THEORY OF CHANGE

COMMUNITY-LEVEL CHANGE

A healthy childhood sets the stage for lifelong health. But no child raises themself. Families and communities play a critical role in setting a child up for success. That's why they are best suited to lead the way to better health. They have the lived-experience and dedication necessary to influence their own futures for the better.

SELF-DETERMINED COLLECTIVE WORK

Communities benefit from tangible, inspiring and self-determined actions that promote health. Such actions--whether programmatic or policy, local or statewide--reinforce that everyone has the power to influence the health of their family, their community and themselves. Working together on these actions, communities can forge connections and collaborate to improve health for all children in our region.

BUILDING POWER

For lasting improvements in health to occur, communities need a seat at the decision-making table. Communities need the power and resources to sit at that table, to help dispel beliefs and practices that do not produce results, and to shape those that do. Power and resources are built through investment in individual and organizational capacity that fosters new leadership, and in civic engagement that advances policy and social change.

These efforts must reinforce each other, and help foster the long-term partnerships across diverse stakeholders that will deliver concrete health benefits in people's daily lives.

CASE FOR EQUITY

We have a shared fate--as individuals within a community and communities within a society. All communities need the ability to shape their own present and future. Equity is both the means to healthy communities and an end that benefits us all. Equity requires the intentional examination of systemic policies and practices that, even if they have the appearance of fairness, may, in effect, serve to marginalize some and perpetuate disparities. Working toward equity requires an understanding of historical contexts and the active investment in social structures over time to ensure that all communities can experience their vision for health.

Priorities for our Equity Work

We believe that we will improve the health of all communities through deliberate strategies that promote equity and eliminate health inequities. We believe that the following areas represent the greatest opportunities for NWHF's efforts:

- Race/ethnicity, including immigrant and refugee identification
- Geography
- Physical, mental and developmental disability

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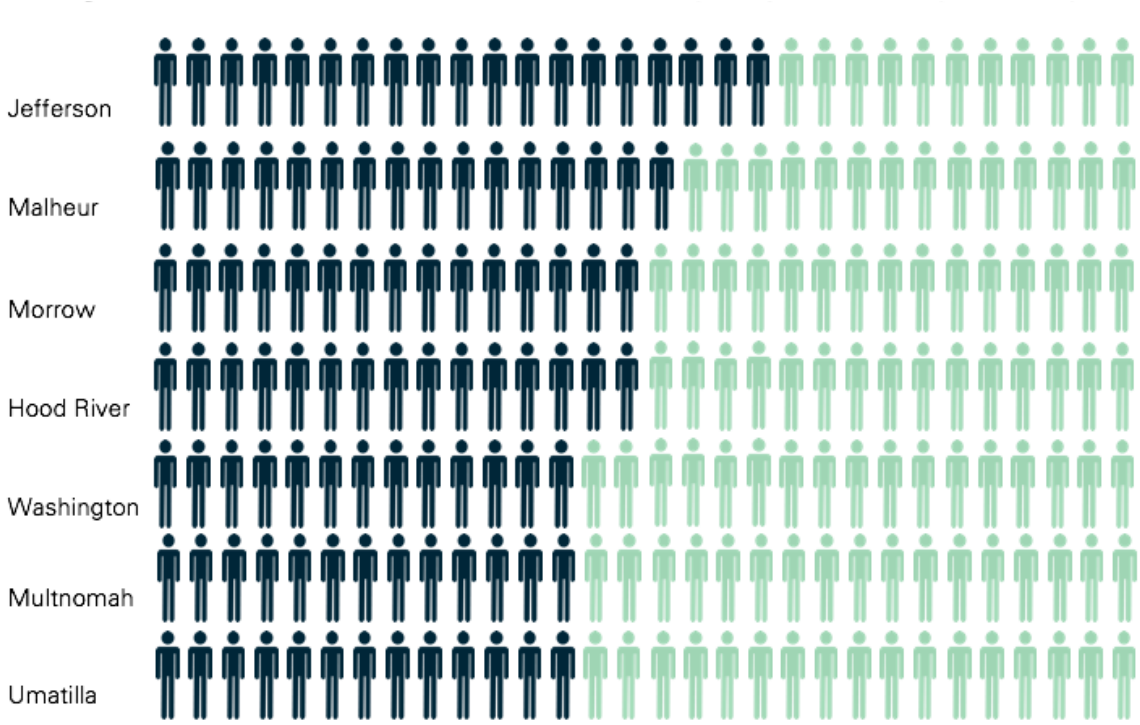
CHANGING FACE OF OREGON

