

Equity Healing Framework

**CENTERING COMMUNITY ACROSS
THE INLAND NORTHWEST**

March 2022



EHF 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.

EHF 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.



EHF 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.

INTEGRITY

We are responsible for our actions, words, and mistakes.

TRUST

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

COMPASSION

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

UNCONDITIONAL LOVE

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

Health Equity Defined

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.

(Adapted from the Robert Wood Johnson Foundation)

WE ARE
NOT HERE
TO BUILD
AN EMPIRE.

WE ARE
HERE TO
SUPPORT
EQUITY.



**THIS DOCUMENT REFLECTS AN IMPORTANT MOMENT
IN THE EVOLUTION OF EMPIRE HEALTH FOUNDATION
– AND IT MARKS AN IMPORTANT SHIFT FOR
THE REGION WE SERVE.**

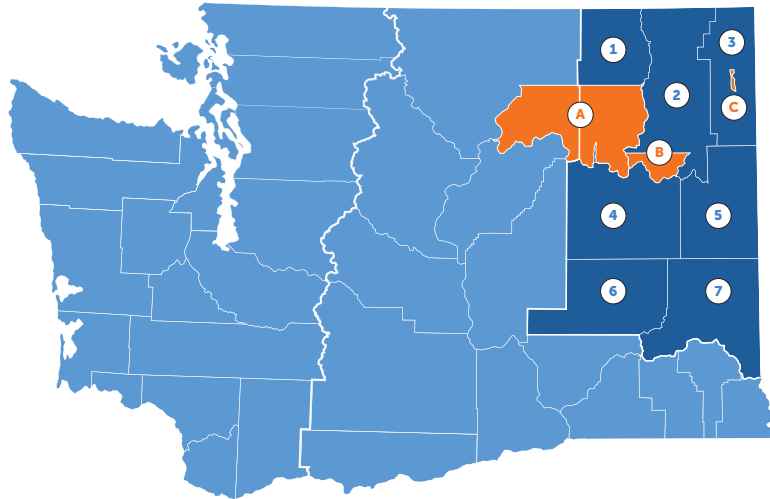
EHF began with an emphasis on advancing the organization's own bold vision, coupled with an approach of funding a range of disparate efforts to see what would stick. For much of its history, EHF sought "bright spots" elsewhere and applied those approaches within the Inland Northwest. Although undertaken with the best of intentions, that way of looking, and doing, kept us from seeing what we needed to see, both in terms of the communities we serve and in terms of EHF itself.

EHF originated from the sale of Deaconess and Valley Hospitals. But while hospitals may have an important role to play in delivering medical treatment, they are large and often impersonal systems, with their own institutional priorities. EHF is moving forward now with a holistic understanding that true health comes from within communities. From thriving families and strong social networks. From a deeper kind of healing.

This healing must address historical injustices and persistent inequities. And it must lead to substantial and sustainable change. To do so, it must draw on the cultural strengths of the communities we serve.

This document outlines EHF's commitment to listen, to learn, and to look for the ways we can best support the people we serve, based on what they know.

The EHF Service Area



COUNTIES

1. Ferry
2. Stevens
3. Pend Oreille
4. Lincoln
5. Spokane
6. Adams
7. Whitman

TRIBES

- A. Colville
Confederated
- B. Spokane
- C. Kalispel

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Working Toward Equity

A NOTE ON THE LANGUAGE OF COMMUNITY

EQUITY HEALING FRAMEWORK

March 2022

This document highlights EHF's commitment to equity – that is, to supporting communities whose members have been most impacted by historical injustices, persistent inequities, and economic disparities exacerbated by lack of access to resources and opportunities. Each of these communities has its own heritage, history, and culture.

At times in describing our commitment to equity, we address what it means to engage with specific communities, and at times we describe community-driven work more broadly.

Some of this language may be unfamiliar or unclear. Much of it is imprecise, imperfect, and evolving. We acknowledge that the terms, understandings, and definitions we are using here will change as the communities we work with push us to better understand what language best reflects their experiences and priorities.

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.

LGBTQIA2S+: We use this term to refer to individuals and communities whose sexuality and/or gender identity guides how we partner with them. The letters LGBTQIA2S+ 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.

Rural: Throughout EHF's history, many of our efforts have focused on connecting individuals living in rural areas that lack access to resources and opportunities. As we move forward, our efforts to support rural populations will be more centered on and driven by community engagement, as we work to more consistently and sustainably listen to, learn from, and support the strengths of rural communities.

We also recognize that these are not discrete categories. BIPOC and LGBTQIA2S+ individuals and communities may be rural or urban. Many LGBTQIA2S+ individuals are BIPOC. We must intentionally and thoughtfully engage the specific situations – especially the specific wisdom and strengths – of the communities we serve, as we work to repair historical injustices, to remedy persistent inequities, and to remove economic disparities.



Equity Healing Framework

DEFINING HOW TO WORK EFFECTIVELY

EQUITY HEALING FRAMEWORK

March 2022

Like many philanthropies, EHF previously organized its giving into discrete program areas. Although these areas were intended to define what we fund, the range of our investments never actually conveyed a coherent or tangible understanding of EHF for potential grantees – or even for most of our staff and our Board.

More importantly, focusing on *what* we funded rather than *how* we funded allowed EHF to operate with a presumption that controlling and dispensing financial resources made us experts, and that hewing to program areas was the only relevant measure of whether we were effective as a funding organization.

This presumption is common across philanthropy. It operates in tandem with other assumptions, particularly that the role of philanthropy is to locate a problem, identify how to solve the problem, fund the philanthropy's preferred solution, and move on. This approach tends to pathologize individuals and communities, perceiving them only in terms of problems, and to presume the solutions and expertise for solving those problems reside elsewhere. But the role of philanthropy is not to solve; it is to support: to ensure communities have ongoing resources for healing. And to support communities, we must recognize, learn from, and amplify the expertise – the knowledge, skills, networks, and other resources – within those communities, an expertise of lived experience.

It's easy for those who control financial resources (and power relations) to move with hubris. But philanthropy is most effective – most able to support necessary and lasting change – when funders cede hubris for a more thoughtful humility.

