style-type: none"> <li>• Health status</li> <li>• Health systems issues</li> <li>• Resources/assets</li> <li>• Barriers</li> </ul> <p>Everson, Nooksack and Ferndale [or perhaps Blaine/Custer?] and geographically dispersed Latino community.</p>

**Phase 3 – Collaborative Planning****Timeline: Sept-Nov, 2017****Product:** Plan for a for a pilot CHW program in Whatcom County.

<b>Goal</b>	<b>Actions/ Methodology</b>	<b>Comments</b>
3-A. Convene stakeholders to develop plan for pilot program.	Define <ul style="list-style-type: none"> <li>• Goals (what are desired changes)</li> <li>• “Right” CHW roles for Whatcom County</li> <li>• Pilot communities or neighborhoods</li> <li>• Methodology for identifying CHWs</li> <li>• Training</li> <li>• Support, coordination, oversight</li> <li>• Partnerships</li> <li>• Financial resources</li> <li>• Evaluation/data</li> </ul>	Three meetings minimum with significant staff work between meetings.

**Phase 4 – Implementation  
2018****Timeline: January****Product:** Pilot CHW program operating in Whatcom County.

<b>Goal</b>	<b>Actions/ Methodology</b>	<b>Comments</b>
4-A. Facilitate actions to begin implementing CHW roles where consensus has been reached among stakeholders.		

## Attachment 2

### Developing a Community Health Worker (CHW) Program in Whatcom County: A Proposed Process for Assessment and Planning

#### Phase 1 – Background Research

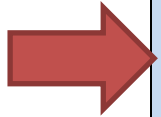
**Timeline: Completed**

**Product:** Information included in WAHA documents and funding requests submitted to PeaceHealth, Chuckanut Health Foundation, and United Way.

#### Phase 2 – Local Assessment

**Timeline: June-August 2017**

**Product:** Assessment Report, including current activity, how it synchs with known needs, and recommendations for next steps.



#### Phase 3 – Collaborative Planning

**Timeline: Sept-Nov 2017**

**Product:** Preliminary plan for a for a pilot CHW program in Whatcom County.

#### Phase 4 – Implementation

**Timeline: 2018**

**Product:** Pilot CHW program operating in Whatcom County.

**PHASE 2 – Local Assessment**

**Timeline: June-August 2017**

**Product:** Assessment Report, including current activity, how it synchs with known needs, and recommendations for next steps.

**2-A. Conduct inventory of existing Community Health Worker programs in Whatcom County, or programs/services that have elements of this model.**

**LEAD:** Lara

TASKS	Timeline
Identify existing programs/organizations that are doing something like CHW	June
Identify organizations with interest in developing CHW	June
Define <b>what</b> we want to learn	June
Identify <b>who</b> to talk to (specific people within organizations)	June-July
Create interview tool/conversation guide	July
Conduct interviews/conversations	July
Summarize findings	July-August
Review findings with <b>community assessment</b>	August
Decide on next steps (moving into Phase 3)	August

**PHASE 2 – Local Assessment**

**Timeline: June-August 2017**

**Product:** Assessment Report, including current activity, how it synchs with known needs, and recommendations for next steps.

**2-B. Learn about the needs of focus communities from the communities themselves.**

**Lead: Christina**

<b>TASKS</b>	<b>Timeline</b>
Define focus communities by ethnicity, SES, geography or combination; create map?	June
Identify and review other current qualitative assessments (if they exist)	June
Define <b>what</b> we want to learn	June
Identify <b>who</b> to talk to	June-July
Decide <b>how</b> to talk with people (1:1 interviews/conversations, focus groups, other)	July
Create interview tool/conversation guide	July
Conduct interviews/conversations or focus groups	July-August
Summarize findings	August
Review findings with <b><i>program assessment</i></b>	August
Decide on next steps (moving into Phase 3)	August

### Attachment 3

## Interview Guide for Learning About Other Organizations' Use of CHWs

Person Contacted: \_\_\_\_\_ Phone # \_\_\_\_\_

Organization/Program if any: \_\_\_\_\_

Contacted by: \_\_\_\_\_ Date Contacted: \_\_\_\_\_

Recently there has been interest in Whatcom County in using CHWs (or something similar, there are different titles). WAHA is doing an assessment to find out if and how CHWs are currently being used by local organizations. The goal is to identify what's already happening in terms of using CHWs, and from there identify gaps and possible opportunities for coordination and collaboration.

