Global to Local ~ Grays Harbor County

Outreach Technology-Based Solution Project

Final Case Study Report

DIGITAL AND MOBILE TOOLS TO SUPPORT COMMUNITY HEALTH EDUCATION AND PROMOTION GRAYS HARBOR COUNTY CASE STUDY REPORT WASHINGTON STATE DEPARTMENT OF HEALTH & GRAYS HARBOR COUNTY PUBLIC HEALTH

1. PROJECT OVERVIEW (SNAPSHOT)

Project title	**Public Health Digital Access Initiative for Rural Communities**
Name of Grantee	**Grays Harbor County Public Health**
Project timeframe (Start-End)	**FEBRUARY 1 – JUNE 30, 2026**
Primary digital focus area(s):	**ACCESS TO DIGITAL HEALTH RESOURCES, HEALTH EDUCATION**
Primary population(s) served:	**RURAL POPULATIONS**

2. PRE-PROJECT CONTEXT AND LOCAL NEED

2.1 Local Context

The purpose of project is to expand access to accurate, evidence-based public health information, education, and communication for residents in Grays Harbor County's most remote and underserved areas. Through this project, Grays Harbor County Public Health (Public Health) partnered with two rural fire districts and one non-profit organization to install satellite-enabled digital technology. By installing satellite-enabled digital technology in selected fire department buildings and the one non-profit, Public Health successfully created permanent information access points for communities with limited or no internet connectivity.

Public Health assigned a Community Health Worker (CHW) to schedule weekly outreach events at the three locations. During these weekly events, the CHW shared vital vaccination information (including COVID-19), provided education on chronic illness prevention, made referrals to other services, and offered additional public health support. Between visits, the satellite-enabled digital technology provided residents with access to over 70 public health-related websites.

This project reduced digital inequities by combining human connection through CHW-led outreach with sustainable, technology-based access to health

information. It represented a new area of work for Public Health and will lay the foundation for long-term maintenance through future Foundational Public Health Services (FPHS) funding.

2.2 Problem Statement

In comparison with their peers in urban areas, rural residents in many Grays Harbor County communities face barriers in regard to the connectivity that is needed to access digital health resources, such as telehealth and health education.

The total population of these three areas served combined is difficult to quantify with precision, but the number is between 2,500 and 3,500.

3. Project Rationale

3.1 Rationale for Selected Approach

We have observed that in person outreach events are often the best choice when building trust, fostering community connections, and engaging people through sensitive interactions much like the health-related topics we are focusing on here. Face to face settings encourage deeper communication and are especially useful for communities with limited digital access. However, factors like feasibility, capacity, and trust play a major role in the delivery of services.

- Feasibility
  - Special consideration was taken when thinking about the staffing models at different local fire stations and community centers. There is a variety of models used including consistent staffing, no in person staffing, volunteer staffing, and others.
- Capacity
  - Given that these services are to take place in rural areas with smaller populations, a smaller and more informal physical space was ideal. We also had to workshop how to include a bridge to telehealth services without having consistent access to a private space for appointments to take place at the actual digital health access events.
- Trust
  - We believe that direct human interaction helps build rapport and credibility, especially in communities that may be underserved. If trust is a primary goal, in person often yields the most relevant results.

4. PROJECT DESIGN

4.1 Description of the Intervention

Grays Harbor County Public Health and three local rural communities are collaborating on this initiative. This program is designed to assist community members with digital access to much needed health resources. Users can visit one of the three locations to access a computer with HughesNet internet connection and use it to visit several pre-selected health resource web pages. These events occur once per week in three different communities. In addition, public health staff may provide blood pressure screenings, A1C testing, emergency preparedness, and referrals to telehealth with our clinic services.

Categories of Health Resource webpages include:

- Free or low-cost mental health providers
- Regional behavioral health and counseling organizations
- Addiction treatment and recovery
- Public health and healthcare resources
- Family, youth, and domestic violence services
- Crisis and immediate help
- Social services and community assistance
- Housing and homeless assistance
- Food and basic needs

4.2 Intended Users:

Rural populations in Grays Harbor County who need access to the internet for health information or resources will most benefit from this program. A population of 2500 to 3500 people combined. Reliable internet access is essential for rural populations to connect with health resources that would otherwise be difficult or impossible to reach.

