



Global to Local ~ SEATTLE King County

Expanding King County Public Health's existing
Community Navigator
and CHW networks Project

Final Case Study Report

**DIGITAL NAVIGATOR PILOT PROGRAM
PROJECT CASE STUDY REPORT
KING COUNTY PUBLIC HEALTH (KCPH)**

AND

DEPARTMENT OF INFORMATION TECHNOLOGY (KCIT)

SUMMARY INFORMATION

This report is intended to support the documentation of King County Public Health-led Digital Navigation Pilot-funded by KCIT Regional Services and the Washington State Department of Health (DOH) Global to Local (G2L), Digital Health Initiative.

The completed case study report will primarily be used for learning and knowledge sharing, including discussions during digital navigation training and post training Co-Hort meetings and Community of Practice (CoP) meetings. Content from this report may also contribute to cross-agency synthesis, as well as inform future program design and implementation efforts.

To support consistent interpretation of the pilot's metrics, the following definitions clarify our focus on community engagement data versus community impact data.

- **Community Engagement Data**

Community engagement refers to the collection and analysis of information about interactions, participation, and relationships within a defined community. This allows organizations to assess the effectiveness of engagement strategies, understand community needs, and drive evidence-based improvements.

- **Community Impact Data**

Community impact refers to the measurable improvements in the social, economic, and environmental well-being of individuals and communities because of programs, services, or interventions. Effective measurements require a combination of quantitative and qualitative indicators, collected over time and linked to the same participant identifiers.

1. PROJECT OVERVIEW (SNAPSHOT)

Project title	DOH DIGITAL NAVIGATION PILOT
Project lead	KING COUNTY IT
Project timeframe (Start-End)	JANUARY 1, 2026 – JUNE 30, 2026
Project partners	King County Information Technology (KCIT), in collaboration with King County Public Health (KCPH), Washington State Department Health. Other contributing partners included City of Seattle IT, Seattle Housing Authority, Workforce Development Council of Seattle-King County, and PCs for People.
Primary digital focus areas:	Digital navigation – provide certificate-based training for community-facing staff on digital navigation practices and community referral resources. Community-facing staff engage 1:1 with clients to provide information and resources that remove barriers to health resources and digital access.
Primary population(s) served:	Historically underserved populations, including immigrants, refugees, seniors, incarcerated, low-income, limited English proficiency and literacy, disabled, rural, veterans, children in foster care, and homeless

2. PRE-PROJECT CONTEXT AND LOCAL NEED

2.1 Local Context

King County Information Technology (KCIT), in collaboration with King County Public Health (KCPH), Washington State Department of Health, Seattle Housing Authority, City of Seattle IT, and Workforce Development Council of Seattle-King County proudly announces the launch of the King County Digital Navigator Project. This initiative aims to integrate digital navigation practices into existing health and human services community-facing service delivery models, addressing persistent digital access barriers experienced by historically disadvantaged populations.

2.2 Problem Statement

Existing public health and human service community outreach models lack integrated digital support, leaving many vulnerable populations throughout King County disconnected from critical digital resources. Immigrants, refugees,

seniors, veterans, individuals with limited English proficiency, and historically disadvantaged communities continue to face significant barriers to accessing digital tools, low-cost internet service plans, online platforms required for public services, exposure to workforce opportunities, and reliable pathways to health and human services. These barriers limit their ability to fully participate in civic life, access essential health and human services, pursue economic opportunities, and maintain their overall health and wellbeing.

Without coordinated, culturally responsive, and digitally enabled outreach, residents who already experience systemic inequities remain underserved. The result is a widening digital and service access gap that affects their ability to connect with critical support such as healthcare, housing, employment, food assistance, and educational resources. Public agencies often meet residents in real time but lack digital navigation skills to identify digital needs, provide streamline referrals, or provide tailored digital navigation support. This fragmentation ultimately places disproportionate burdens on vulnerable residents, further building divides across health, economic mobility, human services, and technology outcomes.

The Digital Navigator Pilot Program addresses these gaps by equipping trusted community-facing staff with the skills and tools to guide residents through digital access challenges, thereby improving service engagement, health outcomes, and full participation in today's digital society.

3. PROJECT RATIONALE

3.1 Rationale for Selected Approach

The Digital Navigator Pilot strengthens digital equity by embedding trained navigators within health and human service teams to help underserved residents overcome barriers to devices, internet, and digital skills. Combined with development of a local resource guide, boosts services confidence, improves community access to essential services, and generates data-driven insights to inform scalable digital inclusion strategies.

4. PROJECT DESIGN

4.1 Description of the Intervention

The Digital Navigator Pilot developed an integrated digital navigation model designed to embed digital support directly into existing health and human service delivery workflows. The intervention included the creation of a certificate based Digital Navigator training program, delivered by DigitalLIFT, which equipped community-facing staff with core competencies to recognize digital access barriers, assess client needs, connect residents to relevant low-cost internet programs, devices, online health tools, and digital literacy resources. The project also produced a multilingual resource and referral guide tailored to King County's

priority populations, helping staff quickly identify local service pathways and support options.

