

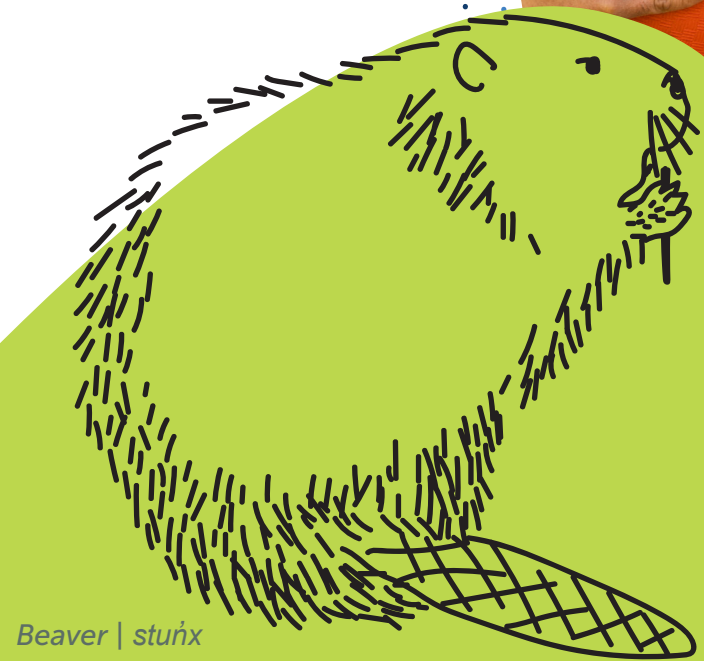


10-Year Strategic Direction

2025-2034



We're committing our resources to supporting the self-determined visions of our partners in the BIPOC, 2SLGBTQIA+, rural low-income and disability communities.



Beaver | *stux*



Our Vision, Mission and Values

Our Vision

We imagine an Inland Northwest where everyone determines their own paths to healthy, thriving lives, no matter who we are, where we live, or how much money we make. It is a community that embraces many cultures, identities and beliefs — connected to one another and nurtured by the natural beauty surrounding us.

Our Mission

Health is a fundamental human right. Empire Health Foundation boldly advances health equity in the Inland Northwest. In collaboration, we pursue innovative solutions and transform systems to improve health and quality of life.

Our Values

Community

We start with community voice, knowledge and experience in all of our actions. We prioritize deep relationships with our vibrant communities confronting systems of poverty and racism.

Compassion

We value every person in our region and respect our different lived experiences, cultural identities and hopes for the future.

Integrity

We are responsible for our actions, words and mistakes.

Trust

We believe trust is earned and nurtured with transparency, honesty and gratitude.

Unconditional Love

We believe in love as a radical power for people and communities to thrive.



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We're Changing the Way We Do Philanthropy

We won't be content to stay inside the walls of our offices and come up with ideas of what we think the communities we serve need. Moving forward, we want to be working alongside you, our community partners, to co-create a healthier and more equitable future for Eastern Washington.

Over the last few years, we've been reaching out for your input on the role we've historically played as a foundation and how we can evolve to respond to community needs. We established our Equity Healing Framework in the spring of 2022, laying the foundation for how we will center our organizational values and community in our work. Then, we put the framework to the test as we worked with Roanhorse Consulting and community leaders to help us understand how we need to grow as an organization and community partner to live into our values.

These processes and your feedback have transformed how we approach our work.

We are focusing our resources and energy on building power and organizing capacity in BIPOC, 2SLGBTQIA+, disability and rural low-income communities. We're focused on these communities because the data — and lived experiences of our partners — unequivocally shows us that these communities are not being served by the status quo.

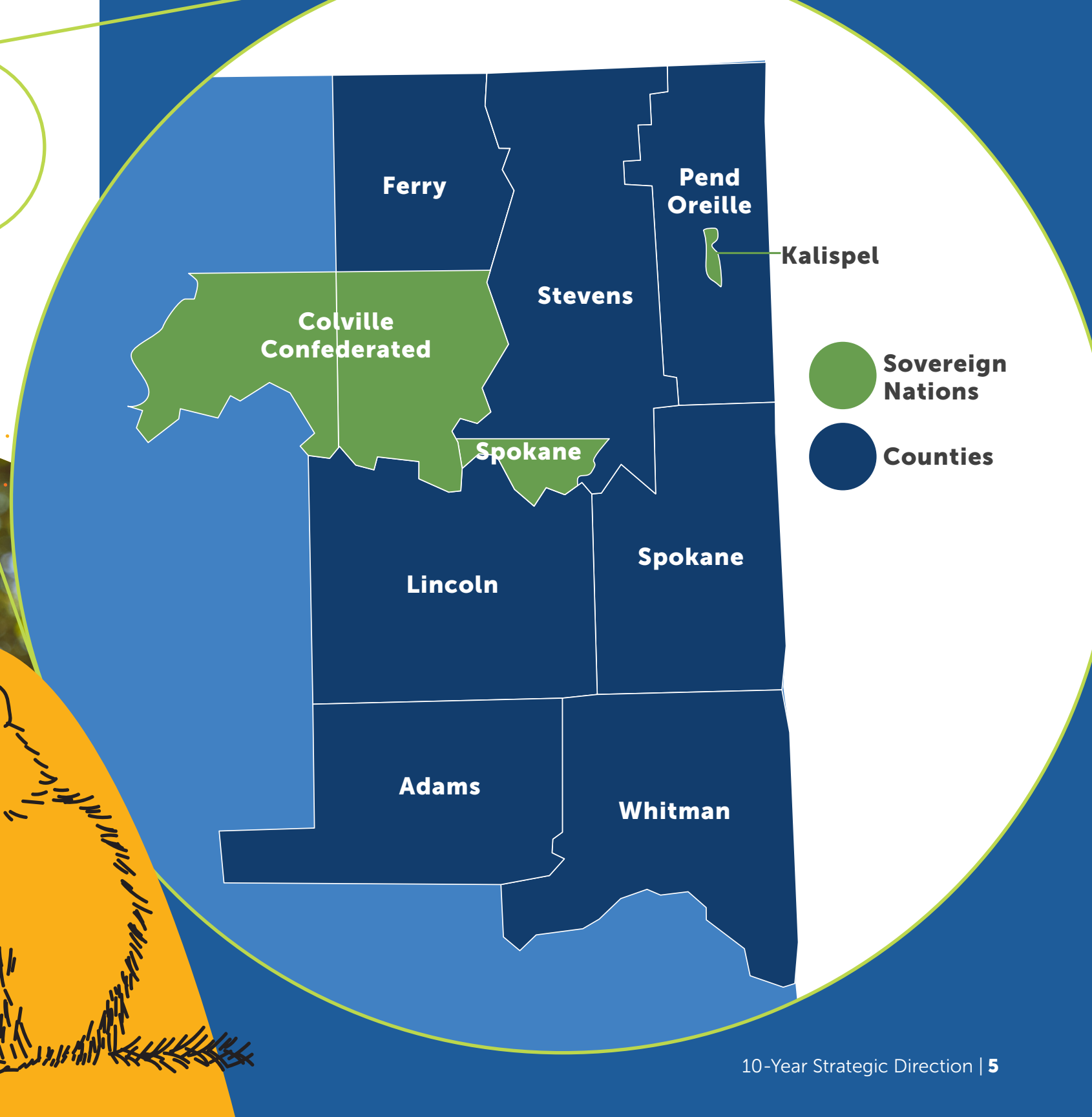
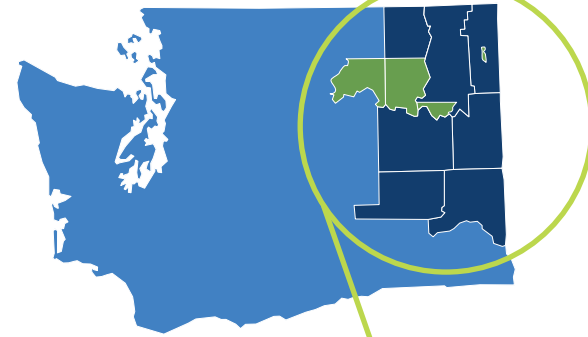
We recognize that undoing the legacy of marginalization in these communities depends on investing resources in the people and organizations fighting for a better future. Moving forward we will be working with grassroots and by-and-for nonprofit organizations and community leaders to advance the systems change they seek. In this role, we will utilize our full resources as a funder, convenor and strategic partner in service of the outcomes and strategies self-determined by the communities and organizations we partner with.

