Note: This document was published under our previous organization name, Group Health Foundation.
A Year on the Road: Guidance from Community Leaders and Organizations Across Washington

GROUP HEALTH FOUNDATION
In memory of David Jackson Jr. and Robin Mitchell

This report is written in memory of the powerful legacies of David Jackson Jr. and Robin Mitchell who passed away earlier this year. David and Robin were two leaders who we met in different corners of the state—David in Forks and Robin in Tri-Cities. David and Robin invited us into their respective communities to listen and to learn. Their lives were testaments to their love for community.

David Jackson Jr., a Quileute Master carver, was one of our earliest teachers. We met with David at his carving shed in Forks where he was part of the Northwest Tribal Partnership and New Beginnings, a program working with men who had been incarcerated, were dealing with issues of domestic violence, or were working through substance use. By teaching carving and other cultural traditions, he built community and created a space for healing. David described his vision for his community to us. He shared how culture brought everyone and everything together, and how each person he worked with was “enough.” David showed us how communities can do big things through caring and showing up for each other. He led his community in building a healing totem and shared how it began with the men he worked with but quickly extended to people’s entire families. David’s vision and the gentle way he believed in and cared for people is a powerful example of the kinds of leaders Washington has in every part of our state. We were changed by our time with him. We dedicate this report to the legacy of his giant and gentle spirit.

We met Robin Mitchell numerous times in our visits to the Tri-Cities. Robin was a board member of the African American Cultural & Educational Society. Robin shared the incredible role and contribution the African American community plays in Tri-Cities. He provided his counsel to our staff and board, noting how important it was for us to ensure we are hearing from young people. He shared about how he and others in the African American community were working to show up for the Latino community in Pasco in the face of anti-immigrant actions. Robin’s thoughtfulness and deep care for others forever changed the way Group Health Foundation approaches our work. We dedicate this report to Robin’s spirit and his love for community.
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Introduction

Group Health Foundation believes in the inherent power of communities to determine what they need to be well. Organizations and communities across Washington strive to improve health equity in a host of ways: from community organizing and leadership development, to cultural work to heal from the trauma of racism and colonialism, to public education and policy advocacy. We are dedicated to supporting communities across the state to advance their visions for a vibrant, healthy future.

We are a new statewide foundation with a deep commitment to equity, and we recognize the unique opportunity to ground our early efforts in the wisdom of leaders and organizations most harmed by inequities. Group Health Foundation was established in 2017 from the proceeds of Kaiser Permanente’s acquisition of Group Health Cooperative. As a new independent entity, we took steps in our first year to understand the best ways to approach building relationships with communities. In early 2018, we convened a learning collaborative comprised of leaders from across the state and, through small grants, invited organizations to share with us the lessons they had learned about engaging communities in their work. This early guidance helped to shape our evolving approach to community engagement.

Nichole Maher, our president and CEO, began leading the Foundation in the fall of 2018. With her leadership, we started engaging communities by building intentional relationships with leaders and organizations across Washington.

Two commitments guided our decisions about where and with whom to begin building our earliest relationships: to meet and learn from communities most impacted by inequities, and to meet with communities that have historically been overlooked by philanthropy.
We firmly believe that communities experiencing inequities should be at the center of self-determining and developing solutions. We prioritized meeting and learning from tribal nations, people of color, immigrants and refugees, people with disabilities, LGBTQ (lesbian, gay, bisexual, transgender, queer) groups, and people experiencing poverty.

We also believe, as a statewide funder, that our relationships should reflect the geography of our state and those living alongside Washington’s borders. We knew we would have many opportunities to build relationships with groups located in proximity to our first office in Seattle. We also knew that there were many communities that receive little to no funding from philanthropy due to their distance from larger cities. We prioritized meeting with people living in rural and mid-sized cities outside of Seattle and away from the I-5 corridor.

People of color, immigrants and refugees, people with disabilities, LGBTQ people, and people experiencing poverty live in every part of Washington State. We met with rural leaders of color in Ferry, Stevens, and Pend Oreille counties in the northeast part of the state. We met with tribal leaders, people of color, and organizations led by people experiencing poverty along the Washington coast in Pacific, Grays Harbor, Wahkiakum, Jefferson, and Clallam counties. We spent time with community organizations in rural counties like Adams, Grant, Klickitat, Okanogan, Chelan, Asotin, and Skagit, in mid-sized cities like Aberdeen, Shelton, Centralia, and Kelso, and with community organizers and leaders in large cities like, Spokane, Yakima, Everett, Bremerton, and Tacoma.

Over the course of the year, we visited communities in Washington’s 39 counties. We visited some communities in places like Grays Harbor, Tri-Cities, Walla Walla, and Clark counties multiple times. We intentionally prioritized meeting with sovereign nations and tribal communities. We also met and learned from organizations led by people who have experienced incarceration, homelessness, and intimate partner violence.

We built on previously established relationships and reached out to communities where we didn’t know anyone. We were introduced to organizations in a variety of ways. Staff who came from
communities across the state brought with them their own relationships; we asked those we met with to share others they thought we should reach out to; and we spent hundreds of hours searching local news sources and social media for stories that might include references to people organizing in their communities.

Ahead of meeting with organizations, we put together basic community profiles to get a sense of their history and current context. (We knew this was an imperfect beginning that would be enhanced by the nuance and specificity of people’s experiences.) The profiles provided an overview of power dynamics in the community, the tribal nations whose land comprises the area, historic migration patterns, and elected officials. We looked at youth population data to understand the current and future population, and public data sets such as population demographics, school district data, and health assessments. We reviewed city and county budget allocations and current philanthropic funding in the community. Finally, we reviewed local news outlets for an understanding of issues impacting communities and how these issues were being discussed in the local media.

In addition to doing our homework about communities before visiting, we created a set of principles and aspirations related to how we would engage communities. We did this to hold ourselves accountable to our values and to try to show respect and deference to those doing the work and leading change every day.

Our principles and aspirations:

- We believe people most impacted by inequities should be at the center of solutions. We believe in and support community self-determination.
- We believe history and context must be learned and acknowledged.
- We are committed to anti-racism. We know racism has been a part of Washington’s formation. Our institutions will continue to perpetuate racism unless we proactively work to end it.

**Tribes and Urban Native Communities**

1. Celilo and Wishram
2. Chinook Indian Nation*
3. Confederated Tribes of the Colville Reservation*
4. Cowlitz Tribe*
5. Hoh Tribe
6. Kalispel Tribe
7. Lower Elwha Klallam Tribe
8. Lummi Nation
9. Makah Tribal Nation*
10. Nez Perce Tribe
11. Quileute Tribe
12. Quinault Nation*
13. Shoalwater Bay Tribe*
14. Spokane Tribe
15. Suquamish Tribe
16. Swinomish Tribal Community
17. Yakima Nation
18. Seattle - multiple Native organizations
19. Spokane - NATIVE Project
20. Vancouver - tribes and Native organizations

* Visited with tribal councilmember(s)
• We believe building trust takes time. We commit to building long-term relationships that enable the development of meaningful partnerships with communities.

• We believe philanthropy has a responsibility to be transparent and accountable. We commit to sharing information with our partners.

• We strive to show up with humility.

• We believe in community-led learning. We commit to learning about and centering community strengths.

• We commit to bringing back what we learn from communities so that the Foundation, as a growing organization, can be transformed by these experiences.

• We believe community insights can fill in gaps and provide important perspectives on quantitative data. We will share data with communities to learn if it resonates with their lived experiences. We expect that the data we review will be deepened by the lived experiences of those most impacted by health inequities.

• We acknowledge that multiple and contradictory truths are real.

• We recognize our organizational privilege and the structural power that comes with our role as a funder.

