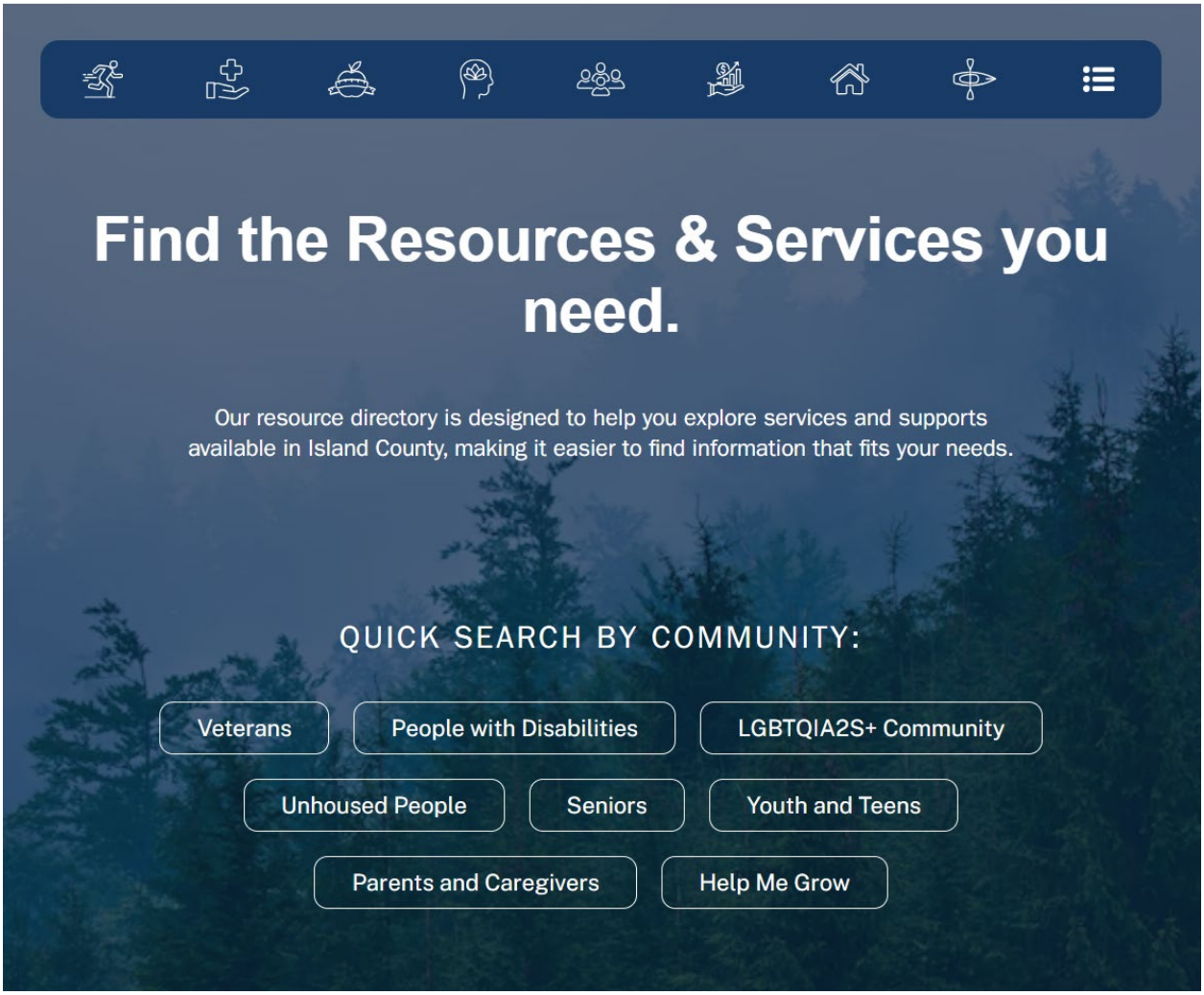
Global to Local ~ Island County

Thrive Island County Project

Final Case Study Report

Thrive Island County: Digital and Mobile Tools to Support Community Health Education and Promotion