Committing to this strategic direction doesn't come without challenges. One impactful change will be a significant narrowing of our grantee pool. This decision is based on our belief that long-term commitments accompanied by sufficient resources are needed to create lasting change. It's also based on the experience of other philanthropic efforts to address health equity that have found community power building and self-determination are key to sustainable community impact.

While our resources cannot support every worthy community effort, we believe the momentum of communities building power and organizing capacity will create a rising tide of social justice in our region. Whether you're a current partner, future grantee or aspiring ally, we hope you'll join us in our quest to build a more equitable and just future for Eastern Washington.

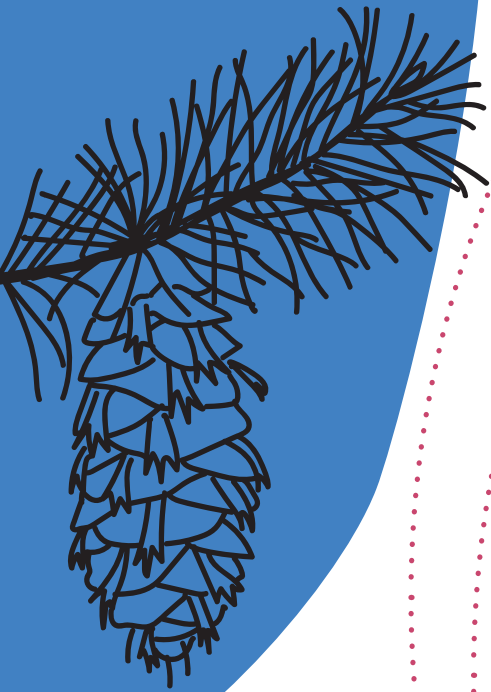


Empire Health Foundation Service Area



Columbian Ground Squirrel | stətaq

Douglas Fir | *ćq̓it̓p*



THE ISSUE: **Health Inequity in Eastern Washington**

We Believe Health Is a Fundamental Human Right

Over the next decade, we aim to change the way people view health as we support the communities most impacted by health inequity in driving transformational change for their communities. Health is shaped by our income levels, our racial identities and sexual orientations, our connections with one another, and our ability to make and influence decisions that affect our community. It's alive in our homes, workplace, schools and communities. Health is more than just a prescription we fill or the care we receive in a doctor's office.

A note on the language of health inequity:

In this document we refer to the communities that have been historically denied equal access to the conditions that allow people to thrive and flourish as "persistently marginalized" and "historically marginalized" populations and communities. We believe this language is important because it calls attention to the intentional and systemic denial of resources to these communities, which is rooted in the historical prejudice and influence of white supremacy culture.

This more holistic view of health challenges many long standing beliefs and is key to our evolution as an organization focused on health equity. Expanding how we understand and approach health requires a closer examination of the effectiveness of existing systems. It also means we must interrogate the role traditional private and government funding streams have in failing to empower healthy communities.

Our focus on community health and health equity comes from a recognition that access to the conditions that create healthy communities is inequitably distributed. Historically, the communities we are primarily focused on serving — Black, Indigenous and other People of Color (BIPOC), 2SLGBTQIA+, rural low-income and disability communities — have been targeted for extraction of resources and often denied the benefits of their land and labor. Righting this historical wrong requires investing in and empowering these communities to demand a more just and equitable future. This belief is not just a repositioning of our understanding of what leads to sustainable health, but also of the recognition that communities are best served when they are supported to determine their own path forward rather than provided a subsidy or vision from someone else.

Health Equity

Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health, such as poverty, discrimination and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments and health care. Our commitment to health equity requires us to recognize the specific histories, cultures and circumstances of the communities we serve, and to engage the strength, supports and successes that exist within each of those communities. This definition comes from the work of the Robert Wood Johnson Foundation.

Health Disparities

Health disparities are preventable differences in the burden of disease, injury, violence or opportunities to achieve optimal health that are experienced by persistently marginalized populations.

Nationwide Data Trends

Studies show that social determinants of health — the environmental conditions that determine individual and community health — are primary drivers of health outcomes. (1) The impacts of racism have particularly pronounced impacts on mental and physical health both directly and by creating inequities across the social determinants of health. According to the Centers for Disease Control, structural and interpersonal racism are fundamental causes of health inequities, health disparities and disease, and have far-reaching consequences. (2) This fundamental fact is now commonly held in health, philanthropic and governmental sectors, and addressing these determinants is seen as fundamental to sustainably improving health in individuals, families and communities.

Social Determinants of Health

The federal government describes the social determinants of health as “the conditions in the environments where people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning and quality-of-life outcomes and risks.” As an organization, we do not believe existing definitions of social determinants adequately describe the conditions that define healthy and thriving communities and will invite our partners to share with us that which determines community health in each of their communities.

