



# **Community Health Assessment:**

Children of the Washington West African Centers

(WAWAC) in King, Pierce, and Snohomish

Counties <sup>1</sup>

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HSERV 345

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<sup>1</sup> This community health assessment is for the children of the Washington West African Centers, also known as WAWAC. WAWAC is an organization that provides afterschool childcare, events, financial aid, and a plethora of other resources for West African immigrants and their families.

## Summary of Issue

Health Gap: Children of the WAWAC afterschool programs (BIDEWW) in King, Pierce, and Snohomish counties are experiencing bullying both inside the program and at school <sup>2</sup>

Motivation: The driving force of this CHA is to decrease the amount of bullying and mitigate the effects of bullying on children of the WAWAC afterschool program (BIDEWW) to improve their well-being through addressing the factors that are contributing to the health gap <sup>3</sup>



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<sup>2</sup> The public health gap that affects the children of the WAWAC afterschool program is bullying, both within the program and outside (at school)

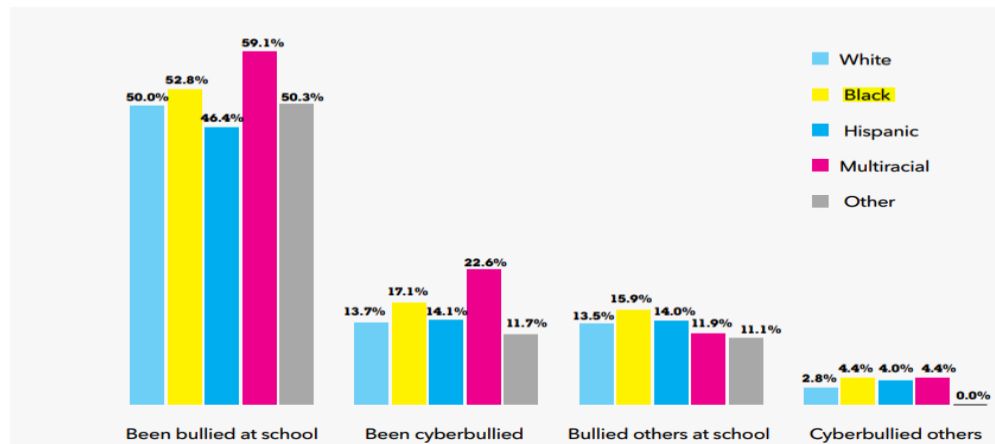
<sup>3</sup> The driving force of this Community Health Assessment is to minimize the amount of bullying on children in WAWAC as well as to mitigate the effects of bullying on these children and improve their well-being through addressing the factors that are contributing to this problem

## Summary of Community

Over 20 thousand West Africans live and work in King, Pierce, and Snohomish Counties

- WAWAC Community
  - 100% immigrant community from various countries in West Africa <sup>4</sup>
    - Gambia, Senegal, Mali, Sierra Leone, Ghana, Nigeria, Mauritania, Togo, Guinea, Burkina Faso, Code de Voire, and Benin
  - English is non-native language <sup>5</sup>
    - Information communicated through various media platforms is not understandable
  - Many are undocumented <sup>6</sup>
  - Many have no formal education <sup>7</sup>
- WAWAC Children <sup>8</sup>
  - 5-17 years old

**BULLYING AND CYBERBULLYING BY RACE**  
9- TO 12-YEAR-OLDS



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<sup>4</sup> The WAWAC community consists of parents and children from various West African countries such as Gambia, Senegal, Mali, Sierra Leone, Ghana, Nigeria, Mauritania, Togo, Guinea, Burkina Faso, Code de Voire, and Benin.

<sup>5</sup> Being that English is a second language, a lot of the information communicated through various media platforms is not understandable by these communities.

<sup>6</sup> At times, parents are arrested and detained by Immigration Customs Enforcement because of their undocumented status. This can lead to deportation which results in single parent homes or even foster care.

<sup>7</sup> Without formal education, the amount of job opportunities is scarce. This often forces WAWAC parents to work in food and hospitality industries, rideshare, and home health care facilities. This makes them susceptible to COVID and other illnesses.