We met with people in a variety of settings—sharing meals, over coffee, and visiting people’s offices. At times we joined leaders who graciously invited us to local gatherings or shared their stories with us as they showed us around their community. We provided financial contributions to groups that gifted us with a significant amount of their time or staff resources.

A majority of the organizations we met with outside of Seattle shared that it was the first time a foundation had ever met with them. Others said it was the first time they didn’t have to make the trip to Seattle to meet with a funder.

Through these early relationships we sought to inform the design of our programs and grantmaking processes to be responsive to the needs of communities. We asked leaders about the kinds of actions
and practices that foundations had taken to support their work and show up as respectful partners. Knowing that we will make mistakes, but hoping to avoid unnecessary ones, we also asked about the kinds of practices we should avoid.

We used our meetings to hear directly about life experiences across Washington. We asked about the overall landscape of communities, what people were working on and excited about, and the opportunities and challenges people experience in their work for community well-being. This report documents what we’ve learned during the past year from hundreds of incredible people working in communities across Washington. To say we have been changed by those we’ve met is an understatement. We have been transformed. People generously gave their time, shared their personal stories, and imparted their expertise and perspectives with us. What we heard has impacted fundamental decisions we have made and are making, from how we approach our work and funding decisions, to where we open office locations, to how we recruit and hire staff.

We share this report with deep respect and appreciation for everyone who met with us.
How communities define health

As a new foundation focused on health equity, we believe communities most impacted by health inequities should be the ones defining what health and well-being mean to their community. We come into our work as a new foundation with the belief that health is deeper and more expansive than just physical, mental, and behavioral health outcomes.

As we reached out to organizations led by people most impacted by health inequities, leaders would often hear the word “health” in our name and assume we were a medical foundation or health insurance company. In some parts of the state, this was due to people associating our name with Group Health Cooperative. Others stated that, because “health” is in our name, they imagined we would be most interested in funding access to medical care or strategies that changed individual behaviors. Because of this, many groups didn’t see themselves or their work reflected in what they thought would be our priorities.

With many communities it took multiple phone conversations and emails to explain our broad view of health—a view that includes how systems have been shaped by racism, ableism, homophobia, transphobia, classism, and other oppressions, as well as the many things communities define as part of community well-being, like safe and affordable housing, strong schools, reflective government, and connection to culture.

During our visits, leaders spoke to root causes of health inequity: the racism, heterosexism, classism, and ableism that is built into systems. They emphasized that community well-being is much more than what is typically defined as health. Community well-being is driven by communities having access to power and decision-making around everything that impacts their lives.
Too often, conversations about health are not anchored in historical analysis. Leaders shared with us how their communities have been harmed by U.S. policies of slavery and colonialism justified by false racial hierarchies. These policies and systems have very purposefully disconnected people from one another, from culture, from land, and from prior systems of governance and power. Leaders stressed that our current health inequities are not the result of individual behaviors but are rooted in systems designed to perpetuate inequity and to grant political power and systemic authority to some at the expense of others.

Many people will expect this report to be about health disparities. While this report is absolutely about health and health equity, you will not find community rankings, indices, medical health outcomes, or typical public health language. That is not how leaders and organizations talked about themselves and their communities. Leaders from communities most impacted by inequities spoke about what drives health inequities and what drives health and well-being. They spoke to community self-determination, healing, connection, and justice. Leaders of public health departments and health clinics shared this perspective and counseled us to work on systems change. In our visits across the state, leaders shared their belief that achieving health equity would require organizing to build community power to guide decision-making about all that impacts their lives—safe and affordable housing, strong schools, connection to culture, reflective and accountable government, and many other critical efforts. For some, this more expansive view of health may be a departure from an expectation of a more medical model of health. From our perspective, this is what health and well-being is all about.
Well-being is rooted in community

Leaders we met with shared their vision for community well-being. People of color, immigrants, LGBTQ people, people with disabilities, and people experiencing poverty spoke from places of strength and opportunity and, while they named how systems have been inequitable, they didn’t use deficit or disparity language to describe their communities. As Justin Gillory, president of Northwest Indian College stated, “There are so many things said about our communities. We start from our strengths and work from there.” In meetings across the state, we heard about the importance of building strong relationships, caring for the whole person, and creating networks of support.

Building strong relationships

Across Washington, leaders spoke to the importance of creating opportunities for people to connect and build community with one another.

Groups led by people most impacted by inequities emphasized that their work happens with community rather than for community. Alma Chacón, co-director of CAFÉ, which is based in Wenatchee, has been bringing families together over many years to learn together and build leadership. Families have built trust while working on issues impacting their daily lives. The group collectively advocates at the local and state levels on everything from voting rights to education policy. Alma shared how relationships are key in Chelan and Douglas counties where Latinos comprise one-third of the population but aren’t reflected at the same rate in elected office or public administration. Members support one another to step into leadership roles, including running for elected office.
A focus on relationships puts people at the center. This is in contrast to systems rooted in racism that are set up to dehumanize Black, Indigenous, and other communities of color. Eddie Purpose, founder of Progress Pushers in Federal Way, supports Black and other youth of color in south King County to become agents of change in the community. “Community is knowing who you are. It’s relationship building. We start off with sharing, ‘Here’s where I’m from.’ We show we can make communion.”

Those we met with shared how relationship building is essential to building the strength of the community and tackling institutional and systemic inequities.
Vanis Daniels moved to Pasco as a teenager. His father, uncle, and cousin helped to get the Hanford Project started in 1943. Vanis’ family was like many other African American families who traveled from Texas and the American South to Washington State to work at the Hanford Nuclear Reservation. At the time Vanis moved to the area, the Tri-Cities was, by design, racially segregated. Kennewick was a sundown town—African Americans were prohibited from being there after dark. Richland was reserved for white, permanent employees hired at the Hanford plant. African American and Latino workers could only live in Pasco east of the railroad tracks. Historians and community residents described the Jim Crow laws that defined Pasco at the time, including racial exclusion from nearly every restaurant and lunch counter. Families lived in tents, trailers, and makeshift shacks. Some leaders stated that it was this climate of overt racism and a desire to change policies and practices that motivated their entry into civic life. By 1967, Art Fletcher became Pasco’s first Black city council member. By 1984, Joe Jackson became Pasco’s first African American mayor.

Today, Vanis is the board president of the African American Community, Cultural & Educational Society (AACCES) in Tri-Cities. AACCES is documenting this history and the contributions of African Americans to science, business, education, and the culture of the region. At the same time, they are working to address the inequities that affect African Americans who call Tri-Cities home.

AACCES board members, Leonard and Vanessa Moore, were both born in the Tri-Cities. Leonard’s mother was the second African American on the school board. When discussing why they formed AACCES, Vanessa shared, “We came together to make sure certain things are not lost.”

This desire to build a strong and united community infuses the work of AACCES. Many members have deep family ties in the area and work to intentionally welcome new members, including those who have recently moved to the area. Amber, a young African American woman who moved to the Tri-Cities from Yakima, spoke of the values alignment she felt with the group and how they had welcomed her when she was looking for community. “They give me much needed support.”
When we met with Chaplains on the Harbor, we sat around a large table in their meeting space, an old union hall in Aberdeen. Chaplains provides services in Grays Harbor County for people in jail and people experiencing homelessness. They support the leadership and expertise of poor people through community-led social enterprise and an apprenticeship program.

Grays Harbor Public Health estimates there are as many as 3,000 residents not stably housed in the county. Up to 700 of those individuals are homeless. Chris, who had previously been homeless, shared, “If you’re riding a bike, they’ll call you a tweaker. If you’re poor, you’re a target here.”

