

# Community Themes and Strengths Assessment

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## Overview

Beginning in the spring of 2016, qualitative data was gathered from a cross-section of residents using a variety of methods described further below. The resulting Community Themes and Strengths Assessment provides insight into the key issues Whatcom County residents observe shaping their health and the health of the communities in which they live. Many of the discussions centered on what is strengthening individuals or communities, what could improve health and well-being, and what steps to take moving forward.

## Methodology

### 1. Participatory Action Research

Whatcom County Health Department worked in partnership with faculty from the Western Washington University Human Services Department to design a qualitative data-gathering system using a form of qualitative inquiry called Participation Action Research (PAR). PAR can generally be understood as a series of planning how to address an issue of concern (such as assessing community health); acting on those plans; reflecting on and evaluating the effectiveness of the action; making adjustments to the planned actions; and repeating the cycle.

PAR begins with the idea that an improvement or change in the participant's area of work, community, school, or family is desirable (i.e. a change in how we gather health improvement data for Whatcom County). A group then forms to clarify the mutual concern that has been identified. The group focuses on inquiry and improvement strategies on that concern, developing a plan of action to improve current practice. The group members then act to implement the plan, which by design must be deliberate and controlled. This action is observed to collect evidence, which allows thorough evaluation. Reflection on the action recorded during observation is usually aided by discussion among the group members.

This is a valid methodology for generating valuable information when accessing 'insider' knowledge (such as learning from community members of their experiences and perceptions of the county). PAR involves participants as both "subjects" and "researchers". Group reflection can lead to a reconstruction of the meaning of the social situation and provides a basis for further planning of critically informed action, thereby continuing the cycle. These steps are carried out in a more careful, systematic and rigorous way than those which usually occur in daily practice. The intent of this cyclical and systematic exploration is to lead to new ways of thinking, new individual behavior and practice, new organizational behavior, and beneficial outcomes in the real world.

This type of research calls on its participants to play an "insider-outsider" role, on one hand being fully engaged in the immediacy of the setting, and on the other, taking a reflective and inquisitive view from afar. Alternating between these two perspectives gives the insider critical distance, allowing them to be more critical of the findings within the group. Since participants are personally connected to the environment being "studied", and may connect emotionally to, or otherwise struggle personally with perceived problems they are seeing in the community, they have an explicit interest in successful change. This level of immediacy provides PAR a concrete reality check and a heightened sense of need for credibility, authenticity, and validity. PAR maintains a high degree of personal relativity for its participants due to the personal nature of the issues. It also provides an opportunity for participants to drive the efforts for change.

The PAR process used in this assessment included the following:

- Participants were brought together from within a target environment to engage themselves in the effort as "researcher" with the intent to bring about change to our community health assessment process.
  - a. Members met each other
  - b. Initial brainstorming of what to address occurred
  - c. Decided what the focus would be (identified the "problem")
  - d. Decided how to learn about issue, (research methods to be used, identification of resource and training needs)
  - e. Developed specific research plan (how to collect and assess data, what is to be learned, actions to be taken, etc.)
  - f. Collected and analyze data and develop conclusions
  - g. Brainstormed for action related to conclusions
  - h. Developed action plan
  - i. Implemented action plan

j. Reflection and repeating cycle

- The criterion of success was determined to not be whether participants followed prescribed steps, but rather if we had a strong and authentic sense of development and evolution in our level of awareness of the health and wellbeing and needs of our communities.
- This was to be a collaborative effort.
- This was to be a social and educational community-building process in and of itself, with results shared with the broader community.

The figure below gives a view of four traditional phases within the research cycle.



Fig. 1: PAR Research Cycle

As a data collection mechanism, the group maintained records of each meeting, as well as individual actions outside of the meeting space. The more salient records were circulated to the group to assist with our reflection phase each session. In action research, the openness of individual's perceptions and guiding principles is encouraged and necessary in order to allow the group to fully analyze or assess roadblocks. A "relational" and conversational approach is very useful in this regard (and also builds trust, cohesion, and a sense of belonging – each of which is fundamentally important for a healthy community). Since this is a grounded, pragmatic, collaborative, participant-driven effort, the group needed to be prepared to alter our course of action to address emergent needs as they arise. One benefit of action research is the ability to adjust in real time, and as a need for action arises, plans for addressing it can be tested immediately.

## 2. Data Collection: Interviews

A semi-structured interview process was used with a variety of community stakeholders and residents to learn their opinions of the health and well-being of Whatcom County as well as ideas for making improvements and community engagement. This was done in both one-on-one and focus-group interviews. Characteristics of semi-structured interviews include:

- The interviewer and respondents engage in a formal (scheduled/pre-determined) interview.
- The interviewer develops and uses an 'interview guide.' This is a list of questions and topics that need to be covered during the conversation, and which may be shared with the interviewee in advance.
- The interviewer follows the guide but is able to follow topical trajectories in the conversation that may stray from the guide when.