Nationwide, research on health disparities illustrates the stark differences in health outcomes for people of color and other historically marginalized communities.

For example, American Indians/Alaska Natives and Black people have shorter life expectancies and the highest rates of pregnancy-related mortality compared to White people. Black and American Indian/Alaska Native infants are twice as likely to die compared to White infants. (3, 4)

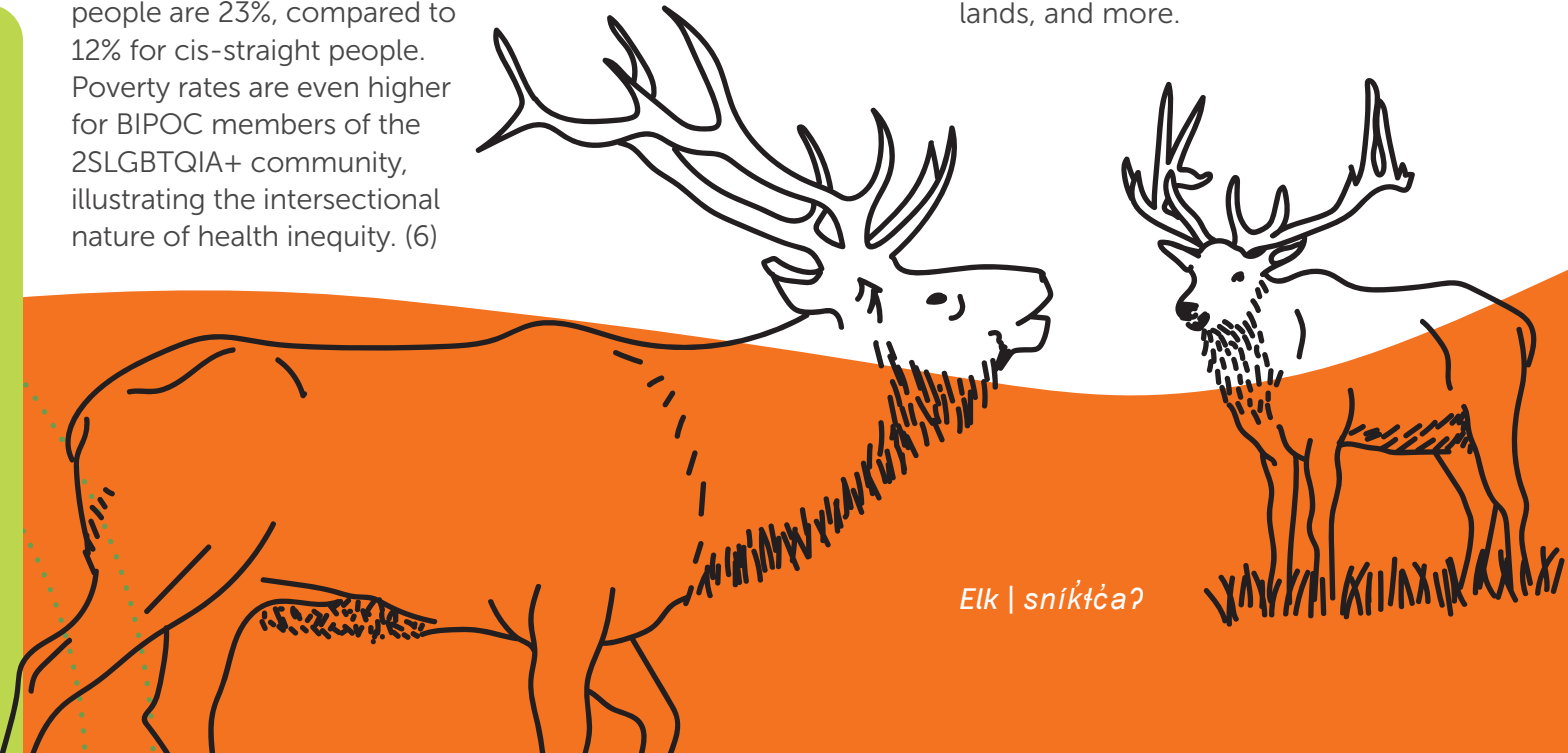
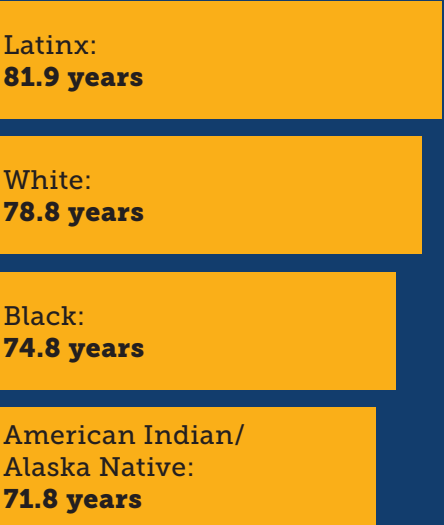
2SLGBTQIA+ people are more likely to report being in fair or poor health and having a chronic health condition that requires ongoing care compared to non-2SLGBTQIA+ people. (5) In Washington state, the poverty rates for 2SLGBTQIA+ people are 18% and for transgender people are 23%, compared to 12% for cis-straight people. Poverty rates are even higher for BIPOC members of the 2SLGBTQIA+ community, illustrating the intersectional nature of health inequity. (6)

The disability community faces similarly inequitable economic conditions. People with disabilities in Washington are employed at half the rate of people without disabilities and make only 62% of the median income of people without disabilities. (7)

Research shows that people living in poverty are at increased risks of poorer health outcomes over the course of their lives. These inequities persist across an overwhelming majority of health and prosperity indicators, a pattern that illuminates the reality of structural inequities as a constant throughout our systems. (8) These disparities are not confined to health, but play out similarly in education, employment, housing, income, wealth, carceral involvement, happiness, mortality, life expectancy, access to clean water, public lands, and more.

Nationally, American Indian/Alaska Native people have a lower life expectancy than all other ethnicities and races.

