

Our Approach to Building Relationships with Communities

Note: This document was published under our previous organization name, Group Health Foundation.

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Group Health Foundation is committed to building authentic and meaningful relationships with leaders and community organizations across Washington State.

This document outlines our approach to building relationships with communities, and is intended to help ground us, remain reflective, and hold ourselves accountable to our commitments and values. In addition to our beliefs and practices, this document lays out our commitment to and priorities for meeting with people and communities. We recognize that people and communities are complex and that there is no perfect process. We also recognize we need to develop a process to determine where and with whom to build relationships.

Our beliefs

- We believe people most impacted by inequities should be at the center of solutions. We believe in and support community self-determination.
- We believe that history, context, and legacy is important and should be acknowledged.
- We know that racism has been fundamental to Washington's formation. Our institutions will continue to perpetuate racism unless we proactively work to end it. We are committed to antiracism.
- We believe building trust takes time and we commit to building long-term relationships to develop meaningful partnerships with communities.
- We believe philanthropy has a responsibility to be transparent and accountable, and we commit to share information with our partners.
- We strive to show up with humility.

- We recognize our organizational privilege and the structural power that comes with our role as a funder.
- We believe in centering learning. We commit to learn about and center community strengths. We commit to bringing back what we learn from leaders and organizations so that Group Health Foundation as an organization can be transformed by these experiences.
- We believe community insights can fill in gaps and provide important perspectives on quantitative data. We expect to have the data we gather to be deepened by the lived experience of those most impacted by health inequities. We commit to updating our materials to reflect what we've learned.
- We acknowledge that multiple and contradictory truths are real.

Practices for how we show up in our work with communities

- We will do our homework. We will put together baseline community profiles to inform an early understanding of a community's history and current context. This includes seeking to understand power dynamics in the community, issues of concern, elected officials, city and county budget allocations, and current foundation investments in the community. We acknowledge that this data is an imperfect beginning and that our deepest learning will come from building relationships in the community and hearing from those most impacted by inequities. We commit to updating our community profiles with the lived experience of our partners.

- We will ensure meaningful access and participation. This includes providing accommodations for people with disabilities, setting meetings at hours that work for community members, compensating community members for their time, providing childcare at events, providing food, and honoring community norms for meeting structures and content.
- When possible, we will engage community members in meeting design and facilitation.
- We will start each meeting acknowledging the tribal land on which we are gathering.
- We will listen deeply.
- We will document what communities tell us matters to them, what they view as the root causes of inequities, and their perspectives on how we can best support them.
- We will pay attention to what leadership development looks like in different communities and know that this includes recognizing multiple levels of leadership development (i.e., individual, organizational, and community).
- We will be honest with partners when they have a priority that does not align with our values.
- We will create accountability mechanisms, including providing feedback opportunities to those with whom we meet.
- We will strive to recognize the different work happening across sectors and build a depth and a breadth of relationships within a community.
- When community meetings are attended primarily by those with greater access to resources, we will follow up to ensure we are also hearing from communities most impacted by inequities and outreach with additional community members.
- We will express gratitude to guests, partners, and visitors.
- We will debrief after meetings to reflect honestly about how we're showing up, how we're creating expectations that we need to follow through, and how we're holding true to our commitments. We commit to acknowledging mistakes and learning from them.
- We will always assume that this is just the beginning and that there are those who are knowledgeable about their community with whom we are not meeting with right now.

Priorities for community outreach to achieve health equity

- We will prioritize meeting with communities who are currently and historically have been marginalized and those most impacted by racial and social inequities. This includes communities of color, people with disabilities, LGBTQ+ people, immigrants and refugees, and people experiencing poverty.
- We will ensure a balance of communities from urban areas, suburban, and mid-size cities, and rural and less populated regions. We will look at geographic criteria that includes prioritizing places of chronic underinvestment. We will avoid being urban-centric or only going to typically visited rural places.
- In some instances, we will build on previously established relationships. At other times, we will prioritize reaching out to communities where we do not yet have relationships.
- We will start with the best imperfect knowledge that we have today, such as health inequities and significant disparities.