The research team used four different methods for gathering qualitative data:

- Key informant interviews
- Community cafés
- Focus groups
- Asset mapping listening sessions

Use of multiple methods, from in-depth interviews to group discussions, allowed for deeper exploration of identified issues affecting health as well as for cross-pollination of ideas via group interactions. Residents identified socio-economic factors, physical environment and health care as factors affecting individuals and communities.

### **A. Key Informant Interviews**

Key informant interviews are a way to gather candid and detailed information from people within the community who have firsthand knowledge on particular topics as well as the ability to both provide context for those issues and generate ideas about solutions. The interviews were conducted in three sets with each set having a slightly different focus:

- Nine interviews were conducted in collaboration with PeaceHealth St. Joseph Hospital as part of the Community Health Needs Assessment (CHNA). Interviewees included directors within philanthropic foundations, social service agencies, community health centers and government agencies. Interviewers asked about gaps in health care delivery, including areas of concern carried forward from the last CHNA, and recommendations for strategies the community might adopt.
- The Health in All Policies (HiAP) initiative included nineteen interviews with Whatcom County government department managers and staff. This collaborative effort across several Whatcom County government departments seeking to improve population health by integrating health implication considerations into all decision-making processes. Questions prompted participants to explore the value to the public and to government agencies of including health in planning, the challenges in implementing the Healthy Planning Resolution, and current or upcoming opportunities to use community health as a component of planning.
- The most recent set of interviews were with participants in the first Community Health Improvement (CHI) cycle (2012-2016) or were recommended contacts of those participants. Similar to the CHNA participants, these seven community leaders included residents with a high level of community influence from organizations such as the hospital, philanthropic agencies, public school administration and business chambers. Questions generated observations about community strengths and assets, areas for improvement and action steps towards improved community well-being.

### **B. Community Cafés**

The Community Café method operates on the following assumption: the people gathered for conversation have the knowledge and wisdom needed for deep insight and action planning. In a series of three guided questions, participants share their own knowledge and wisdom in a series of small group discussions, moving to a new table after each question and developing shared ideas about the discussion questions generated by the hosting organization. Participants organize thoughts on a central “harvest” page in the center of the table. Themes are cross-pollinated as participants move tables as the Café progresses. Overarching themes are often developed on a large graphic recording and can seed the impetus for action.

Three of the Cafés were a collaborative effort with the Whatcom Family and Community Network. The questions guided discussion about community strengths, needs and potential action around building strong and resilient families. The forty-five participants were primarily parents of young children: parents of children enrolled in the early intervention Birth to Three services, families living in the Kendall area, and families receiving parenting support from Lydia Place.

The fourth Café was hosted by the Whatcom County Health Department Health Equity Team for the entire Health Department staff. Staff discussed opportunity gaps for achieving health equity, a vision for an equitable Whatcom County, and bold changes the Health Department could make to push towards that vision.

### **C. Focus Groups**

Focus groups involve a series of guided discussions about specific topics with selected small groups with similar population characteristics and are a way to obtain information about community needs, particularly program strengths and weaknesses.

Whatcom County low-income mothers with children under 3 were recruited for seven focus groups: two in Spanish (10 participants) and five in English (23 participants). One was held in Everson, one in Ferndale, one in Lynden, and the remaining four in Bellingham. Participants answered a written survey and then discussed questions asking about services families with very young children need most, barriers to accessing services, what makes support services useful and appealing to parents, and how to reach families with information about services that are available.

### **D. Asset Mapping Listening Sessions**

Asset mapping provides an inventory of the strengths and resources of a community and can help illuminate solutions to address community needs, improve health, and promote community involvement, ownership, and empowerment. Assets can be individual community member capacities, a civic association, a physical structure or place, a business, or a local private, public, or nonprofit organization.

In partnership with University of Washington Masters Public Health students, listening sessions were conducted in a public library in each of Whatcom County's school district communities in order to identify non-tangible community assets and physical assets and to

provide feedback for place-based community profiles. Additionally, the participants discussed what they perceived as the most relevant health-related issues in their communities. The twenty-one participants included public library staff, faith community nurses, school staff, and community members from civic organizations and community coalitions.

