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## **Funding/Partnership Opportunity Regarding Community Health Worker Program**

### **Opportunity Overview:**

**The Healthy Living Collaborative (HLC), a core component of the Southwest Washington Accountable Community of Health (SWACH), seeks to transition HLC's Rose Village and South Kelso Community Health Worker/Community Health Advocate Teams to an organization(s) that embodies an empowering approach to honor voices and shares information, knowledge, and decision making with community members. HLC will provide funding, technical assistance and third-party evaluation.**

### **General Background:**

The Healthy Living Collaborative (HLC), as a core component of the Southwest Washington Accountable Community of Health (SWACH), focuses on policy systems and environmental change to improve health and wellness, and to strengthen families, neighborhoods, and systems, in order to ensure health equity.

System leaders from multiple sectors including healthcare, social services, education, housing and a tribal nation founded the HLC in 2013. At the core of the HLC's work is the belief that 1) we best serve our most vulnerable communities if we work together and 2) our work must be done with communities, not to or for them.

HLC focuses on promoting health equity by crafting upstream solutions that support community-based initiatives to improve health and wellness and strengthen families, neighborhoods, and systems. Because of our commitment to community engagement, we launched a network of neighborhood-based Community Health Workers/Community Health Advocates (CHW/CHAs). CHW/CHAs are frontline public health workers who are trusted members of or have an unusually close understanding of the community served.

CHW/CHAs work directly with their neighbors to address the consequences of multi-generational racial, economic, social, and health inequities. They help identify and address basic needs, connect neighbors to one another and to service providers, and improve community health by activating capacity and empowering local action.

They amplify the voices of their vulnerable and marginalized neighbors and ensure that the HLC's strategies and advocacy platform is designed and carried out in response to community wisdom.

In October of 2017, HLC became part of the Southwest Washington Accountable Community of Health (SWACH). SWACH is one of nine Accountable Communities of Health across Washington State that are part of the states Healthier Washington initiative to transform Medicaid.

### **Community Health Worker/Community Health Advocate Program**

#### **Background:**

In the spring of 2014, HLC launched a neighborhood-based project to promote the factors that enhance individual and community health and well-being. Working in neighborhoods facing significant health disparities, we identified leaders who community members look to when they need help, and then recruited and trained these leaders to become CHW/CHAs. The CHW/CHAs work individually and neighborhood-wide to facilitate health improvements. A key feature of CHW/CHAs is that they are individuals who have a relationship with and understanding of the community in which they serve, often belonging to the same culture, speaking the same language, and having similar life experiences. Their expertise is in understanding their communities and building relationships with community members, rather than experience working within organizations or within systems. As a result, they are in a unique position to engage individuals and populations that professionals have difficulty reaching.

CHW/CHAs work in the following core roles based on community need, individual and team goals and individual CHW/CHA training, experience, knowledge, and skills:

#### 1. Cultural Mediation

Examples:

- a. Educating individuals and communities about how to use health and social service systems (including understanding how systems operate)
- b. Educating systems about community perspectives and cultural norms and experiences
- c. Building health literacy and cross-cultural communication

#### 2. Health Education and Promotion

Examples:

- a. Working with partners to conduct health promotion and disease prevention education in a manner that matches linguistic and cultural needs of participants or community
- b. Working with partners to provide necessary information to understand and prevent diseases and to help people manage health conditions

### 3. System navigation and referrals

Examples:

- a. Making referrals to services and inquiring about experiences with services
- b. Helping to address barriers to services
- c. Informing people and systems about community assets and challenges

### 4. Provision of informal social support

Examples:

- a. Providing individual support and coaching
- b. Motivating and encouraging people to obtain care and other services

### 5. Advocacy engagement with individuals and families with systems, advocacy with system leaders, and advocacy through policy change, primarily at local and state levels

Examples:

- a. Advocating for the needs and perspectives of communities
- b. Connecting to resources and advocating for basic needs (e.g. food and housing)
- c. Engaging in policy advocacy