<sup>8</sup> Because of the effects of not only being Black but being children of immigrant parents, these children face disproportionate amounts of bullying and often report worse mental health than other races/ethnicities

<sup>9</sup> Over 50% of Black children aged 9 to 12 report being bullied at school.

# Overview of Assessment Plan

## Overarching Question

What are the factors contributing to childhood bullying in the WAWAC community? <sup>10</sup>

## Time Frame <sup>11</sup>

Late March to Early June (10 weeks ; 1 quarter)

## Scope of Assessment

King County Public Health



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<sup>10</sup> The overarching question is the question that we hope to answer upon the analysis of our findings and research.

<sup>11</sup> The time frame for this assessment is 10 weeks, or the spring quarter at the University of Washington.

# Community Engagement Strategies

- Key Informant Interview with Patience Jaman <sup>12</sup>
  - West African and WAWAC employee
- Open-ended questions that allow the interviewee freedom in responses <sup>13</sup>
- Formative research focused on target population <sup>14</sup>
- Formatting questions and interview to gain a more comprehensive understanding of WAWAC population and lived experiences



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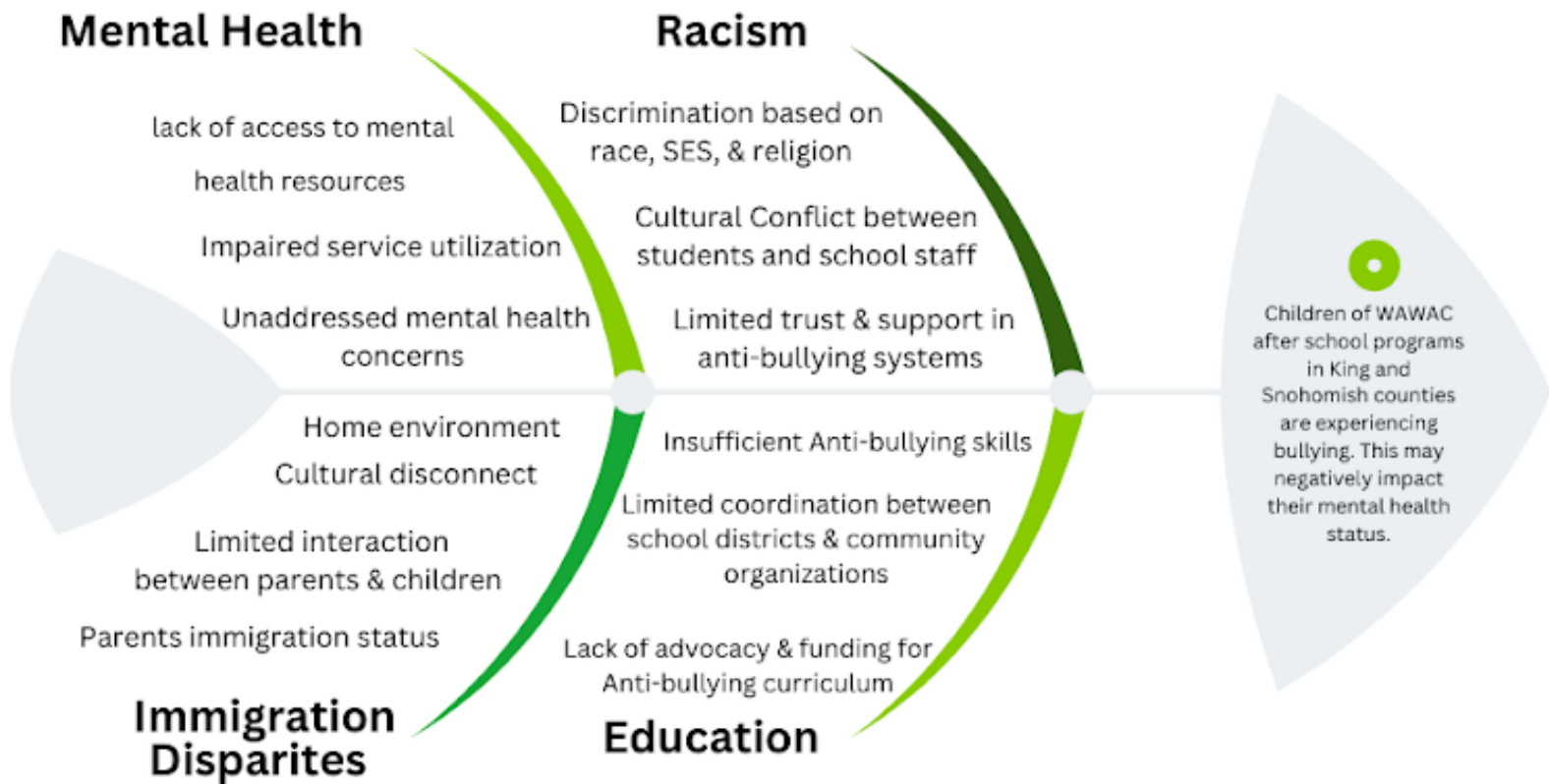
<sup>12</sup> Given that Patience is from West Africa herself in addition to being a WAWAC employee, she provided a very community centered approach and perspective to our research. She allowed us to understand the culture and values while also focusing on the public health problem.