Chaplains had been providing support and services to the nearly 100 people living in an encampment along the Chehalis River. When the City began requiring a permit to provide services, Chaplains filed a lawsuit against the City. When the City prepared to evict residents of the encampment, Chaplains sued again. Both lawsuits resulted in settlements, the last one requiring the City to keep a tent city at Aberdeen City Hall open through the winter.

James shared how he had been living on the streets when he met staff from Chaplains. He shared that the group had been there for him. He is trying to be there for his friends who are still experiencing homelessness. “People say we have a homeless problem here. No, we don’t. We have a lack of care.”

Chaplains on the Harbor spoke about how systems often work against poor people. In addition to material and spiritual support, leadership development, and job creation efforts, they haven’t shied away from using legal strategies to address barriers to housing and caring for those who are dealing with homelessness. Grays Harbor, like every county we visited in Washington, is grappling with how best to meet the housing and other needs of its communities. Groups like Chaplains on the Harbor are working multiple strategies to ensure they can organize and support the leadership of poor people.
Caring for the whole person: history and culture

“Culture is health.”  
– Guy Capoeman, Quinault Hereditary Chief, House of Nachaktua

Throughout our travels, we consistently heard how history and culture are central to efforts by organizations working to end the impacts of inequitable systems. Black, Indigenous, and other people of color spoke of their vision for their community and how they’re getting there: a historical analysis and a connection to culture were described as essential.

Tribal nations and urban Native and Indigenous leaders spoke to the direct ways colonialist policies were used to kill Native people, remove people from traditional homelands, and disconnect people from their cultural lifeways. Staff from a rural tribal health clinic expressed frustration with institutions that ignore the importance of culture to well-being. They shared how one local division of the state health system failed to demonstrate an understanding for historical actions that led to today’s inequities. “They don’t understand the cultural aspects. They think they’re giving handouts. They don’t see the big picture that this land was stolen.”

Toni Lodge, the CEO of the NATIVE Project, a health clinic serving urban Native communities in Spokane, elevated the connection between the harms caused by racism and the role community and culture play in healing. “Historical trauma isn’t going to be healed in the exam room. People will be healed in community.”

The connection between culture and history was also described as connected to sovereignty. When we met with the Makah Tribal Council, Leah Neuneker shared, “We’re a strong culture, when we dance you can feel that inner grace. We’re a living culture, a traditional culture. We will carry on forever because we pass it down.”
In many Native communities we heard about the loss that had occurred due to dams built on Washington’s rivers and how communities were forcibly relocated away from traditional homelands along the Columbia River and other places. John Sirois from the Upper Columbia United Tribes spoke to the integral role salmon plays in the culture and health of tribes along the upper Columbia. When the Chief Joseph and Grand Coulee dams were built, entire portions of tribal lands were submerged in water, communities were displaced, and salmon were stopped from running north. When we met with John in January 2019, he shared about the long-term efforts by the tribes to restore salmon. The following June, the Confederated Tribes of the Colville Reservation released 30 salmon in the Columbia, upstream of Chief Joseph Dam, as a pilot project of the Upper Columbia Tribes.

In Lapwai, Idaho, just outside Washington, Julian Matthews with Nimipuu Protecting the Environment, a Native-led organization, spoke to how they are working with Nez Perce youth and families to relearn traditional canoe carving. Last year, they held an action bringing a canoe flotilla together, calling to remove the four dams on the lower Snake River that impede the rights of Nez Perce and other Northwest First Peoples to exercise traditional fishing treaty rights. Julian shared how wild salmon, steelhead, and Pacific lamprey have been used by the Nez Perce people for subsistence, trade, and ceremonial purposes for centuries and described culture as intricately connected to tribal sovereignty.

African American communities we met with shared how they are explicitly rooting their community organizing work in a reconnection to and remembrance of their ancestral, indigenous African ways of knowing that the policies of slavery tried to extinguish. Hilltop Urban Gardens (HUG) in Tacoma’s Hilltop neighborhood is working to interrupt the root causes of economic poverty and other systems of oppression using food independence and food sovereignty as an important strategy. Tonya, a member of HUG who grew up in the Hilltop neighborhood, shared how HUG taught her to remember the community’s strength. Places that had before triggered feelings of trauma for her were now reclaimed as spaces for community gathering. As HUG works to push back against the displacement...
of the local Black community in the Hilltop neighborhood, she shared that connection to culture and land is an essential part of their work.

African American leaders in Spokane also emphasized the role of culture. One of the most populated cities in the state, Spokane is a major regional hub. As one of the largest cities in the region, it attracts people from Boise and Billings for medical care, services, and commerce. Leaders expressed frustration that the city is often not recognized for any of these things. This is compounded by the fact that communities of color are largely made invisible outside of the Puget Sound region. Ginger Ewing, executive director of Terrain, spoke to the role art plays in creating culture and home for communities of color in Spokane and how arts funding often doesn’t reach the area. Ewing described a critical need “to feed people’s bellies, but also to feed their hearts and souls.” Sandy Williams, founder and editor of The Black Lens, highlighted the importance of culture in social justice work. She shared that she launched The Black Lens in 2015 to bring the African American community in Spokane together. “You can’t bring health to a community without a community.”

The impacts of historical policies that have led to systemic inequities have been largely ignored by white-led organizations. Organizations in Washington and along our borders led by people most impacted by inequities shared that they work from an understanding of the historical policies and practices that designed the systems that affect their daily lives. Culture and remembering and working from a place of community strength are central to communities’ visions for what a new Washington will look like.
New Beginnings - Quileute Nation and Northwest Coast Tribal Partners (Clallam County)

During one mid-winter afternoon, we met with members of the Northwest Coast Tribal Partners in a Quileute carving shed just outside the town of Forks. The partners include staff from Quileute and Hoh social service programs along with staff from the Forks Abuse Program. The group works with men returning from jail and prison, struggling with substance use, and working on issues of domestic violence. The group brings men together to heal through carving and other cultural traditions.

One of the group members spoke about the trust they can build with each other, because they have gone through the same experiences of incarceration or struggles with substance use. “This is a bunch of stuff you don’t learn in a book. It’s our own stories that make us approachable. Our experience is our job training.”

Three years before, David Jackson Jr., a Quileute master carver, led the community in building a healing totem that now stands at the health center in La Push. He shared how that project started with a small group of men in the program but had extended to entire families, including children, parents, and elders. “Cedar brought our community together.”

Since then they have continued to teach carving and traditional skills. David shared his vision for his community: “I want this whole place covered in carvings like it used to be—our art everywhere.” He stressed that their work wasn’t about fixing people. “The men we work with already have the voices of their ancestors and their parents telling them what they need to know. We just help them remember.”
Creating networks of support

In our meetings across the state, we heard from leaders about the importance of local and statewide networks that bring people together to deepen connections and build a unified voice. Networks and partnerships were critical in long-term efforts to address inequitable systems, allowing groups to unite under a common vision, share resources, and build collective power.

For some groups this meant ensuring direct services were offered so that people’s daily needs were met as they worked on policy advocacy.

In Everett, leaders from Connect Casino Road, a collaborative of community groups, shared that the area is facing strong economic pressures and potential displacement from light rail’s future expansion into Snohomish County. Casino Road in south Everett is home to many Latino individuals and families living in low-rent apartments. Women who had been attending English as a Second Language (ESL) and parenting classes began self-organizing to provide mutual support to one another. The women formed their own group, Madres de Casino Road, and joined the Casino Road Partnership. Miriam Vargas, a member of Madres de Casino Road, said, “We have a community, but we want to build that sense of a community.” While the partnership works on a range of systemic issues to support families in the area, the group is able to support people’s immediate needs.

For other groups, networks are beneficial to creating shared organizing strategies to address issues impacting individuals and families’ daily lives and to build political power.