### 6. Capacity building through professional development, building the capacity of fellow CHWs, and building the capacity of systems and programs to better meet community needs

Examples:

- a. Building individual capacity through informal support and referral to services/support
- b. Building community capacity by advising organizations and systems, participation in community groups, and engaging with other CHWs
- c. Training and building individual capacity with CHW peers and among groups of CHWs

### 7. Outreach to community members and community professionals to connect them to one another, to community resources, and to the CHW/CHA teams and the HLC

Examples:

- a. Recruiting of individuals, families, and community groups to events, services, information, and systems
- b. Presenting or tabling at local agencies and community events

### 8. Implementation of Individual and Community Assessments

Examples:

- a. Participating in design, implementation, and interpretation of community-level assessments (e.g. windshield survey of community assets and challenges, community asset mapping)

### 9. Direct provision of services if they are adequately trained and certified and their capacity allows (such as assisting with taking blood pressure, cutting people's hair, and distributing food)

Examples:

- a. Providing basic health screening tests
- b. Providing basic services (e.g. first aid)
- c. Meeting basic needs (e.g., provide referrals such as food and other resources)

10. Participation in research and evaluation of HLC projects/programs or those which help promote the understanding and improvement of CHW work locally and nationally

Examples:

- a. Engaging in evaluating CHW services and programs
- b. Identifying and engaging community members as research partners, including community consent processes
- c. Participating in evaluation and research:
  - i) Identification of priority issues
  - ii) Assisting in the development of evaluation/research questions, design and methods
  - iii) Data collection and assisting with interpretation
  - iv) Sharing results and findings
  - v) Engaging stakeholders to take action on findings

The CHW/CHAs inform HLC about the policy, systems, and environmental barriers that interfere with people's health and suggest sustainable changes that would promote the health of all. CHW/CHAs also participate directly in the HLC governance structure. This direct line to the real-time needs of communities uniquely positions the HLC to ensure that their systems-level efforts remain responsive to the individuals and families who make up the most underserved communities in Southwest Washington.

HLC currently has three neighborhood-based CHW/CHA teams: 1) the Rose Village neighborhood in Vancouver, 2) the South Kelso neighborhood in Kelso, 3) and the Wahkiakum team. The Wahkiakum team will be housed at Wahkiakum Health and Human Services, the entity that has provided coaching for this team since its inception. The two teams included in this opportunity, Rose Village and South Kelso, are described in more detail below.

**The Rose Village Community Health Worker (CHW) team** focuses efforts on the Vancouver, Washington neighborhood of Rose Village, which has approximately 5,000 individuals. Rose Village CHWs are trusted members of the community or people who have an unusually close relationship and understanding of the community, who share the same language, culture, and life experiences of community members. They partner with neighbors to build trust and advocate for others. The Rose Village team mission is to promote community wellness through empowering, educating, and connecting people to resources while listening to the voice of the community served. The CHW team is tasked with identifying the needs of the community as a starting point and the underpinning of their work. The Rose Village CHW team has historically focused on needs around affordable housing

advocacy, community building, and access to healthy eating and active living opportunities for all community members. Local partners have included local businesses, Clark College, Council for the Homeless, Flash Love, Laundry Love, Lord's Gym, Memorial Lutheran Church, Rose Village Neighborhood Association, Trinity Lutheran Church, Clark County Public Health, Washington Elementary, and Vancouver School District.