**Table 1: Summary of Data Collection Methods**

|                                   | <b>Key Informant Interviews</b>   | <b>Community Cafes</b>   | <b>Focus Groups</b>   | <b>Future Search Conference</b>   | <b>Asset Mapping Listening Sessions</b>   |
|-----------------------------------|---|--|---|---|---|
| <b>Roles of community members</b> | Directors and professional staff within large organizations: local hospital, public schools, chamber of commerce, philanthropic organizations, county government including council, health, planning, public works, parks, community health center, community action agency | Parents or caring adults of young children<br><br>Whatcom County Health Department staff | Low-income mothers with children under age 3, with a sub-set of mothers whose primary language is Spanish | Nine stakeholder groups including: Parents and Caregivers, Early Learning, K-12 Schools, Behavioral Health and Safety Supports, Health Care, Private Sector and Funders, Policy and Government, Family Support and Basic Needs. | Public reference librarians, faith-based community nurses, community members                |
| <b>Geographic focus</b>           | County-wide primarily with several interviews in the Bellingham and Mt. Baker school district communities   | Four Cafés county-wide with one Café in the Mt. Baker school district community          | Six county-wide focus groups with one focus group in the Nooksack school district community               | County-wide   | One session in each Whatcom County school district community (Lynden and Meridian combined) |
| <b>Timeline</b>                   | Spring 2016-Fall 2017   | Summer-Fall 2017   | Summer 2017   | October 2017  | December 2017   |
| <b>Number of participants</b>     | 35  | 45 caregivers<br>60 WCHD staff   | 33  | 74 (20 in Parent/Caregiver group)   | 21  |

## Analyzing the Data

Interviews were audio-recorded and transcribed to assist in the analysis. An inductive approach was then used to analyze the data, as is commonly the case in health and social science research.

A thematic content analysis was then conducted, which involved identifying themes and categories that emerged from the data in the interview transcripts. While engaging in content analysis, the researchers focus more on the frequency of occurrence of various categories, and during the thematic analysis, it is more about identifying themes and building up the analysis in the most cohesive manner. Thematic analysis can be more in-depth and generally provide a broader understanding than content analysis alone. When coupled with quantitative statistical data in particular, it helps paint a more comprehensive understanding of participants' varied experiences and opinions of health and well-being in Whatcom County.

## Results: Themes from Qualitative Data

Following is a description of the themes that emerged from within the qualitative data. They are presented here in alphabetical order.

### Built Environment

The notion of “built environment” relates literally to the human-made elements of the environment and surrounding areas. This includes everything from roads and buildings to public and private parks and recreation areas. Within this category is a diverse range of human-made/designed structures and initiatives. Residential centers, industry, landfills, schools, and playgrounds are all included here – as are all other human-made structures and zoning systems. There are expressed tensions between designing for public safety, promoting community health and evolving public perceptions about the need to align safety, health, and resource considerations when creating policy about the built environment. These tensions play out in road design, including redesigning for roundabouts and road-sharing with pedestrians and bicycles. They are present in the concept of expanding the use of existing public structures, like schools as a community hub, and in access to safe, quality recreational spaces like playgrounds, picnic areas, trails and community buildings. The built environment is central to discussions and decisions about housing, development of correctional facilities, transportation services (for both people and goods), and many of the other issues of tension that arise within community development and community health. Thus, the theme of “built environment” is connected to many of the other themes found in the data.

Examples of concerns and appreciation for the built environment include a range of seemingly conflicting perspectives, from a sense of appreciating an array of safe and secure parks and recreational areas (throughout much of Bellingham) to a lack of access to such (throughout much of the northern and eastern parts of the county). There are concerns for lack of safe built environment in specific neighborhoods and pockets of the county – such as insufficient sidewalks or pedestrian through-ways, street lights, or safety mechanisms at cross streets (roundabouts, stop signs/lights, crosswalks, etc.). For instance, during an interview with four senior residents of a subsidized senior living center on the north side of Bellingham, one 72-year old woman expressed, “I like it here very much but I only have one problem. I like to walk around here but when you go down to sterling drive there is no crosswalk, cars cannot see us coming and we can’t see them coming. Coming back is even more dangerous because there is a big tree blocking the way and you can’t see both sides. We need a crosswalk with a push button or a mirror so that we can see the cars coming. Cars speed by a lot. There are cars that have hit the tree...it is unsafe [and one of us could die] ... During the same conversation, another elderly resident talked about recently taking a fall on the unlit street outside their residence due to no sidewalks, pulling up her pants’ leg to show her purple and swollen knee.

Personal examples such as these were expressed in both affirming and critical ways related to the Built Environment in Whatcom County. Many of these point to disparities in quality and quantity of effective, useful, and necessary built elements based on what part of the county someone resides in.

### Childcare

Access to high quality, affordable, safe child care is a prominent issue for many families. This is creating barriers to employment, education, and opportunities for parents and children to connect by socializing and learning from each other. Families who need subsidized childcare and those with children with special health care needs are particularly impacted by limited access. As stated by one interviewee, “It is clear that existing social service systems have some built-in bureaucratic barriers that create difficulties for families attempting to better their circumstances. Limited availability of quality, affordable childcare is a big one. The current timing for when families can access childcare benefits does not work well for moms in the process of finding a job or applying to school...”

The issue of childcare overlaps with many other themes. The need for childcare is largely contingent on the reality that many parents cannot afford to stay at home with their children (opposed to working). Parents often get caught in a dilemma of working a low-wage job, from which the vast majority of their paycheck goes to cover expenses of childcare. Similarly, for families who seek more affordable housing, they often find themselves living further from where they work, thus complicating schedules as the hours of operation for child care may not align with the times they need to catch a bus or make a longer driving commute.