Implementation involved adapting existing outreach and case management practices to incorporate digital access screening and referral steps. Staff were trained to document digital barriers, provide one-touch assistance during client interactions, and escalate complex cases to partner organizations such as Evergreen Goodwill for digital literacy skills training. Monthly cohort meetings established ongoing feedback and learning cycle, allowing navigators to share real world challenges, refine processes, and continuously improve the intervention throughout the pilot period.

4.2 Intended Users and Communities

The primary intended users of the DigitalLIFT training were **community-facing staff** across King County health and human service organizations, including Health Navigators and Community Navigators, who regularly interact with residents experiencing digital access barriers. These team members were expected to apply newly acquired digital navigation skills during routine engagements, enabling them to identify digital needs, provide targeted assistance, and make referrals to local support partners.

Secondary users included **historically underserved residents** who face challenges accessing health and human services, online health portals, devices, connectivity, benefit programs, and workforce tools, or digital literacy training. This group includes immigrants, refugees, seniors, individuals with limited English proficiency, veterans, low-income individuals, people living with disabilities, those experiencing homelessness, and other populations disproportionately impacted by digital inequities. These community members were expected to benefit through improved access to digital tools, increased confidence using online systems, and more equitable pathways to health, housing, and human services.

4.3 Key Partner Roles and Responsibilities

- KCIT (King County Information Technology): Manages the RFP process, contributes \$30K in funds, co-project lead, coordinate training delivery, and co-manages performance reporting.
- DigitalLIFT - The training vendor will design and deliver a comprehensive Digital Navigator curriculum, provide specialized Health, Aging and benefit program modules covering priority populations, and to support cohort-building. Training will equip staff with skills to recognize barriers to digital services and then refer residents to community resources. Sustainment of skills and resources will be sustained through 12 months of DigitalLIFT curriculum and national cohort teams.

- KCPH (Public Health – Seattle & King County): Use State Dept of Health (DOH) grant funds of \$131k for stipends for up to 16 community navigators for training, Co-project and performance reporting lead, provide 38 laptop devices for community members without devices at home, measurement analysis, outreach, tracks community impact, participates in community surveys, and coordinates monthly navigator cohort meetings.
- PCs for People (PC4P): Device distribution was not executed as designed; planned recycled devices could not be procured. Only about one quarter (38) of planned (161) devices were distributed, purchased through a state-approved contract not PCS for People but Thornburg.

4.4 User-Centered Design (UCD) and Engagement

The project incorporated user centered principles by relying on the direct experience of trusted community-facing staff who work daily with residents experiencing digital barriers to health services. Although no formal UCD process was conducted, user needs were identified through real-world interactions, multilingual support requirements, and documented cases of digital access challenges. Pre-training planning captured actual scenarios navigators encountered, shaping training priorities and resource development. Training also focused on population specific barriers faced by Aging and health Access, and through implementation, cohort discussion and ongoing data collection created continuous feedback loops that informed program adjustments and ensured services remained responsive to community needs.

4.5 Equity, Trust and Community Considerations

- Centered historically underserved populations.** The pilot specifically targets immigrants, refugees, seniors, veterans, individuals with limited English proficiency, and other underserved communities who face persistent digital access barriers. Digital navigation services must be designed to meet the unique needs, languages, and lived experiences of these groups.
- Embedded support in trusted community relationships.** By training community-facing staff already working directly with residents, such as Health Navigators and Community Resource Team members, the program ensures assistance comes from trusted messengers who understand cultural, linguistic, and contextual needs.
- Multilingual outreach staff and resources.** Many navigators speak up to 3 languages; several speak 5 languages. The program strives to build multilingual referral kits, ensuring residents receive information in the languages they use, supporting equity in access and comprehension.
- Reduce digital inequities through resource navigation.** Navigators help residents access online health tools, and benefit portals, computer literacy

training, devices, low-cost internet, responding to structural inequities that prevent full participation in digital society.

- e. **Adapt services to community-specific barriers.** Training includes specialized modules for priority groups such as older adults, veterans, and healthcare clients, ensuring solutions reflect diverse needs rather than a one size fits all approach.
- f. **Continuously gather community experience and data.** The pilot incorporates community impact tracking, surveys, and success stories to understand impact on both the navigators and community, and whether services are equitable and effective, shaping policy and funding strategies that better serve marginalized populations.
- g. **Build long-term community capacity.** By embedding digital navigation skills within existing municipal service delivery models or case management practices, the pilot ensures communities continue benefiting beyond the project period—supporting systemic equity rather than temporary assistance.