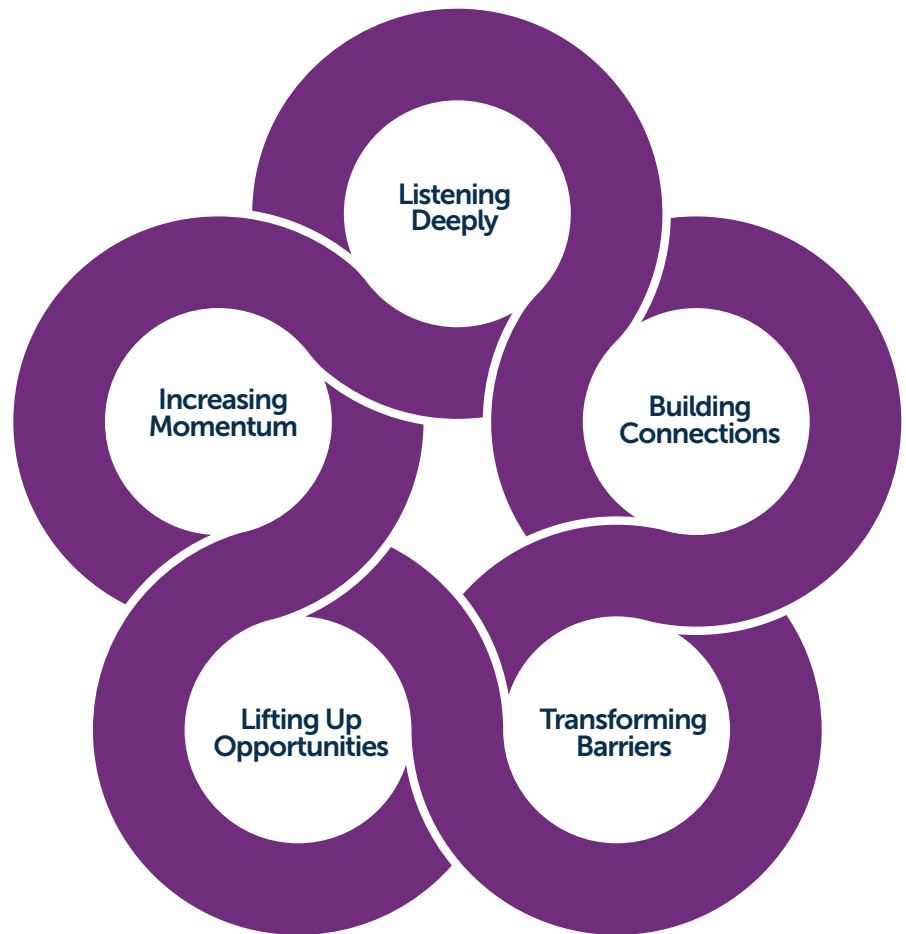
**“Communities most impacted
by inequities must be at the
center of solutions.”**

— Group Health Foundation

Rather than approach our work in terms of what we fund, as defined by discrete program areas, we are focusing now on how we work.

Over months of deep conversation, reflection, and refinement, drawing on input and insights from those we serve, from our Board, from other community members, and from our own honest assessments of our most and least successful past and current work, we have identified five key elements to guide our efforts:

The Equity Healing Framework



In developing the Equity Healing Framework, EHF staff shared the following reflections and made the following commitments:

COMMITMENTS

Acting with intention, we will:



Staff Reflections



“Communities need to push funders and others in power to think about the unintended consequences their solutions—often devised without community input—can have on their lives. The ‘expert solutions’ funders often champion are rooted in race and class bias; they reflect the ingroup norms where the white, elite ‘experts’ derive power from their knowledge.”

— Linda S. Campbell,
“Wielding Power with
Community: Creating Pathways
for Change and Transformation”

Drawing on writer and biologist Robin Wall Kimmerer’s reflections about the prevalence of verbs in the Potawatomi language (which reflects and promotes a collectivist worldview that honors connection), we have purposely defined each of these elements in ways that convey ongoing action. This purposeful language underscores that these are not mere checkboxes, nor sequential stages we should strive to complete for particular projects. Rather, each of these five interrelated ways of working is an ongoing action, something in which EHF must continually and consistently engage across all of our work. (The emphasis on healing rather than health similarly conveys ongoing action rather than a static goal.)

The five activities that comprise the framework are interconnected and intended to overlap; they do not refer to discrete phases of a project. While a particular effort or initiative should begin with listening deeply and building connections, these activities need to continue as we engage in transforming barriers, lifting up opportunities, and increasing momentum. Indeed, acts of deep listening and building connections that we undertake around a specific area of our work allow us to create and strengthen relationships that carry over into our future efforts (as the examples we share in this report demonstrate).

This five-part framework will allow us – indeed, it will require us – to work in ways that are more community-focused, and to recognize the lived expertise of those we serve. It positions us to support rather than solve. It encourages us to approach BIPOC, LGBTQIA2S+, and economically disadvantaged/rural communities with curiosity and humility, as we learn from those communities around key questions: What are you experiencing? What are you observing? What strengths sustain your community? What supports do you need to realize your community’s vision for health? With this shift, we are recognizing that as a funder we can’t yield the results or perform the healing; what we can and will do is work in partnership with community leaders and community organizations to co-create the conditions for healing.

Most importantly, in making this shift to community-based work rather than issues-defined work, we are acknowledging that these relational activities are integral to effective, sustainable healing. And we are affirming that this work must be ongoing. Rather than trying to achieve a particular set of outcomes or results, we are committing to supporting communities now and in the future. While the Equity Healing Framework is intended to guide efforts focused on persistent inequities and past traumas, it will also ensure EHF is able to support

communities as new, unanticipated challenges arise. The pandemic has been a stark reminder that we can be most effective if we foster relationships, trust, and networks before a catastrophe strikes, so we can engage in real-time collaboration and provide expedient support to hard-hit communities.

LOGIC STATEMENT

If the work we support is:

- Community driven
- Centers historically disadvantaged communities, especially BIPOC (Black, Indigenous, and other People of Color) communities
- Enhances the use of these communities' cultures
- Is led by trusted folks who are a part of the communities served
- Removes barriers (power, money, information) to communities' authorities

Then communities can more freely move toward balance and abundance

ROOTS OF THE EQUITY HEALING FRAMEWORK

The Equity Healing Framework grows out of what EHF has learned from our past work, and from our community partners. For example, in EHF's earliest meetings with the Confederated Tribes of the Colville Reservation, Tribal leaders articulated their expectations for how EHF should work with them, which challenged some of our assumed practices. They knew what their community wanted: to create a Heritage Manual documenting a collective understanding of what it means to be competent in working with members of Colville Confederated Tribes, across fields like health, justice, and education. Although this kind of work was unlike "bright spotting" and other early EHF efforts, EHF leadership agreed to move forward with the project. Graduate students who were Tribal members were engaged to conduct fifty-two interviews with community elders from the Colville Confederated Tribes. But their initial approach to collecting input, drawing on mainstream social science methodology, proved inadequate. Only by implementing more culturally appropriate approaches were they able to successfully gather the elders' wisdom – a development that underscored the need for cultural competence in all work undertaken with Tribal members.