4.3 Roles and Responsibilities

- LHJ/Grantee: Community Health Workers
    - Mike McNickle
    - April Bachtell
    - Emma Krause
    - Kimberly Vordahl
    - Ana Garcia
    - Kristen Weddle

- Community partners
    - Oakville Fire Department
    - Ocean Shores Fire Department
    - South Beach Youth's The Helm, Westport

- External vendors or technical partners (if applicable)
    - HughesNet

4.4 User-Centered Design and Engagement

Feedback was gathered both before and after each user accessed the digital services. Pre and Post use surveys were available digitally via a link or QR code or on paper. Surveys were available in both English and Spanish. Feedback gathered from the surveys was reviewed throughout the duration and any notable feedback passed on to event facilitators.

Before launching the first digital access event, staff at all three locations provided feedback on dates, times, resources needed, and thoughts on location staffing capacity beyond our provided Community Health Worker.

4.5 Equity, Trust and Community Considerations

We prioritized input from local stakeholders ensuring the approach reflected community needs and preferences. Trust and fear were addressed through transparent communication and an in-person service delivery model, while accessibility barriers like transportation, cost, and digital access in rural areas were considered in planning. Safeguards included protecting privacy, using culturally appropriate messaging, offering materials in multiple languages, pre-selecting available web pages, and ensuring participation was voluntary and informed, creating a more inclusive outreach effort. Languages were chosen based off of known demographic information for those areas. Grays Harbor County's rural populations are often home to those who primary language in Spanish (even if they also use English).

5. Implementation Process

5.1 Implementation Timeline

The project timeline Summarize key implementation phases.

- Planning
    - Completed by February 1, 2026
- Development or setup
    - Completed by March 30, 2026

- Rollout
    - From April 15th to June 30, 2026

5.2 Training and Support

Public Health staff who supported the visits were trained in the use of the laptops, use of the survey iPads, and about HughesNet connection. As we on-boarded staff at each location, discussions were held about project messaging. Grays Harbor County Public Health posted information on our social media page and provided paper fliers to each location. Location staff dispersed messaging to local residents who might benefit from the program. This was accomplished by partnering with groups like local school districts. We amended flier content to match requirements by anyone assisting with messaging.

5.3 Adaptations During Implementation

From the early project design to now, we did pivot from using only fire stations to broadening our location options to include other venues. After hearing from Chief's that our rural stations are mostly volunteers and are not always staffed, we were fortunate to find partnership in Westport with a local youth group called The Helm. The Helm opened a door for messaging inside the local school district as well as widened the scope of users to include Youth more intentionally.

6. Early Results – Monitoring and Learning

6.1 Indicators or Signals Tracked

- Zip code of residence: Where are participants coming from for this access, how far are they traveling to access internet connection?
- Barriers to accessing digital connectivity – Why is digital connectivity difficult from participants homes?
- Type of health information sought – Which type of information does the participant need to access today?
- Overall satisfaction of program services – How satisfied is the participant with their experience?
- Participant's experience with the Public Health Staff onsite.
- Likeliness to refer someone else to this program.
- How well the service met the participant's needs.
- Likeliness of repeat use of service.
- Open comment section for qualitative feedback.

This information comes from the Pre and Post survey offered to participants on their first time accessing a Digital Health Event. These can be taken in iPad's provided by event staff, on the participants own device if one is available, or on paper also

provided by event staff. This is the only function of the iPads at each location. Only laptops with preset health resource webpages are used by event participants for digital health access.

6.2 Use of Data and Feedback

Information from participants on Pre and Post Surveys was reviewed after each week. Preliminary data was used to consider if changes to this model were imminently needed. Ultimate, no large-scale changes were needed based off of user feedback.

6.3 What Worked Well

- Potentially, our largest success comes from having consistent staffing at each location each week. The same community health worker visited the same site each time. This allowed for community building, resources sharing with partners, and built in trust with those seeking the service as they often already know location staff from other programs or parts of the community.
- We were able to set up the laptops to access 70+ health related websites with various categories of health information.
- Users of this service from across all three locations report 100% positive feedback about the CHW that is assisting, and the overall program. This is from data collected as of 6/23/26.
- Although the rural staffing models of these fire stations were initially challenging, it gave us the opportunity to engage with a youth organization in one of the locations. This helped broaden our reach for marketing and allowed us to send information home with the local school district.

6.4 Challenges Encountered

- Fire stations were a great idea as they are hubs of community connectedness, but in many rural areas fire departments are volunteer staffed only and do not always have a physical person available to be on site for an event like the Digital Access events.
- The rurality of these locations combined with a shorter timeline for building trust via community connections created a challenge in gaining participation.
- Being that the laptops were set up by GHCPH IT staff, any fixes require service from county IT staff as well. This service is in a separate town from all three project locations.