### Does [organization] have CHW or other PEER BASED workers?

**IF YES, CONTINUE**

**IF NO, GO TO OTHER SIDE →**

1. Do your CHWs focus on a specific population? What age/population do your CHWs serve?
2. Do your CHWs focus on a specific health issue or topic?
3. How do clients get referred for CHW services/program? What are the requirements to get CHW services?
4. What do your CHWs do? When CHWs go to a client's home, what services do they provide?
5. How do CHWs benefit your organization? What do CHWs accomplish that's different from other roles?
6. How were your CHWs "found"/recruited/developed?
7. How is your CHW staff/program funded?
8. How would you like to see [your organizations'] CHW role or program evolve going forward?
9. Are you interested in being part of a community-wide discussion about CHWs?

### IF NO

1. Would [your organization] be interested in developing a CHW role?
2. What makes this role interesting/attractive for your organization/program? What would you want a CHW role to accomplish?
3. What would be needed to make implementing it possible? What have been barriers to implementation?
4. Are you interested in being part of a community-wide discussion about CHWs?

## Interview Guide for Learning About the S-E-N Latino Community

Person Contacted: \_\_\_\_\_ Phone # \_\_\_\_\_

Organization, if any: \_\_\_\_\_

Contacted by: \_\_\_\_\_ Date Contacted: \_\_\_\_\_

**WAHA is embarking on learning more about the Latino community in Sumas-Everson-Nooksack to see how a community health worker program might benefit this community. To start off, we want to get a better picture of where, when, and how we can be in contact with S-E-N Latinos where they already are. Since you're part of and/or have a lot of contact with the S-E-N Latino community, would you mind if I asked you a few questions?**

1. Who are trusted members of the Latino community, people who others go to for help or advice?
2. Where are specific housing areas where S-E-N Latinos live (*neighborhoods, apartment complexes, trailer parks, etc.*).
3. What companies/employers in S-E-N area have a lot of Latino employees? (Or; what places do a lot of S-E-N Latinos work?)
4. Where and/or when do S-E-N Latinos regularly gather?
5. We are planning on doing some small group discussions or focus groups. What do you think would encourage people to participate? (*Location, day/time of day, inviting/getting the word out, incentives?*)
6. What do you think would be other good ways to make contact with S-E-N Latinos to talk with and learn from them?
7. Who else should I talk to about these questions?
8. Other information/insight:



