



Group Health Foundation Community Engagement Presentation

Organization/Mission/Programs:

The Whatcom Alliance for Health Advancement (WAHA) is a nonprofit organization based in Bellingham, Washington, whose mission is to connect people to health care and facilitate the transformation of the current system into one that improves health, reduces cost and improves the experience of care. WAHA is dedicated to promoting access to health care services for all members of our community. We achieve our mission by providing resources and enrollment services to those who need assistance obtaining health care or obtaining health insurance, providing information to elected officials and decision makers about health care policies, convening community stakeholders, and by facilitating the transformation of the health care system into one that honors and serves our entire community.

WAHA provides access to healthcare, health insurance, social services and a wide range of assistance programs. Our Connector Services program provides initial assessment, evaluation, counseling, referrals and “warm handoffs” to a broad range of healthcare, community assistance, substance abuse and behavioral healthcare services. Clients who use our Connector Services program comprise primarily low-income residents of Whatcom County, including people managing issues of chronic illness, behavioral health issues, food insecurity, and transportation barriers. Our staff provide enrollment, education, phone and in-person assistance for Medicaid and low-cost health care coverage via the Washington Health Benefit Exchange’s Washington Healthplanfinder. WAHA has also managed the State Health Insurance Benefit Advisors (SHIBA) program for over a decade, providing counselling and enrollment for those eligible for Medicare. Our Advance Care Planning/End of Life Care program provides counseling for those with chronic illness or at the end of life to prepare advance directives and durable power of attorney free of charge. WAHA also provides assistance

for people experiencing financial hardship due to medical expenses through our Charity Care Assistance programs. WAHA also helps connect children to oral health providers through our Access to Baby and Child Dentistry Program.

How have you engaged, convened, and maintained relationships with your community/communities?

WAHA has engaged multiple partners based within existing in-house programs to build off new projects and services. WAHA leveraged our existing relationships that were established through the Latino Oral Health collaborative in the Sumas, Everson, and Nooksack areas of Whatcom County to establish and engage new relationships within northeast Whatcom County and the rural Latino community. WAHA used these existing and new relationships and partnerships to identify and develop our relationships with the natural leaders that lived in the rural Latino community. Additionally, the CHW Initiative team met with organizations that are located within rural northeast Whatcom County and/or are invested in the work in the community, such as the food bank, school district, and the senior center, to better understand what services currently existed and to maintain our relationship with these service providers. WAHA conducted key informant interviews with families, and natural leaders within the rural Latino community to better inform our work and maintain cultural competency within our CHW Initiative mission. WAHA maintained these relationships through multiple meetings and convenings of the key stakeholders and informants, ensuring that all participants within our project were kept up to date on the continuation and status of our work. WAHA continued to provide services both remotely and in person by performing outreach to the region and expanding our name and services recognition within the rural Latino community.

How have you co-designed or co-created solutions with your community/communities?

WAHA used our existing and new relationships to identify issues and create solutions together. WAHA ensured that all voices within the community were being heard and brought into the conversation. WAHA convened multiple sessions with key informants, rural Latino families, school district representatives, social service agencies, and local leaders in order to identify existing barriers to accessing quality health care and better health outcomes with a perspective focused on the social determinants of the population's overall health. We discovered that it takes time to build up trust and establish partnerships and the network that was warranted to co-create solutions in a culturally competent and informed way. The CHW Initiative team needed to be aware of the community's capacity to work with our agency to co-create solutions, and work around any issues, such as during harvest season in which many of the rural Latino household in the region are unable to meet. WAHA deliberately created a space of time between each of the meetings of partners and key informants to give space to the informants to reflect and percolate upon the work and questions we presented. There was a dynamic tension that existed about what exactly constituted "The Community" and WAHA was mindful of the existing representation in our network of informants and who wasn't at the table.

How have you addressed systematic inequities that affect health (such as power differentials or racism) as part of your community engagement work?

As our work progressed we became increasingly aware of existing tensions within the larger predominantly white community, and the rural Latino community. We were informed of existing tensions between social service agencies within our network of partnerships. Further, we learned of visible tensions within northeast Whatcom County as schools received backlash previously on disseminating materials for parents in both Spanish and English. We knew these underlying tensions and the current political climate had an affect on the rural Latino population and were further barriers to

accessing care and living more healthy lives. In order to address the systemic inequities, we needed to understand these tensions to better inform our own work.

What about your organization's way of working has made you successful? How has your organizational culture or structure changed to allow for authentic community relationships? Include examples of how your staff and your board (if relevant) contributed to the culture and values that enabled your success.

WAHA was intentionally slow, methodical, and deliberate in our interactions with the target population, and centered our project around the community we intended to serve. Our work built upon our existing strengths, primarily our prowess within grassroots and local outreach. Instead of placing ourselves at the center of the work, we intentionally placed the community and potential clients, asking questions and listening, and allowing for time to reflect upon our questions. We periodically presented our work to our board to not only update and inform, but also to engage our board of prominent members of the community. We knew that our work would need to be flexible and dynamic, allowing for change as we went and assessed our techniques and work as we progress within our project. As we assessed our work, our methods were reinforced as we found success in engaging a wide swath of members of the target community, and the community at large in northeast Whatcom County. We played upon our existing strengths further by leveraging the existing talent within our own staff – two members of the CHW Initiative team are Latino and are bicultural and biliterate in Spanish and English. The lived experiences of our own Latino staff to helped inform our work. The shared lived experiences between our staff and the rural Latino population enabled our staff to build greater trust and genuine, authentic engagement. We knew that we did not have all of the answers, which gave centralizing the voice of the community even greater importance within our project. Although this was of vital importance to our project, we did not place expectations on the community, allowing space for the community to be engaged on their terms and not on our own. We reflected on the

meetings and methods to continually ensure success with cultural sensitivity, and always searched for ways in which our work could grow. We employed prominent local Latino businesses to cater our meetings and events with the community, which not only gave our own work greater recognition within the rural Latino community, but also gave greater business to the community we were serving.

What have been your most significant challenges, obstacles, and missteps? We know that we can learn as much from setbacks as we can from successes, so please don't hold back! (If you are concerned about sharing challenges publicly, just let us know and we will omit your response to this question from the version we share publicly.)

Our most significant challenge was our partnership with the local school district, not because of any inherent issues with the partnership, but because we believed a partnership may result in our meetings and events being perceived as sponsored by the school district. However, through our work we realized that the relationship with the school district was ultimately to our benefit as the district, and many of the representatives within the school system, were highly trusted members within the rural Latino community. It would have behooved us to capitalize on this relationship sooner in order to build upon these existing relationships. We were blinded by our own concerns of the optics of our work without looking at all of the benefits of a partnership with the school district. One of the primary reasons members of the target population attended our meetings and events was because someone they trusted invited them to the events, with many of these trusted community members being school district representatives and employees.

What changes have you seen that give you hope about a future that is more equitable?

Our work has shown us that we are not just building solutions to community problems, but also building hope and trust between the various sectors of the target community and the community at large. Over 50 informants were involved in our initial assessment period, and they assisted in formulating the assets in the community and in building a network of families and individuals and kids that we could then leverage to co-create solutions together to produce healthier and fuller lives. Our work has only increased the enthusiasm in Whatcom County for community health work and has highlighted the importance of social service agencies to co-create solutions together with the populations they serve in a culturally competent way. Our work has focused on creating greater health equity for the population we serve, but our model can be employed by others to improve the lives of so many.