7. Feasibility and Sustainability Reflections

This project demonstrates proof of concept and its effectiveness in reaching isolated and remote community members with high-speed internet service. Public health has found that:

- Technical feasibility – once viable partners have been identified, adding high-speed satellite technology in remote/isolated areas for community access is not difficult.
- Workforce burden and capacity – adding the weekly visits to the three locations was, at first, somewhat difficult to manage, but once the routine was developed, the work became part of the expected deliverable for the staff.
- Costs (including ongoing or hidden costs) – the hidden cost is the ongoing fees for maintaining the satellite service beyond the grant period. Although limited, there is a cost that needs to be considered before implementing this kind of project with a time-limited grant funding source.
- Data privacy, security, or responsible data use
    - Grays Harbor County has many rural residents that are geographically spread out, and who face digital access barriers (exactly who this program is intended for). This historically correlates with challenges in data collection. The results of the Pre and Post survey are affected by a sample size smaller than useable for those locations' population sizes. As a result, the conclusions drawn from this data are estimates. Because the sample is small, the results may not accurately represent the broader population and are more likely to be influenced by random variation. This information should be interpreted with caution and are not a guarantee of future performance or outcomes.
- The laptops purchased through the grant were donated to the three locations, with the understanding that all future maintenance of the laptops is their responsibility. The satellite service will be covered for one calendar year, so the organization will need to determine a way to pay for the service beyond June of 2027. Long-term ownership or stewardship
- Key lessons learned: List 1- 3 lessons from this project that may be useful to other LHJs or grantees.
    - Incentives show goodwill
        - "Incentives for this initiative would've been helpful as there is not enough of a draw for a community member to make a trip to the location for assistance accessing web-based services. We have had to incentivize on our own and through braiding other funding sources to encourage utilization." - Grays Harbor County Public Health CHW

- Tangible services are preferred
  - Our early data shows that providing folks with services and physical incentives go a long way is showing the community that we really value their time and are present in their community. Especially when we are asking them to complete surveys and share their data with us.

8. Looking Ahead

The laptops were donated to the three organizations for long term use on June 23, 2026. The HughesNet systems will be paid for 1 calendar year, with the assumption that the organizations will commit to contracting for the service beyond June of 2027. Public Health will continue to look for ways to have CHW's visit these remote areas periodically, but with the FY 2027 FPHS budget cuts, and future cuts to FPHS funding looming, there may not be a way to continue work.

9. Contact Information

Primary Contact Name: Mike McNickle

Role: Public Health Director

Email: mmcnickle@Graysharbor.us

Appendix A

Digital Health Pre Survey

1. Please let us know which Grays Harbor County Zip code you reside in.

2. Which of the following would you use to describe the barriers you are currently facing in regard to accessing digital connectivity?

   - o There is not digital connectivity (internet) that reaches where I live.
   - o The cost of internet connection is not affordable.
   - o The cost of cell phone service is not affordable.
   - o There is not cell service that reaches where I live.
   - o I am not familiar with how to navigate digital connections and tools.
   - o I do not have a regular interest in or need for digital connectivity.
   - o Other (please specify)

3. What type of information are you looking for online here today?

   - o Free or low-cost mental health providers
   - o Regional behavioral health and counseling organizations
   - o Addiction treatment and recovery
   - o Public health and healthcare resources
   - o Family, youth, and domestic violence services
   - o Crisis and immediate help
   - o Social services and community assistance
   - o Housing and homeless assistance
   - o Food and basic needs

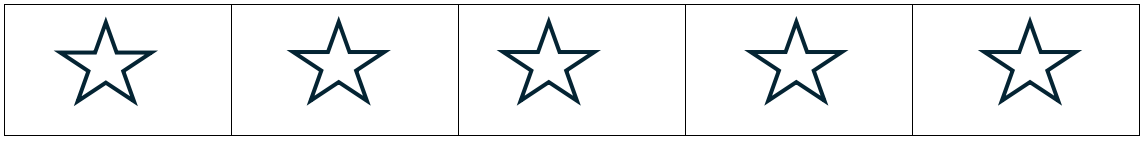
Appendix B

Digital Health - Post Survey

Thank you for your feedback!