<sup>13</sup> Crafting open-ended questions gives the interviewee freedom to respond in ways that they feel are most beneficial. With closed-ended questions, the interviewee is confined to the restraints of the question and oftentimes the answers are not as helpful and effective.

<sup>14</sup> Focusing on our research on the WAWAC community allowed us to ensure our data and findings were tailored specifically to our target community. This enabled us to center the project around our community.



# Root Cause Analysis



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<sup>15</sup> With this root cause analysis, we have highlighted four key contributing factors that we feel most influence/affect the fact that children of WAWAC are experiencing bullying and worse well-being.

<sup>16</sup> Education, or lack thereof is a major factor that contributes to the bullying these children are experiencing. Lack of knowledge about bullying enables children to bully and be bullied because they don't know that it's bad or what it looks like.

# Methods

- Primary Data

- Interview with Patience Jaman <sup>17</sup>

- WAWAC employee and BIDEWW  
afterschool program teacher



- Secondary Data

- Formative Research <sup>18</sup>

- Sources include

- WAWAC’s website, CDC, Pacer’s National Bullying Prevention Center, King County Community Health Needs Assessment, and various academic articles



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<sup>17</sup> For primary data, we conducted an interview with Patience Jaman, a former WAWAC employee and BIDEWW afterschool program teacher. Patience was kind enough to attend our class and allow us to ask her questions that would ultimately guide our CHA. Our questions aimed to explore our community of interest further and understand why bullying was a problem within this community.

<sup>18</sup> For secondary data, we researched a plethora of topics including our community of interest, bullying, mental health, and local statistics. To research, we reviewed articles, compiled statistics, and analyzed data.

# Summary of Primary Data

## In-Depth Key Informant Interview with Patience Jaman



- Key Findings
  - Causes of bullying <sup>19</sup>
    - Neglect/little to no attention from parents leads to stress/resentment which leads to bullying others
      - “Many parents have several jobs and may not spend much time with their kids”
    - Children bullied because of socioeconomic class, skin color, and religion
  - Bullying reporting <sup>20</sup>
    - WAWAC
      - Separate children, hear both sides, encourage agreement between children involved, write incident report form, and contact parents
        - Views on bullying and retaliation vary among parents
    - School
      - “Kids don’t want to report”
  - Bullying prevention <sup>21</sup>
    - Overall lack of knowledge among parents and children

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<sup>19</sup> While WAWAC children are often born in the United States, their parents’ immigration status affects them. As the result of being an immigrant, parents are typically forced to overwork to provide due to unequitable wages and lack of job opportunities. This means that they are not around their children as much which can cause stress and even develop into bullying as a means of emotional expression.

<sup>20</sup> Bullying reporting looks different at school and at WAWAC. At school, teachers do not address bullying concerns which forces students to deal with these experiences and bottle up their emotions. This can even lead to the bullied becoming bullies as a result of their anger and frustration.

<sup>21</sup> There is a lack of knowledge among both children and parents regarding what bullying looks like, how to prevent it, and why it is unhealthy/unhelpful.