Abigail Scholar, executive director of Central Washington Justice for Our Neighbors, is a member of the Washington Immigrant Solidarity Network (WAISN), an immigrant-led network of community organizations working to protect families and individuals and support immigrant justice. She shared the work CWJFON and WAISN are doing to provide accompaniment to people who need to go to the courthouse for civil proceedings and who fear Immigration and Customs Enforcement (ICE)
detainment while there. Scholar described the value of these networks for Washington’s families: “Being there has a clear and defined impact. Those fifty steps between the courthouse and the van can change everything.” She also shared how the coalition successfully supported the passage of the Keep Washington Working Act, state legislation to prohibit local law enforcement from routinely questioning individuals about immigration status, notifying ICE that a non-citizen is in custody, and detaining someone for civil immigration enforcement.

Leaders shared how frequently funders assume that organizations are focused on either systems change or direct services. Organizations shared that the reality of people’s lives and the need to survive leaves little room for a choice between the two. We heard from many organizations about the importance of ensuring that the immediate needs of individuals and families are met, whether through providing direct services or by developing shared organizing strategies, while they work to build long-term systems change and policy advocacy efforts.
Kim Rinehardt of Mason County HOST described how her organization works with families, advocates, and schools to create a network of support to ensure children are housed. Richards shared the impacts of the last decade on low-income communities in the area. “We were hit hard by the recession here,” she said. “A lot of people lost their housing. A lot of families never bounced back.”

The economic pressures experienced by families in Mason County have been compounded by living in a county containing miles of coveted shoreline a short distance from the wealth of the Seattle metro area. Richards shared that many wealthy individuals have purchased Mason County homes for vacation rentals, which has decreased available housing and increased rents and housing prices.

Mason County is also home to a large Indigenous and Guatemalan population, many of whom work picking forest brush, like salal and ferns, for floral arrangements. The work is year-round, enabling communities to avoid seasonal migration for work. Richards and other leaders shared that the Guatemalan community remains largely isolated due to language barriers and experiences of racism when accessing services.

Mason County HOST builds upon the generosity of the community. Like most people with whom we met, Richards shared frustration at the barriers put up by philanthropy simply to secure a small amount of funding. Despite a general lack of support from philanthropy, the organization has been successful at pulling together local officials, advocates, and families to provide resources for young people experiencing homelessness. “We dream big here. We care about each other.”
In fall 2019, we met with 20 Pacific Islander Community Association (PICA) members. This intergenerational group includes fa’afafine, leiti, takatapui, mahu people, LGBTQ people, and others, with members from Micronesia, Samoa, Tonga, Hawaii, and other Pacific Island nations. PICA works across King, Pierce, and Snohomish counties to organize and unite on the many ways systems impact Pacific Islander lives.

PICA began organizing many years ago, after the release of a study that highlighted the educational inequities impacting Pacific Islander students. Pacific Islanders’ experiences are often invisibilized by aggregated public data sets that combine all Asian people into one category.

PICA includes members from Micronesia. In the 1980s, the United States and the islands of Micronesia and Palau and the Marshall Islands signed the Compact of Free Association (COFA). These treaties were established in part to compensate for the loss of life, health, land, and resources due to nuclear weapons tests by the United States in the 1940s and 1950s. The peoples of the COFA nations were promised military protection, legal non-immigrant status within the United States, access to U.S. federal government benefits, and the ability to work and live in the U.S. Despite COFA treaty requirements, these communities have been denied health insurance and other benefits. The COFA communities in Washington have organized successfully to restore recession-era cuts to programs like State Food Assistance.

Many members of PICA are also engaged in the community through churches, student organizations, and United Territories of Pacific Islander Alliance (UTOPIA), a fa’afafine-led organization supporting LGBTQI Pacific Islanders. PICA felt the need to unite across age and the Pacific Islander community. Joseph Seia shared, “We don’t just have one issue impacting our community.” Members spoke to police violence, the impact of prisons, inequities in health and education, and other issues impacting youth and elders. Tiare Feterika Chanel shared that PICA formed to have a unified political voice rooted in culture: “Why can’t we build something that’s ours? Something that’s inclusive of our Pacific Islander brothers and sisters? We come from one ocean. We come from one moana.”

1 Micronesians in Hawai’i: Compacts of Free Association (COFA), University of Hawai’i at Manoa Library, https://guides.library. manoa.hawaii.edu/c.php?g=105631&p=686651.
Barriers to community well-being

The leaders we met with spoke about how systems and institutions cause health inequities. They named concerns about safety, structural isolation, and a lack of representation in government.

Lack of safety

Safety is a major concern for communities around Washington State. Whether in rural communities, mid-size cities, or large cities, individuals and families experience overt acts of racism, ableism, classism, transphobia, and homophobia. In some communities, people shared that they feel safer organizing in homes rather than at local coffee shops, restaurants, or in other public places.

Police violence was named as a norm in some places by people of color and those experiencing poverty. In some communities, residents described the military equipment owned by the police force, giving their department a militarized presence rather than one of public safety. In one town, a young man described a climate of violence by police towards those experiencing poverty that also pervaded the general community. He described friends who had been harassed by the police and friends who had been beaten up for being homeless.

People named the ways violence is perpetuated by and within institutions—institutions that are often awarded grant dollars. In one city, a leader of a Black-led organization shared how the local government received a large grant from a foundation for what was noted as innovative racial equity work. His organization said these rewards were given despite Black and Native people continuing to die in their jail system.
A lack of safety was also named by many immigrant leaders. We heard from Latino and Indigenous Mexican and Central American residents who hesitate to access health and social services or attend school or community gatherings for fear of immigration detention and deportation. People working in service industries in largely tourist areas described being unable to leave the area due to ICE enforcement on ferries. In other communities, people described raids while on worksites and when visiting court houses for civil procedures.

**Structural isolation**

We heard from many leaders how structural isolation affects their communities. This structural isolation exacerbates the effects of systemic oppression experienced by people of color, immigrants and refugees, people living with disabilities, LGBTQ people, and people experiencing poverty.

Leaders across the state work to overcome isolation due to inadequate infrastructure and services. Throughout Washington, there are communities that experience separation and isolation from vital services and supports. In areas with ferries or toll bridges, the cost of the toll can be a barrier to access even neighboring towns. In Bingen, Klickitat County, leaders described the impacts of tolls required to cross the bridge over the Columbia River into Hood River, Oregon. Ubaldo Hernández, a leader from White Salmon, said that the toll kept people from seeking work and services available in the relatively resource-rich Hood River. He stated that foundations often gave grants to organizations located in Hood River assuming the benefit would impact nearby communities. Unless organizations intentionally bring services to communities in Washington, the services may remain out of reach of many of the low-income communities in Bingen, White Salmon, and Lyle.

Major parts of Washington lack infrastructure, leaving residents with limited roads, no access or limited access to public transit, and a limited range of cellular phone and Internet service. Isolation
can occur as a result. Electrical grids are sometimes impacted by natural causes and can take much longer to get running again. Joseph Pakootas, director of the Lake Roosevelt Health Clinic, a clinic of the Confederated Tribes of the Colville Reservation in Inchelium, stated, “If a tree falls in Kewa, we can be out of power for a week.” On the Olympic Peninsula, Tyson Johnston, vice chair of the Quinault Nation, shared the difficulty that isolation presented for their communities. Queets is about an hour’s drive from Taholah, where the majority of Quinault services are located. The Tribal Council has held council meetings in Queets so elders and others wouldn’t have to drive so far to participate, and the Tribal Council is working to bring greater Internet access to the community.