1. Overall, how satisfied or dissatisfied are you with your experience using this service?
    - Very satisfied
    - Somewhat satisfied
    - Neither satisfied nor dissatisfied
    - Somewhat dissatisfied
    - Very dissatisfied

2. Overall, how would you rate your experience with the Public Health staff member who helped you?



3. How likely is it that you would recommend this service to a friend or colleague?

0	1	2	3	4	5	6	7	8	9	10

Not at all Likely — Extremely Likely

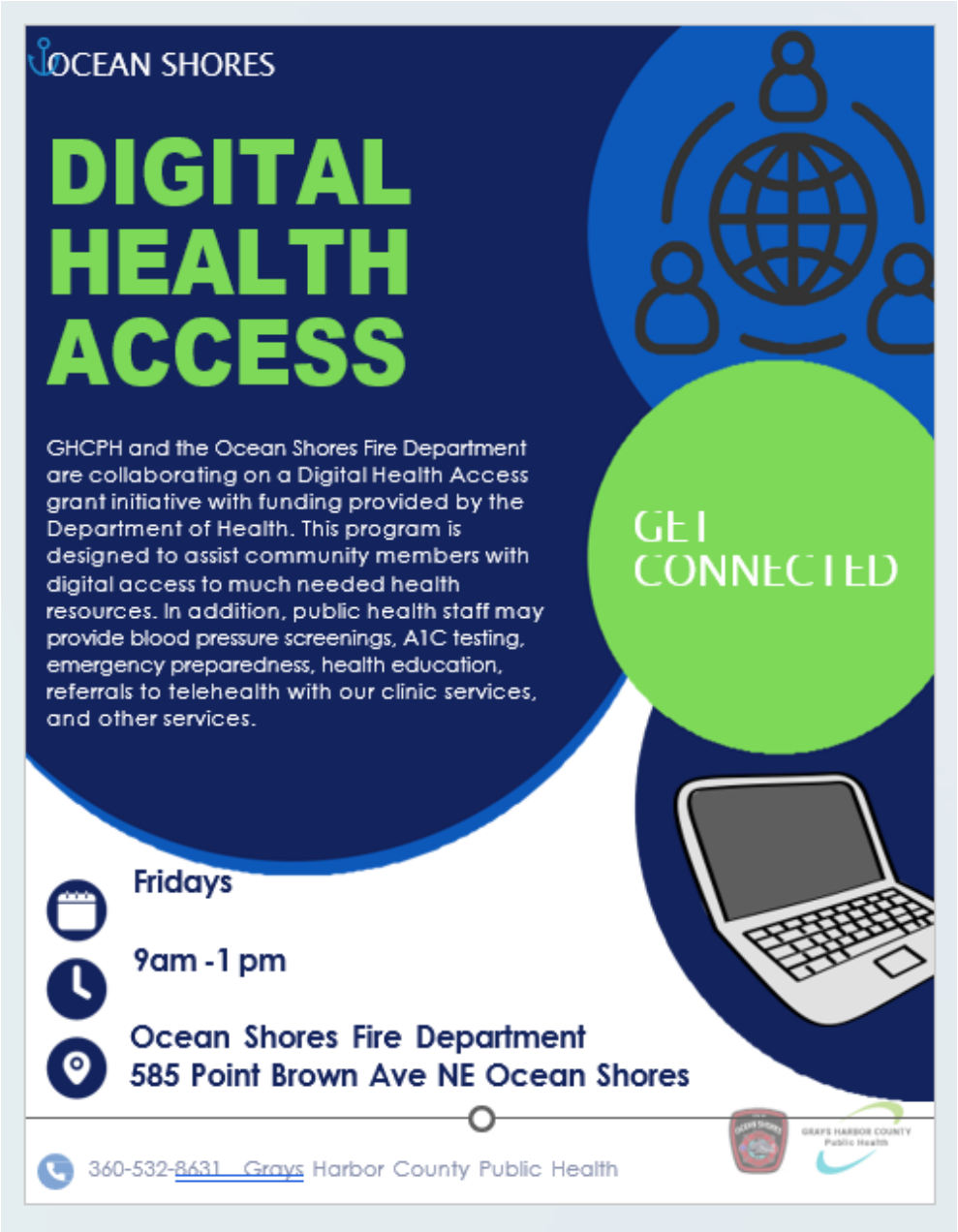
4. How well did this service meet your needs?
    - Extremely well
    - Very well
    - Somewhat well
    - Not so well
    - Not at all well