5. IMPLEMENTATION PROCESS

5.1 Implementation Timeline

The implementation of the Digital Navigator Pilot followed four major phases that structured planning, development, rollout, and ongoing refinement of project activities.

1. Planning Phase (January 2026)

Project partners aligned on goals, roles, and resources needed to launch the Digital Navigator Pilot. This phase included defining the training and certification approach, identifying participating staff from KCIT, KCPH, KCCHS, the Workforce Development Council, and other partners, and outlining procedures for device distribution, outreach, and performance tracking. Early planning also incorporated real-world scenarios gathered from community-facing staff to ensure the intervention reflected actual digital barriers experienced by residents.

2. Development and Setup Phase (February 2026)

During this stage, DigitalLIFT finalized the Digital Navigator curriculum, including specialized modules for health, aging, and benefits access. Project teams prepared training logistics built multilingual referral resources, and established data collection processes to monitor community impact.

3. Rollout Phase (March 2026)

The pilot launched with formal navigator training, onboarding of staff participants, and distribution of laptops to community members lacking

devices at home. Trained navigators began integrating digital access screening and one touch support into ongoing client interactions across health and human services.

4. **Adjustment and Continuous Improvement Phase (Ongoing)**

During implementation, the project encountered an unexpected barrier related to device procurement and distribution. The original plan called for distributing **161 recycled laptops** to community members; however, the project's short timeframe combined with King County procurement requirements made it impossible to acquire these recycled devices within the allowable period. This created a significant procurement delay and required the project team to pivot from using a recycled device vendor to purchasing laptops through an existing **state contract procurement vehicle**, which ensured compliance but resulted in substantially higher per unit costs. Because of this shift, the total number of laptops purchased and distributed was reduced to approximately **one quarter of the original planned amount**. At this stage, the project has not yet determined the full impact of this change on community reach, equity outcomes, or the overall effectiveness of the device distribution strategy.

5.2 Training and Support: (March 2026 – June 2026)

The Digital Navigator Pilot provided a comprehensive training and support ecosystem designed to certify community-facing staff in practical digital navigation practices, skills, population specific knowledge, and information tools to assist residents in overcoming digital access barriers.

The primary training was delivered by DigitalLIFT, which developed and facilitated a certificate based Digital Navigator curriculum. The curriculum included foundational digital navigation competencies—such as identifying devices, connectivity, and digital literacy barriers—along with specialized modules focused on health access, aging populations, benefits navigation, and community specific digital equity challenges. Training was delivered through DigitalLIFT's learning management system (LMS), giving navigators structured modules, scenario-based exercises, and 12 months of ongoing access for continuing learning and recertification.

To support real-world implementation, the project developed a suite of resource referral tools, including multilingual referral kits, benefits access guides, and device navigation resources. These tools helped navigators quickly identify the appropriate low-cost internet programs, online health platforms, digital literacy opportunities, and community services available to residents. Additional resources were integrated from partnering organizations to strengthen local referral pathways.

Community partners further enhanced the training ecosystem. Evergreen Goodwill, City of Seattle IT, and the Workforce Development Council of Seattle—

King County (WDC) contributed training sessions covering local digital equity services, digital skills classes, device access programs, and connectivity supports available across the region. Navigators were given access to the Civics Low-Cost Internet Services Directory, which provides information on subsidized internet plans, and were trained to use the WDC Digital Equity Resource Map, offering a comprehensive database of digital skills classes, community technology centers, device programs, and multilingual supports across King County.

Ongoing support was provided through monthly cohort communications, facilitated by KCPH, which created a structured peer learning environment for navigators to troubleshoot challenges, share promising practices, and elevate new community needs. Collectively, this multilayered training and support ecosystem strengthened navigator capacity, improved service consistency across agencies, and ensured that the intervention remained responsive to community needs.

5.3 Adaptations During Implementation (Ongoing)

As the Digital Navigator Pilot advanced into implementation, partners made several significant adaptations in response to operational constraints, community feedback, and early data. Monthly cohort meetings, community impact tracking, and navigator insights provided continuous learning that shaped refinements to workflows, training emphasis, and resource materials throughout the pilot period.

Adaptation #1: Training content refinement based on real community needs

Navigators reported that residents often struggled with health-related digital tools, benefit portals, and multilingual communication barriers. In response, DigitalLIFT expanded population specific modules—particularly those focused on aging adults, immigrant and refugee communities, and residents with limited English proficiency, ensuring training better aligned with lived community barriers.

Adaptation #2: Strengthening referral and multilingual resource infrastructure

Early navigator experiences revealed the need for faster, clearer referral pathways and language appropriate resource materials. Project partners refined multilingual referral kits and updated workflows so staff across KCIT, KCPH, KCCHS, and workforce organizations could consistently guide residents to appropriate digital access resources.