Average Life Expectancy by Race

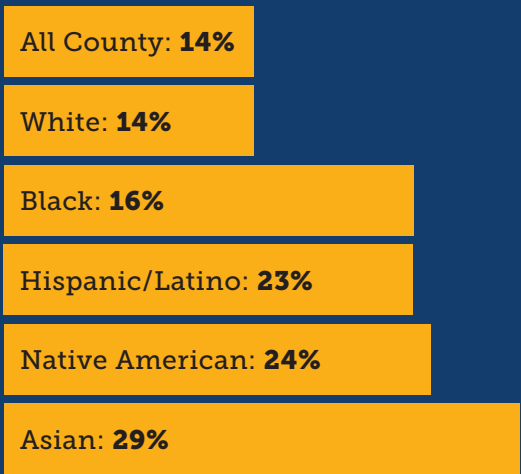


A Closer Look at Inland Northwest Data Trends

These nationwide trends are mirrored in Empire Health Foundation’s seven county, three Tribal Nation service area in the Inland Northwest. (9) In Spokane County, overall life expectancy for American Indians/Alaska Natives and Black people is at least four fewer years than the statewide averages. American Indians/Alaska Natives in Spokane County have higher rates of death by cancer. Locally, more Black people and American Indians/Alaska Natives die from heart disease than their peers statewide, and total deaths by stroke in Spokane County are higher for American Indians/Alaska Natives and NHPI, Black and Hispanic/Latinx people. (10)

Each of the counties in the Empire Health Foundation service area are well below the state median income of \$78,700, highlighting a divide in cost of living and income

Spokane County Child Poverty



opportunities between Western and Eastern Washington. In Spokane County, the poverty rate for people with disabilities is 18.9%. (11) Median income levels are notably lower on the reservations of the Kalispel, Spokane and Colville Confederated Tribal Nations than the counties where they are located, despite those counties already being some of the poorest areas in the state. (9)

In Spokane County, 14% of all children are living in poverty, with higher rates for Black, Latinx and Native American children, and over twice as high for Asian children, particularly API children, as compared to White children countywide. (9) Rates of food insecurity among all Spokane County youth are higher than the statewide average. (12)

Spokane County’s imprisonment rate of people of color is disproportionately high, with the highest rates coming from the lowest-income neighborhoods. Spokane’s West Central neighborhood, one of the most economically marginalized neighborhoods in the state, with high populations of people of color, has an imprisonment rate of 1,778 people per 100,000. By comparison, in the more affluent Cannon Hill neighborhood in Spokane, the rate is only 40 people per 100,000. (13) In 2019, incarceration rates were 13 times higher for Black residents than white residents and six times higher for Native Americans. (14) Black, Native American and Latinx people also have longer lengths of stay in jail. (15) Research

consistently indicates that incarceration exerts profound and multifaceted effects on both individual and family health, the collateral consequences of which ripple through families, leading to increased financial strain, disrupted social networks, and elevated levels of stress and mental health challenges. (16)

These data points are just a snapshot of a larger body of research findings that consistently demonstrates how the social determinants of health significantly and disproportionately impact communities of color, exacerbating health disparities and inequities. Structural racism, economic inequity, inadequate access to healthcare, educational disparities, environmental injustices and discriminatory policies also contribute to poorer health outcomes. These systemic barriers not only limit access to healthcare services but also affect social and economic opportunities, housing stability and overall well-being, highlighting the urgent need for comprehensive, equity-focused interventions to address these inequities and promote health equity within these communities.



Bitterroot | spíłłm



Our Purpose

We are on a collaborative journey to **dismantle persistent health inequities and injustices in the Inland Northwest by supporting community power building and grassroots advocacy.**

For us, everything starts with community voices.

When we consider who is most impacted by health inequities in the Inland Northwest, the data shows us that BIPOC, 2SLGBTQIA+, rural low-income and disability communities in our region suffer from inequitable systems. As the largest private funder in Eastern Washington committed to advancing health equity and addressing racism and injustice, we believe this must change now.



Centering Communities and Their Solutions

Adopted in 2022, our foundational Equity Healing Framework serves as our compass in guiding our new approach to philanthropy. At its core, our new approach endeavors to:

- Prioritize trust-based relationships rooted in transparency, dialogue and mutual learning.
- Center and prioritize the vision and energy of the people in our region who are most impacted by systemic and historic inequities and injustice.
- Redistribute power — systemically, organizationally and interpersonally — in service of a healthier and more equitable Inland Northwest.

For us, everything starts with centering and listening to community voices. Our work is guided by the understanding that true sustainable health comes from within communities. From thriving families and strong social networks. From healing that addresses historical injustices and persistent inequities — and leads to substantial and sustainable change. That change must draw on the cultural strengths and wisdom of the communities we serve.

As a funding partner, it requires designing our investments to ignite and strengthen the backbone of community-driven efforts and restore resources to communities most impacted by injustice. As a strategic partner it means leveraging our network of intersectional relationships to build bridges across communities with the expressed needs of the communities we serve in mind — shifting our role from aspiring neutral party to convenor, facilitator or witness, as requested by our community partners.

As a grant maker, it is our duty to acknowledge and address the systemic inequities perpetuated by our sector, both in the accumulation and distribution of wealth. This legacy is deeply intertwined with racism, patriarchy and other forms of oppression that underpin the social issues nonprofits strive to alleviate. It's imperative for us as a funder to understand how these entrenched norms have shaped our sector, influencing perceptions of trustworthiness and determining who is included and excluded.

A Legacy of Extraction

The post-colonial history of the Inland Northwest has been shaped by waves of resource extraction, from fur trappers, to timber barons and mining conglomerates. This extractive paradigm has negatively impacted the health of the land and the region's communities. As the organization with the region's largest private endowment, we believe it is our responsibility to consciously address this legacy of extraction by restoring resources in communities whose land and labor has been exploited for the benefit of the few.



Our Approach

We are focused on dismantling persistent health inequities in our region by supporting community power building and grassroots advocacy. Health inequities stem from the colonial violence, racism and inequity that has shaped and continues to impact our region. As we seek to undermine these unjust systems and undo the outcomes they produce, we recognize that the journey to a more just future must begin with and center the ideas and people of historically marginalized communities.

Using our resources, position and privilege, our strategic intention is to build community power at the grassroots level. We will dedicate our resources to supporting the self-determined visions of our partners in the BIPOC, 2SLGBTQIA+, rural low-income and disability communities. This approach is rooted in feedback from our local community partners and is part of a broader shift in philanthropy.

Over the course of the last few years, we have sought input, wisdom and knowledge from hundreds of community leaders, as well as Roanhorse Consulting, a Native American, female-owned organization, to better understand how to improve and support our community partners. One of the key insights from this work is a desire on the part of the community to see our commitment to centering their solutions and expertise. We see this insight as critical to our path forward and to our mission to live into the tenets of our Equity Healing Framework.