The Heritage Manual produced through this investment has proven extremely useful, as the Colville Confederated Tribes knew it would. Just as important is the way the connections forged through its creation raised new opportunities, also identified by Native leaders and communities, that EHF has helped foster. In response to a subsequent request from Tribal partners, EHF supported the creation of the Tribal Leadership Alliance (TLA). Bringing together seven healthcare entities serving Native Americans, the TLA meets monthly to collaborate on health issues. TLA works from the understanding that these issues are rooted in the intergenerational trauma resulting from centuries of displacement of Native people and decimation of Native cultural practices, language, and sovereignty, and so treatment and healing must address that trauma, restore cultural connection, and honor sovereignty. Through the TLA, consultants from surrounding Tribes with dual expertise in cultural practices and in behavioral health worked directly with Tribal elders to co-design an Integrative Cultural Healing Model (ICHM). As the first behavioral health model developed for and by Native Americans in eastern Washington, the ICHM will provide culturally appropriate behavioral health services and supports for families with young children. The ICHM combines positive cultural identity formation, healing relationships, and trauma-informed and resilience-based care.

“There needs to be consideration of external factors. We are not as in control of our destiny as we believe.

We are part of an ecosystem, and we need to understand that. A lot of the work in the past was about innovation, but the pandemic was about needing to stabilize. We’re hearing, “All I can think about is how to get through this day, the next day, not any further ahead.” How do we build into EHF’s model the responsiveness to where a community is at the moment, so we are working with and not acting on the spirit of community?”

— Shivon Brite, *Empire Health Foundation*

When the Colville Confederated Tribes initially identified the Heritage Manual as something they knew they needed, EHF leadership at the time described the Foundation’s support of the work as a gamble – albeit one made with third-party funding. By comparison, bright spotting was perceived to be more of a sure thing, because it relied on programs that were already successful elsewhere. But just the opposite proved true. Each community and each culture has its own knowledge, strengths, and needs – that is the only “sure thing” across our work. Because we did not recognize this central truth, many of EHF’s bright spotting efforts never achieved outcomes equivalent to the Heritage Manual, the Tribal Leadership Alliance, and the Integrative Cultural Healing Model.

It is the lessons of these and other past efforts that shaped our development of the Equity Healing Framework. Investing in communities in the ways outlined in the Equity Healing Framework is not a gamble precisely because we will be supporting community-defined processes, rather than framing success or failure in terms of targeted outcomes that are predetermined by EHF. Ultimately, our efforts can only be successful and sustainable when they engage community strengths and expertise, support community-driven efforts, and meet community needs.

IMPLEMENTING THE EQUITY HEALING FRAMEWORK

Transitioning the organization from past investments and programs to approaches fully driven by this new framework will take time. Moreover, infusing the framework across our efforts requires us to move at a more thoughtful pace. We recognize that this deliberate slowing can feel like we lack urgency – but just the opposite is true. Taking time to listen deeply, to build connections, to earn trust, and to foster and grow relationships are all essential if EHF wants to be effective. Ultimately, it's more urgent that we are respectful and reliable than that we are fast – and falsely confident.

The Equity Healing Framework also provides a means for EHF staff, our Board, and the communities we serve to hold EHF accountable. Moving forward, we will need to reflect and communicate with honesty and transparency about how we are living these principles across our work, and what more we need to do to be fulfilling these commitments.

Through this shift, EHF will be investing more in communities. We mean that not solely in terms of money, but in a deeper, more intangible, and more crucial sense. While financial investments are transactional, these investments are relational. In making them, we are acknowledging how much we have to learn, and to gain, from the communities we serve. This is a revelatory shift. When we include Unconditional Love among EHF's values, proclaiming, "We believe in love as a radical power for people and communities to thrive," we are making a deeper commitment than just dollars. We are declaring that we must bring all the vulnerability and joy of love to our work. And we are recognizing that EHF will be transformed by this work, rather than expecting that we will transform those we fund.

This approach is exhilarating, and – like any big shift – also a little daunting. But this approach is grounded in the best work EHF has done and is doing, work that we know is already being enriched as we define and implement the Equity Healing Framework. We are deep in the process of actively transforming our internal culture and practices, as well as our work with and in communities.

With this new focus for EHF, we are not sure precisely what all of our work will look like in practice six months or six years from now. We do know that the Equity Healing Framework will guide us through the vulnerability inherent in working in new ways. We are already realizing the benefits of working in these ways. What follows are additional examples and reflections from these efforts to date. The examples highlight areas of work out of which the Equity Healing Framework has developed. What EHF has been learning through our work underscored for us that we needed to articulate and actively pursue the Equity Healing Framework. This is the foundation on which we are now building, with the Framework to guide us.

Rethinking Data and Evaluation to Achieve Deeper Understanding

EQUITY HEALING FRAMEWORK

March 2022

Like most conventional funders, EHF has always included data and evaluation in our work. For the March 2022 Board convening, we are sharing available health data for the counties and reservations we serve. But even from the perspective of conventional philanthropy, these quantitative data are limited.

Because of population sizes and limitations in data collection, population data cannot be disaggregated as well in eastern Washington as in many other geographic areas. Some health factors are difficult to measure effectively in our more sparsely populated counties. And within counties, community-level data – particularly data specific to underserved communities – may not be available at all.

Publicly available data don't always tell us what we most want and need to know. For example, the rate of homeownership in a county doesn't reveal the quality of housing in which individuals and families live; the percentage of residents who identify as Latinx doesn't convey how many are first-generation, second-generation, or from families with longer histories in the US, nor does it indicate how many might be undocumented – a crucial distinction that makes individuals and their families more vulnerable and less likely to access services unless those services come from a directly trusted source. And the frequency – or rather, the infrequency – of most data collection means quantitative data are almost always lagging, making it difficult to use data in real time.



But as we shift to community-centered approaches, we must recognize deeper limitations regarding the use of conventional quantitative data.

Data collection only probes the questions data collectors choose to address. Are those the most pressing issues from the community's perspective? What about assets – how do we document what is working in communities, where and how and why health is flourishing, so we support and deepen those strengths, rather than pathologizing communities based on externally defined problems?

We turn to data because we want insight. But the best insights – those that are the most accurate, most useful, and most actionable – come from individuals with lived experience. As we shift from proving the efficacy of a funder-defined intervention to improving the way EHF supports communities, we are recognizing how knowledge, wisdom, and expertise flows from and through those communities.