Adaptation #3: Major Device Procurement Shift Due to Timeline, Rules and vendor Coordination

The originally planned recycled device model was **not implemented**, solely due to procurement constraints that prevented the County from acquiring the intended devices within the allowable project period. As a result, the project team adapted by using **state approved procurement pathways**, which required purchasing new devices at a substantially higher per unit cost. This shift reduced

the total number of devices distributed to **only a fraction of the original plan**, and the report should reflect these **verified outcomes** rather than anticipated processes or vendor workflows that were never executed.

3a. Shifting Direction – A collaborative process

The final decision to pivot procurement was made through coordinated discussions involving:

- **Public Health program leaders** evaluated how reduced device quantities would affect community distribution plans and outreach commitments. Reviewed procurement policies, vendor constraints, and compliance requirements.
- **KCIT IT leads**, who reviewed laptop product specifications and made laptop purchase recommendations based on digital navigator work requirements.
- **Public Health leadership**, who weighed equity implications, resident impacts, and alignment with the pilot's goals.
- **WA State DOH**, who investigated the ability to add additional sub-recipients to the exiting funding grant.
- **King County Procurement**, who advised on allowable purchasing mechanisms and confirmed that the recycled device vendor could not be onboarded within the available timeframe.
- **Digital Navigators in the community** described their device needs and shared how reduced device access might affect service engagement and digital health outcomes.

3b. Resulting change

To remain compliant with funding terms and timelines and ensure the pilot could proceed, partners agreed to purchase laptops through an **approved state contract purchasing vehicle**. This ensured timely delivery but resulted in significantly higher per unit costs, reducing the total number of laptops to approximately **one quarter of the originally planned 161 devices**. The project team has **not yet determined the full impact** of this procurement change on resident reach, digital access outcomes, or the effectiveness of the device distribution component.

6. RESULTS – PROGRAM IMPACT AND LEARNING

6.1 Digital Navigator Program Impact Summary January–June 2026

The Digital Navigator Program continued to strengthen digital equity across King County by connecting community members with trusted, culturally responsive support that improved access to technology, digital skills, and essential online services. Through partnerships with community-based organizations and multilingual Digital Navigators, the program helped residents overcome barriers

that often limit access to healthcare, employment, education, housing, public benefits, transportation, immigration services, and other critical resources. Between January and June 2026, **16 Community Navigator (contractors and organizations)** delivered approximately **1,586 hours** of community-based digital navigation, outreach, community engagement, and professional training. Navigators provided individualized assistance through one-on-one support, home visits, workshops, resource fairs, community presentations, virtual sessions, phone assistance, and culturally specific outreach tailored to the needs of the communities they serve.

The program's strength lies in its municipal led community-based model. Rather than providing only technical assistance, Digital Navigators served as trusted messengers who helped community members build the confidence and skills needed to independently navigate online systems.

Program at a Glance

Metric	Total
Navigator organizations	16
Reporting period	January–June 2026
Hours delivered	1,586
Digital navigation assists	3,329
Referrals/connections made	1,866
Activities with resources distributed	154
Funding partner	Washington State Department of Health
Primary strategy	Embed digital navigation support within community facing Health and Human Services teams

Outreach Type	Activity Count
One-on-One Support	95
In-Person Outreach	33
Resource Fair	33
Tabling Event	28
Home Visit	17
Other / Planning / Reporting / Training	13
Social Media Outreach	13
Phone/Text Assistance	9
Virtual Session	8
Community Presentation	6
Workshop/Training	5

Note: One-on-one support remained the most common service model, showing the high level of individualized support needed by community members. Resource fairs, tabling events, and in-person outreach expanded the program's reach, while home visits, phone/text support, and virtual sessions helped reach participants who needed more flexible or accessible support.

Digital Navigation Impact

Impact Area	Total
Digital Navigation Assists	3,329
Referrals & Connections	1,866
Activities with Devices or Resources Distributed	154

Note: Digital navigation served as a gateway to broader health and social services. Navigators helped community members create email accounts, recover passwords, access MyChart, navigate USCIS accounts, apply for benefits, complete job and housing applications, enroll in affordable internet programs, use QR codes, and build basic digital literacy skills.

Barriers Addressed

Barrier Theme	Activity Count
Low Digital Literacy / Confidence	116
Language Barrier	57
Device Access / Affordability	25
Lack of Technical Support	16
Limited Internet / Wi-Fi	15
Other	12
Password / Account Issues	8
Accessibility / Disability	5

Note: Low digital literacy and confidence were the most common barrier reported, followed by language access needs. Many community members experienced more than one barrier at the same time, requiring navigators to provide both technical assistance and culturally responsive service navigation.