## Summary of Secondary Data

- 1 out of every 5 students reports being bullied
- 46% of bullied students reported the incident to an adult <sup>22</sup>
- Students who experience bullying are at a higher risk for mental health issues such as depression, anxiety, and lower academic achievement <sup>23</sup>
- In King County, around 37% of 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> grade students reported feeling depressed (sad and hopeless for 2+ weeks)
- The rate of suicide ideation emergency department visits among Black youth increased nearly two-fold from 2020 to 2021 (596 to 1,064 visits per 100,000) <sup>24</sup>
- Only 60% of the children diagnosed with depression, anxiety, or another behavioral disorder received treatment

### Limitations

No qualitative data from community stakeholders <sup>25</sup>

Some of the data is not specific to King, Pierce, and

Snohomish counties



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<sup>22</sup> As Patience mentioned in her interview, students are reluctant to report their bullying experiences to adults. This can be attributed to the fact that it is embarrassing and that the teachers do not take these problems seriously.

<sup>23</sup> Bullying has lasting effects on the mental health of victims that experience it. It can lead to depression, anxiety, and other issues like sleep difficulties and academic failure.

<sup>24</sup> The rate of suicidal thoughts in Black children is increasing by the year. This is likely the result of increased bullying based on race/ethnicity, socioeconomic status, and other characteristics that align with Black youth.

<sup>25</sup> The lack of qualitative data from community stakeholders in the secondary data along with some of the data not being specific to our locale, limits its applicability to our target population.

# Data Analysis Plan

- Researched community of interest and public health issue to identify gaps that needed to be filled <sup>26</sup>
- Crafted questions that aimed to fill the gaps of knowledge left unanswered from formative research <sup>27</sup>
- Met with Patience (key informant) and assigned roles to facilitate, note take, etc.
- Used information gathered from primary data collection to supplement findings from secondary data <sup>28</sup>
- Used Socioecological model and SMART objectives to guide the organization of our data/knowledge and eventually create an action plan <sup>29</sup>



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<sup>26</sup> We started by using WAWAC's website, county resources, and the CDC among other things to gain a better understanding of the characteristics of our target population and their experiences with bullying.

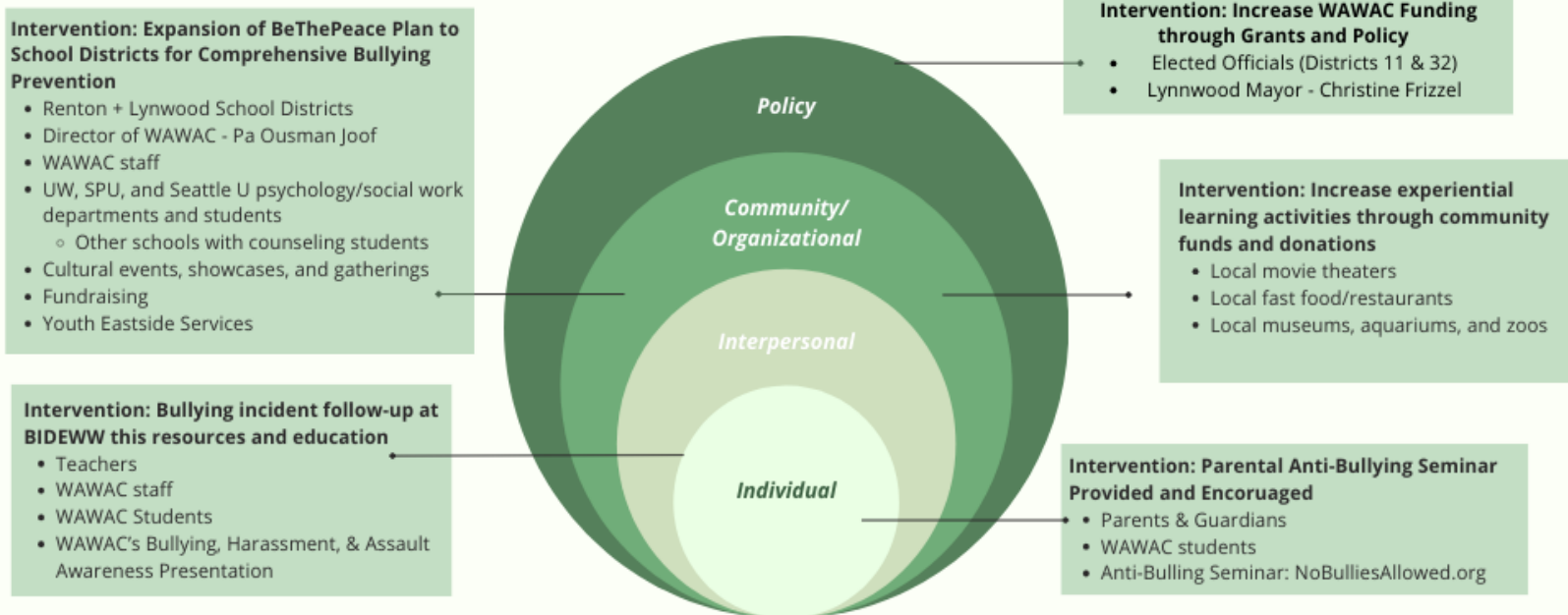
<sup>27</sup> What was unable to be understood through formative research, we crafted into interview questions to hopefully bridge our gaps in knowledge.