Moving forward, we will work with the understanding that the accuracy and applicability of what we learn stems from how we learn it. Simply put, the process of discovery – who is included in defining,

gathering, and interpreting data – determines what we discover. When data come from external sources, it's especially crucial we bring those data to community partners to contextualize and interpret it, asking them what the data tell them about their community, and asking them to identify what's missing, to determine what still needs to be learned, and then collaborating with them to create a more comprehensive understanding. For example, by engaging partners across Spokane's Black community – the Carl Maxey Center, the Jesus Is The Answer City Church, the Martin Luther King Jr. Family Outreach Center, and the NAACP Spokane Branch – we can work together to identify both the value and the limits of County-level public data, and to raise up a more comprehensive understanding of the Black community.

“The degree of interconnectedness between events and actors in complex systems makes it nearly impossible to assign credit for causes and effects.”

*— Cynthia Rayner
and François Bonnici,
The Systems Work of Social Change*

With the Equity Healing Framework as our guide, EHF must transform how data and evaluation are incorporated into our work and our partners' work. Rather than positioning ourselves as an entity to judge partners based on evaluation metrics we impose, we need to build a learning culture. EHF's role will be to listen to and learn from communities, and to provide the resources for listening and learning to happen across the region.

The Amplifying Community Stories case study discusses one in-depth example of this work. As part of that work, we engaged in a collaborative visioning process with two of our funded partners in Stevens County: the Colville Senior Center and the Rural Resources Youth Center. We asked community members, "Imagine 10 years into the future. What is your vision for what a healthy Stevens County will be? Which of these issues are you most ready to address today?"

What would it take to make a positive difference on these issues?" Articulating their perspective and having EHF listen deeply provided a sense of priorities, goals, strategies, strengths, and commitments that could not have been generated using conventional, external data sources.

FUNDER-CENTERED DATA STRATEGY	COMMUNITY-CENTERED DATA STRATEGY
Data to prove	Data to improve
Data for validation	Data for learning
Outcomes over all	The process is as important as the product The journey is as important as the destination
EHF-defined success: External validation of funder-determined outcomes	Community-defined success: Community members determine and direct their own paths to success
What gets measured gets done: Results at all costs	What gets done gets measured: We learn from what is working and move together to improve what's not
Defining and collecting data to measure success	Defining and collecting data to understand how to do the work well
Privileging available quantitative data	Interweaving qualitative and quantitative data to understand a fuller story
Transactional data model	Relational data model

Rather than emphasizing "accountability," experts like Michael Quinn Patton encourage us "to refocus evaluation on helping and supporting those who do the work rather than just serving the funder."

BOARD ENGAGEMENT AROUND DATA AND EVALUATION

For our Board, this approach requires trusting what may be a new and very different process. Board members may not be seeing the kind of data with which you are most familiar, as EHF begins working in this new way. We appreciate your commitment to this strategic approach, and your willingness to engage with EHF staff and our community partners in this essential process of collaborative learning.

Indeed, Board expertise remains important in ensuring we undertake this work thoughtfully.

To center community in data collection and evaluation, we must begin with fundamental questions: What does this particular community want to know? What does it want to share? As EHF Board Member Mary Selecky noted, this approach requires building community trust, and building community investment. This is not a dollar-defined investment, but a respectful, relational investment that allows community members to trust that qualitative processes are worth their time, that their honesty will be

valued, and that EHF will respond respectfully to what communities choose to share. When we ask people to speak from their lived experiences, to reveal what is personal to them, we need to do so in ways that allow them to define and drive the process.

EHF Board Member Kim Pearman-Gillman observed that if EHF starts by privileging externally gathered data, we will not be authentic to the discovery process. Indeed, funders often risk signaling to people what we want them to tell us in evaluation and data-gathering processes, rather than listening for what we need – but we may not seem ready or comfortable – to hear. EHF must invest in building systems of discovery within communities that are driven by those communities. And we must convey consistently that we are committed to supporting their process of discovery, not to imposing our process on them.

EHF Board member Alison Boyd-Ball added that knowing who to approach is key to community-centered data processes. Which community leaders' and gatekeepers' trust must EHF earn first? How can their expertise help us understand what the process makes visible? And how do we ensure that foregrounding "data to improve" doesn't push us to impatience: when we are working to alleviate entrenched health inequities, we need to commit for the long term. As Alison put it, "it took a long time to get here, and it will take a long time to get past here."

MEASURING FOR LEARNING DEPENDS ON:

Supporting self-evaluation,

so that primary actors (particularly those with lived experience) can be the drivers of the entire measurement lifecycle, from design to data collection to analysis

Surfacing invisible value,

particularly documenting the quality of relationships and experiences emanating from individuals and communities

Shortening feedback loops,

to measure in real-time, with discoveries quickly available to primary actors who are positioned as problem-solvers