Priority Populations Served

Priority Population	Activity Count
Latinx / Spanish-speaking	84
Other / Multicultural	54
Afghan	28
Khmer	18
Somali	17
Ethiopian	12
Arabic-speaking	12
Congolese	5
Ukrainian	4
Filipino	4
Marshallese	4
East African	3
Tongan	3
Samoan	2
Chinese	1
Fijian	1
Iraqi	1
Vietnamese	1

Note: The program reached a wide range of culturally and linguistically diverse communities across King County. Navigators served immigrant, refugee, elder, family, and low-income communities through trusted relationships and community-based outreach.

Success Story Themes

Success Theme	Activity Count
Digital Literacy & Confidence	153
Community Resources & Referrals	74
Healthcare Access	43
Housing & Basic Needs	41
Employment & Job Readiness	31
Immigration & Legal Services	24
Education & Family Support	15

Note: Success stories consistently showed that digital navigation helped community members gain confidence using technology while also improving access to essential services. The strongest theme was digital literacy and confidence, but many activities also supported healthcare access, housing, employment, immigration navigation, education, and public benefit connections.

7. NAVIGATOR HIGHLIGHTS

Individual Navigator Highlights (Contractors and Community Organizations)

1. **Vicky Navarro** provided multilingual and culturally responsive digital navigation across several communities, including Latinx, Arabic-speaking, Chinese, Congolese, East African, Ethiopian, Fijian, Filipino, Iraqi, Marshallese, Samoan, Somali, Tongan, Ukrainian, and Vietnamese community members. Her work included phone support, resource fairs, tabling events, social media outreach, and home visits. Vicky helped participants access low-cost internet, reset passwords, use accessibility tools, apply for devices, and connect with community resources.
2. **Mercedes Cordova-Hakim** supported Latinx and Spanish-speaking community members with digital literacy, immigration navigation, USCIS account creation, Casa Latina referrals, and access to online community resources. Her activities focused heavily on in-person outreach and one-on-one support for immigrant community members learning how to use online systems. She also connected community members to digital classes, legal resources, libraries, and community-based supports.
3. **Fiji Women Association** participated in onboarding and training activities during the reporting period. This helped build organizational readiness for future digital navigation work and strengthened the foundation for culturally responsive outreach to Fijian and Pacific Islander communities.
4. **Lina Rauf** provided extensive digital navigation support for Afghan community members through home visits, one-on-one support, resource fairs, social media outreach, and phone/text assistance. Her work included helping

community members set up Zoom and WhatsApp, complete WIC, SNAP, EBT, SSI, rental assistance, and health insurance applications, navigate public transportation, access low-cost internet, and build confidence using phones and online tools.

5. **Lalita Uppala** reached large numbers of Asian Indian and other community members through resource fairs, community presentations, tabling events, and outreach. Her work included health portal setup, vaccination education, rental assistance navigation, affordable housing support, voter registration support, email use, and scheduling health appointments. Lalita's activities show how digital navigation can support both health education and access to broader community services.
6. **Emma Maria Maceda** provided intensive one-on-one digital navigation for Latinx and Spanish-speaking families. Her work included support with email creation, Social Security appointments, Mexican consulate accounts, school transfers, summer programs, SNAP, childcare assistance, MyChart, employment searches, resumes, Canva, USCIS accounts, ESL classes, and rental assistance. Emma's activities demonstrate how digital navigation supports family stability, employment, education, and access to services.
7. **Crece Conmigo Washington** supported Latinx and Spanish-speaking families through workshops, virtual sessions, social media outreach, one-on-one support, and digital toolkit distribution. Their work included Apple Health, SNAP, Internet Essentials, MyChart, email setup, childcare assistance, preschool enrollment, resume assistance, and computer class referrals. Crece Conmigo also used social media and digital toolkits to extend the reach of the program beyond direct service interactions.
8. **Debra Monroe** provided digital access outreach through resource fairs serving East African and other communities. Her activities focused on digital access education, laptop setup, digital literacy coaching, and distributing flyers and resources. Debra's outreach helped increase awareness of digital access resources while connecting community members to basic technology support.
9. **Ethiopian Community in Seattle** focused on supporting Ethiopian seniors with basic digital literacy skills, particularly helping elders learn how to log into Zoom and participate in online meetings. This recurring support helped seniors build confidence using phones and digital platforms while reducing isolation and improving access to virtual engagement opportunities.
10. **Integration Family Services** served Somali community members through tabling events, home visits, virtual sessions, and in-person outreach. Their work emphasized affordable device access, discounted internet resources, in-language flyers, computer training, online job resources, and technology

support. Integration Family Services also issued computers to community members and helped families understand how to use them.

