As we build relationships with communities of color, people with disabilities, LGBTQ+ people, immigrants and refugees, and people experiencing poverty across Washington State, we deepen our understanding of what it means to be a learning foundation. Community leaders have told us how data, research, and evaluation have too often harmed their communities.

Māori scholar Linda Tuhiwai Smith advises that researchers must understand history, power dynamics, and the impacts of colonialism. Tuhiwai Smith writes, “For researchers, one of those [levels] is concerned with having a more critical understanding of the underlying assumptions, motivations, and values that inform research practices.”

We are committed to learning practices that are rooted in our values of equity and accountability to communities who have been most impacted by health inequities. This means taking the time to build trusting relationships, and meet with community leaders to generate and exchange information, ideas, and knowledge.

This document describes our approach to information, learning, and evaluation. It is shaped by everything we’ve heard from community leaders across the state. We still need to visit many more communities. And we know trust will take time to build. Our approach will change as we learn from more people and from our mistakes and successes. We welcome continued input.

Group Health Foundation is committed to learning. It’s one of our core values, guiding our organizational culture and how we approach our work—from grantmaking and relationship-building to research and evaluation. We ground our learning in community wisdom, and are dedicated to sharing what we learn from our successes and setbacks. We recognize that what we learn through information and evaluation can support our collective journey toward long-term systems change and community well-being.

Our approach to data

Before visiting a community, we review a variety of information—from health assessments to census and school district data—to provide us with context.

At the same time, in nearly every county we visited, community leaders spoke about the need for more accurate data. They pointed to undercounts of immigrants, refugees, and people experiencing homelessness. Community organizations shared the need for data sets that ask and answer narrower questions in terms of race, ethnicity, and other demographic categories to ensure their communities are better understood.

We heard concern about how racial and other data is used and presented. Community leaders expressed concern that presenting negative health outcomes without naming the role of institutions reinforces a narrative about poor health as the result of individual behaviors. It’s important to describe how institutions and systems fail people, families, and communities.

Some community leaders told us how data about their communities has been used by outside organizations to secure funding. But then the dollars and benefits from the funding never reach their community.
Our beliefs about data:

• **People’s stories and lived experiences are a form of knowledge that we deeply respect.** People have generously shared their stories and experiences with us. They’ve told us about the barriers they face and how they’re working to build community health and well-being. There’s nuance and depth to this knowledge that doesn’t exist in other types of data.

• **Communities know what kinds of data are needed to improve health equity.** We commit to learning what kinds of data organizations need to support their work.

• **We need public data sets that more accurately reflect our communities.** Community leaders have long been calling for more reflective and accurate data about their communities. This information is essential to their advocacy efforts. We commit to supporting efforts to create more accurate public data sets, especially for LGBTQ communities, people with disabilities, immigrants, and other communities that have been undercounted.

• **Be sensitive to how biases affect the ways people process information.** How data is shared can reinforce stereotypes. It can also lead people to place blame on communities and individuals when institutions and systems are at fault.

• **There’s power in bringing people together to share data and information.** We have an opportunity to connect community-based organizations, scholars, and others to share data and ideas in ways that build toward long-lasting change.

• **It’s important to share what we learn from data.** Over the last year, community groups have involved us in conversations about the barriers their communities face. We have heard about the ways institutions and systems create these barriers, and we’ve learned how organizations heal and build wellness and community power. We view this as important data and are committed to continuously sharing what we learn in order to support our collective efforts to promote equity.

Our approach to research

Community leaders emphasize the importance of research practices that center Indigenous ways and community knowledge. This includes addressing the ways some communities are, as the South African scholar Sabelo Ndlovu-Gatsheni describes, placed in a position to be studied as the “other” rather than recognized as having the agency to self-determine the questions and conduct their own research.

Community leaders shared how philanthropy often funds research about a community without asking the community to help design the research project.

Organizations shared different ways they lead research about their communities. This includes using community-based participatory research methods and developing community action boards that function as institutional review boards and answer to the community.\(^1\)

Our beliefs about research:

• **We are committed to funding research that matters to communities.** This means learning what communities want to better understand about themselves.