Measuring for meaning,

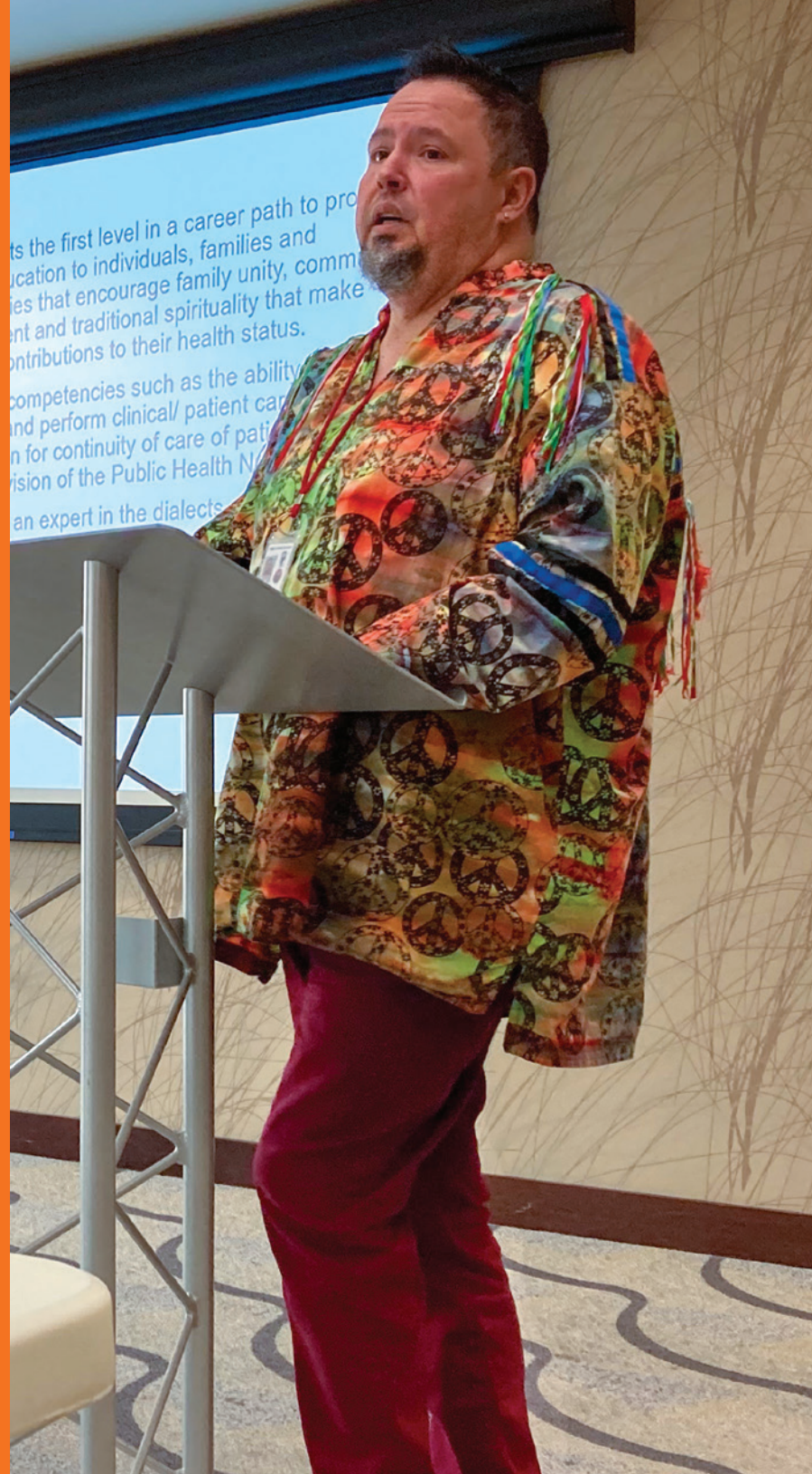
with measuring integrated across processes and programs, not merely as "bookends" to count narrowly defined "outcomes" of funding.

Even collecting basic demographic data may place a burden on vulnerable populations,

particularly people with undocumented household members, or individuals and families in small communities where privacy is a concern. Our work with health coaches already requires us to think about what data are collected, and how the data are conveyed to us: each time a health coach enters information into a data portal or speaks with EHF staff about a client in ways that protect identifying information (like name, age, pronouns, occupations, or area of residence), the care with which information is conveyed matters.

— Rocío Caravantes Wofford,
Empire Health Foundation

RIGHT: Quail Orr, who leads the health coaching program for the Colville Tribes, at an EHF-led training for coaches in October 2021, held at the 12 Tribes Casino Hotel in Omak. CREDIT: Scott A. Leadingham/EHF



CASE STUDY

Healing Families Together/Peers at the Front Door

EQUITY HEALING FRAMEWORK

March 2022

What does it mean to define expertise, outcomes, and data in terms of the lived experience of BIPOC/ LGBTQIA2S+ community members?

How do we reflect and incorporate that lived experience in ways that resonate with the community and with funders – and that address the barriers and biases that are inherent in social service systems?

Work begun with the best of intentions – ensuring children are living in safe environments – can have devastating consequences: high rates of removal of children, especially infants, from their families, with disproportionately high removal rates for Native American, Black, and Latinx infants, and particularly for infants whose mother have struggled with substance use. EHF's Healing Families Together work addresses these devastating consequences, through elements defined in our Equity Healing Framework.

The Healing Families Together (HFT) work is driven by monthly convenings of key stakeholders. Most of these stakeholders come from organizations that touch the lives of parents and children. But each convening begins with a presentation by a particular expert: a parent with lived experience of substance use and/or lived experience dealing with the Child Welfare system. The reason each convening leads with these voices is clear to all participants. Their stories provide guiding expertise regarding how to engage successfully with BIPOC/LGBTQIA2S+ families and communities. They reveal the shortcomings inherent in dominant-culture social service systems. And they provide the insight that EHF and other funders and stakeholders need to understand and overcome our own biases and misconceptions.

This expertise has proven so fundamental that EHF gathered what was shared, asked those with lived experience as well as the other stakeholders to review and further refine what was drafted, and together we now use it as our Healing Families Together Guiding Principles. These principles will guide all aspect of HFT, from training and service models to advocacy and policy work to data collection, evaluation, research, and storytelling. Because the principles grow out of and are intended for use within this area of EHF's work, they reflect the specific experiences and expertise of the communities participating in HFT. But the Healing Families Together Guiding Principles also align with our larger Equity Healing Framework, and we see them as relevant to and adaptable for other community-focused initiatives and efforts.

"Trauma is the real gateway drug."

— Community Partner/Healing Families Together Planning Team Member

HEALING FAMILIES TOGETHER GUIDING PRINCIPLES

We commit to using the following principles to guide our work.

WE KEEP FAMILIES AND CHILDREN AT THE CENTER OF ALL WE DO

We honor the diversity and strengths of children and families and affirm the resilience that they bring. Our goal is to keep families together. We affirm the importance of nurturing the whole child and supporting family well-being before, during, and after engagement with the child welfare system. We seek to support those who are furthest from opportunity, and to change systems that have historically marginalized. We provide opportunities for families to share what is needed and to co-design programs to meet those needs.

WE SUPPORT STRENGTHS-BASED APPROACHES

We support strengths-based approaches that value the capacity, skills, knowledge, connections, and potential in individuals and communities.

WE ARE OPEN IN OUR COMMUNICATION

Our interpersonal and written communications with families and partners are authentic, clear, and expressed in ways that are understood by diverse communities.

WE ARE CULTURALLY RESPONSIVE AND LEAD WITH RACIAL EQUITY

We strive to reduce bias and affirm the unique cultures and needs of children and families. We seek to create supports, protective factors, and services that correct for historical racism and historical trauma that impact children and families today.

WE SUPPORT EACH OTHER'S CULTURAL REPAIR AND HEALING

We aim to be fully present, to recognize triggering moments, and to support each other's cultural repair and healing with emotional intelligence and empathy.

WE RELY ON DATA FROM MULTIPLE SOURCES TO INFORM DECISIONS

We gather data from multiple sources, including stories from communities, to ensure that family wisdom and needs, especially those furthest from opportunity, drive decision-making.