1. Project Overview

Project title	**Thrive Island County**
Name of Grantee	**Island County Public Health**
Project timeframe	**January 1, 2026 – June 30, 2026**
Primary digital focus area:	This initiative focuses on digital navigation, access to health information, health education, and improving digital literacy through a mobile-first interface.
Primary population(s) served:	The project targets older adults, low-income communities, and rural populations with limited broadband access, while also serving as a critical tool for Community Health Workers (CHWs) and Community-Based Organizations (CBOs).
Beta Version Link	Home :: Island County Health Directory

2. Pre-Project Context and Local Need

2.1 Local Context

Island County is a geographically unique region in the Puget Sound, consisting of Whidbey and Camano Islands, with a population of about 87,000. Our unique island geography creates significant barriers to physical care access. Approximately 28% of residents are aged 65 or older, a demographic that faces specific challenges related to social isolation and limited mobility. While various health programs existed, they were previously managed as separate, static health program resource directories, such as the Human Services Behavioral Health Resource Guide and the Public Health Resource Hub, making it difficult for residents to find comprehensive information and helpful resources in one place.

2.2 Problem Statement

The central challenge was a fragmented service landscape where residents struggled to coordinate care across different geographic areas and organizations. The 2024 Community Health Assessment (CHA) specifically identified access to healthcare, behavioral health, and senior supports as top priority needs that were being hindered by information silos. Furthermore, inconsistent broadband

coverage across the islands meant that existing online resources were often inaccessible to the most marginalized populations.

3. Project Rationale

3.1 Rationale for Selected Approach

A digital-first, low-bandwidth web application was selected to bridge the digital divide while providing a more dynamic and interactive experience than traditional print directories. This approach allows for real-time updates and integrates evidence-based health promotion information from the National Institutes of Health (NIH), which static guides cannot accommodate. By modeling the tool after mHealth applications used in low-resource global settings, the project ensures functionality for residents with limited data or older mobile devices.

4. Project Design

4.1 Description of the Intervention

The intervention is a searchable, mobile-friendly web application designed to serve two primary user journeys: the **"Explorer"** and the **"Finder"**. It features a "Wheel of Health" graphic for visual navigation and a pre-filtered searchable directory for immediate resource location. The platform merges the existing health hub and behavioral health guides into a single interface that includes collapsible accordion sections for in-depth health education. Furthermore, the platform integrates key environmental health resilience resources to address the region's unique climate vulnerabilities. By including dynamic directories for climate adaptation—such as real-time updates on local cooling centers during extreme heat events or clean air shelters during wildfire smoke seasons—the tool functions as a rapid-response public health asset rather than just a static guide.

4.2 Intended Users

The primary users are community members seeking immediate help or health education, as well as Community Health Workers (CHWs) and other community care navigators who use the tool for personalized care navigation with clients. Secondary users include local health providers, library staff, and social service agencies who require a reliable, up-to-date directory for cross-sector referrals. The tool is also intentionally designed to bridge the gap between clinical care and community-based social services, supporting a whole-person approach to health. Primary care providers can use the directory during routine visits to seamlessly

connect patients with lifestyle medicine resources, such as local nutrition support programs or physical activity groups, facilitating evidence-based, least-invasive interventions right at the point of care.

4.3 Roles and Responsibilities

- **Public Health Director & Deputy Director:** Acts as the project lead, providing overall oversight and content verification.
- **Web Development Consultant:** Responsible for technical build, UI/UX design, and implementing accessibility features like language translation.
- **Community Health Advisory Board (CHAB) and Community Treatment Team:** Serves as a key co-design partner, vetting the prototype and providing qualitative feedback.
- **IT Department:** Ensures the platform meets data security standards and integrates with county systems.

