This chapter provides background on the Duwamish Community Health Advocate (CHA) Training and Outreach strategy, which is part of the US EPA’s Duwamish Superfund Seafood Institutional Controls (IC) Program. It describes the core values, theories and models that guide our work. Lastly, it briefly describes the evaluation objectives for the CHA training and outreach strategy.
Community Health Advocates (CHA’s) – also known as community health workers, promotores, or lay health advisors – have traditionally served in health care clinics or social service agencies. They outreach in communities that historically face barriers to accessing services (such as from language, cultural, economic or institutional barriers).

Because they come from the community, they can credibly relay insights about the community and make culturally appropriate recommendations to health providers and agency decision-makers. They often understand how social, political, economic, and environmental forces impact their community. As a result, they engage their communities, while also advocating for policies that address the root causes of a health problem in their community.

From 2014 to 2016, Just Health Action (JHA) partnered with Public Health and several other organizations to convene a Vietnamese and Latino Immigrant Advisory Groups:\(^1\). Using a Participatory Learning & Action Model (PLA), we learned:

- Fishing provides fishers and their families with health, mental wellbeing, cultural, spiritual connection to nature, and food security benefits.

- Fishers learn from others in their community – whether it be from father to son, or peer to peer.

- They were interested in being the ones to outreach, educate, and engage their communities about the Duwamish seafood contamination.

- They also wanted to educate decision-makers about how Duwamish contamination issues impact their cultural traditions and recommend culturally-appropriate outreach tools and activities for their community - “We want to inform ourselves at our level.”

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\(^1\) JHA was funded by the Duwamish River Opportunity Fund from the City of Seattle’s Department of Neighborhoods. Additional partners were: International Community Health Services, Sea Mar Community Health Centers, Duwamish River Cleanup Coalition/Technical Advisory Group, WA State Department of Health, Agency for Toxic Substances and Disease Registry, and the University of Washington.
As a result, JHA, Public Health and WA State Department of Fish and Wildlife (WDFW) piloted a six-month CHA training of Vietnamese and Latino community members (2016-2017). The partners provided an overview of the Duwamish seafood consumption issues and Duwamish fishing rules.

With the new knowledge, the CHA’s engaged their communities about the issues in various ways (such as community meetings, radio station interviews, TV station interview; TV advertisement; starting a Facebook page; writing a newspaper article; door knocking; and tabling at community events).

Finally, the CHA’s shared concerns and recommendations at the US EPA’s Duwamish Healthy Seafood Consumption Consortium (or “Duwamish Fisher Consortium”) – a forum of agency decision-makers, stakeholders and community partners.

They felt empowered by their new knowledge and skills in outreach and advocacy. They emphasized that many people in their community do not know about the Duwamish River seafood consumption problem and that the CHA training should continue.
2.2 Core Values and Definitions

Four core values guide our work - health equity, environmental justice, empowerment, and community engagement. The following definitions are our shared understanding of these interrelated principles.

**Core Value 1: Health Equity**

_Health Equity_ is the “attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities” (Healthy People, 2020).

Equity and equality are related terms and often used as synonyms. Equality is “the quality or state of being equal: the quality or state of having the same rights, social status, etc.”³ However, “Equity is the process and equality is an outcome.”

Public Health recognizes that many benefits and burdens in the county are _not distributed equally_, that inclusive and collaborative decision-making has been absent, and that many of these effects have persisted across multiple generations.² Therefore, equity is more fully defined as “the full and equal access to opportunities, power, and resources so that all people achieve their full potential and thrive” (King County, 2016).

_The route to achieving equity will not be accomplished through treating everyone equally. It will be achieved by treating everyone equitably, or justly according to their circumstances._” (Race Matters Institute, 2014)

Environmental Justice (EJ) is defined by the US EPA as “the fair treatment and meaningful involvement of all people regardless of race, color, national origin, or income with respect to the development, implementation, and enforcement of environmental laws, regulations, and policies.”

Fair treatment means no group of people should bear a disproportionate share of the negative environmental consequences resulting from industrial, governmental and commercial operations or policies.