Oregon's Racial/Ethnic Minority Population by Age, 2013

Source: Center to Advance Racial Equality

Oregon's Under 18 Racial/Ethnic Minority Population by County, 2010



Source: dailykos.com, US Census Bureau

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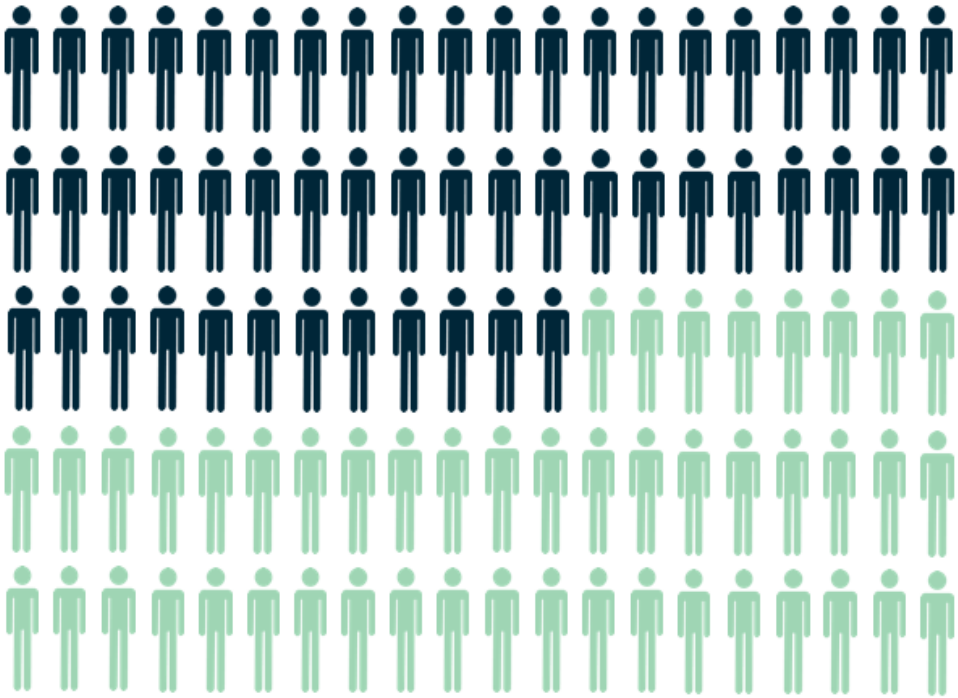
% Racial/Ethnic Minority Children 0-5 on Oregon Health Plan, 2012



Source: Oregon Child Development Coalition

Distribution of Low-Income K-12 Students by Race, Oregon, 2013

5.1%
African or African American

5.1%
Native American

4.0%
Asian

31.0%
Latino

1.5%
Pacific Islander

2.6%
Slavic

0.2%
Middle Eastern/ North African

Source: 2015 Equity Reading Summit Report, OEIB

NORTHWEST HEALTH FOUNDATION

HOW WE'RE DOING

GRANTMAKING TO COMMUNITIES OF COLOR

Too often, where we're born, the color of our skin or living with a disability determines our chance at a healthy life. At Northwest Health Foundation, we are committed to ending that reality. To do so, we are investing where the need is greatest.

2008	2014
$ $ $ $	$ $ $ $
1 out of 4 grant dollars to CoCs	3 out of 4 grant dollars to CoCs
14 large grants to CoCs	**42** large grants to CoCs
$100,414 average size of large grants to CoCs	**$75,879** average size of large grants to CoCs
5 small grants to CoCs	**81** small grants to CoCs
$1,202 average size of small grants to CoCs	**$1,327** average size of small grants to CoCs

{ small grants are < $5,000
large grants are > $5,000 }

BOARD

10 out of 15 identify as people of color

STAFF

7 out of 11 identify as people of color