5. How likely are you to use this service again if you needed it?
    - Extremely likely
    - Very likely
    - Somewhat likely
    - Not so likely
    - Not at all likely

6. Do you have any other comments, questions, or concerns?

Appendix C

Ocean Shores Digital Health Flyer



Appendix D

Oakville Digital Health Flyer

Appendix E

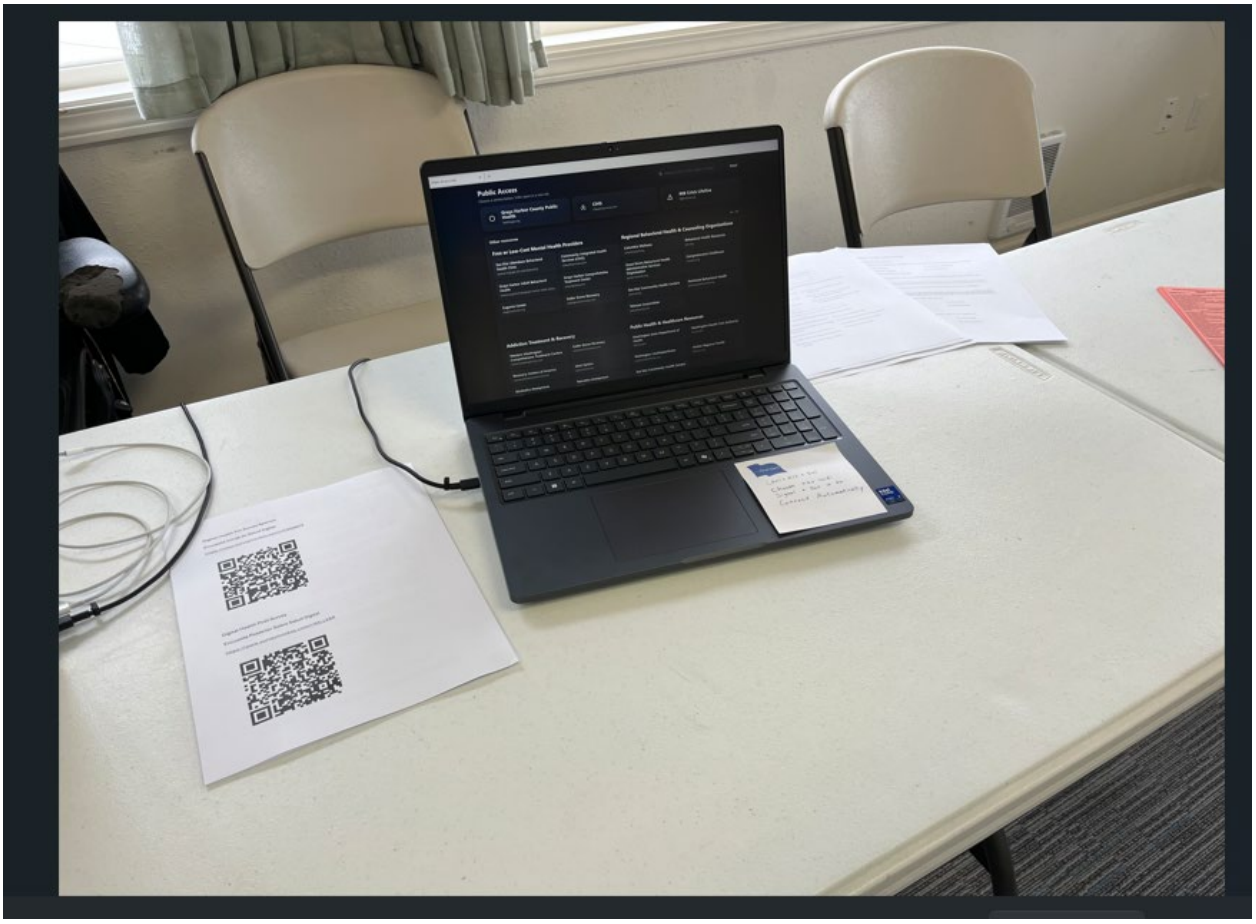
South Beach Youth's The Helm Digital Health Flyer