<sup>28</sup> We compiled data from both formative research and our interviews to create a comprehensive, full-encompassing understanding of the public health issue for our target population.

<sup>29</sup> Lastly, in order to develop our findings into a plan that could be used and disseminated, we used the Socioecological model and the SMART objectives as a guide to craft an action plan.

# Social-Ecological Model

## SOCIAL-ECOLOGICAL MODEL WAWAC CHILDHOOD BULLYING INTERVENTIONS & ASSETS



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<sup>30</sup> The socioecological model guided the organization of our data and eventually the creation of an action plan. It allowed us to categorize our interventions and assets which will aid our implementation down the road.

<sup>31</sup> For example, increasing funding through grants would be something dealt with at the policy level. This is because we would collaborate with policymakers and elected officials in order to create policy that would thus increase the funding for WAWAC.

<sup>32</sup> Another example is increasing the experiential learning activities through community partnership. This would be partnering with community organizations in hopes of allowing us to hosts events, borrow their space, etc.

## Action Plan

Health Gap	Activities	Deliverables	Outcomes	Actors	Timeline
Bullying Behavior	<p>Following through with Be the Peace plan</p> <p>Partner with schools develop anti-bullying curriculum and expand to schools</p>	Comprehensive anti-bullying program	Decrease bullying incidents by 50%	<p>School administrators Students</p> <p>WAWAC Staff</p>	2 years
Low parental involvement	<p>Parental bullying – pre seminar provided during student enrollment</p> <p>Create or source online/in-person anti-bullying learning module/program with quiz at the end</p>	Educated parents on anti-bullying strategies	60% of parents with awareness and understanding of bullying prevention strategies -measured through answers from a survey (google form)	<p>Parents and guardians</p> <p>WAWAC staff</p>	6-12 months
Limited mental health resource access	<p>Increase accessibility of mental health services – increased utilization, access</p> <p>Hire a part time counselor and partner with schools to work with students</p>	Accessible mental health professional	Increased mental health service utilization by 30%	<p>Community partners</p> <p>Universities</p>	1-2 years
Lack of funding for WAWAC staff and resources	Grants, community partners, fundraising	<p>More funds for staffing</p> <p>More resources for experiential learning</p> <p>Greater capacity to address bullying incidents</p>	Decrease bullying reoccurrence by 30%	<p>Community volunteers or partners</p> <p>Elected officers</p> <p>Donors</p>	1-3 years
Lack of anti-bullying education and resource provision	Implement anti-bullying education and resources, follow up after incident	Better anti-bullying education for WAWAC kids and structured provision of resources/information	Decrease bullying reoccurrence by 80%	Teachers and staff	6-12 months

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<sup>33</sup> In our action plan, we highlighted 5 gaps including bullying behavior, low parental involvement, limited mental health access, lack of funding for WAWAC staff and resources, and lack of anti-bullying education and resource provision

<sup>34</sup> Our intervention and the actors for our interventions reside at different levels of the SEM model and vary from individual level interventions to policy level interventions.