For Empire Health Foundation, and the philanthropy sector in general, evolution is necessary. Previous approaches and funding priorities have yielded disappointing results and replicated failed systems that hoard resources and power. For example, research shows Native communities and Tribes receive less than 1% of philanthropic

funding, a trend that persists and is mirrored in other BIPOC, 2SLGBTQIA+, rural low-income and disability communities. Philanthropy has also prioritized funding for larger, well-established organizations despite research illustrating the vital role grassroots and by-and-for community organizations play in affecting sustainable change within their communities.

Disrupting the current paradigm requires community power-building for lasting and sustainable community health. Fortunately, we're not alone in changing how we view our evolving role in community. We are following in the footsteps of philanthropic partners across the country who are already working to improve health outcomes by shifting power and centering the communities most impacted by health inequities. Through divergent paths, we've arrived at a common conclusion: building power is fundamental to building healthy communities.

Fueled by this evidence, our 10-year vision for change is anchored in the belief that the solutions and expertise for solving the most pressing issues facing historically marginalized communities reside within the communities themselves. Organizations led by and serving these communities are the holders of the innovative but under-resourced solutions we seek to support. In order to act on the solutions they hold, they must first have access to the power and resources afforded to others.

Our 10-year Theory of Action represents our commitment to invest in and empower the communities we serve as they self-determine and realize their visions for healthy communities.





Our Theory of Action

We will dedicate our resources to people and organizations striving for equity and justice within historically marginalized communities, empowering them to address root causes of health inequities, in order to promote an inclusive and prosperous democratic society.



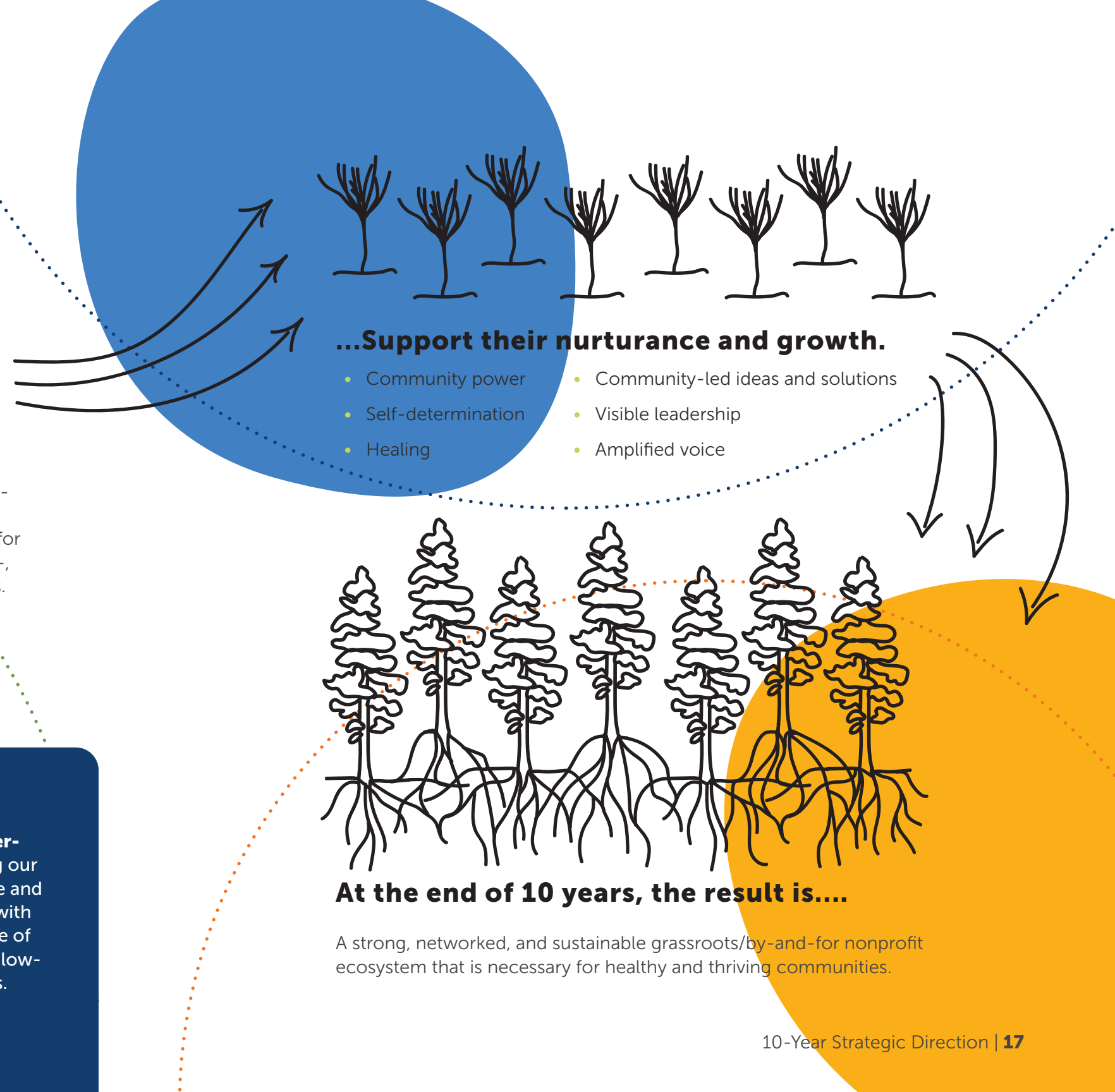
Ponderosa Pine | sʔatqʷtɬp

Multi-Year investments in historically marginalized communities...

Empire Health Foundation makes deep, multi-year investments in the people, leaders and grassroots/by-and-for organizations striving for equity and justice within BIPOC, 2SLGBTQIA+, rural low-income, and disability communities.

Guiding Principles

- **Center trust, community power building and decentralized decision-making** in our actions and grantmaking.
- **Liberate and share Empire Health Foundation's philanthropic assets** so that persistently marginalized communities have the power to self-determine.
- **Contribute to a community power-building ecosystem** by prioritizing our funding and support for the people and organizations led by and working with Black, Indigenous and other People of Color (BIPOC), 2SLGBTQIA+, rural low-income and disability communities.



Our Funding Strategy

Empire Health Foundation is committed to supporting the emergence of a strong and sustainable nonprofit ecosystem necessary for healthy and thriving communities. Three core beliefs serve as the backbone for our funding strategy over the next decade:

- Empire Health Foundation supports the leaders, organizations and initiatives that are building power in historically marginalized communities.
- We approach grant making by prioritizing funding for **People, Organizations, and Systems Change**.
- We recognize that true health equity takes strong leaders working with sustainable organizations toward real and lasting change.

Over the next 10 years we are committed to leveraging our full resources to support community-led ideas and solutions for transformational change in BIPOC, 2SLGBTQIA+, disability and rural low-income communities across our region.