Isolation was also discussed by leaders in more densely populated areas. A leader at the Highland Neighborhood Association (HNA) in Longview explained how building a community center in their neighborhood, which is comprised of many people with disabilities, was a way to bring people together and address some of the seclusion people with disabilities often face. Through many years of organizing, the group was able to establish a community-run and volunteer-led center. They were also able to engage the community in the city’s Neighborhood Revitalization Plan and advocate for a trail with lighted paths along the river to increase opportunities for socializing among residents and connections between different neighborhoods.

The number of Indigenous Mexican and Central American people who speak Mixteco, Triqui, Mam, and other languages has grown in Washington State. Many Indigenous Mexican and Central American people living in Washington don’t speak Spanish and, due to a lack of interpretation and translation by institutions and agencies, language becomes a barrier. The result is many places in our state where people live in proximity, but relative isolation, from their neighbors. Accessing social and health services and navigating school systems can be difficult to impossible. Marta Olivera from Catholic Community Services Farmworker Center in Mount Vernon shared, “Language is the biggest issue for us. I’ve walked in their shoes. I always think, ‘If this was my mom or dad, what do I need to tell them so that they feel okay?’”
**A lack of reflective representation**

In nearly every community we visited, government, school, and other institutional leaders do not reflect the cultural, lived, and economic experiences of the people they serve. White men comprise only 35 percent of the state’s total population, yet this demographic is highly overrepresented in all positions of governance. Often there are no elected officials or leaders in positions of government administration (such as superintendents, public health department directors, and other agency heads) who identify as people of color, who have disabilities, who are LGBTQ, or who have experienced prolonged poverty. In communities across the state, there remains an overrepresentation of men, white people, and people whose income and wealth is far greater than those they represent. Relative to the size of the state’s population, Washington has a high number of elected offices, but this comparatively high number has not resulted in a more representative body of leaders.

We heard about efforts that resulted in the suppression of voting or the weakening of voting blocs. In one tribal community, a local leader described commissioners for county office running on overtly anti-Native platforms. In the last election, ballot boxes weren’t collected by local officials until a week after the election results were declared.

In another city that is predominantly Latino, a leader shared that, if you live on his side of the street, you vote in one state legislative district, but his neighbor across the street votes in another. He explained that the districting boundaries had cut the community in half, essentially diluting the power to advocate collectively for shared priorities as a voting bloc and as a constituency.

In many of our visits, we heard ways that communities of color are denied an opportunity to ensure the needs of families of color are represented by those in government. We also heard from some groups about how communities ensure their political voice is centered.

Leaders shared that houses of worship serve as political bootcamps. In some of our visits we heard how people who belong to specific faith groups are overrepresented in elected office and government
administration due to strategic, long-term political organizing. We heard about the complicated ways this affects communities. For example, we heard that one faith community has been supportive of people experiencing homelessness and undocumented immigrants. Yet members of the same faith community in positions of power in local government had also advanced homophobic and transphobic policies in the local school district. In another town, a young leader shared that teachers used a sexual education curriculum that failed to meet state laws. The leader explained that while a local church wasn’t the faith home for most residents, school district officials had received little pushback due to the significant power the church held by having an overrepresentation of members in school administration and on the school board.

Not having people in elected office who reflect the community affects the ability of local government to be responsive to community needs. Many county public health departments we met with relayed their concerns about the lack of representative leadership in elected office. They shared that there has been a lack of understanding about and commitment to funding systems change work by county commissioners and other elected officials. They try to secure dollars but often have little recourse but to do service-level work that doesn’t address root causes of health inequities. As one public health department director shared, “We want to do systems change work. There is a lack of political will here to do it.”

The lack of reflective representation impacts communities in a myriad of ways, including who benefits from public resources. An Indigenous Mexican woman who lives in a rural community shared that a local school district had redrawn school boundaries after dollars had been approved for the construction of a new school. The redrawn boundaries meant that the children from a primarily Latino and farmworker community would remain in the older building, while the children of white families would benefit from the newly constructed school. Advocating to the predominately white district officials proved difficult for parents in a district where accessing even language interpretation was a struggle.
Many leaders we met with expressed frustration that philanthropy doesn’t usually fund advocacy work by small or emerging organizations led by the people most impacted by inequities in Washington’s rural and mid-size cities. Groups shared that philanthropy continues to fund white-led organizations and groups based in larger cities that don’t represent their communities, further perpetuating inequities. The absence of resources for local organizing and advocacy led by impacted communities inhibits the ability of groups to implement systems change strategies, such as developing a pipeline of community members prepared to govern or building a strong base of community members to advocate and hold institutions accountable.
Countering racialized narratives of Washington State

Before we began our community visits, institutional and philanthropic leaders routinely cautioned us that people living outside the Puget Sound region would not want to talk about racism. Yet, in nearly every visit, the people we met invited us into conversations about how racism impacts their lives.

There is a prevalent perception of Washington State that imagines the population as white, middle class, liberal, and living in Seattle. Washington’s rural communities are most often assumed to be white and conservative. Under this false story, tribal nations are described primarily in historical terms and not as sovereign nations with political power. Urban Native people are often not counted in public data sets that inform public policy. Longstanding African American, Latino, Asian, and Pacific Islander communities in cities like Centralia, Pasco, and Spokane are rarely acknowledged in Washington’s public imagination. This racialized narrative attempts to erase the fact that people of color live in every part of the state, including rural communities, small towns, and urban areas. It also discounts the fact that people of color comprise the majority of the population in several of Washington’s towns, mid-sized cities, and rural counties.

Washington’s Latino community provides critical care for Latino and non-Latino families in many parts of the state. The Farmworkers Clinic in Yakima is one the top five employers in the county. In some rural communities, Federally Qualified Health Centers and farmworker clinics also play a role as conveners and connectors, with close relationships to those in the community. Many people typically identified as Latinos in Washington are Indigenous people from Mexico and Central America; they don’t always identify as Latino and speak Indigenous languages like Mixteco, Triquis, and Mam, rather than Spanish. Nieves Gomez, CEO of Columbia Basin Health Center in Othello, shared that due to

Nespelem, Okanogan County

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language barriers, Indigenous language-speaking communities can be largely undercounted in public data sets. For example, he indicated that the number of Latinos in the area was closer to three times as high as what was reported through census data.

In Whatcom County, Rosalinda Guillén, executive director of Community to Community, spoke about efforts to ensure farmworkers were not only represented in decision-making, but involved in leading a larger movement for social transformation. She spoke of the long-term relationship building and organizing that resulted in Familias Unidas por la Justicia, the first Indigenous, farmworker-led union in the state. Guillén shared that part of their work for the future included building a pipeline of leaders that would reflect the community, hold the values of the community, protect the union, and support the development of collectively-owned land so that farmworkers could own the means of production.

The contribution and role of communities of color in Washington State goes largely unnoticed. The magnitude of the impact of Washington’s tribal communities on the care and well-being of Washington’s families has also been deeply unrecognized.

When Native people and tribal communities are spoken of in public discourse, it’s often as receivers of services rather than those who take care of, provide for, and invest in Washington’s communities. In many of Washington’s counties, sovereign tribal nations are the primary employers of both Native and non-Native residents. In Washington’s rural communities, tribal nations play a pivotal role. For example, the Kalispel Tribe is the largest employer in Pend Oreille County, the Spokane Tribe is the largest employer in Stevens County, the Confederated Tribes of the Colville Reservation is the largest employer in Okanogan County, the Swinomish Tribal Community is a top five employer in Skagit County, and Jamestown S’klallam Tribe is the second largest employer in Clallam County. This is also true in counties with mid-sized cities. The Quinault Nation is the largest employer in Grays Harbor, the Squaxin Island Tribe is the largest employer in Mason County, and the Cowlitz Tribe is a major employer in Cowlitz County. This holds for Washington’s more urban areas as well. The Tulalip Tribe is one of the top five employers in Snohomish County, the Suquamish and the Port Gamble S’klallam
are top employers in Kitsap County, the Puyallup Tribe is a top five employer in Pierce County, and the Muckleshoot is a major employer in King County. Across Washington, tribes as a whole are the eighth largest employer in the state. Furthermore, the overwhelming majority of the jobs created by tribes in Washington State are going to support non-Native people. Non-Native people make up 70 percent of the workforces of Washington’s tribes.²

In many places we visited, people who used Medicaid or private insurance preferred to visit the tribal health clinics due to the high quality of the care they received. Sovereign tribal nations have developed innovative models, such as Swinomish’s didgʷálič Wellness Center where substance use is addressed by providing culturally-based, holistic services, including health, behavioral health, and dental care in one location. The center serves patients across Skagit and Whatcom counties, and other communities are exploring how they might develop similar models.