Robert Bullard, considered the father of EJ, states: “.... the environment is everything: where we live, work, play, go to school, as well as the physical and natural world. And so we can't separate the physical environment from the cultural environment... It's more of a concept of trying to address power imbalances, lack of political enfranchisement, and to redirect resources so that we can create some healthy, livable and sustainable types of models” (Earth First, July 1999).

Meaningful involvement means:

- People have an opportunity to participate in decisions about activities that may affect their environment and/or health.
- The public's contribution can influence the regulatory agency's decision.
- Community concerns will be considered in the decision-making process.
- Decision makers will seek out and facilitate the involvement of those potentially affected.
As EJ relates to health equity, Public Health recognizes that individual health is influenced by many factors (social determinants of health) — sometimes beyond the control of the individual. In order to achieve the program goal, we must try to understand the factors that pose barriers to healthy seafood consumption practices.
Core Value 3: Community Engagement

Community engagement is a process where community members empower themselves to actively and meaningfully inform decisions that impact their lives.

We believe in establishing a long-term partnership with communities, with two-way communication channels that involve learning, reflecting, and acting together (Participatory Learning & Action Model). In order to achieve health equity and environmental justice, agency decision-makers must listen to, hear, and respond to the community’s values, concerns and priorities that fall within their authorities.

Core Value 4: Empowerment

Empowerment refers to “the ability of people to gain understanding and control over personal, social, economic, and political forces, in order to take action to improve their life situations (Israel et al, 1994).” Empowerment is a necessary component of an effective community engagement process.

As part of the CHA training, the CHA’s come up with their own definition for their team. See Chapter 5 for more information.
In summary, these four core values are intricately linked to each other:

- **To achieve the goal of health equity, empowerment** is a pathway for people to gain understanding and control over specific issues in order to take action.

- **Community engagement** is a process of supporting communities to empower themselves so they can be meaningfully involved and listened to and heard; while their community’s values, concerns, and priorities can be responded to by agency decision-makers.

- **Environmental justice** recognizes the negative consequences of environmental policies, practices, and regulations on people of color, income, and national origin and recommends fair treatment and meaningful involvement.

- **Health equity** is about fairness and recognizing that certain communities have not been treated equally.
2.3 Guiding Theories and Models

In building and implementing the CHA Training and Outreach approach, we used several models that align with the four core values: **Participatory Learning and Action (PLA)**, **Social Determinants of Health (SDOH)**, and **Critical Health Literacy**.

**Participatory Learning and Action (PLA)**

PLA is a two-way learning process between the community and program team. We honor everyone’s diversity and recognize everyone equally as experts about their communities and life experiences.

We communicate, reflect, and analyze what we have achieved, the mistakes we have made, and where we are going. Finally, we work collectively to facilitate action towards equity. PLA is an umbrella model that we use iteratively to ensure that we remain bound to our core values.

**Social determinants of health (SDOH)**

The World Health Organization defines SDOH as “the conditions in which people are born, live, work, and age. These circumstances are shaped by the distribution of money, power, and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities.”

This model shows how “upstream” institutional policies and structural conditions (beyond individual choices) such as racism, classism, and sexism (determinants of equity) have a huge influence on health outcomes.

These factors influence who is most at risk to the contamination, what alternative fishing sites are accessible, whether we can afford to buy seafood if the catch is no longer safe to eat, and so forth. In turn, these factors affect our behaviors. For example, if the seafood we catch is not safe to eat, is it feasible to change our traditional diets or fishing practices without impacting our culture or well-being?
Focusing only on the individual behaviors, without addressing the social determinants of health – and the root causes of the problem - places an unfair burden on the people who did not cause the pollution, which is an environmental injustice.

Similar to the NEJAC guidance in Chapter 1, the SDOH model supports having community voice during the design of the IC tools and the cleanup. This would ensure decision-makers consider their unique needs, and the social conditions that can promote or pose a barrier to healthy seafood consumption.

When communities help to inform the sustainable solutions to the Duwamish seafood contamination problem, individual behavior change is only temporary and their cultural practices can be preserved.
Critical Health Literacy

Critical Health Literacy refers to an individual’s understanding of the SDOH combined with the skills to take action at both the individual and community level on an issue that concerns them (Mogford, Gould, Devoght, 2010). JHA’s Critical Health Literacy framework has four major components:

1. Knowledge – determinants of health and equity, the history of the Duwamish River contamination, and why certain people are affected
2. Compass – Exploring and strengthening one’s own interest or passion in taking action
3. Tools – Developing a skill set and strategies to take action
4. Action – Developing and implementing an action on an issue to improve both individual and community health by addressing the "upstream" factors that affect health equity.