Because we center community-driven solutions, what we fund is a direct reflection of what the community tells us they need to heal, grow and thrive. Grassroots and by-and-for organizations, and the people leading and supporting their work, play a pivotal role in addressing community challenges by harnessing the collective power and agency of local individuals and filling a crucial gap where government and free enterprise fail to meet public needs. Through their deep community connections and inclusive and flexible

approach, these people and organizations are central hubs for effecting change at the local level. To realize their power and be effective, they need resources. Our grant making is designed to address this need.

Our belief, and a lesson that’s been learned by our peers in philanthropy, is that lasting change requires community power building. That’s why, moving forward, we plan to narrow our grantee pool as we deepen relationships with our individual grantee organizations. Fundamental to this strategy is focusing our limited resources through multi-year partnerships that create robust organizations positioned to support and advocate on behalf of their communities.

Grassroots Organizations:

Organizations that were created within a community and continue to be guided and responsive to the community they sprang from. We value the bottom-up structure of grassroots organizations and movements that elevates community concerns and works on behalf of community towards shared visions of health and prosperity.

By-and-for Organizations:

Community groups where leadership and decision making authority is held by people who represent the community they work in and belong to. We believe it’s important to prioritize working with people and organizations that are intimately tied to the communities they serve and that investing directly in people who are of community is vital to community power building.

People

Resourcing the learning, healing and networking needs of people in by-and-for grassroots organizations

At the heart of equitable change in our communities are the people. Historically marginalized communities have unique challenges while leading and engaging in community-driven work. The leaders and staff of grassroots organizations are consistently under-resourced and stretched for capacity, leaving little opportunity for learning, networking and healing from historical trauma. Feeding those who feed others is crucial to the sustainability of the organizations they lead, and it can create exponential impact within communities.

We provide resources and support for ideas, events and programs that lead to collaboration, relationship-building, networking, learning and healing for grassroots leaders and the communities they represent.

Types of Funding

1. Networking and Relationship Building
2. Professional Development and Learning Cohorts
3. Healing Cohorts and Experiences
4. Cultural Connections and Gatherings

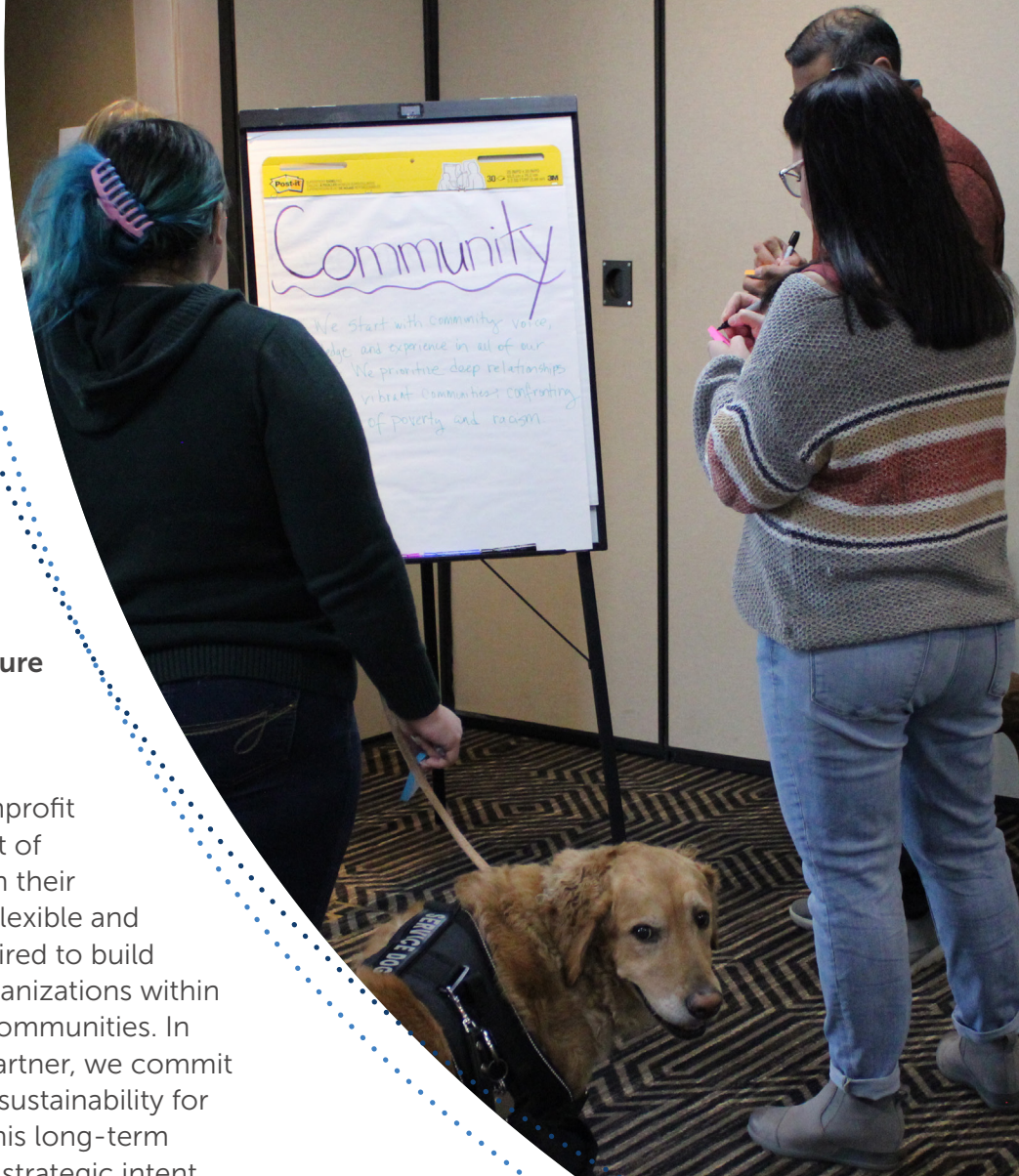


Organizations

Strengthening the organizational infrastructure of by-and-for grassroots organizations

By-and-for grassroots nonprofit organizations are the heart of transformational change in their communities. Multi-year, flexible and responsive funding is required to build strong, stable, resilient organizations within historically marginalized communities. In our role as a funder and partner, we commit to building organizational sustainability for our partners. We believe this long-term commitment is key to our strategic intent of creating lasting change in the communities we serve.

Through grants supporting general operations, capacity building and technical assistance, we seek to strengthen our region’s network of grassroots nonprofits as we empower them to serve their communities and address social, economic and health inequities.