Tribal nations are also the primary philanthropic investors in rural communities around the state. Despite the extreme wealth of philanthropy in the Seattle metro area, rural leaders rarely shared experiences of receiving dollars from funders based in Seattle and surrounding cities. In contrast, tribal nations were often named by non-Native leaders as their strongest philanthropic partners.

Contrary to public perception, people of color comprise more than half of the total population of Yakima, Adams, and Franklin counties, and close to half of the total population of Grant County. Communities of color are growing across the state. Nearly half (47 percent) of all students in Washington’s public schools are children of color.³ Communities of color and other communities experiencing inequities in Washington’s rural communities and small towns are creating solutions, challenging and reimagining systems, and building independent political power on their own terms.

Grantmaking guidance

We looked to leaders and organizations for guidance on the best ways to design grantmaking processes.

We asked how Group Health Foundation could show up as a respectful partner. We asked about the kinds of practices we should avoid. The people we met with gave us valuable advice on how to be respectful grantmakers, and we are deeply appreciative for their directness.

They shared the following guidance:

• Leaders said how meaningful it is to be able to build local connections with a funder. We were advised to build relationships and deepen our understanding of Washington State by locating offices outside of the Seattle metro area. We were encouraged to enter communities with humility. Based on this advice, we have made the decision to open offices throughout Washington.

• We were advised to have staff and board with lived experiences of inequity and staff and board who have spent their professional life working in a broad range of communities across Washington. We are working to ensure our hiring processes reflect this emphasis as an element of qualification.

• Leaders expressed the value of long-term relationship building. Funders need to commit the time it takes to build trust with communities. They advised us to have a process to acknowledge when mistakes are made and to reconcile.

• Leaders shared the importance of defining the words we use. A community member in Yakima advised, “You and I might mean different things when we say community engagement. Tell us how you define words, and be open to hearing that we might define things differently.” One way we are trying to heed this advice is by developing a glossary of terms and principles. We are also seeking
to be responsive and hold ourselves accountable to what we hear from communities. We are committed to documenting, sharing, and hearing feedback about our approaches to this work.

• We heard how organizations are frustrated that foundations increasingly use the term “equity” without making significant changes in practices or funding decisions. Leaders shared that they have seen funders attend equity convenings, write blogs, and give speeches about equity, but they are not seeing dollars go to people of color-led, immigrant and refugee-led, disability-led, LGBTQ-led, and poor people-led groups or organizations located in rural and mid-sized cities that have been historically underfunded.

• We heard from some white, rural leaders who believe that money is not flowing to their rural communities because funders have shifted their focus to “equity.” They believe the lack of resources they are seeing is due to new attention being paid to communities of color. While we heard this sentiment many times, there is no evidence that the percent of dollars going to organizations led by people of color is increasing. This surfaced an ongoing challenge that people of color are still not being seen in their communities, and their efforts are not being funded.

• We were repeatedly advised that funders should track and report publicly who is receiving funding to advance equity, whether these groups are led by communities most impacted by inequity, and where these organizations are located and working. We are looking to address this in our work. In our recent open grantmaking process, we included questions for applicants about their board and staff demographics and how they are reflective of the communities they serve.

• Organizations shared the importance of funding groups that center equity in their work and whose leadership is reflective of and accountable to the communities they serve. When funders support organizations that are not centering equity and are given a pass, philanthropy is a part of perpetuating inequities in Washington.

• We heard how white-led organizations have benefitted from philanthropic practices to the detriment of people of color-led organizations. An example that was repeatedly cited was how funders have historically supported capital campaigns of white-led organizations. This funding has enabled white-led organizations to buy their buildings and develop assets, while people of
color-led, LGBTQ-led, and poor people-led organizations have largely been ignored for capital investments. Other organizations that have started more recently shared that philanthropy has moved away from capital investments. This has left out entire communities from building wealth and assets. This inequity is compounded by the fact that organizations led by people of color and tribal nations often receive a larger share of funds from government grants, which don’t typically provide funding for capital purchases.

- Leaders shared the importance of funding organizations with smaller budgets, as well as culturally-specific groups that are led by and have deep relationships with communities most impacted by inequities. They also talked about the need to fund groups in rural communities and smaller cities that are led by people of color, immigrants and refugees, persons with disabilities, LGBTQ people, and people experiencing poverty—groups that have often been ignored by philanthropy in the past.

- Even though there is a lot of wealth in Seattle, culturally-specific groups and groups led by people of color continue to be kept out of accessing these dollars. Leaders shared that the wealth of Seattle-based philanthropic donors isn’t reaching the organizations led by communities most impacted by inequities. In addition, these organizations shared that they have a difficult time attracting regional and national funding since it is assumed proximity to Seattle’s philanthropic sector means organizations are benefiting from these donors.

- Leaders advised us to understand the roles of intermediaries, when partnering with them makes sense, and when partnering could lead to greater barriers for nonprofits. We were advised to build relationships and fund organizations directly, as well as take the time to invite local organizations to share more about their experiences with intermediaries.

- Leaders expressed how important transparency in decision-making is to them. They advised us to practice transparency and be clear why a group was funded or not funded.

- We heard how helpful simple and accessible application processes are. Organizations shared their appreciation for when funders accept applications in various formats, translate materials into various languages, and ensure applications can be filled out in a person’s home language. We have
worked to follow this guidance in our first grantmaking effort and continue to learn how to ensure our processes are accessible.

- We were advised to be very cautious about evidence-based evaluation. Evidence-based evaluation has typically set white communities as a baseline without analysis of how racial inequities in systems have led to current realities. Evidence-based evaluation also leads to the assumption that a program that was effective in one community will work in another, when in fact it may cause harm. As the result of this guidance, we are developing a set of commitments to reflect back what we heard and hold ourselves accountable for how we will engage in things like research, data, and evaluation.

- Organizations in every corner of the state advised us to prioritize general operating support (“unrestricted” funding). General operating support allows organizations to spend money where it is most needed and demonstrates trust in the leadership of the organization. There was a sensitivity about the need for general operating funds since leaders felt they have been giving this advice to funders for a long time.

- We were advised to fund at the pace of relationship-building and opt for long-term funding cycles. Leaders said three years is the minimum amount of time philanthropy should fund a single organization. Five to 10 years is needed for generational and long-term transformational change.
The impacts and opportunities of data, research, and evaluation

Before visiting a community, we reviewed a variety of information, from health assessments to census and school district data. This provided us with valuable context.

At the same time, in nearly every county we visited, leaders spoke to the need for more accurate data. People we met with pointed to undercounts of immigrants, refugees, and people experiencing homelessness. Community organizations shared the need for data sets that are disaggregated in terms of race, ethnicity, and other demographic categories to ensure communities aren’t invisibilized and the complexities of communities are better understood.