Duwamish Community Health Advocates: From Knowledge to Action

<table>
<thead>
<tr>
<th>tools/skills</th>
<th>What tools do you need to take action? (What support can we provide?)</th>
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<tbody>
<tr>
<td>compass</td>
<td>What is your passion? (Community engagement ideas)</td>
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<tr>
<td>knowledge</td>
<td>History of Duwamish and contamination</td>
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<td>Healthy fishing</td>
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<td>Stakeholders</td>
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<td>Your advocacy</td>
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The CHA training is divided into three levels. It represents the progression of commitment by the community from basic understanding of the Duwamish River seafood contamination problem to becoming engaged advocates in problem solving.

- **Level 1:** Community Representatives (pre-CHA’s)
- **Level 2:** Advocates-in-Training
- **Level 3:** Certified CHA’s who carry out on-going outreach and community engagement, collaborate with Public Health in the design of new IC tools, and participate in agency decision-making processes.
During Level 1 training:

- Public Health learns about the unique needs of an ethnic/cultural community group and fill gaps in our understanding. This way we can develop culturally appropriate trainings in Levels 2 and 3.

- Public Health provides background information as a foundation for those who continue to the Level 2 training. The new knowledge can help foster the empowerment within the community representatives.

- Public Health uses both the PLA Model and JHA’s Critical Health Literacy Model to exchange information in the knowledge, compass, skills, and action domains.

By the end of Level 1, community representatives will be able to:

1. Describe Duwamish River contamination issues well enough to provide culturally appropriate recommendations on healthy options and input on existing outreach tools.

2. Explain barriers and challenges to adopting healthy options.

3. Provide new options that are better suited for their community.

These Level 1 outcomes are described in more detail in Appendix X.
2.4.2 Level 2 – Advocates-in-Training

Level 2 training focuses on:

- **Knowledge** on the history of the LDW Superfund Site, Institutional Controls, regulatory agencies, seafood consumption advisory, outreach tools, and the SDOH.

- **Compass** to learn about strengths and desires of each Advocate-in-Training.

- **Tools/skills** for action including how to design health promotion, outreach and engagement, messaging, capturing community feedback and presenting;

- **Action** to pilot their outreach activity and inform agency decision-makers.

**By the end of Level 2, the Advocates-in-Training will be able to:**

1. Engage with community members about the Duwamish River resident seafood contamination.

2. Inform decision-makers about community priorities and recommendations.

These Level 2 outcomes are described in more detail in Appendix X.
2.4.3 Level 3 – Certified Community Health Advocates

Level 3 training will provide:

- **Knowledge** based on the learning needs of the CHA’s.

- **Compass** which is deepened based on CHA’s own growing feelings of empowerment.

- **Tools/skills** to improve CHA’s ability to plan and conduct peer-to-peer health promotion activities (including reporting on outreach results and gathering community feedback), tailored messaging, new outreach tools, and co-facilitation of trainings or tours.

- **Actions** include community engagement activities and participating in decision-making process (such as the Community Steering Committee, Fisher Consortium or Roundtable).

Public Health will continue to address gaps in knowledge, build capacity based on CHA compass, and evaluate and refine the training process.

Level 3 are certified CHA’s who continue to grow their capacity to carry out on-going community engagement activities, and advocate at decision-making tables. These Level 3 outcomes are described in more detail in Appendix X.
Environmental Justice: A long-term goal for the LDW Superfund Cleanup and the Duwamish Seafood Consumption IC Program

The CHA training and outreach is a key strategy of the Duwamish Seafood Consumption IC Program. Coupled with US EPA’s on-going cleanup efforts of the river, the CHA Training and Outreach Strategy supports the Program’s long-term goal of addressing EJ impacts by adequately protecting the health of those disproportionately impacted by the pollution.

The purpose of the CHA Training & Outreach Strategy is to build the capacity of CHA’s to:

1. Raise awareness and promote culturally-appropriate healthy options that reduce or prevent community exposure to the Duwamish seafood contaminants.