Types of Funding

1. Technical Assistance
2. General Operations
3. Capacity Building
4. Capital Acquisition Support
5. Sponsorships

Systems Change

Shaping the conditions necessary for healthy and equitable communities through advocacy, narrative development and structural change

Solving the long-standing inequities facing our region’s historically marginalized communities involves changing systems, policies and attitudes. We walk with purpose alongside communities to challenge and change power dynamics, disrupt systems and amplify stories of joy, hope and determination that are alive in each of these vibrant communities. Inequities are persistent and consistent across most public systems — this includes our health system and the other systems that shape the social determinants of health, including the carceral, education, housing and economic systems. To build and support more equitable systems, we need more people leading these systems that are from the communities where inequities are most significant; and, in many cases, we need entirely new systems that are not designed to perpetuate the current power structure. Our funding will support both improving systems and building them anew with clear vision from our communities.



Types of Funding

1. Community Led Vision
2. Narrative Change
3. Collaborative Resource Wrapping
4. Policy and Advocacy



Leveraging Our Full Resources

Money alone won't solve the long-standing inequities facing our region's historically marginalized communities. Tackling these tough issues requires multiple strategies and tactics. That's why we're more than just a funder. We are a committed and responsive strategic partner, ally, connector and convenor, leveraging our power and resources to infuse local grassroots organizations with the resources and support they need to empower their communities, foster social cohesion and create lasting impact that extends beyond immediate needs. We also know that there are others with funding and resources who share our vision of how to show up in appropriate and meaningful ways and we will look for opportunities to collaborate with these organizations.

Paired with the tools and resources of Empire Health Foundation is the Empire Health Community Advocacy Fund, our 501(c)4 nonprofit extension that offers additional political campaign and organizing tools that will be dispatched in alignment with the priorities of our community partners.

Our Available Resources

Communications and Narrative Change Leveraging grant funding and staff resources to elevate stories in the communities we serve, upend harmful narratives and celebrate the joy of our diverse community partners.

Learning and Knowledge Sharing Building cohorts of nonprofit leaders who collaborate on an individual and community level, while democratizing access to data to ensure a more level playing field.

Policy and Advocacy Working with community leaders to advance equitable policies, uplift community leaders and support policy changes grounded in the wisdom and expertise of those most impacted by them.

Grant Making Program funding for nonprofit partners with a focus on general operating grants and organizational capacity building with an eye towards sustained multi-year giving.

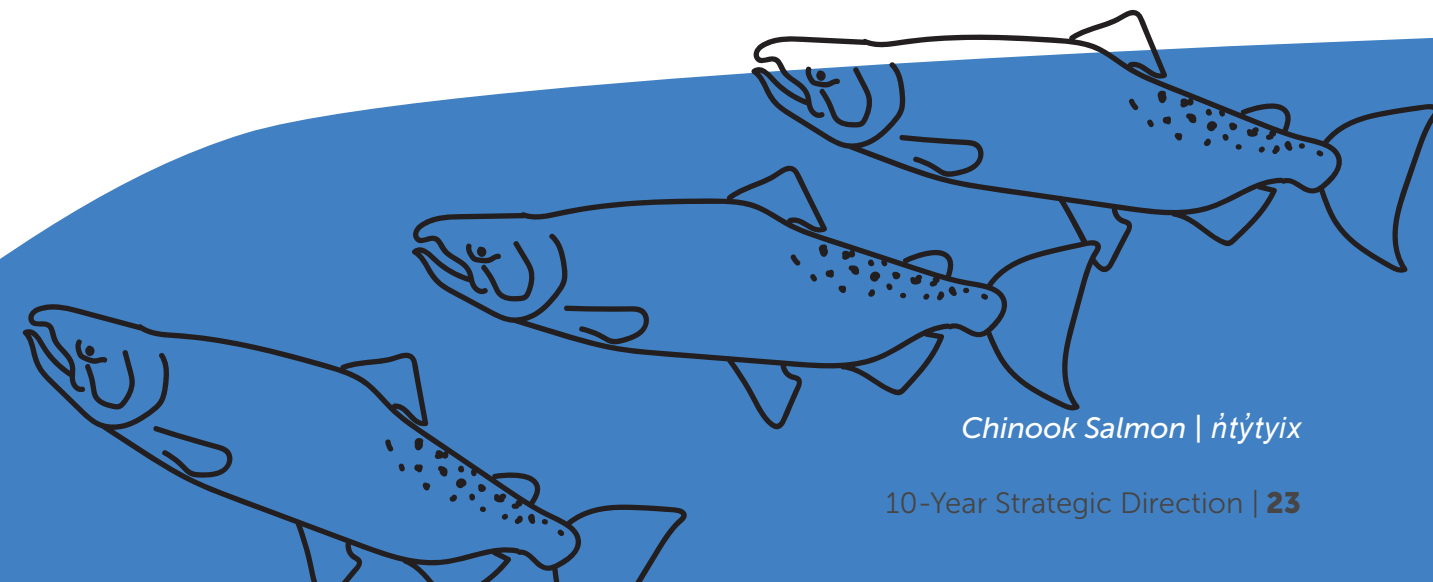
Impact Investing Using all our capital resources by aligning our investing with our mission, including in community projects in ways that create additional opportunities beyond our capacity for grantmaking.

Resource Leveraging Connecting our partners to outside resources that are mission aligned and increase their capacity, while also shifting the flow of resources towards traditionally communities.

Strategic Partnership Strategic planning, convening, facilitating, mediating and bridge building across communities and existing power structures, with an emphasis on creating spaces and conditions for our partners to work better together.

Collaboration and partnership will be at the center of every aspect of our work.

Supporting Systems Change Leveraging our financial resources and positionality to pursue improved public policy and local capacity building.



Chinook Salmon | ᓇᓴᓴᓴᓴ



**Building power is
fundamental to building
healthy communities.**



Sagebrush | qʷlqʷlɾnɪtp



Next Steps

In 2025, we will identify the first cohort of partners we will work alongside to build community organizing capacity and power. This process will be done in close partnership with the communities we serve and will be the first step in a multi-year implementation plan for our new strategic direction.

We expect to work with these organizations in multi-year partnerships. During that time, the majority of our resources will be dedicated exclusively to these organizations. As we pursue this strategy, we will support our partners through technical assistance, capacity building, convening, program-related investments and the integrated and aligned support of our affiliate Empire Health Community Advocacy Fund.

Over time we will establish off-ramps for organizations that have matured beyond needing our direct and continued support and on-ramps to bring on new organizations aligned with our mission to build community power in BIPOC, 2SLGBTQIA+, disability and rural low-income communities.