11. **Khmer Community of Seattle–King County** provided consistent digital literacy support for Khmer elders and community members. Their work included helping elders use YouTube, Facebook, voicemail, photo sharing, Google accounts, Google Drive, email, utility assistance applications, and online food bank card balance systems. Their recurring outreach model helped elders build comfort with everyday technology tools.
12. **Mohammed Akmoosh** supported Arabic-speaking and East African community members through home visits, workshops, tabling events, phone/text assistance, in-person outreach, and community presentations. His work included helping families access online health insurance information, digital resources, MyChart, iPads, online services, and community support. Mohammed’s outreach helped families gain confidence using digital tools to access health and social services.
13. **Marie Rose Mbage** provided strong digital navigation support for French- and Lingala-speaking immigrants, asylum seekers, Congolese community members, and other African communities. Her activities included USCIS account support, asylum clock navigation, email setup, password recovery, online job applications, affordable internet referrals, health insurance resources, food and utility assistance, dental services, and WhatsApp-based outreach. Her work shows the importance of language access and trusted community relationships in digital navigation.
14. **United Indians of All Tribes Foundation** supported Indigenous and urban Native communities through community presentations, tabling events, surveys, workshops, and digital inclusion activities. Their work included promoting online surveys, connecting community members to resources, participating in training, and supporting Digital Navigator laptop deployment. Their activities strengthened Indigenous engagement in digital access and health-related community feedback.
15. **Villa Comunitaria** provided one-on-one support for Latinx and Spanish-speaking community members. Their work included utility discount applications, job applications, legal service intake forms, payroll portal access, rental assistance, computer setup, food bank registration, password resets, and support understanding letters from legal and financial assistance organizations. Villa’s activities show how digital navigation helps community members access basic needs and essential services.
16. **Oceania NW** supported the program through DigitalLIFT training, organizational capacity building, and digital navigation for Pacific Islander community members. Their work included support with resumes, basic needs

benefits applications, unemployment assistance, employment applications, and access to online resources at the Oceania NW center. Their reporting structure was different from other navigators', but their contribution supported both direct community engagement and future digital navigation capacity.

8. KEY PROGRAM INSIGHTS

The Digital Navigator Program demonstrated that digital equity is deeply connected to public health access. Community members often needed support not only with devices or technology, but with the online systems required to access healthcare, employment, housing, education, transportation, immigration services, and public benefits.

The program's trusted messenger model was central to its impact. Navigators were able to provide support in culturally familiar spaces, in multiple languages, and through relationships that helped community members feel comfortable asking for help.

The data also shows that different service models were needed across communities. Some navigators reached large audiences through resource fairs and community outreach, while others provided intensive one-on-one support for people facing multiple barriers. Together, these approaches created a flexible, community-centered digital navigation model.

8.1 Bottom-Line Impact Statement

During the January through June 2026 reporting period, the Washington State Department of Health-funded Digital Navigator Program delivered approximately **1,586 hours** of community-based digital navigation, outreach, training, and engagement across **16 navigator and partner organizations**. Navigators documented **3,329 digital navigation assists, 1,866 referrals and connections, 154 activities involving resource distribution, and 38 laptops distributed**.

Through trusted, culturally responsive support, the program helped community members build digital confidence, access essential online services, and connect to healthcare, housing, education, immigration, transportation, and public benefit resources. The program continues to demonstrate that community-based digital navigation is an effective public health strategy for advancing digital equity and improving access to critical services across King County.

8.2 Use of Data and Feedback (Community Engagement Data)

Project data and community feedback were used throughout the implementation period to continuously improve outreach strategies, strengthen digital navigation services, and ensure activities remained responsive to community needs. Digital Navigators documented information on outreach activities, digital navigation assists, referrals, barriers encountered, communities served, and success stories following each engagement. This information was reviewed regularly to identify

emerging trends, common challenges, and opportunities to improve service delivery.

The data consistently demonstrated that low digital literacy, language barriers, limited access to devices and affordable internet, and lack of technical support were among the most common barriers experienced by community members. In response, navigators expanded one-on-one digital navigation, incorporated more culturally and linguistically appropriate education, increased referrals to affordable internet and device programs, and developed practical digital coaching focused on skills such as email creation, online account management, MyChart access, employment applications, housing resources, and public benefits enrollment.

Navigator feedback also informed project implementation. Regular meetings provided opportunities for navigators to share successful approaches, discuss challenges, and identify additional resources needed to support their communities. These discussions led to increased sharing of digital toolkits, multilingual resource materials, referral information, and best practices across organizations. Feedback from navigators also reinforced the importance of flexible outreach models, resulting in a combination of home visits, one-on-one support, resource fairs, workshops, virtual assistance, phone support, and community presentations to better meet the diverse needs of participants.

Community feedback further guided project improvements by highlighting the importance of trusted messengers, language access, and culturally responsive support. Participants consistently reported that individualized assistance increased their confidence using technology and improved their ability to independently access healthcare, employment, housing, education, immigration services, transportation resources, and other online systems. This feedback affirmed that digital navigation is most effective when integrated with existing case management services in partnership with community-based organizations that have established trust and strong relationships within the communities they serve.