**The South Kelso Community Health Advocate (CHA) team** focuses efforts on the Cowlitz County, Washington neighborhood of South Kelso, which has approximately 5,231 individuals. South Kelso CHAs are trusted members of the community who have an unusually close relationship and share a common vision around identified, needed changes in the community. They partner with neighbors to build trust and advocate for others. The CHA team is tasked with identifying the needs of the community as a starting point and the underpinning of their work. The South Kelso team vision is: to live in a safe and united multicultural community that communicates a message of no racism. The team recognizes the barriers to achieving this vision include the lack of opportunity to connect with decision makers, lack of trust, racism, fear, and community cohesion. As a team, the CHAs partner with clinics (health professionals), schools, and churches to ensure the community is able to move towards their larger goals. The South Kelso team has historically focused on needs such as walkability and safe streets, access to healthy foods, immigrant rights, and advocating for access to quality services and community development. Local partners have included local businesses and decision makers, Cowlitz Health and Human Services, Cowlitz Community Health and Safety Network, Eagles Club, Family Health Center, Kelso High School, Love Overwhelming, Lower Columbia Community Action Program, NAMI, Sea Mar Behavioral Health, and Wallace Elementary.

### **Opportunity Details:**

HLC is providing this opportunity to ensure that the CHW/CHA teams have a long-term home, with the infrastructure to support opportunities for direct service work and for full-time employment. By launching the CHW/CHA teams into a community based organization(s), we hope to build greater workforce and leadership development for CHWs/CHAs. HLC is committed to a long-term partnership with the teams and the selected organization(s). This partnership includes funding and support (details provided below) as well as continued inclusion of team members as part of HLC's and SWACH's governance structure. Organizations may apply to support one or both of the CHW/CHA teams.

### **Anticipated Timeline:**

June 11<sup>th</sup>, 2018 - Opportunity Announcement and Information

June 25<sup>th</sup>, 2018– Voluntary information session for interested organizations at 10:30am at North Pacific Conference of the Seventh Day Adventist, 5709 North 20<sup>th</sup> St., Ridgefield, WA

July 9<sup>th</sup>, 2018 Deadline to submit Letter of Inquiry (LOI)

July – Evaluation, site visit, and organizational interviews

August – Notification of selected organization(s)

September- Transition CHW/CHA teams

\*Dates are subject to change, partners will be notified of any changes.

**Healthy Living Collaborative will provide:**

- Funding (approximately \$75k to \$90k annually per team) for all program expenses through 2019 (CHW/CHA stipends, full-time coach, community activities, mileage, training and professional development opportunities)
- Assistance working with funders to transition funding directly to the selected organization after 2019
- Technical assistance will be provided by HLC staff and consultants for the CHW/CHA teams and coaches
- Opportunities for CHW/CHAs to participate in HLC governance structure
- Third-party evaluation
- Activity tracking system to help track CHW/CHA activities and report on outputs and outcomes

**Preferred Organization (contractor):**

- Passion and respect for Community Health Worker/Community Health Worker model(s) and an understanding of their historical significance
- Currently providing direct service
- Comfort/ability to participate in advocacy and lobbying
- An understanding that the CHW/CHA teams select activities and projects, and the contractor provides coaching and opportunities to collaborate
- Experience participating in community led efforts
- An understanding that often many community partners are consulted when big decisions are made, and support for this approach
- Experience working, supporting, and covering liability for volunteers and part time staff
- Track record of leadership development
- Understanding the principles of community organizing
- 501(C)(3) or government entity
- History of financial stability

**Organizations are required to submit Letter of Inquiry (LOI) by email.**

**Includes organizational information:**

- Organization Name
- Lead Organization Name
- Tax ID Number
- Executive Director Name & Email
- County/Counties your organization serves
- Annual Operational Budget
- Most recent financial audit
- List of Board of Directors and affiliations
- Please specify which team or teams (Rose Village and/or S. Kelso)

**Answer the following questions in the LOI (please keep LOI to two pages):**

1. Describe the mission of your organization and how the Community Health Worker/Community Health Advocate team(s) roles and responsibilities are aligned with your organization
2. Describe the programs, activities, and experiences of your organization that make it well suited to operate the Community Health Worker/Community Health Advocate team(s).
3. Describe the historical context of the traditional health worker movement and how it fits with your organizations current work?

To submit an LOI or for questions please contact Kachina Inman at [Kachina.Inman@southwestach.org](mailto:Kachina.Inman@southwestach.org) or 360-628-4045.