### Connecting Systems of Care/Working across Boundaries and Barriers

This theme is about the importance of working across boundaries and barriers, both organizational and personal. Participants said that the relationship between Bellingham and the county, collaboration across organizations, and interpersonal connections are important, and in need of improvement. For instance, the relationship between Bellingham and the county is complicated by issues of resources and politics. In addition, making an effort to collaborate between community and governmental organizations is a priority, particularly around coordination of services and aligning data metrics. Parents and other caregivers, and those who work with/for them prioritized opportunities for person-to-person connections and person-to-community connections. Stakeholders who work for municipalities, hospitals, and medical facilities prioritized a need to create or enhance the ability of service providers to share information about clients

or patients. Similarly, respondents who are service-recipients prioritized a need to better align services, to be more of a “wraparound” approach, so clients would not have to seek support from so many different locations in the county.

Some of the need for working within and across borders appeared in several locations throughout the county related to blurred boundaries and jurisdictions. As one elderly respondent put it, “There’s one thing that I’ve never been able to figure out through my years living here, is this a city or county thing because when you call the city, it is like, ‘oh no, that’s a County thing’, and the County is like, ‘it’s a city’s problem.’” Another service provider in the rural Eastern part of the county expressed an explicit need to “have better communication protocol and connections between all the services and all the towns and county. I fear the day a real tragedy happens and we won’t know who is doing what...”

### **Cultural Responsiveness/Disparities**

Throughout much of the qualitative data is an acknowledgment and desire to increase the level of awareness, understanding, and appreciation for the indigenous peoples and histories of our region. This ranges from understanding the significance of place, and what it means for Whatcom County to reside on historically native land, to a need to better respect and collaborate with our indigenous/native residents – most notable Lummi Nation and Nooksack tribe, while understanding and respecting their sovereignty. Additionally, there was a pervasive awareness of the need to better understand, respect, and serve immigrant populations in the region, including those who serve in roles as migrant farm workers and others who have immigrated here from outside the US borders. This is particularly poignant when considering non-Native-English speakers, or those for whom English is not their first language.

Respondents noted disparities among neighborhoods as well as between disaggregated sub-populations based on race and ethnicity. These concerns related to culturally responsive practices in planning and building the physical environment, the level of collaboration between those who plan services and those who use services, and the health and well-being outcomes of racial/ethnic subgroups within the Whatcom population. In some instances, language and cultural differences or ‘barriers’ are creating social isolation and limiting access to social services. Diversity in hiring practices continues to be limited, thus the cultural background of those providing service in the community often don’t reflect those they are serving. This theme was prevalent throughout the majority of interviews and expressed in varied ways.

Examples of statements from service providers include, “[We] generally [have] a very healthy community and county and that, but hidden within the averages lies disparities.”, and “My concerns are people who can’t access all of those things that I value so much. [access to outdoor recreation and activity]”, or, “And I’ve been really fascinated, this year, to see how very real the disparities are in access to physical activity and nutrition and how closely they correlate with income and then, also, kind of, the built environments.” Their awareness of the disparities of access to quality services reflected a knowledge that there is a stark difference in quality of life, and even life expectancy based on the demographic makeup of our County’s residents. There was a consistent call for intentionally leveling the playing field when it comes to access to services for all of our residents.

This category was pervasive throughout the qualitative data, pointing to the intersectionality of cultural responsiveness to each of the other themes in this health assessment:

- Built Environment (ranging from quality of roads, to play structures, to access to grocery stores and health care providers, and more)
- Childcare (disparity of access, cost, quality)
- Connecting Systems of Care/Working Across Boundaries & Barriers (including seeming inability to work across cultural barriers/differences)
- Early Childhood/Parenting/Family/Teens/Youth (disparity of access, cost, quality)
- Education/Schools (including disparity in tracking, rates of special ed. diagnosis, graduation rates disaggregated by race, etc.)
- Employment/Jobs (disparities in unemployment rates and compensation, etc.)
- Food/Nutrition (including disparity in access to full-service grocery stores and nutritional food choices)
- Health Services (including access to, and distance from)
- Housing (associated with cost, quality, location, disparity in rules and regulations/restrictions for housing, etc.)
- Natural Environment (while the natural environment is commonly lauded as a high point in terms of quality of life in Whatcom County, there is not equal opportunity to access the abundance of natural beauty and its offerings)
- Police/Safety (including perceived and real disparity in arrest rates, and sense of safety)
- Senior/Elder Care (including access)
- Transportation (particularly related to fewer transportation options for non-Bellingham residents)

## **Family/Parenting: from Early Childhood through Adolescence**

There were a range of insights provided about family services, supports, resiliency, and strengths. At times, people were referring to specific elements of family life and stages of human development, such as early childhood, adolescent, and parenting/family issues. While there are elements of different stages of development focused on in other themes (such as early childhood education, childcare, elder care, etc.), there was sufficient data to include this broader conceptualization of family needs as a theme. Respondents talked about the need for help navigating the systems of care, as well as help with linkages meeting other new parents as a support mechanism, including addressing some of the basic needs and understanding policies that are around maturity and child care. In some instances, there was a sense of appreciation for the quantity and quality of positive and safe activities for children and youth, while other times there were concerns of lack of opportunity (frequently based on a family's location, pointing to the theme of disparity of services).