WE COLLABORATE AND COORDINATE ACROSS AGENCIES

We work together to build trusting partnerships and co-create services and strategies that promote child and family well-being and remove barriers to family success. We commit to being trusting and trustworthy partners.

At this stage, a key part of HFT is Peers at the Front Door, which relies on and amplifies the expertise of BIPOC/LGBTQIA2S+ communities. This work is being led by the Health & Justice Recovery Alliance in partnership with the American Indian Community Center, Community-Minded Enterprises, Latinos en Spokane, New Developed Nations, Spectrum Center, and Raze Early Learning Center. Recognizing that individuals and families need accessible, appealing, and culturally appropriate support from pregnancy and birth through the first crucial months of parenting infants, Peers at the Front Door is a peer-support service. We are developing a training model through which BIPOC/LGBTQIA2S+ community members are providing personalized support for expectant/new parents from their communities who are living in poverty and/or have a history of substance use. This work is still in its early stages, and we look forward to sharing more as it develops.

Within the conventional measures that philanthropy uses, the outcomes and data around this work might not emerge for years and would be narrowly defined in terms of the number of peers trained, the numbers of parents engaged, and – in the kind of long-term measure that presumes cause-and-effect in ways that ignore multiple, complex external factors – decreases in the rates of removal of infants from their families. But, as earlier sections of this report describe, through the Equity Healing Framework, EHF now recognizes “outcomes” and “data” more broadly, through every stage of the work. The Healing Families Together Guiding Principles are one such outcome.

Equally significant is the kind of data already emerging around this work, as exemplified in a text message from a community member celebrating the impact HFT has had on her own family. Conventional grant reporting mechanisms and quantitative measures cannot convey what this spontaneous, unsolicited communication reveals: a mother who is grateful to have a provider fully embracing her daughter, and who sees that provider as a source from which she herself can learn and through which she can volunteer to help other families. Her words are the data we most need, because they make clear how invaluable it is to be celebrating the accomplishments of a human being who was nearly lost to addiction.

Good morning, I just wanted to take a minute and introduce myself and thank you from the bottom of my heart for everything that you are doing to help our daughter on her continued road to success, she is simply amazing and without the help of all of you, especially you, that have embraced her I wouldn't be celebrating her accomplishments we simply would have lost her... This is my number and anything that I can do or any advice that you may have as a mother in this world of addiction I am up for any suggestions and I will help in any way that I can with your organization to volunteer and help other women. Again, I thank you and it is so nice to meet. Please contact me anytime!

Hello! Thank you for reaching out! Your daughter is a testimony of personal transformation and we are honored to work alongside her supporting her recovery. We do love our volunteers if you are ever interested in doing so please let me know!

CASE STUDY

Amplifying Community Stories

EQUITY HEALING FRAMEWORK

March 2022

What do thriving communities look like?

What becomes possible when BIPOC/ LGBTQIA2S+/rural communities frame their own stories?

Stories are a powerful mechanism by which communities shape their identity and their engagement in the broader region. Storytelling is an act of self-determination, and stories are fundamental to community and organizational development. Indeed, storytelling has always been a powerful expertise by which Indigenous communities have transmitted information, knowledge, and wisdom.

But too often community leaders and organizations, particularly in our Black, Indigenous, and other communities of color, our LGBTQIA2S+ communities, our neighborhoods with the highest concentrations of people struggling in poverty, and in our rural towns and economies, are not afforded the same privilege to frame their own stories.

Community organizations have been responding to the pandemic, political polarization, economic uncertainty, and the re-energized struggle for racial justice in the wake of the murder of George Floyd in important ways. But much of this work remains invisible. Sharing stories is a way to increase visibility, disseminate information, and attract more resources.

While financially resourced, mainstream nonprofits often employ communications staff or contract with external public relations/marketing professionals, EHF wanted to facilitate the efforts of organizations and communities that have not been afforded the same opportunity to incorporate storytelling into the development of their visions, strategies, advocacy, and programs. This was the impetus for Amplifying Community Stories (ACS).

From its inception, ACS has been a community-centered project. We began by seeking community input, specifically by inviting community leaders to share their insights – including anonymous feedback, if that was their preference – to guide the initiative. The subsequent announcement inviting proposals reflected their priorities, their concerns, and their language, allowing these communities to trust the value we place on their partnership.

Working with the understanding that communities know best what stories should be told and how to tell them, EHF is not dictating particular content, media, or approaches for funded projects. Rather than burdening community groups with a lengthy application, we posed four generative questions:

- 1. What community do you represent? Describe the relationship between your organization and this community. Include a description of how your organizational leadership (Board and Staff) is reflective of this community.**
- 2. Generally, what story do you want to tell? How (what medium) will you tell or document this story?**
- 3. How much funding are you requesting?**
- 4. Is your organization interested in additional funds or technical assistance to access American Rescue Plan Act (ARPA) resources? If yes, what ARPA resources is your group interested in and what support would be needed?**

EHF has been incorporating our own learning across ACS. Although we were deliberate in the initial steps we took to center communities in this work, we subsequently realized there were more connections we needed to build. When we received the first round of proposals, we discovered some key communities were unrepresented. As we moved ahead with funding projects from those initial proposals, we simultaneously undertook targeted outreach to additional nonprofits and nonprofit networks, inviting and supporting organizations representing other voices to respond.

ACS provides unrestricted operating funds, trusting the expertise within community organizations. Rather than asking for grant reports, dictating timelines, stipulating that the stories/products generated be submitted to EHF, or otherwise imposing burdensome requirements on organizations receiving funding, we are focusing on what EHF can do to deepen our support to groups funded through ACS. EHF staff are currently interviewing funded

organizations to learn from them about their work, listening to hear what additional resources – financial or otherwise – might deepen their efforts. We undertake these interviews as a form of collaborative co-development.

(One thing we are learning is that these interviews would be even more productive if they occur earlier in the process, an insight we plan to apply in future initiatives. By listening deeply as community organizations undertake the work, EHF can build connections, transform barriers, lift up opportunities, and increase momentum at the most efficacious points for our partners.)

The importance of this community-driven storytelling is already evident. The stories emerging from ACS are raising awareness, modeling the overcoming of adversity, and having direct impact by preventing mental health disruptions or sexual violence. They underscore that peer stories are powerful stories, in ways that conventional “public awareness campaigns” often are not.

EHF is listening to community groups to learn how best to amplify their work, while ensuring they retain control of their stories. Rather than creating a funder-focused event in which the stories will be “performed” for EHF staff, Board, or others, EHF is working with interested community groups to create a celebratory forum to facilitate interactions between the community groups. They will control what they share and how they share, in ways that allow them to learn from and network with each other.