4.4 User-Centered Design and Engagement

The design process utilized the SOAR framework (Strengths, Opportunities, Aspirations, Results) to pivot from a deficit-based assessment to a strengths-based co-design methodology. Community engagement included facilitated sessions with the Community Treatment Network and focus groups with CHWs to ensure the tool addressed the practical needs of frontline staff. We utilized a mix of formal and informal engagement methods. For example, our team conducted "blue sky" brainstorming with an ESL class at a local community college, asking open-ended questions like, "If you could imagine a helpful online resource directory, what would it include?" We also gathered informal input by engaging residents at two local coffee shops, hosting workshops at 4 local libraries (Coupeville, Camano Island, Oak Harbor, and Freeland), and presenting at two online Community Resource Network meetings. We were able to engage a total of 103 residents through ten different outreach events.

In addition to showcasing the resource tool and requesting general feedback, we also asked community members to fill out a survey to measure changes in awareness and confidence in finding local resources before and after using the Thrive Resource Guide. The survey was available online and paper in both English and Spanish. We gathered a total of 44 surveys (14 electronic, 30 paper). The survey included questions such as “I know where to look to find programs or services in Island County”, “I feel confident I feel confident looking for community resources online”, “I am aware of community resources that could

help me or my family", and "I feel that there are community resources for me and my family." Analysis of survey results showed a significant increase in scores across all questions after participants utilized the Thrive Resource Guide. The most significant increase was seen between answers to the last question, "I am aware of community resources that could help me or my family". Prior to utilizing the Thrive Resource Guide, only 43.2% of participants reported that they were aware of community resources that could help them or their family. After using the Thrive Resource Guide, that figure increased to 90.9%.

As the project progressed, engagement shifted from open-ended discussions to gathering targeted input in response to specific wireframes and screenshots, asking users, "What do you think of this design?" We also gathered valuable feedback through pilot testing the actual tool. This feedback directly influenced the application's simple, intuitive layout. For instance, concrete input from CHWs regarding the transportation barriers between islands shaped the inclusion of specific geographic filters for South, Central, and North Whidbey, as well as Camano Island.

4.5 Equity, Trust and Community Considerations

To foster community trust, the directory follows a strict policy of linking only to trusted nonprofit, governmental, and academic sources. Accessibility is prioritized through the integration of human grade translation into Spanish, adherence to ADA compliance, and the use of plain language for all health promotion content. Cultural humility is maintained by reviewing all educational materials for inclusivity and by vetting materials with community partner organizations, ensuring they resonate with the diverse demographic landscape of the county.

5. Implementation Process

5.1 Implementation Timeline

The implementation follows a structured phases: January to February 2026 focused on proposal review, rating, and consultant selection. March to April 2026 involved community partner engagement meetings and prototype feedback gathering, initial programming and content transfers. May and June 2026 will focus on beta testing with community members, public health staff, community health workers, and community partners involved in the initial feedback phase of the project. "Go Live" is scheduled for June 15th, with staff training and

marketing/outreach (including campaign scheduling) to take place during the last two weeks of June 2026.

5.2 Training and Support

Consultant worked with ICPH provides staff training on the directory's search and filter functionalities to ensure it is used effectively during client interactions. Additionally, partner information sessions are hosted to train local agencies on how to submit updates or recommend new resources through the built-in feedback link. For community members, onboarding to the platform upon launch will be supported through step-by-step digital walkthroughs, informational flyers distributed at local libraries, and guided demonstrations during community events.

5.3 Adaptations During Implementation

The project adapted the Palouse Resource Guide model to fit the local context, shifting from a simple list to a dual-track educational and directory tool. Decisions to include specific geographic filters—South, Central, and North Whidbey plus Camano Island—were made to address the physical reality of ferry and bridge travel that limits resident movement.