## **Education/Schools**

There were numerous points of data related to the perspective that education is a pathway to success and opportunity, and that the schools (and districts) themselves provide much more than academic instruction. In many instances, the schools were perceived as the hub of the community, where not just quality education is provided, but other community programs can be found. Working through the system, however, is challenging. It was noted by teachers, administrators, and parents of school children that teachers and those who support them are tired, and expected to serve multiple functions – not 'only' teaching. There was consistent concern for schools and school districts to consider the ways in which they can support school staff to better engage with the families of the school children, and to better understand the 'whole child', or the child and their family in context. This ranged from suggestions and requests to ensure teachers were better prepared to engage with families and communities, to the hiring of family engagement staff, counselors, nurses, or other specialty staff other than teachers to fill this critical role.

Additionally, the buildings associated with the school districts themselves were seen as infrastructures within communities that could – through collaboration – be used for multiple purposes to meet other community needs (other than education). This was particularly the case in out of school time, including summer breaks, weekends, evenings, and holidays.

As one community member put it, "I want to go back to the idea of the schools as being the hub of a community. Because, to me, it makes such perfect sense because they are already existing buildings, the infrastructure's there. They're owned by the community...and the public funds them. It would increase the perceived value of community members if they were able to use it for purposes beyond education and things like that." This sentiment blends with other themes from the data, related for instance with how we can rethink the built environment, and how we could potentially cross barriers and borders between systems. Throughout the interviews numerous specific suggestions were provided, including the notion of connecting services through schools, such as Social Services/WIC, Food Pantries and meal programs, parent education, family and community education and connection activities, and many more. Each of the many ideas was underscored by the foundational belief that quality free public education and schooling is the bedrock for childhood and adolescent growth and development.

## **Employment/Jobs**

In order to ensure financial stability, there is a clear need in any community for a sufficient number of employment opportunities. Through interviews, we heard from a variety of stakeholders ranging from employers to individuals who under unemployed, underemployed, or working full time, but for low wages. Respondents discussed the need for job-ready employees and the development of a sustainable work community with living wages and a welcoming atmosphere. For instance, one individual stated, "You have to have support there for people to even be job-ready because not everybody gets a fair start obviously..." This respondent was getting at a need for increased training and professional development opportunities for people at all stages of employment – from high school aged youth who may not have the ability or desire to attend university, to displaced workers with limited training. There was acknowledgment and desire for developing the capacity to offer competitive living-wage jobs, such as the comments from this employer, "I am hiring all of these new restaurant employees all the time and doing the orientations. We pay them \$11 an hour and if they worked 40 hours a week, all year long, that would mean that they would make like \$23,000 for the year. Their annual salary is \$23000 and I look at that and I'm just like, 'How in the world do people make this work?'"

There was rich discussion about there being many low-paying jobs that simply cannot sustain a family. This theme carries across many others, such as Built Environment, Education, and Disparities. There is an awareness that for economic and workforce development, there is a need for systems to be in place to incentivize paying higher wages, to attract increasing numbers of small businesses, or expansion of existing ones. Related, there was an awareness that even if businesses were attracted to Whatcom County or existing ones had the capacity to hire more workers, there is a need to ensure sufficient opportunities for job readiness training and workforce development. Underscoring much of this theme is the reality of disparity of opportunity based on sub-population demographics such as race and ethnicity.

## Food/Nutrition

Considering the agricultural nature of much of Whatcom County, it was not surprising to hear the number of respondents express concern for availability of fresh and healthy foods. This theme directly relates to issues of disproportional opportunities for and access to healthy food. Personal finance/socio-economic status and geographic location clearly impact one's ability to afford or access healthy food options. Areas where healthy and nutritious food is difficult to obtain are commonly referred to as "food deserts." These are locals where there are no, or very few, full-service grocery stores, and there are many such areas throughout Whatcom County. A tour through the county will show the number of grocery stores currently out of business. These include stores from large national chains as well as traditionally locally owned grocery outlets. When this occurs, there is of course more distance to cover in order to access food, which can be extremely limiting and taxing for individuals without the funds for transportation or for whom public transportation is not readily available. The sentiment from the following respondent echoed many similar conversations, "...it's so obvious to me that there's poor access to healthy food, I had somebody say to me that the loss of the grocery store [was a tremendous hardship on the family]...it takes two buses to get to a grocery store, and if you have little kids you have to pay for the kids, right? So it's a \$6 trip just to get to a grocery store and then you can only have two grocery bags on the bus, and then if you have little kids, I don't know how you would manage two kid and two bags anyway..."