2. Inform Public Health about the unique community needs and barriers to adopting the healthy options.

3. Empower themselves to advocate to decision-makers for the protection of their health from historical and continuing sources of seafood contamination in the Duwamish River.
Evaluation of the Effectiveness of the CHA Training and Outreach

The evaluation of the CHA training and outreach will answer three key questions:

1. **What did the CHA’s gain?** Specifically, how did the CHAs’ level of confidence, empowerment, knowledge and skills change through their participation in the training?

2. **What did the CHA’s do?** How did the CHA’s applied the knowledge they gained into community outreach and/or advocacy?

3. **How well did we do?** How well did the Public Health team implement a community-informed and culturally appropriate CHA training?

To assess what the CHA’s gain from the training, we will measure changes in their levels of empowerment and confidence with their knowledge base and skill set throughout the training and towards the end (see Logic Model on next page). This will help us determine how effective the training is in building the capacity of the CHA’s to reach the intended outcomes for each training level.

We will also capture feedback from the CHA’s about their outreach and engagement activities. We will capture information on how the CHA’s work together to collectively raise awareness and promote healthy seafood options within their communities.

To assess the process of implementing the training, we will capture feedback from program staff and facilitators about the effectiveness and challenges (including unintended consequences and unexpected causes of change) with the CHA training and outreach.

Each training level will evaluate three groups:

1. **CHA Training Participants** – In-language surveys, focus groups, and interviews will be conducted throughout the training to identify strengths and weakness of the training, as well as suggested areas for change.

2. **CHA Facilitators** – Interviews to collect feedback on perceived effectiveness of the curriculum, participant engagement, and process of working with the PHSKC staff.

3. **Program Staff** – Interviews to identify program strengths, challenges to implementation, and potential areas for improvement.
Purpose of the CHA Training & Outreach Strategy:
Build Capacity | Raise Awareness & Promote Healthy Options | Understand Community Needs & Barriers | Inform Agencies

INPUTS
(Resources)
- EPA oversight
- Public Health Program Team (with support from JHA)
- Bi-cultural Facilitators
  - ECOSS & Community Reps
- Training Participants
  - Levels 1, 2 & 3

ACTIVITIES
(What we do)
- Manage a community-based, culturally-appropriate CHA training & outreach
- Train CHA’s to conduct outreach & community engagement
- Raise awareness about healthy seafood consumption
- Design of effective & culturally-appropriate IC tools
- Participate in the agency decision-making process

OUTPUTS
(Products of activities)
- Program Team
  - CHA Training Manual
  - IC Plan Report
- Facilitators
  - Leadership in the community on this issue
- CHA’s
  - Tailored health messages
  - Community-informed IC tools (e.g., digital stories, website)
  - Collaborative projects & presentations
  - Reflections on community insights & feedback
  - Community Steering Committee
  - Culturally-appropriate outreach & engagement activities
  - Recommendations to Public Health & other agencies

OUTCOMES
(Short- to medium-term results)
- Public Health implements a culturally-appropriate CHA training that builds community capacity.
- Empowerment of facilitators’ & CHA’s via increase in knowledge, skills, action and advocacy.
- Increased awareness of healthy options among priority communities via CHA outreach & engagements.
- Program decisions, actions and tools informed by community recommendations.
Key Points:

- The CHA training and outreach is a key strategy of the US EPA’s Duwamish Seafood Consumption IC Program, which is led by Public Health. The four core values that guide our work are health equity, Environmental Justice, community engagement, and empowerment.

- The Duwamish CHA training and outreach stemmed from pilot projects led by JHA, in partnership with Public Health and others, from 2015-2017. Public Health is now building the formal CHA training based on three models: Participatory Learning and Action (PLA), Social Determinants of Health (SDOH), and Critical Health Literacy.

- The purpose of the CHA trainings is to build the capacity of CHA’s to: raise awareness and promote healthy seafood consumption options; inform the development of IC tools based on understanding community needs and barriers; and empower themselves to advocate to decision-makers related to the seafood contamination issue in the Duwamish River.

- There are three levels in the CHA training. Each level represents the progression of commitment by the community from basic understanding of the Duwamish River resident seafood contamination problem to becoming engaged advocates in problem solving.