AMPLIFYING COMMUNITY STORIES FUNDING TO DATE

Three Rounds of Applications in 2021

Applications Received:

50

Total Requested Amount
of Funding:

\$1.7 Million

Number of Organizations
Receiving Funds:

33

Total Amount of
Funding Awarded:

\$825,000

Amount Awarded
Per Project:

\$25,000

CASE STUDY

Equitable Economies

EQUITY HEALING FRAMEWORK

March 2022

What role should EHF take in bringing public dollars into BIPOC, LGBTQIA2S+, and rural underserved communities?

How can EHF craft a community-centered approach in response to complex, rapid-timeline government funding opportunities?

The American Rescue Plan Act (ARPA) is a federal stimulus package intended to address the economic disruptions and downturns caused by the pandemic. But accessing ARPA funds involves navigating challenging bureaucratic processes and burdensome requirements. As a result, many of the communities and organizations most deserving of ARPA funding are at risk of being unable to secure it. EHF created Equitable Economies (EE) to meet this need with timely, community-driven supports.

ARPA is undeniably a top-down funding stream, created at the federal level and dispersed through state and local governments. Our Equity Healing Framework has helped EHF to think deeply about how to take a community-focused approach to ensure the hardest-hit BIPOC, LGBTQIA2S+, and rural underserved communities are well positioned

to secure ARPA funds. EE began with a commitment to seek and support community-identified strategies that show promise in attracting ARPA resources; to foster collaboration within and between historically disadvantaged communities; and to seed wealth-building approaches among BIPOC, LGBTQIA2S+, and rural communities through the acquisition of real estate and other capital assets and organizational development. Indeed, storytelling has always been a powerful expertise by which Indigenous communities have transmitted information, knowledge, and wisdom.

Central to EE are EHF grants to provide capacity building and other technical assistance to support community-based organizations and small businesses from across the Inland Northwest in accessing federal American Rescue Plan dollars. But from its inception, EE has involved more than just grant money. EHF is engaging and supporting underserved communities at every stage in their efforts, by creating or deepening their awareness of EE and ARPA funding opportunities; building trust with city and county leadership; and assisting community organizations in navigating the complex process for accessing ARPA funds. EE provided financial support for professional grantwriting and grew a consultant bureau to ensure communities could access the expertise needed to secure ARPA funds.

EQUITABLE ECONOMIES FUNDING TO DATE

Two Rounds of Applications in 2021

Applications Received:

42

**Total Requested Amount
of Funding:**

\$686,425

**Number of Organizations
Receiving Funds:**

18

**Total Amount of
Funding Awarded:**

\$323,125

**Amount Awarded
Per Project:**

\$15,387

We have convened a series of Community Learning Sessions (CLS) to answer the fundamental questions raised by those EE is intended to serve: What can ARPA funds be used for, in terms of new or existing programs? How can they use EHF support to access these funds? In answering these questions, the conversation centered on the areas and issues community organizations identified as their highest priorities: housing; food assistance; healthcare, particularly mental and behavioral health; and children, youth, and families, especially childcare. EHF also brought in experts to share their experience accessing government funding to support capital projects. Across the span of EE, EHF's support of community organizations has grown to include providing:

- **Grants to support pre-development or development activity for capital projects that will seek ARPA government funding.**
- **Lobbying support (through our 501(c)(4)) that specifically advocates for government entities to direct ARPA funding to support these kinds of capital projects.**
- **General operating support that EE partners can use to lobby for and/or advocate in other ways to support these kinds of capital projects.**
- **Direct grants for capital projects to meet matching requirements or otherwise leverage government resources.**

Although the process of securing ARPA funds can be onerous and confusing, especially for underserved communities, EHF worked to ensure the process of securing EE support was not. Community organizations were invited to fill out a simple, 8-question online survey describing their proposed use of EE funds. This low-barrier entry was key to the success of EE, and ultimately to ensuring ARPA dollars will flow into the communities and organizations where they are most deserved and needed.

EHF invited community leaders to guide EE (and related efforts) by serving on a Community Advisory Committee. We created an open, easy application process to minimize barriers to participation. We fund stipends for CAC

ONLINE SURVEY FOR EQUITABLE ECONOMIES FUNDING

- What is your EHF Equitable Economies funding request? (\$2,000-20,000)?
- What types of capacity building work will be completed - facilitation, writing, planning, policy? (select all that apply)
- Do you have a preferred technical assistance provider? If yes, list contact information.
- Describe your Executive Leadership, if applicable
- Describe your Board Leadership, if applicable
- What community do you represent? Describe the relationship between your organization and this community. Include a description of how your organizational leadership (Board and Staff) is reflective of this community.
- What ARPA resources is your group interested in, and what support would be needed? What is your project's goal?
- What experience do you have related to your proposed scope of work? Please provide at least three references; one should represent the group you hope to assist.

members, in respectful recognition of the value of their time and expertise. And to increase diversity, we expanded the number of CAC members from what we initially planned (4-5) to what we recognized would bring fuller representation of the communities to be served (8). The CAC is integral to EE, because it provides guidance that draws on expertise within diverse communities, while also providing bridges to those communities, all of which strengthens the impact of short-, medium-, and long-term outcomes of EE. And the work of CAC is not being siloed within a single initiative. We anticipate that input from and interactions with the CAC will shape future EHF work.

As with ACS, we are learning and refining as we proceed. EHF staff struggled at times in communicating the intent of Equitable Economies and our role in relation to ARPA as a government program. Terms like “catalytic investment” that EHF and other funders use were unfamiliar and unclear for some community groups. They experienced confusion about why and how the process of applying to EHF for EE support differed from applying for ARPA funds. Working with limited or slowly emerging information from state and federal governments about timelines, funding priorities, and other key aspects of ARPA, EHF was often unable to share details that community organizations most

needed to know in as timely a fashion as they or we would have liked. And, as is often the case given the power imbalances endemic across traditional philanthropy, potential applicants needed to be encouraged to develop proposals for projects that would be the most meaningful for the communities they serve, rather than ones they thought would appeal to EHF.

Equitable Economies Community Advisory Committee

ash riant

Spectrum Center

Bob Hutchinson

Project ID

Fernanda Mazcot

Hispanic Business Professional Association

Kiana McKenna

Pacific Islander Community Association of Washington

Linda Lauch

American Indian Community Center

Lacrecia “Lu” Hill

Spokane Independent Metro Business Alliance (SIMBA)

Sarah Phillips

YES of Pend Oreille County

Shon Davis

Jesus Is The Answer City Church

EHF'S WAYS OF ENGAGING

The Equity Healing Framework will guide EHF's efforts across all of our activities, some of which have long been part of EHF's work and some of which will be new.