There was a palpable sense of frustration related to disparities in food availability. Of course, for someone with means (ability to purchase high-quality food, ability to travel to a desired store, time to do so, etc.), Whatcom County has wonderful options for healthy and nutritional living. However, for those without means, they are often at the mercy of their local convenience store.

Respondents made connections between availability and access to healthy foods to childhood and adult obesity. There were numerous requests and suggestions for increased nutrition education, creating systems for programs to work across systems (such as food banks and schools), and for family education on how to eat nutritiously on a small budget. There was appreciation for the degree to which schools and school districts are attempting to offer breakfast and even dinners for some families, in addition to the school lunches their children may receive, however there was notable concern about the lack of quality food, and foods that are representative of diverse cultural backgrounds. Suggestions were made to use food as a way to build community, bringing perhaps more diverse families together to share meals that may reflect a variety of cultural and ethnic traditions.

## Health Services

This theme is about the way individuals can or cannot access Health Services. Health Services in this theme include Behavioral Health or Mental Health Services, Medical Services to include Primary Care and Specialty Care, Dental or Oral Health Services, Physical Health Services, and Substance Use / Addictive Services. These include services for pediatric, teen, adult and senior populations.

There was a marked concern about the degree to which systems of care could collaborate more to align their services, and streamline the ways in which various providers share information about and for patients. Related to this systems-issue was a sense that there is a long-standing "silo-ing" of services between non-traditional and traditional medical systems, and even within specialty areas. In this, there are seemingly insufficient bridges or connections between service providers. This includes everything from simple referral processes (time and confusion related to what services require a medical referral), location of and access to services (the need to travel from one provider to another, which can create a barrier/challenge for people with limited transportation), and of course, costs of services.

There was a sense by many of the respondents that having a comprehensive regional hospital is a tremendous asset to the County, and an appreciation for highly qualified and capable medical staff. As expressed by one respondent, "I do know that the way our providers cooperate with each other is amazing and to have the kind of talent we have, we don't have it all. We definitely don't have all the services Seattle has, but ...you can pretty much get what you need up here..." Again, the responses related to perceptions of access and quality varied a great deal based on the person's financial means. For respondents without comprehensive medical insurance, or without financial supports or capacity to spend outside of a prescribed budget, things are of course more challenging. For instance, here is one example of someone struggling to access needed health care:

*...I have a 19-year-old daughter and she had Medicaid but it ended and it's been hard for me to get all of the prescriptions she needs because she takes a lot of medicine so I am struggling with that... because she takes so much medicine and no longer has Medicare I am faced with deciding what medication she's going to stop taking since I can't afford all of it... the medications she is taking are very important, but I just can't afford them. I am also diabetic and struggle a lot to get insulin, other medications and all the equipment necessary to monitor my numbers...[and there is trouble getting appointments]... I had something scheduled with my daughter but of course because the insurance was no longer valid and I couldn't pay out of pocket they canceled it and said come back when you have insurance that is valid...*

The experiences expressed in the above quote were in line with and reflective of several other stories of experiences making choices between paying for health treatment or other necessary expenses, and the degree to which systems are perceived as set up to work against the families. This was addressed for both US citizens and non-citizens, including undocumented residents of the county. As expressed by one respondent, “we need to be able to have medical insurance for undocumented folks. There are a lot of people who aren’t eligible because they don’t have a social security number. I’m glad I haven’t gotten sick but that’s a real problem. Anytime we have to get medical help we have to think about whether or not we can afford it...”

The concerns related to access and affordability ran the gamut of health needs, from general practitioners to mental health service providers, to dental/oral health. For instance, one service provider expressed, “another thing that I hear frequently is about dental health, or lack of it. I have been here for ten years and [all that time] have heard there is a problem with it. Dental care, affordable dentures, all of it...” This sentiment was validated on several occasions by residents with first-hand experience struggling to receive dental care. This was the topic of discussion among a focus group interview with seniors, for instance, where one person stated, “It doesn’t make sense. I don’t understand why they won’t help [us] get dentures and help get all of those bad teeth out, because that creates so many other illnesses. Would save the medical community a lot of money in the long run...” Another firsthand account was shared, with a woman stating, “I had my teeth pulled out and it took me four years to get that paid off...”

Another pervasive point of discussion related to this theme is specific to mental health services. This was discussed in many instances, in relation to a variety of populations, including adolescent depression, anxiety and co-occurring disorders, to PTSD within our veteran and other demographic communities, to childhood trauma, and depression and mental health challenges among adults. This theme was touched upon not only by service providers such as those working in the medical field, or teachers and school administrators, or human services practitioners, in reference to people they work with, but also community members who were speaking on behalf of themselves and their own needs. Some examples of statements from respondents include, “I think mental health is a main thing... it sort of scares me a little bit how few services we have...” from someone working in a school district, and “There is a lot of mental illness in the jail...and I don’t think jail rehabilitates people. It just honestly, statistically it leads to more crime...” from someone who works within the criminal justice system. The sentiments shared here relate directly to the intersectionality of financial and health insecurities, and this theme intertwines with many of the others identified in this assessment.