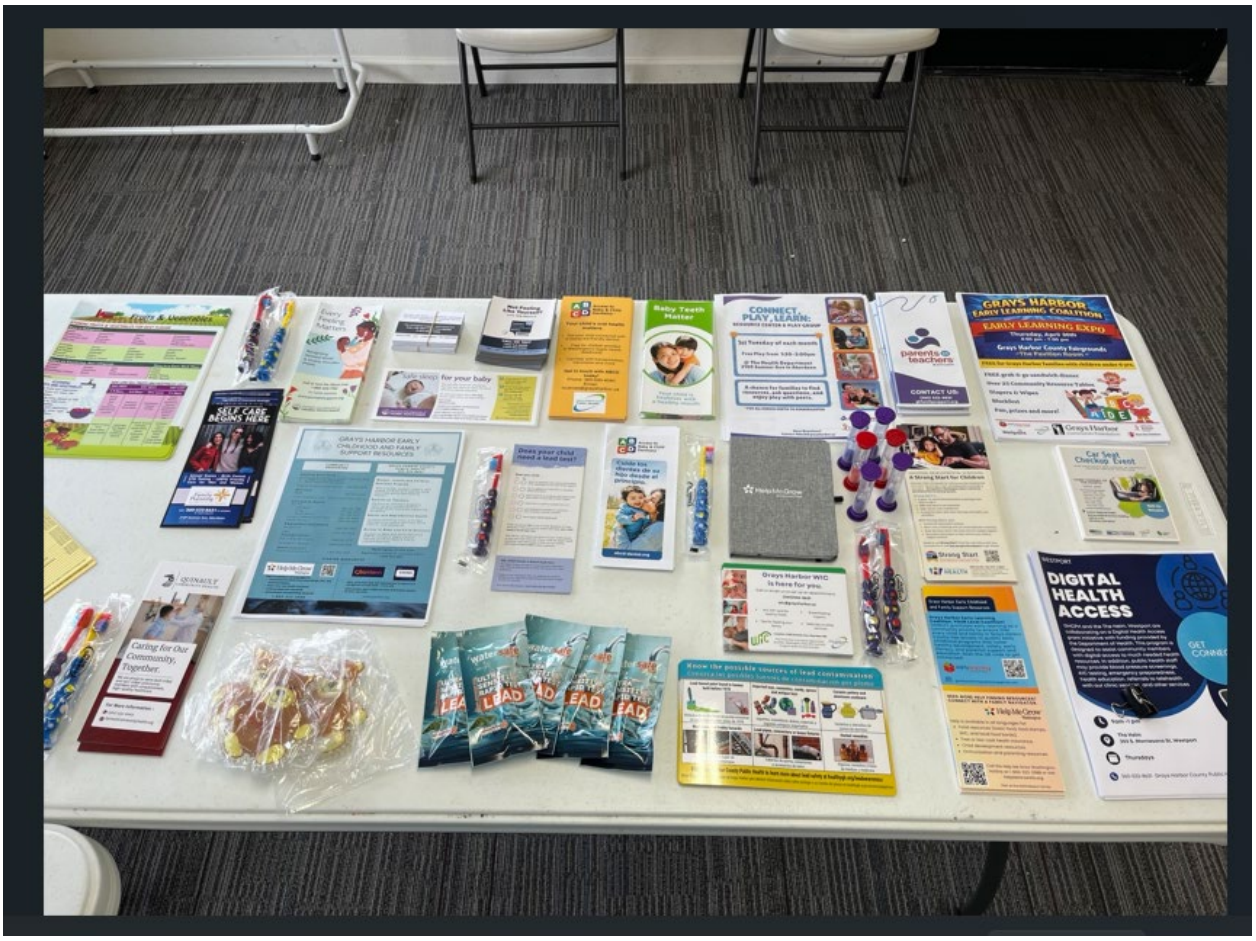
Appendix F

Pictures from the Digital Health Locations


REGISTRATION
OPEN NOW
ENROLLMENTS


DIGITAL HEALTH ACCESS
GRAYS HARBOR
EARLY LEARNING.ECEAP


Public Access
Regional Behavioral Health & Counseling Organizations
Public Health & Healthcare Resources
Addiction Treatment & Recovery


SELF CARE BEGINS HERE
Caring for Our Community, Together.
Baby Teeth Matter
CONNECT, PLAY, LEARN:
parents as teachers
GRAYS HARBOR EARLY LEARNING COALITION
EARLY LEARNING EXPO
Car Seat Checkup Event
Grays Harbor WIC is here for you.
DIGITAL HEALTH ACCESS
LEAD


DIAL 911
THE HELM
FIRE EXTINGUISHER
GRAYS HARBOR COUNTY
Public Health

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