6. Early Results – Monitoring and Learning

6.1 Indicators or Signals Tracked

Success is monitored through a program scorecard. During the beta testing phase (May–early June), indicators focus primarily on user experience metrics, such as bug reports, successful navigation rates during observed testing, and qualitative feedback on interface clarity. Following the June 15 "Go-Live," indicators will shift to track overall site visits, mobile vs. desktop usage, and clicks on specific referral links to identify high-need services. Equity is measured by analyzing usage data by ZIP code and language preference to ensure that rural and Spanish-speaking communities are successfully accessing the platform.

6.2 Use of Data and Feedback

The collected data and qualitative feedback from the "Something Missing?" survey link are used to refine the directory every quarter. This allows the team to identify gaps in local services and iterate on the web application's design to improve the user experience for "Finders" and "Explorers" alike. Beyond immediate user navigation, the backend search queries and geographic engagement metrics provide valuable real-time epidemiological signals. Tracking spikes in searches for specific social determinants or environmental health needs

allows the department to deploy targeted, data-driven interventions and will directly inform the strategic planning of future Community Health Assessments.

6.3 What Worked Well

The merging of separate health and human services guides successfully reduced information silos and simplified the referral process for providers. The use of a pre-filtered search tool on specific topic pages (e.g., healthcare access) worked well to provide immediate results without overwhelming users with irrelevant data.

6.4 Challenges Encountered

So far, we have run into a few challenges that were either relatively easy to work through, or our team was able to pivot quickly in order to stay on schedule for outreach and engagement activities. These challenges included missing or broken links, identification of gaps in included resources, information or partners, and overall engagement levels during outreach activities. Some of our outreach activities were very successful and others had little to no engagement from community members. We are grateful that we allowed ourselves ample time to reconvene, brainstorm, and try again before our “Go Live” date. We also acknowledge that our outreach and engagement will not end after Thrive Island County is launched.

Trust takes time to build, and we have seen success come from identifying a trusted messenger and the snowball effect that our community can have once we have some champions extending the reach with us. For example, partnering with local library branch managers, senior center coordinators, and established nonprofit leaders allowed us to effectively bridge initial trust gaps and significantly expand our user engagement. To effectively broaden our reach, we engaged non-traditional trusted messengers who operate at the intersection of human, animal, and environmental health. Partnering with local natural resources offices and nonprofits provided unique community touchpoints, allowing us to build trust and share the tool with rural residents who might not regularly interact with traditional healthcare or social service systems.

6.5 Unexpected Outcomes:

While initial outreach to Camano proved difficult, with no community members attending early events, we successfully pivoted our strategy. By engaging key community leaders and partnering with local library branches, we leveraged established, trusted networks. Integrating our messaging into their existing meetings and communication channels allowed us to overcome the initial

barriers, successfully complete our targeted outreach, and effectively connect with the Camano community.

7. Feasibility and Sustainability Reflections

- **Technical Feasibility:** Building on a secure platform like Concrete CMS proved feasible for maintaining the custom searchable directory and high accessibility standards.
- **Costs:** Initial funding efficiently covered web development, UI/UX design, and project management, as the core database and architecture were already established.
- **Long-Term Ownership:** Sustainability is ensured through institutional ownership by Island County, with ongoing maintenance funded by Foundational Public Health Services (FPHS) communications budgets.

8. Key Lessons Learned

1. **Prioritize Low-Bandwidth Design:** In rural areas with inconsistent broadband, a mobile-first, low-data approach is an essential equity requirement, not just a preference.
2. **Community Co-Design Builds Trust:** Involving CHWs and CBOs early in the SOAR sessions and the beta-testing created a sense of shared ownership that is vital for long-term platform use.
3. **Standardized Tools Improve Efficiency:** Unifying disparate guides into one interface significantly reduces service duplication and navigation barriers for both residents and staff.

9. Looking Ahead

Following the current funding period, the platform will become the centralized hub for all Island County health and human services resources. While the technical build phase ends in June 2026, the quarterly update cycle and ongoing community feedback monitoring will continue as a standard operation of the Public Health department. Planned next steps include a public marketing campaign through July and August 2026 and the development of a sustainability plan to integrate the tool into broader county health systems.

10. Contact Information

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