

Dear Group Health Foundation,

On behalf of Kitsap Strong, thank you so much for the generous funding, validation, support, and the opportunity to share our work and what we are learning with you.

Kitsap Strong is a community initiative focused on ensuring that each person in our community has the individual capabilities, connections/relationships, and opportunities to flourish. By putting our goal/mission in the middle, we have worked to organize the efforts of our community partners towards this shared goal – using research and community wisdom from lived experience to shape our priorities and strategies, exploring what people need to flourish and what experiences/barriers prevent individuals from reaching their full potential. From this context our community has guided our collective efforts to focus on preventing Adverse Childhood Experiences (ACEs), building resiliency & hope, and promotion of equity, social justice, and community capacity.

Kitsap Strong is currently organized into five networks (see Addendum A – Kitsap Strong Infographic) consisting of over 70 organizations working collaboratively towards a shared goal: *Improving the well-being and educational attainment of Kitsap residents, through a focus on empowerment and equity, the prevention of ACEs, and the building of resilience*. Weaving together these cross-sector networks, has been challenging and extremely time-consuming work. Thankfully, our funding partners recognize the importance and need for “backbone staff” to do the necessary work that happens, “between meetings”, and is constantly working to grow the networks and expand the number/type of organizations and people involved in the work.

Since 2015, Kitsap Strong has employed a backbone team to support our collective impact work, expanding the staff team from one to four as the networks have expanded (Addendum B: 4 Year Report). We employ a “collective impact” approach, recognizing the social challenges we seek to address (Adverse Childhood Experiences, intergenerational poverty, homelessness, mental health, chronic disease, substance use...) are complex, interconnected, and too large for any single agency, organization, or community group to address.

A significant lesson we have learned in our community work and collective impact approach has been to focus on establishing shared values (equity, strength-based, collective impact, trauma-informed, learning is an outcome, etc.) not just shared measurements (i.e. By 2025, a 10% decrease in the percentage of Kitsap residents (aged 18-34) reporting 3 or more ACEs, etc.) to guide the work. Most of the literature/research on collective impact fails to address the critical group process of developing shared values. We tried to implement collective impact like it was a recipe for community/social change, and rapidly found that it was ineffective and incomplete. However, by remaining nimble, focusing on emergence – or as one of our Leadership Committee members says – “Following the energy, finding what is bubbling in our community and making it bubble faster...” – and leading with humility, trust, and vulnerability, we have been able to focus on learning and getting “less and less and less wrong.”

Our community-centered approach has informed every aspect of our collective impact initiative and it is the core value that guides our work. The Kitsap Community Foundation first received funding to address intergenerational poverty from the Bill and Melinda Gates Foundation in 2013 and spent 2 years working through a community process in partnership with The Suquamish Tribe, United Way of Kitsap County, and Kitsap Public Health District to identify the approach (collective impact) and top social challenge (Adverse Childhood Experiences) influencing poverty in our community. We continue to use an inclusive, community-driven approach to identify priorities, guide decision-making, and funding decisions.

While proud of our efforts and the diversity of organizations/agencies involved in our work, there have been several challenges that have taught us a lot and we are continuing to navigate generations of community, cultural, and system dynamics that influence our work in powerful and sometimes subtle ways. For instance, several leaders have been reflecting upon the lack of racial and gender diversity in some of our networks/community gatherings. We recognize that there are numerous dynamics influencing attendance and participation in network efforts, for example the following reflections have been noted:

Who are the individuals in positions of power/privilege in organizations (mostly middle management), who are able to attend community gatherings/network meetings during work hours?

Why are most helping professionals women?

Why don't men appear to be involved/value "community work"?

We continue to focus on building diversity into our network teams, exploring different strategies for including more diverse leaders in our work, while at the same time work to instigate change within these underlying dynamics influencing our community.

Our emphasis and approach has been to work with organizations to build their capacity to use both an equity perspective and a trauma-informed lens to guide decision-making and evaluation of their services. We believe by building collective knowledge/understanding about the impact of trauma/toxic stress on human development and behavior, we can increase empathy and perspective taking, two critical skills for addressing equity. An integral part of this aspect of the work encourages partners to critically evaluate their services from an equity lens; exploring "What works, for whom? Which clients are we not serving as well? Whose outcomes are not improving? Why?". This practice requires utilizing disaggregated data to examine/understand the current system/structures and trust among partner agencies to lead "brave conversations" that require humility and vulnerability to acknowledge strengths and areas for growth. To support our community with addressing systemic inequities, we have been providing training and coaching to leaders in systems thinking.

Of the many things accomplished, we are most proud of the Network Leadership approach (<https://newnetworkleader.org/>), that has helped create the environment in our meetings and the process/culture to support learning, model vulnerability, humility, trust, and focus on impact. This approach is affirming to the leaders involved in the work, helps people feel safe and valued, and excited/energized to collaborate and engage in collective action. We are trying

to figure out how to measure the impact of convening our community, creating brave spaces for conversations that matter, moments of celebration and fun. While we try to build measures/tools/surveys to capture this data, we know that what we are doing is working, as anecdotes emerge from leaders who are implementing changes to their systems based on new insights from their learning on trauma informed care and equity.

Some hope-filled examples:

This year, for the first time in our community's history, the Kitsap Public Health District (KPHD) created a health equity report and held a community gathering to discuss equity. KPHD is a core partner, active in numerous networks of Kitsap Strong and a partner on the Funders Committee.

Our hopes for a more equitable future are also grounded in the development of new processes, community decision-making dynamics, and a new culture of philanthropy in Kitsap. Our Funders Committee has changed how we are funding work to provide "learning-focused" and social impact funding, as opposed to traditional outcome focused funding. This has been a slow and difficult process as our funding partners have boards of directors, who are members of and accountable to our community, answering questions daily from community leaders about financial contributions and outcomes. It has been an inspiring challenge to build capacity/support for board members to answer stakeholder questions about "outcomes" in a new funding model focused on learning and social impact.