Our work will be guided by a learning framework that will shape what data and information we will track, how we will assess and tell the story of progress over time, and what specific issues we will work with partners to address. And, we will develop a framework for continuing to move other funders to support this work — recognizing that we cannot fulfill our vision without access to additional resources and that moving more resources to these under-resourced communities is vital for supporting their capacity to determine a future of health and prosperity.

As a staff, leadership and board, we are excited to pursue this new strategy and energized by the support of our community partners who have shaped our continuing evolution as a foundation. Let's build a more equitable future for everyone in Eastern Washington.



Key Terms and Definitions

A note on the language of health inequity: In this document we refer to the communities that have been historically denied equal access to the conditions that allow people to thrive and flourish as “persistently marginalized” and “historically marginalized” populations and communities. We believe this language is important because it calls attention to the intentional and systemic denial of resources to these communities, which is rooted in the historical prejudice and influence of white supremacy culture.

2SLGBTQIA+: We use this term to refer to individuals and communities whose sexuality and/or gender identity guides how we partner with them. The letters 2SLGBTQIA+ call out some but not necessarily all of the sexualities and gender identities of these individuals: Lesbian, Gay, Bisexual, Trans, Queer, Intersex, Asexual, and Two-Spirit. The inclusion of + underscores that this abbreviation cannot fully encompass the rich diversity of sexualities and gender identities, and it marks our commitment not to exclude or diminish those who identify differently. Recognizing and supporting sexual and gender diversity is integral to our equity efforts. We must address discrimination and disparities involving sexuality and gender identity in order to support healthy, thriving individuals, families and communities.

BIPOC: We use the term BIPOC for Black, Indigenous, and other People of Color, to refer to individuals and communities impacted by systemic racism, with the understanding that cultural connection and racial justice must be central to the work we do to support these communities. We honor the sovereignty of the Kalispel, Spokane, and Colville Confederated Tribal governments. We recognize the enormous diversity between and within BIPOC groups, and the need to work differently with each of these communities. For example, although our work with the Tribal Leadership Alliance (described below in “Roots of the Equity Healing Framework”) may yield important lessons to consider as we engage with Latinx community leaders, we recognize that these lessons will only be useful if we adapt our efforts to respond to the culture, history, knowledge, and leadership infrastructure within the Latinx community.

By-and-for Organizations: These organizations are community groups where leadership and decision making authority is held by people who represent the community they work in and belong to. We believe it’s important to prioritize working with people and organizations that are intimately tied to the communities they serve and that investing directly in people who are of community is an important way to build community power.

Grassroots Organizations: We define grassroots organizations as organizations that were created within a community and continue to be guided and responsive to the community they sprang from. We value the bottom-up structure of grassroots organizations and movements that elevates community concerns and works on behalf of community towards shared visions of health and prosperity.

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Health Equity: Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments and health care. Our commitment to health equity requires us to recognize the specific histories, cultures and circumstances of the communities we serve, and to engage the strength, supports and successes that exist within each of those communities. This definition comes from the work of the Robert Wood Johnson Foundation.

Social Determinants of Health: The federal government describes the social determinants of health as “the conditions in the environments where people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning and quality-of-life outcomes and risks.” As an organization, we do not believe existing definitions of social determinants adequately describe the conditions that define healthy and thriving communities and will invite our partners to share with us that which determines community health in each of their communities.

Tribal Nations: We believe it’s important to recognize the sovereign authority of the Tribal Nations in our region. The sovereignty of Tribal Nations uniquely shapes how we interact with them as independent governments.

White Supremacy Culture: The widespread ideology baked into the beliefs, values, norms and standards of our groups (many if not most of them), our communities, our towns, our states, our nation, teaching us both overtly and covertly that whiteness holds value, whiteness is value. Adapted from the work of Tema Okun.



Sources

A note on data: As we develop our evaluation tools for our future funding priorities we will be working closely with communities to identify and collect relevant data that accurately and descriptively represents their communities as they envision them. For example, when our partners in the Asian American and Native Hawaiian Pacific Islander communities call attention to the need for disaggregation of Asian communities we will be working to honor and follow their recommendations in data collection and representation.

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Salish Names

Thank you to the Salish School of Spokane for providing the Salish names of the plants and animals featured in the report. These species are vital to our community and shared well-being. Learn more about their work and Salish language revitalization at SalishSchoolofSpokane.org



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1020 W Riverside Ave
Spokane, WA 99201

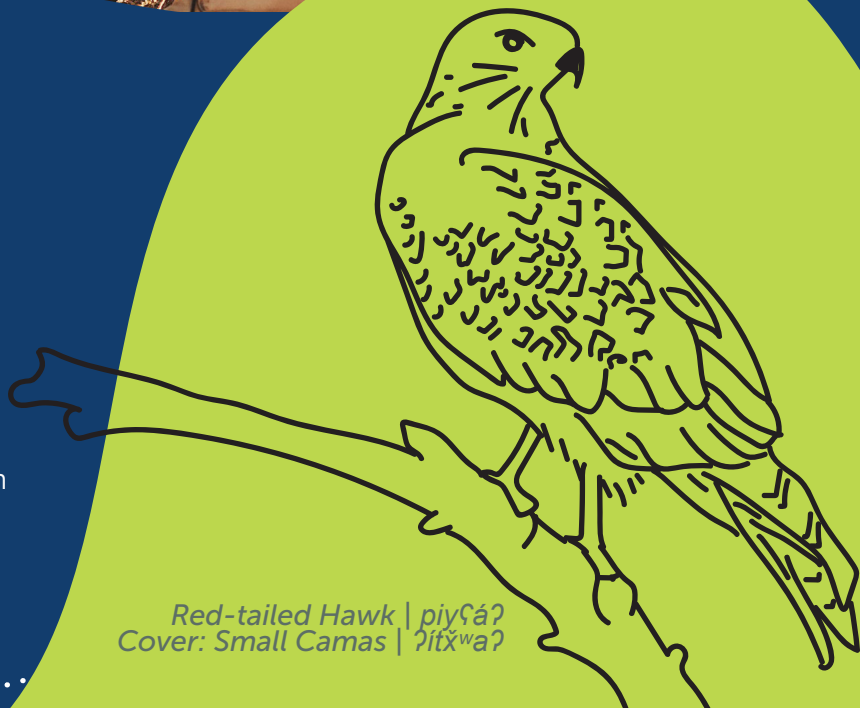
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Red-tailed Hawk | piyáá?
Cover: Small Camas | ʔítʰwáʔ