We heard concern about how racial and other data is used and presented. Leaders are concerned that presenting negative health outcomes without naming the role of institutions reinforces a narrative that health outcomes are the result of individual behaviors. It’s important to describe how systems fail people, families, and communities.

Organizations shared different ways they conduct research about their communities, from using community-based participatory research methods4 to developing community action boards5 that function as institutional review boards and are accountable to the community.

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4 The principles of CBPR as defined by Barbara Israel, Meredith Minkler, and Nina Wallerstein and cited in, Community-Based Participatory Research: A Strategy for Building Healthy Communities and Promoting Health through Policy Change: A Report to the California Endowment. Policylink 2012.

5 Dr. William Freeman, NW Indian College, presentation to Group Health Foundation, “Tribally Initiated, Engaged, and Controlled Research, April 2, 2019.
Leaders we met with expressed that transformational change takes time and emphasized the opportunity to center evaluation in the context of relationships.

Organizations cautioned against collecting overly burdensome data. They appreciate when foundations communicate why they are conducting an evaluation and how they will use the information gathered through evaluations. They also emphasized that evaluations should be developed together with grantees.
Reflections

This first year of building relationships has been a gift to us. We have seen communities as they are: strong, powerful, and whole. We have had assumptions challenged and been invited to take a deep look at how institutions and systems, including philanthropy, have participated in perpetuating inequities in Washington. As we move forward in our work to learn and understand the systems and issues impacting communities in Washington State, there are a few areas we are taking time to reflect on to ensure we are a more respectful and effective partner.

Working to be a respectful partner to disability-led organizations

When we began reaching out to organizations, one of the groups we prioritized meeting with was organizations led by people with disabilities. While we met with a range of groups, many groups we met with were serving people with disabilities, rather than led by people with disabilities. There were times that able-bodied organizational leaders expressed a desire to create more reflective leadership in their organization. At times, the organizations we met with had staff and advisory boards comprised of people with disabilities to provide feedback and input on programs. There were also times that people with disabilities were described in ways that positioned them as receivers of services but not as decision-makers leading the vision and direction of the organization.

We heard very different messages when we met with organizations led by people with disabilities. We heard how ableism often results in able-bodied people believing that people with disabilities are unable to lead organizations and unable to direct and have agency over their lives. We heard how our sector rarely funds disability-led organizations and, as a result, many people do disability justice

Neah Bay, Clallam County
work through informal networks and as volunteers. We recognized how we had not been centering disability justice in our work and the groups and leaders we missed meeting with along the way.

People First, a statewide developmental disability-led network shared with us the benefits of an organization led by people with disabilities and rooted in local organizing. We met with Donna Lowary in Clarkston, Asotin County on the eve of her retirement as statewide coordinator of People First. Lowery described People First’s commitment with the maxim of “Nothing for us, without us.” People First exists as a network of local chapters, each building its own culture and priorities. The group comes together at an annual statewide conference to set a legislative agenda and build relationships between chapters.

As we continue to build relationships with organizations across Washington State, we know we have much to learn about how to be a respectful partner to people with disabilities. This last year we have begun to learn the important distinctions between disability-led, parent-led, and disability-serving organizations. We know there is much for us to continue to learn. As we move into 2020 and continue our community engagement work, we are prioritizing building relationships with groups whose leadership reflects people with disabilities and deepening relationships with organizations and leaders working at the intersection of racial justice and disability justice.

**Learning from our mistakes**

As we build relationships we are committed to learning from our mistakes. We know that in this first year of relationship building we made errors that we can avoid in the future. Throughout the year we reflected on our community visits and noted where our relationship-building efforts missed communities that are essential for us to hear from, and when we showed up in ways that didn’t adequately honor relationships in the way we strive to honor them.
While we have begun to build relationships with leaders and organizations across the state, we know that in every place we have visited, there are people and organizations we have missed. At every visit during the past year, we learned who we have not yet met with and who we need to connect with on our next trip. As we move into our next year, we are continuing to reach out to groups most impacted by health inequities. We are prioritizing meeting with disability-led organizations, people of color LGBTQ-led groups, immigrant and refugee-led organizations, and culturally-specific organizations across the state. We are working to ensure we continue to meet with leaders and organizations in rural communities and mid-size cities that have seen a historic lack of funding from philanthropy.

Our actions didn’t always match our commitment to ensuring access for people with disabilities. In the beginning we neglected to ask about accessibility needs of those we met with ahead of arriving in local communities. We scheduled a large community reception without having enough information about accessibility to enter the building and failed to share appropriate access information with guests. We are working to build organizational practices that center accessibility for people with disabilities, and we know we still have a long way to go.

In the beginning we often framed our questions using health disparity language. We were gently reminded by those we met with that this isn’t how leaders speak about themselves. We made a commitment to reflect on how we ask questions.

We learned that using a county framework to organize our community visits didn’t reflect how communities define home. While it is helpful to understand the role of county governments and budgets, we know county lines rarely reflect how people think of community. It is important for us to understand how people define community, and how communities see themselves in relationship to others across the state.

Early on we would ask questions if someone spoke about a system or institution with which we were unfamiliar. We realized this meant the person was spending time educating us instead of sharing their experiences. We recognized we need to do our own homework to understand things like health
systems, recent legislation, and revenue sources on our own and create more space for leaders to share what is most important to them.

We are committed to inviting people into relationships, and that means sharing our own stories. We strived, and at times struggled, to find the right balance of sharing versus listening. We also learned we need to schedule more time for meetings so that we don’t end up leaving just when people are beginning to feel comfortable sharing their stories with us.

At times we brought up to four staff members to meet with community leaders. We hoped this would facilitate relationship building between communities and our staff. We also wanted more of our staff to learn from communities. However, in some meetings, there were more of our team members than community members. At times this resulted in less intimate conversations.

We continue to grapple with how best to communicate our expansive view of health. In some cases we could see groups try to fit or explain their work in a medical model when their work was meaningful as it was. It will take time to develop trust so that people believe us when we say that we see health as being expansive and inclusive of all the things a community determines for itself as a priority for well-being.

Another lesson we learned was how long it took to return to communities. We made a commitment that our visits to communities were just the beginning, and to return to continue building and deepening relationships. We made over 70 trips over the year, and sometimes more time passed than we would have liked before we could return. We struggled with balancing visiting places we hadn’t been yet with the need to return and continue building relationships with people in the communities we had already visited.

We continue to reflect on how we can be a more respectful partner to communities. We know we will make missteps. As we move forward in our work, we are deepening our relationships and look forward to continued reflection and growth.

Aberdeen, Grays Harbor County
Closing

We are grateful to the many groups and individuals who gifted us with their time and guidance this last year. The work taking place in communities and towns across Washington is powerful. We have been transformed by the guidance we received.

What we heard from leaders affects how we design our grant processes, the kinds of people we hire, and the kind of workplace culture we build. It also informs our organizational philosophies. We have begun developing a set of documents to articulate how we approach things like sustainability, leadership, partnership, convening, learning, and evaluation. We look forward to sharing additional approaches as they are developed.

We are working to build a foundation that is reflective of and responsive to communities impacted by inequities across Washington State. As we move forward, we recognize that building deep and accountable relationships takes time. We know we have only just begun. We have many decisions to make in the years ahead, and our ability to remain rooted in relationships will define our ability to be a qualified partner to communities. We thank all of you who have begun this journey with us.
# Appendix

## Who we met with over the past year

Over the past year, we traveled to every county in the state to learn about work led by communities across the state—their lived experiences, priorities, challenges, and hopes. The following list is comprised of the communities, organizations, tribes, agencies, informal groups, and individuals who have informed our understanding of Washington State and neighboring lands, as well as national groups who have deepened our understanding of how to support and partner with communities to advance health equity. We extend our deepest gratitude to them for their time, expertise, advice, and the many other gifts shared with us along the way. We are particularly indebted to those who were vulnerable in sharing their own mistakes and missteps, as well as direct feedback to us on how we can and should show up better as a philanthropic partner.