• **Communities have a right to own and lead research about their communities.** We will prioritize community-initiated, community-owned, and community-controlled research. There is power in framing and defining the problems and questions. We support communities to design or co-design research projects, including projects that center Indigenous and traditional knowledge.

• **When supporting original research, we commit to respectful and responsible research standards grounded and guided by communities.** This means supporting work that follows the principles of ethical data collection and, when appropriate, the use of institutional review boards. It also means learning about the ways we can support accountability to communities. This could include the use of community action boards, community-based participatory research principles, or similar research processes.

• **We will take the lead from our grantees about who they trust to partner with on research projects.** Many community leaders shared their desire to work with researchers who they know and who are committed to community-initiated and controlled research and understand how to work with communities in a respectful way.

• **We will prioritize projects that build capacity for communities and community-based organizations to lead their own research.** Community leaders shared their desire to increase their communities’ capacity to gather and analyze data.

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1 Dr. William Freeman, Northwest Indian College, presentation to Group Health Foundation, “Tribally Initiated, Engaged, and Controlled Research,” April 2, 2019.
• **Research can be a powerful community organizing tool.** Community-based research is an opportunity to build relationships, deepen partnerships, and organize. Research can fuel community efforts for local and statewide advocacy. We believe this is essential work.

• **We can’t just fund research.** As a foundation committed to improving health, we must also fund communities to advocate and organize. Good data and analysis inform advocacy and organizing and, in turn, advocacy and organizing can inform the means through which even better data is collected in the future.

• **We must continuously learn.** We view grantmaking and site visits as opportunities to gather information to help us understand communities and the leaders, organizations, systems, institutions, and power dynamics that are at work in communities.

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**Our approach to evaluation**

Evaluation is used to determine value and impact. It is an important tool to assess whether our grantmaking is working. Evaluation is also a way to share and celebrate successes. Our evaluation processes should be guided by our values and relationships.

Community leaders shared that an emphasis by funders on evidence-based practices has been detrimental to their work. They have shared that most evidence-based research has been focused on white communities with little examination of how institutional racism or other oppression built into systems have led to the injustices that communities of color and other communities are trying to address. Evidence-based evaluation also leads to the belief that a program that worked in one community will work in another. This often isn’t true.

Community leaders expressed that transformational change takes time. They emphasized the importance of centering evaluation in the context of relationships. Community leaders appreciate when foundations communicate why they’re conducting an evaluation and how they will use the information gathered through evaluations. They also emphasized that evaluations should be developed together with grantees.

Our beliefs about evaluation:

• **Evaluation should be fair and equitable.** This includes accounting for the power dynamic between funders and grantees. Evaluation has often burdened communities and imposed western world views of success. We commit to adapting evaluation to communities’ needs.

• **Communities have been conducting evaluations for generations, both informally and formally.** We seek to listen and learn from communities about how they approach evaluation.

• **We should only measure what matters most to communities and organizations.** The purpose of evaluation is to support communities to get the information they need and want.

• **Evaluation requires time and energy.** That’s why we will only ask for evaluation results when we have a plan to use them for future work.

• **We commit to always be reflective and evaluate how we’re living up to our stated values.** We’re on a learning journey. We recognize we will make mistakes and have setbacks. We are open to ongoing discovery and invite feedback so that we can continuously learn and make course corrections as needed.

• **Evaluation should build organizational and community capacity beyond the scope of evaluation.** We commit to supporting efforts that build the capacity of grantees to conduct their own evaluations.

• **We must plan for evaluations early on.** Developing an evaluation practice ahead of implementing program strategy ensures we will continue to evolve our work in a way that answers to the needs of communities.

• **Community gains are the result of interdependent and interconnected work.** We do not expect to show that a single grant produced a specific outcome. Our grant dollars exist alongside resources provided by decades of community volunteers, leadership and mentorship, local government dollars, philanthropic grants made by other foundations, and so much more. We will acknowledge the interdependence of many factors that contribute to success.

• **Evaluations should be simplified.** This includes standardizing evaluation when it makes sense to communities. We will work to ensure that Group Health Foundation and our partner organizations have a shared understanding of commonly-used evaluation language.

• **Evaluation should be resourced.** If we ask grantees to conduct an evaluation, we will resource the evaluation. We will also support and accept evaluations conducted through other funding sources, if grantees find those measures meaningful.