## Attachment 4

### Interviewees and Conversations by Organizations and Individuals

Organization	Contact Name(s)
Area Health Education Center for W WA	Cori Garcia Hansen
Bellingham/Whatcom Housing Authority	Brien Thane
CHW Collaborative of Pierce Co	Shantel Davis
Community Health Advocates and Peer Support Network	Sara Angelo
<i>Community to Community Development*</i>	Rosalinda Guillen
Compass Health Whatcom	Phil Tageant
Educational Service District 189	Tanya Rojas
Foundation for Healthy Generations	Kathy Burgoyne, Andrea Lopez-Diaz
Geof Morgan Consulting	Geoff Morgan
Health Ministries Network	Jeanne Brotherton, Carol Nicolay
Lummi Tribal Health Center	Chris Hawk, MD
Mercy Housing Northwest	Bill Rumpf, Tavish Donahue
N Sound Accountable Communities of Health	Liz Baxter, Nicole Willis
Nooksack Tribal Medical Clinic	Lona Johnson, Victoria Joe
Nooksack Valley School District	Jim Schmotzer, Mark Johnson, Kevin DeVere, Cindy Tjoelker, Megan Vigre, Becky Robertson, Vicky Walkinshaw, Tami Postma
Opportunity Council	Debbie Paton, Greg Winter, Mike Parker, Kate Stragis, Lorena Shah
Parent to Parent/Arc of Whatcom County	Karlene Umbaugh
PeaceHealth Cancer Center	Kim Moses
Sea Mar Community Health Center	Colleen Pacheco, Marcela Suarez, Rocio Castillo-Foell
SEN Community	Veronica Gonzalez
SEN Community	Dave Finet
SEN Community/A Watered Garden	Cheryl Brown
SEN Community/Health Dept	Gloria Garcia
SEN Community/La Gloria Market	Petra Apreza, Ernesto "Ernie" Apreza
SEN Community/NVSD	Sylvia Mendoza
SEN Community/Sumas AC Church	Ivan Montenegro
SEN Community/WAHA	Christina Ortiz
Spokane Regional Health District, E WA CHW Network	Marion Lee
Unity Care Northwest	Starleen Lewis, Des Skubi
WA Assn of Migrant and Community Health Centers	Patricia Gepert
WA State Department of Health	Scott Carlson
Whatcom Community College	Michelle Heitmann, Cindy Burnam Woods
Whatcom County Health Department	Judy Ziels, Astrid Newell, Olivia Rutherford
Whatcom Family and Community Network	Kristi Slette
WWU/Prevention and Wellness Services	Maggie Feeney, Elva Munro

*\*Attempted to contact; no response or unable to interview.*

## Interviews and Conversations by Category

<b>Community Organizations:</b>
1. Bellingham/Whatcom Housing Authority
2. <i>Community to Community Development*</i>
3. Compass Health Whatcom
4. Educational Service District 189, Migrant Out-of-School Youth Program
5. Geof Morgan Consulting, Nooksack school district resiliency project
6. Health Ministries Network
7. Lummi Tribal Health Center
8. Mercy Housing Northwest, Health and Housing Program
9. Nooksack Tribal Medical Clinic
10. Nooksack Valley School District
11. Opportunity Council
12. Parent to Parent/ Padres A Padres program at the Arc of Whatcom County
13. PeaceHealth Cancer Center
14. Sea Mar Community Health Center
15. Unity Care Northwest
16. WWU/Prevention and Wellness Services
17. Whatcom County Health Department
18. Whatcom Family and Community Network

<b>Workforce Development:</b>
1. Area Health Education Center for Western WA
2. North Sound Accountable Communities of Health
3. WA Association of Migrant and Community Health Centers
4. WA State Department of Health, Community Health Worker Training Program
5. Whatcom Community College, Care Navigation and Coordination certification program

<b>Other CHW Programs and Initiatives:</b>
1. CHW Collaborative of Pierce County
2. Community Health Advocates and Peer Support (CHAPS) Network
3. Eastern Washington CHW Network, Spokane Regional Health District
4. Foundation for Healthy Generations
5. University of New Mexico CHW Initiatives (Claudia Medina, at Latino Health Forum, Seattle WA)
6. Washington State CHW conference, April 2017

<b>Members of S-E-N communities:</b>
1. Cheryl Brown (A Watered Garden, English and citizenship preparation classes)
2. Christina Ortiz (Whatcom Alliance for Health Advancement)
3. Dave Finet
4. Gloria Garcia (Whatcom County Health Department)
5. <i>Ivan Montenegro (Sumas AC Church)*</i>
6. Outreach at La Gloria
7. Petra Apreza and <i>Ernesto "Ernie" Apreza*</i> (La Gloria Market)
8. Sylvia Mendoza (Nooksack Valley School District)

*\*Attempted to contact; no response or unable to interview.*