### **Housing (including homelessness)**

There was significant discussion of a need for affordable and safe housing for all Whatcom residents, including transitional or temporary housing. Discussions intersected between policy and procedural issues for development, developing creative ways to provide “affordable housing”, addressing homelessness, and working to ensure ample comprehensive services are readily available within reach of any future developments. As stated by one respondent, “Why would we build in Bellingham? The permitting process is so expensive, but what, you know, everything is a wetland in Bellingham and we got to do all those mitigations and we got to build the sidewalk,” and it’s like we have these ideas of what would make... what we want to see for a healthy community, but sometimes there’s unintended consequences. If we put up way too many barriers, then we’re not going to have any housing.” This sentiment was reflected by others who express concern over lack of awareness of codes and regulations, as well as affordability and cost efficiencies not only for developers and investors, but for renters and home buyers as well: “I really think that as a community we look at all these issues isolated, like it’s just not nature, right, we pile on everything. But it’s all freaking connected. You have to have a decent job in order to afford housing. You have to have regulations that make sense for people to build houses...”

Location of housing relates directly to issues of transportation and employment, as the seemingly most affordable housing for families is often situated outside of their areas of work. There is a sense by some of being “priced out” of the areas where they would prefer to live, frequently closer to their places of employment such as in Bellingham. There were multiple discussions of a desire to get creative with housing options, such as the development of “tiny home” communities. With this notion however came a strong sense that if something of this nature were to be done, there is a necessity to ensure wraparound services also be provided in any developments, ranging from security and health care access/clinics to social services. As stated by one respondent, “Could we just build - I know this [may not be] the right solution, but can we just build 300 tiny homes? Can we just buy the land and build the tiny homes and invite people to come live there? Why can’t we just, I mean... I know it’s more complicated than that...”

When discussing the housing issues within the county there was a common thread of understanding the complexity of the subject, while also believing something must be done. As noted by one Bellingham resident, “I think that’s a big weakness of the neighborhoods in Bellingham that we’re allowed to have this sort of single-family home-zoned areas that we can go retreat to and then we can talk out one side of the mouth and say, ‘Yeah, we want infill, we want affordable housing’, but then there’s always the people that come out in the neighborhood association who say that, ‘Not here, I don’t want to devalue my home property,’ and it’s just such a sticky situation and so complicated and that breaks my heart, it’s something I think about because I can see that tension. Do I want an ADU (accessory

dwelling units, or additional residential units built on existing single-family housing lots) in my backyard? I don't know, you know, like you had to walk the talk..."

On the whole, discussions of housing interventions were perceived as intersecting with health. This relates to those who may be in insecure or unstable housing – including being homeless – who may struggle with addiction, mental health challenges, unstable or insufficient employment, and those with or without children, including single men and couples. There was discussion about a lack of temporary housing or shelter beds available for various sub-populations of people such as those expressed above. There was a consistent desire to see a general 'housing first' approach in which housing is made available and secure for individuals prior to addressing any additional concerns such as addiction or behavioral health challenges.

### **Natural Environment (geographical natural assets and challenges)**

Whatcom County's geography and access to physical activity and being outdoors is generally seen as a wonderful asset. Many of the respondents point to the county's isolation, or separation from, some of the bigger metropolitan areas, it being a border community, proximity to the mountains and water, and agriculture and farmland providing both advantages and disadvantages for the area. There was a common appreciation for the general natural beauty, and such things as air and water quality, while there was acknowledgement that at times and in certain areas these natural beauties are at risk, and may be out of reach for some residents without transportation, time, or resources needed to take advantage of the area. There were common comments related to the natural surroundings, such as "We have outstanding access to physical activity and being outdoors and the general quality of living for the most part, is great;" and, "I mean obviously the beautiful... we live in paradise in a lot of ways it's so beautiful I think that is such a strength." However, there were also concerns about the impact of industry and potential expansion of trafficking fossil fuels and introductions of invasive species, pesticides, and chemicals that were discussed. This includes the potential of over-harvesting of fish and shellfish, and encroaching on ways of living and commerce of our indigenous/native populations. There was a sense of both appreciation for the beauty and natural assets of the county and a worry or concern for its sustainability.

There are parts of the county with fewer transportation routes and at greater risk in the case of natural or human-caused disaster. For some parts of our county there is a tension between the natural wonder and assets associated with serenity, privacy, and being surrounded by nature and the reality of potentially being isolated and at tremendous risk in times of crises. Element of this theme, thus intersect with others in the assessment, including a need to connect systems and cross borders and boundaries (such as emergency communication protocol county wide), as well as cultural humility and addressing disparity (developing culturally astute and respectful relations among and between various cultural and regional sub-populations, such as native and non-native populations).