EQUITY HEALING FRAMEWORK

March 2022

STORYTELLING & STRATEGIC COMMUNICATIONS will be deployed more consistently and purposefully. In the past, EHF expected the work we funded to speak for itself. But the reality is that the communities we serve – as well as our staff and Board – need and deserve a clear understanding of what EHF stands for. As we undertake storytelling and communications, our primary goal is to use these tools to hold up the work being done in and by our community partners. Elevating their efforts and amplifying their voices will be central to demonstrating why and how we undertake our work, what we are collectively achieving across the Inland Northwest, what we are learning as we go, and how EHF is holding itself accountable.

GRANTMAKING will remain central to our efforts, although rather than producing RFPs and making grants based on “Bright Spotting” or other internally defined priorities, EHF’s grantmaking will be driven by community-defined needs and priorities, with community input shaping the RFPs that we develop, the criteria on which we rely to award funds, and the role EHF plays in supporting programs and organizations once grants have been made.

IMPACT INVESTMENT offers important complementary ways for EHF to support communities. To date, EHF’s work in this area has been limited (local real estate investments focused on maintaining affordable housing). We anticipate increasing our Impact Investing, using the Equity Healing Framework to guide areas of investment. Over the coming year, we plan to revise our Impact Policy Statement to clarify how these investments will fit into our work. We are enthusiastic about incorporating Mission-Related Investments (MRIs will allow us to invest EHF funds for positive financial returns in investments that align with EHF’s social values), and Program-Related Investments (PRIs will allow us to make investments related to our program goals that may also yield positive financial returns), and Revolving Capital funds into our work.

LEARNING AND KNOWLEDGE SHARING will allow us to be more thoughtful and purposeful. As discussed in this report, EHF is rethinking data and evaluation across our work. In the past, our grantees were asked to report on specific outcomes EHF defined, while EHF itself did not engage in much evaluation of our own organization. We are now committing to building a true learning culture, across EHF staff, with our Board, and with our partners.

ADVOCACY, ORGANIZING & POLICY WORK will increase through Empire Health Community Advocacy Fund, our 501(c)(4). In the past, EHF engaged in new initiatives that were public/private ventures (Better Health Together, Family Impact Network, Spokane Teaching Health Center, Andy Hill Cancer Research Endowment (CARE) Fund). Moving forward, we will shift our work to community advocacy and organizing, to more fully align with the efforts of our 501(c)(3).

SUPPORTING SYSTEMS CHANGE particularly in the public sector, will be integral to our efforts. EHF has already engaged in targeted efforts to improve bureaucracy through private instigation. We are keenly aware that ending persistent inequities across the Inland Northwest requires sustainable shifts in power and in resource allocation.

INNOVATION will be redefined. In the past, EHF incubated new organizations, based on our own sense of what our region needed. But “innovation” is best defined (and most effective) if it is driven by the vision and strength of communities, and focuses on addressing the inequities that have remained intractable to conventional philanthropy-social service-public sector approaches.

RESOURCE LEVERAGING has allowed EHF to bring money from outside funders and sources to the Inland Northwest. Moving forward, we will continue to work to bring outside resources into our region, but we will use the Equity Healing Framework to ensure these resources can be used in ways that best support the communities we serve. This may mean foregoing resources that are too restricted by an outside funder’s own priorities and initiatives, if those priorities and initiatives do not align with the strengths and needs of local communities. Conversely, EHF will work with outside funders to help them understand those strengths and needs so that they can shape their resource allocation accordingly. Resources may flow directly to community partners, without EHF serving as a financial pass-through, if that best meets the community’s needs.



MOVING FORWARD

Equity is long overdue, and we must not delay our efforts to address it. Nevertheless, we recognize there is still much we need to consider as we adopt the Equity Healing Framework. We look forward to having the Board's input and expertise as we explore the following areas:

- 1. What are the implications for EHF's budgeting and financial tracking systems, as we transition from funding based in discrete program areas to funding efforts driven by the Equity Healing Framework?**

For example, as Lily Zhang, EHF's Chief Financial Officer, notes, with "care coordination" as a conventional funding area, our finance system tracks finances based on how the program team works: How much have we spent on care coordination in this program, in this community, on this consultant? As EHF moves to another way of doing work, can we – and should we – map the new approaches onto the old ways of doing work? If not, do we lose the continuity in financial tracking? What can we gain as we rethink budgeting and financial tracking? Are there ways to embrace the shift so that our financial tracking systems can better reveal significant trends and yield a fuller story?

EQUITY HEALING FRAMEWORK

March 2022

2. What are the staffing implications for EHF as we transition from funding based in discrete program areas to funding efforts driven by the Equity Healing Framework?

What are the individual and organizational competencies associated with each of the five elements of the Equity Healing Framework (Listening Deeply, Building Connections, Transforming Barriers, Lifting Up Opportunities, Increasing Momentum)? What actions and activities fall within each of these areas – particularly given that these are not separate, sequential elements? How do we map and grow EHF's capacity for each area? How must EHF hold itself accountable around our work in each of the five areas, and across the Equity Healing Framework as a whole?

3. What does it mean to engage in intensive, community-specific work, given the size of the area we serve?

How do we build the necessary relationships in different communities? How do we deepen rather than overwhelm the capacity of community organizations on whose knowledge, networks, and energy the Equity Healing Framework depends? What about the places across the seven counties and three reservations where EHF is not immediately able to undertake community-driven work?

4. What will measuring look like?

During previous discussions with Board members, we identified key questions around measuring, data, evaluation and research:

- What do we understand about health equity across the region?
- What do the communities we want to support understand about health equity across the region?
- How should these understandings inform our resource investments?
- How do we balance different kinds of data – quantitative and qualitative data, externally defined or internally generated data, etc.?
- How do we focus on improving as we work, bringing evaluation and accountability to EHF, not just to those we fund?

These are important questions for us to explore, and we realize they are not ones we can answer in isolation. How do we bring along our Board, and the various third-party funders with whom we work, while also centering the perspective of the communities we serve, as we use the Equity Healing Framework to better define data collection, research, and evaluation?

5. What else should EHF be thinking about and planning for?

Equity Healing Framework

**CENTERING COMMUNITY ACROSS
THE INLAND NORTHWEST**

March 2022



1020 W Riverside Ave
Spokane, WA 99201