Throughout the project, data and feedback were used not only to measure outputs, but also to strengthen implementation, improve responsiveness to community needs, and support continuous quality improvement. These findings will continue to inform future Digital Navigator programming by helping prioritize outreach strategies, identify emerging digital equity needs, and strengthen partnerships that improve equitable access to digital resources and essential services.

8.3 What Worked Well

Several aspects of the Digital Navigator Program worked particularly well and contributed to the project's overall success. The community-based, trusted messenger model continued to be one of the program's greatest strengths. Digital Navigators were able to engage community members in culturally familiar

settings and provide services in multiple languages, helping build trust and increase participation among communities that have historically experienced barriers to accessing technology and online services.

The flexibility of the program also contributed to its success. Navigators used a variety of outreach approaches including one-on-one support, home visits, resource fairs, workshops, community presentations, virtual assistance, phone support, and social media outreach to meet community members where they were. This flexibility allowed organizations to tailor services to the unique needs of their communities while expanding the program's overall reach.

The Digital Navigator model proved effective because it combined digital literacy support with navigation to essential services. Rather than focusing solely on technology skills, navigators helped community members access healthcare, employment, housing, education, public benefits, transportation, and immigration resources through digital platforms. This integrated approach increased the practical value of digital navigation and supported long-term self-sufficiency.

The standardized activity tracking and reporting process also strengthened project implementation. Consistent documentation of outreach activities, digital navigation assists, referrals, barriers, and success stories provided valuable information that was used to monitor progress, identify emerging community needs, and share successful practices across participating organizations.

Finally, the DigitalLIFT training and ongoing collaboration among navigator organizations helped build confidence, strengthen digital navigation skills, and establish a shared foundation for service delivery. Regular communication between navigators created opportunities to exchange resources, discuss challenges, and improve strategies throughout the project. Together, these elements contributed to a responsive, community-driven program that successfully advanced digital equity and improved access to essential online services for diverse communities across King County.

8.4 Outcomes:

- a. Expanded Digital Health Capacity: Sixteen (14 or 16) Community Navigators trained and certified in Digital Navigators skills and will continue supporting digital access beyond the pilot period.
- b. Improved Digital Confidence: Residents will gain skills and confidence to engage with online health and human services.
- c. Multilingual Outreach Infrastructure: Resource kits and translated materials will support ongoing outreach efforts.
- d. Subscription Curriculum: Digital literacy training modules will remain available for 12 months for review and certifying additional digital navigator. Curriculum will be maintained and updated by DigitalLIFT during the subscription period.

- e. Policy Integration: The pilot will inform broader public health strategies, funding priorities, and service delivery/case management models through data-driven insights.
- f. Scalable Model: Performance data supports replication and expansion across city, county, and state agencies.
- g. Community-facing staff gained new skills and certifications in digital navigation practices, used to improve digital access for communities

8.5 Unexpected Positive Outcomes

- a. Several positive, unanticipated outcomes emerged during the implementation of the Digital Navigator Pilot, strengthening both the pilot's effectiveness and future planning for digital equity work across King County.
- b. **Ramp up time for navigators was significantly shorter than anticipated**, as participating staff were already self-directed, mission aligned, and deeply experienced in community-based engagement, allowing the pilot to reach operational readiness rapidly.
- c. Because **measurement tools and data tracking systems were already in place**, navigators were able to seamlessly incorporate additional digital equity indicators into their workflows without added administrative burden—strengthening the consistency and quality of community impact data.
- d. The pilot successfully **minimized internal staff coordination overhead and maximized staff “Being in Community”** enabling navigators to devote more time directly supporting community members rather than internal processes.
- e. An additional unexpected strength was the **multilingual capacity of the navigator workforce—many speaking up to five languages**—which significantly enhanced engagement with priority populations, especially immigrant and refugee communities. This linguistic and cultural alignment deepened trust, improved communication, and increased the effectiveness of digital navigation support across diverse communities.

8.6 Unexpected Negative Outcome

- 1. Due to the limited duration of the pilot, team leads were frequently required to make rapid operational decisions with constrained information while simultaneously collaborating with stakeholders. This compressed timeline created pressure to reprioritize tasks, accelerate coordination, and adjust workflows quickly, which at times added strain to stakeholder collaboration and decision-making processes.
- 2. The program faced an unexpected negative outcome due to constraints across management, staff capacity, procurement, and stakeholder resources needed to identify an alternative solution. The device distribution component was only partially implemented because a procurement barrier prevented acquisition of the planned devices. The program adapted to state- approved procurement pathways, but higher

costs and limited options substantially reduced the number of devices ultimately distributed. These results reflect verified outcomes rather than the originally anticipated- plan.