### **Police/Safety**

A sense of personal safety contributes to health and wellbeing. There were numerous comments made about the degree to which people do or do not feel safe in their communities and a general sense that there needs to be more consideration for relationships between the criminal justice system, first responders, and personal rights and responsibilities of all residents. Within this topic there were discussions of the County jail and of the use of incarceration in general. Frequent comments were made about a sense that incarceration in and of itself does very little to support rehabilitation and preparedness for someone to safely and productively re-enter the community. There were concerns raised by some about the potentiality of expanding the prison system locally, while this was pointed to by others as an asset. This reflects the contention seen and experienced throughout the democratic process of bond levees. Irrespective of which opinion respondents had about whether or not the expansion of the local prison was, there was consistent messaging that more needs to be done to deter/prevent criminal activity in the first place, including substance abuse treatment, mental health supports, increased opportunities for positive activities, employment skills, and general attention to economic opportunities for Whatcom residents.

There was specific appreciation for certain innovations or actions taken such as, "I know Bellingham has done a tremendous job with the electronic monitoring... they have started doing electronic monitoring with the pre-trial and they saved like 3000 jail bad days or something crazy and in just three or four months it was like a \$350,000 savings to the city which is huge and it's just because they now give people ankle bracelets and are monitoring them at home and then that person still gets to go to work, still gets to go to school, still gets to take care of their child, still gets to keep their housing..." Similarly, there were specific concerns about the ways in which our current local criminal justice system is failing, such as a perceived lack of attention to prevention and rehabilitation.

Related to safety is an awareness that given our geographic location we are at risk of a variety of natural disasters, ranging from a potential major earthquake, to forest fires, flooding, and a range of concerns that over time seem inevitable. Disaster readiness and keeping the community prepared for any such disaster is a leading concern here. This concern is particularly stark for those areas of our county that by their nature are isolated, such as Lummi Island, areas of East County, Point Roberts, and a variety of single-roadway communities within the county.

## **Senior/Elder Care**

This theme addresses how seniors' and elders' needs are provided for, and what disparities are identified. Discussants expressed a concern for a perceived lack of sufficient supports for our growing aging population. There is a concern that for those who cannot financially afford quality care, including assisted living, aging is increasingly difficult. There is an awareness that our numbers of senior citizens is on the rise, and a concern that services for them are not keeping up with anticipated growth. This concern was comprehensive in terms of what type of supports are needed for our elders, ranging from adequate housing, food and nutrition, and health care access, to recreational activities and social interaction. There was a variety of comments about the need for comprehensive palliative care, to support with pain management and quality end of life supports. Additionally, several participants expressed a need for assisting with emotional health supports, such as this emotional statement from an adult child, "Sometimes I get angry about where was my mom's community? Why was she feeling that intense loneliness? Where were the people that were supposed to come out and say, 'Come hang out with us,' the healthy role models, you know, that wouldn't allow her to get to that place. I think that loneliness is at the root of a lot of health issues, how chronic illnesses, pain and loneliness are recognized and addressed by the community and family."

This issue was picked up on in many discussions, and was often connected to other themes in the assessment, including Health Care, Built Environment, Connecting Systems and Crossing Borders, and Cultural Humility and Disparities of Services. Numerous seniors expressed concern of their ability to access and pay for all of the health services they needed, including dental care. There were stories shared of injuries sustained from insufficient sidewalks and well-lit walkways, as well as a sense of fear for safety when navigating poorly maintained public spaces. Additionally, considerable discussion was had related to emotional connections and relationships in old age, including, "I think this is a big issue for our elders, like there's just so much research that shows that the social support networks makes such a difference. If an elder has a community that they are a part of, that they feel purpose and meaning in relationship, then their health outcomes are a lot better than if they're just sitting in loneliness."

## **Transportation**

This theme is about the different forms of transportation that are available as well as its affordability and access or convenience. This theme was discussed within the context of several of the other themes in the assessment. Most notably, transportation challenges came up related to access to services (including obtaining groceries or other household goods) and employment for those without their own vehicle – particularly if they live outside of Bellingham. Stories were shared of needing to catch multiple buses, taking perhaps hours of time, simply to attend required appointments for medical or social services. This challenge particularly affects our residents who have lower incomes, who would benefit greatly from subsidized transportation options. Additionally, transportation was a notable concern related to safety in the event of a crisis – specifically for those who live or work in parts of the county without public transportation or multiple thru-ways. By its nature, transportation relates directly to the theme of Built Environment, as it is reliant on modes of transportation and the road ways. This is true even for bike trails and walkways for those who walk or bike to work and school or elsewhere. There were specific suggestions from people from various parts of the county for increased or enhanced sidewalks and walking and biking lanes/trails. This was heard in various parts of Bellingham, as well as in more rural parts of the county.