Ultimately, this list strives to acknowledge the many people from whom we received profound guidance and lessons, whether they be in positions of leadership, volunteers, council, or staff. While we did our best to include everyone we met with over the past year, we express our sincere apologies and regrets to anyone we may have missed. The lessons and experiences we gained from our meetings across the state this past year that are reflected in this report, guided us in designing our first substantial grantmaking cycle and public policy investment. The information shared with us in our first year of statewide engagement will continue to inform Group Health Foundation’s values, strategic approach, and allocation of resources in future years.

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<tr>
<th>African American Community, Cultural &amp; Educational Society</th>
<th>Asian Pacific Islander Coalition Spokane</th>
<th>Catholic Charities of Central Washington</th>
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<td>Catholic Charities of Eastern Washington</td>
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<td>Aging and Adult Care of Central Washington</td>
<td>Bethlehem AME Spokane</td>
<td>Catholic Community Services Farmworker Center</td>
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<td>American Indian Health Commission</td>
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<td>Center for Native American Youth at the Aspen Center</td>
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Children’s Home Society of Washington, Walla Walla
Chinese Progressive Association
Chinook Indian Nation
Chuck Sams
CIELO
Clark County Public Health
Columbia Basin Health Association
Columbia County Public Health
Columbia Legal Services
Columbia Riverkeeper
Communities in Schools of Benton-Franklin
Communities of Color Coalition
Communities of Opportunity
Community Action Center
Community and Economic Development, City of Pasco
Community Foundation of North Central Washington
Community Health and Benefit, Kaiser Permanente
Community to Community Development
Confederated Tribes of the Colville Reservation
Connect Casino Road, Community Foundation of Snohomish County
Councilmember Iris Carías, City of Mount Vernon
Cowlitz Indian Tribe
Davenport School District
Dayton General Hospital
Dayton Public Schools
Densho
didgʷálič Wellness Center, Swinomish Indian Tribal Community
Disability Rights Washington
Division of Children and Family Services, Spokane Tribe
Downtown Pasco Development Authority
Dr. Dorothy Mann
Dr. Maxine Hayes
El Centro de la Raza
Elsun S. Floyd College of Medicine, Washington State University
Emergency Food Network
Empire Health Foundation
Essentials for Childhood Initiative, Washington State Department of Health
Excelsior Wellness Center
Faith Washington
Federal Way Multi-Service Center
Forest Foundation/Sequoia Foundation
Forks Abuse Program
Forterra
Front and Centered
Frontier Behavioral Health
Garfield County Memorial Hospital
Gay City
GenPRIDE
Grays Harbor Community Hospital
Grays Harbor County Public Health and Social Services
Greater Tacoma Community Foundation
Gricelda Ohrazda
Grist
GU-UW Regional Health Partnership, Gonzaga University
Hand in Hand Immigration Services
Hanford Challenge
Health Care Authority
Health Equity Circle, Washington State University
HealthierHere
Health Sciences and Services Authority of Spokane County
Heritage University
Hilltop Urban Gardens
Holly Ridge Center
HomeSight
Housing Resource Center
Human Response Network
Innovia Foundation
International Community Health Services
Janel Lewis
Kaiser Permanente Washington Health Research Institute
Kalispel Career Training Center, Kalispel Tribe of Indians
Kalispel Development Company, Kalispel Tribe of Indians
Key Peninsula Partnership for a Healthy Community
Kitsap Immigration Assistance Center
League of Education Voters
League of United Latin American Citizens, Pasco
La Casa Hogar
La Comunidad para el Avance Familiar Educativa (CAFÉ)
Lake Roosevelt Community Health Centers, Confederated Tribes of the Colville Reservation
Latino Civic Alliance
Legal Voice
Longview Highlands Neighborhood Association
Lower Columbia Community Action Program
Lower Columbia Hispanic Council
Lummi Youth Academy
Madres de Casino Road
Makah Whaling Commission
Makah Tribe
Martin Luther King Jr. Community Center
Mason County H.O.S.T.
Mason County Public Health
Moore’s Boarding Home
Moses Lake Community Health Center
MRG Foundation
MultiCare
NAACP Bremerton
NAACP Spokane
National Urban Indian Family Coalition
Native American Youth and Family Center
Nespelem Health Center, Confederated Tribes of the Colville Reservation
Nimiipuu Protecting the Environment
North Central Washington Economic Development District
North Sound Accountable Community of Health and their community partners
Northwest Health Foundation
Northwest Health Law Advocates
Northwest Immigrant Rights Project
Northwest Indian College
Northwest Justice Project
NW Credible Messengers
OneAmerica
Pacific Islander Community Association
People First of Washington
PFLAG Lower Columbia
Pierce County AIDS Foundation
Pioneer Human Services
President Ana Mari Cauce, University of Washington
Pride Foundation
Pride of Ellensburg
Priority Spokane
Progress Alliance
Progress Pushers
Quality Behavioral Health
Quinault Behavioral Health
Quinault Indian Nation
Radio KDNA
Rainier Valley Corps
Refugee Women’s Alliance
Representative Carolyn Eslick, Washington State House of Representatives, 39th District
Representative Laurie Jinkins, Washington State House of Representatives, 27th District
Representative Noel Frame, Washington State House of Representatives, 36th District
Room One
Ron Wright
Rural Education Center
Rural Resources Community Action
Ryan’s House for Youth
San Juan County Health and Community Services
San Juan Economic Development Council
Satterberg Foundation
Sea Mar Community Health Centers
Seattle Chinatown International District Public Development Authority
Seattle Foundation
Shoalwater Bay Tribe
Seattle Public Library
Sherwood Trust
Sobel Family Resource Center
Social Justice Fund NW
Solid Ground
Sophie Trettevick Indian Health Center, Makah Tribe
Southwest Youth & Family Services
Spokane County United Way
Spokane Regional Health District
Spokane Tribe
Stina Janssen
Superintendent Denise Juneau, Seattle Public Schools
Surge
Swinomish Dental Clinic, Swinomish Indian Tribal Community
Swinomish Indian Tribal Community
Tacoma Community House
Tacoma Pierce Black Collective
Tacoma-Pierce County Public Health Department
Tacoma Urban League
Teachers United
TeamChild
Terrain Programs
The Black Lens
The NATIVE Project
The Noble Foundation
The Partnership Funds
The Russell Family Foundation
The Support Center
Tri-Cities Hispanic Chamber of Commerce
Trilogy Recovery Community
Ttáwaxt Collaborative
United Way of Central Washington
Unite:Ed, University of Washington
Upper Columbia United Tribes
University of Washington School of Public Health
Urban Indian Health Institute
UTOPIA Seattle
Wallace H. Coulter Foundation
Washington CAN
Washington Democracy Hub
Washington Gorge Action Programs
Washington Immigrant Solidarity Network
Washington Nonprofits
Washington State Coalition Against Domestic Violence
Washington State Commission on Asian and Pacific American Affairs
Washington State Department of Health
Washington State Department of Children, Youth, and Families
Whatcom Community Foundation
Win|Win Action
WithinReach
Yakima Children’s Village
Yakima Music en Acción
Yakima Police Activities League
Yakima Valley Community Foundation
Yakima Valley Farm Workers Clinic
Yakima Valley Memorial Hospital
Youth Emergency Services Pend Oreille County
YWCA Pierce County

For information on groups we’ve connected with and learned from in previous years, please visit grouphealthfoundation.org to find information about our Learning Collaborative project and for our Lessons Learned from Engaging with Communities report.