9. FEASIBILITY AND SUSTAINABILITY REFLECTIONS

a. Technical Feasibility

The pilot demonstrated strong technical feasibility by leveraging existing tools, workflows, and community partner infrastructure. DigitalLIFT's learning management system provided an accessible training environment, while PCs for People's device distribution systems and technical support processes allowed navigators to connect residents with devices and repairs efficiently. Although procurement challenges affected the number of devices distributed, the integration of training, referral tools, and data tracking systems showed that a digital navigator model can be embedded effectively within public sector service delivery.

b. Workforce Burden and Capacity

Workforce capacity proved to be a major strength. Navigators were already deeply experienced in community facing roles and required minimal ramp up time, enabling them to incorporate digital navigation smoothly into their existing responsibilities. Their multilingual skills—many speaking up to five languages—significantly improved engagement with immigrant, refugee, and other priority populations. The pilot also benefited from low administrative burden since measurement and reporting tools were already in place, allowing the workforce to focus on direct resident support rather than new tracking systems.

c. Costs (Including Ongoing or Hidden Costs)

The pilot provided unexpected insight into the cost of scaling a regional digital navigator model, including training expenses, staffing requirements, equipment, and resource tool development. A significant unforeseen cost emerged when procurement constraints prevented acquisition of 161 planned recycled laptops, forcing a shift to higher cost devices purchased through a state contract, ultimately reducing distribution to one quarter of the original plan. The long-term cost implications of this shift—and its impact on resident reach—remain undetermined.

d. Data Privacy, Security, or Responsible Data Use

The project operated within existing public agency frameworks for secure data handling, ensuring that navigators used approved systems and processes to protect resident information. Measurement and survey tools already used by Public Health facilitated consistent, responsible data collection without introducing new risks. No major privacy issues emerged, but as the program scales, careful attention to data sharing agreements, device handling protocols, and cross agency data governance will remain essential.

e. **Long Term Ownership or Stewardship**

Longterm stewardship of the digital navigator model will require sustained collaboration between stakeholders, and community-based partners. The pilot strengthened shared ownership by embedding digital navigation competencies within existing service teams and establishing ongoing cohort engagement. However, device procurement challenges highlight that future models will need more predictable funding pathways, clearer procurement options, and streamlined vendor approval processes to ensure continuity.

10. KEY LESSONS LEARNED

- A multilingual, community embedded workforce dramatically improves program reach and trust, especially among immigrant and refugee communities.
- Digital equity tracking can be incorporated within existing health and human services case management practices and reporting systems with investments in training with minimal burden and integration effort.
- Short project timelines and procurement complexities can significantly affect program implementation, forcing rapid decision making and limiting the ability to operate—underscoring the need for more flexible timelines, funding and procurement pathways.

11. LOOKING AHEAD

The Digital Navigator Pilot is positioned to continue making meaningful impact across King County as it progresses through its full project timeline, now extending through **November 2026** thanks to the Washington State Department of Health's initial Digital Health Initiative funding and additional resources secured by Public Health—Seattle & King County. This extended timeline provides the opportunity to deepen implementation, strengthen navigator capacity, and gather richer data on resident outcomes and system level impact.

Building on the momentum created during the early phases, partners will focus on refining operational workflows, enhancing training supports, and expanding multilingual outreach strategies to better serve immigrant, refugee, and other priority populations. The pilot's community embedded, multilingual navigator workforce—already demonstrating strong ability to engage residents—will continue to play a central role in addressing digital access barriers across health, workforce, and human service systems. This next phase also allows partners to more fully evaluate the impact of procurement and device distribution challenges, identify sustainable purchasing pathways, and plan for more predictable device access strategies in future phases.

As Washington State continues advancing its digital equity agenda, the project team is optimistic that the development of a statewide **Digital Navigator**

Program will create new opportunities for alignment. A coordinated statewide model could strengthen and expand navigator capacity across all **nine Accountable Communities of Health (ACH) regions**, enabling consistent access to digital navigation support and reinforcing the connection between digital access, health equity, and service delivery outcomes.

12. HOPEFUL IDEA – THE PROMISE OF A STATEWIDE HEALTH AND HUMAN SERVICES DIGITAL NAVIGATOR MODEL

The Digital Navigator Pilot represents a strategic investment in modernizing service delivery and case management practices for municipal health and human services professionals, expanding digital resources across King County.

Digital Navigator Pilot shows what's possible when community-facing staff are equipped to help residents overcome other determinants of equity through digital empowerment. Looking ahead, Washington State's emerging Digital Navigator Program presents an exciting opportunity to extend this model across all of Washington, creating a coordinated, statewide network of navigators who support digital access as a critical part of health and human services. This pilot lays the groundwork for that vision—showing how community trust, shared data, and stakeholder teamwork can build a more digitally inclusive future for everyone.

13. CONTACT INFORMATION

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