<sup>35</sup> We hope to have all the interventions fully implemented within a two year time frame.

## Disseminating Findings

- Hold or attend a meeting with WAWAC leaders and staff to relay findings and lay out a solidified plan of action <sup>36</sup>
- Develop anti-bullying curriculum in audio, video, and written form in both English and the native languages of WAWAC families
- Create a informational form of media to inform community of findings and research
- Facilitate a meeting between schools and WAWAC to encourage increased collaboration and a seamless set of goals <sup>37</sup>
- Partner with students and parents in the form of interviews/seminars to better understand their views and beliefs regarding bullying, potentially guiding more effective interventions <sup>38</sup>
- Stay in contact with WAWAC in order to monitor progress and ensure proper implementation of action plan component <sup>39</sup>

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<sup>36</sup> Collaborating with WAWAC staff and leaders themselves to relay information and encourage implementation of recommended interventions is a way we will disseminate our findings and research.

<sup>37</sup> In addition, we will partner with schools as well to disseminate our findings with the hopes of increased partnership between schools and WAWAC to minimize bullying.

<sup>38</sup> Gathering further qualitative data and hearing perspectives of other individuals of the target community in order to continually improve our interventions and create effective strategies that will last long-term.

<sup>39</sup> To ensure the components of our action plan are operating as intended, we will stay in contact with WAWAC.

A word cloud featuring the phrase "Thank You" in numerous languages and scripts. The central and largest text is "Thank You" in a bold, black, sans-serif font. Surrounding this central text are various translations of "Thank You" in different languages, including English (e.g., "Thanks", "Thank you", "Thanking you"), Hindi (e.g., "Dhanyawad", "Shukriya", "Teri kasam"), Urdu (e.g., "Shukriya", "Teri kasam"), Persian (e.g., "Mersi", "Chokrane"), Arabic (e.g., "Shukriya", "Mersi"), and many others. The words are arranged in a circular pattern, with the central text being the largest and most prominent. The colors of the words vary, with some in black, some in red, and some in blue. The overall effect is a dense, colorful collage of gratitude expressions from around the world.



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# Appendix

## Finalized Primary Data Collection Tools

### Rapport - Breaking the ice:

- Hello, how are you today?
- How was your commute this morning?
- Thank you for taking the time to be here with us this morning. As you may already know, we are undergraduate students in the school of public health and as part of our class we are conducting a community health assessment and are excited to learn from you.
  - Introduce ourselves
- What is your role at WAWAC?
- How long have you been with WAWAC?
  - How did you come to work with WAWAC?
- Now we are going to jump right into the questions we sent to you yesterday, If at any point you do not feel comfortable sharing, please let us know.

### Questions about WAWAC & Bullying

1. How does WAWAC address incidents and reports of bullying within their afterschool programs?
2. What warning signs of bullying do BIDEWW instructors look for?
3. What has been the most effective form of reporting for WAWAC children?
4. From your experience, what are the primary factors influencing the frequency of bullying behaviors among WAWAC children?
  - How have those factors influenced over time?
5. What types of bullying are the children of WAWAC currently experiencing?

- If needing clarification - Cyber bullying, in person, body shaming, language differences, etc.
6. Can you offer insights into the effectiveness of current anti-bullying initiatives and interventions implemented within youth programs in your community?
  7. What resources in your community are available for WAWAC children?
    - Any mental health resources?
  8. How can we get parents and the children involved in anti-bullying activities?
  9. Based on your observations, what are some values and beliefs that families at WAWAC feel strongly about when addressing childhood bullying?
  10. When bullying incidents occur, whether that be at school or during the afterschool program, can you describe what the reporting process looks like at WAWAC?
  11. We noticed that on the WAWAC website, there was a google form for reporting. Do you think it gets utilized often, and how useful have you found it?
    - If no process, what would you think would be the most effective form of reporting for your population?
  12. What is something that we should prioritize or highlight as we create our Community Health Assessment?
  13. Do you have any questions for us?