



# SUPPORTING THRIVING COMMUNITIES IN CENTRAL WESTERN WASHINGTON

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A regional health equity improvement plan

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**CHOICE**

Community Health Organization  
Improving Care and Equity

# table of CONTENTS

- 03 | [Executive summary](#)
- 04 | [Statement of shared stewardship](#)
- 05 | [Letter from the health equity cohort](#)
- 06 | [Acknowledgements](#)
- 07 | [CHOICE: Who we are, what we do, where we serve](#)
- 08 | [Planning process and findings](#)
- 12 | [Key themes and strategies for advancing well-being](#)
- 16 | [CHOICE's next steps in regional health equity efforts](#)

# EXECUTIVE SUMMARY

## A vision for thriving, connected communities

Health thrives where connection lives – and central western Washington’s Health Equity Improvement Plan is a blueprint for creating thriving, connected communities where every individual can access the resources, care, and support they need, when they need it. This plan builds on our [theory of change](#) that connection creates health—connections between people, between organizations, and across systems. By fostering collaboration, amplifying and learning from diverse experiences, and dismantling barriers, we aim to ensure equitable health outcomes for everyone.

## Why this plan was developed

Persistent health disparities and limited access to essential resources continue to affect many people in our region, particularly in historically marginalized communities.

**Data, lived experiences, and direct feedback from Tribal Nations and community partners reveal that these inequities stem from social, economic, and environmental conditions—not just gaps in medical care. Recognizing the urgency of these challenges, this plan unites voices, shares knowledge, and coordinates efforts to dismantle barriers at their source.**

By aligning formal and informal systems of care, we can ensure that upcoming Medicaid Transformation Project (MTP) 2.0 initiatives and other regional efforts truly meet the needs of every person and every community.

## A call to action to join us on this journey

Community members, organizations, businesses, and governments all have a role to play in advancing health equity. This plan is an invitation to act. It challenges us to rethink traditional structures, embrace bold solutions, and commit to sustainable, collaborative change. The path ahead requires courage, creativity, and shared responsibility. Together, we can transform our region into a place where health equity is not just an aspiration—but a reality for all.

## Key learnings and insights

This plan reflects the insights, strengths, and shared learnings from two parallel processes: quarterly convenings with Tribal health leaders and the Health Equity Cohort, a group of community partners who worked together for seven months to identify systemic gaps, highlight community strengths, and establish a shared framework for action. We learned three critical truths throughout this process:

**Health is shaped not just by medical care but by social, cultural, economic, and environmental conditions.**

**No single solution or entity can address these complex challenges alone.**

**Shared stewardship, guided by humility and respect, is essential for meaningful, lasting change.**

Three key themes emerged for driving progress: bridging gaps between formal and informal systems of care, centering belonging and building mutual understanding, and advancing collective action through community-led solutions. These insights will guide our next steps, including piloting innovative solutions and expanding diverse participation in shaping regional health equity strategies.

# STATEMENT OF SHARED STEWARDSHIP

CHOICE acknowledges that our location, and the location of our regional partners, occupy the homelands of the Chehalis, Chinook, Cowlitz, Nisqually, Quinault, Shoalwater Bay, Skokomish, and Squaxin Island peoples and their relatives, who have nurtured and supported the natural abundance of this region throughout time immemorial.

Access to clean air, water, and land is vital to the health and well-being of our communities. Despite their ongoing stewardship and enduring relationships with this place, Native peoples have been systematically denied access to their traditional lands, resources, and cultural practices, creating deep and persistent health inequities.

In the mid-1800s, the encroachment of non-Native settlers led to the U.S. government's aggressive campaign to negotiate treaties with Tribes, often under duress, coercion, and fraudulent practices, to secure land for colonization. Over [60 treaties](#) were negotiated in the Pacific Northwest. Most treaties were either not ratified or immediately violated by the federal government. These injustices resulted in the unlawful transfer of millions of acres of land that continues to impact the health and well-being of Native communities today.

In response to treaty violations, members of Tribes throughout our region and neighboring regions led decades of activism and legal efforts that culminated in *U.S. v. Washington State*—also known as the Boldt Decision—which reaffirmed the rights of treaty Tribes to fish “in common with all citizens of the Territory,” guaranteeing them 50% of the fish caught. This legal framework underscores the importance of shared stewardship, which can serve as a guide for resource allocation more broadly.

Accordingly, the American Indian Health Commission has recommended that state agencies and other entities responsible for co-managing public resources direct a minimum of 10% of their budgets to support the health and well-being of Native peoples in Washington state.

Healthcare has been explicitly guaranteed to Tribes and Tribal Nations. However, Indian Health Services and other trust responsibilities of the federal government remain chronically underfunded at a fraction of the actual need.

**In the spirit of shared stewardship, health equity, and justice, we are committed to a future where all people in this region, especially the original peoples of these lands, can live well and thrive.**

# LETTER FROM THE HEALTH EQUITY COHORT

## Friends and neighbors of the central western Washington region,

The Health Equity Cohort is excited to share the CHOICE Health Equity Improvement Plan with you. This plan is the result of months of collaboration and collective effort to identify the common opportunities and barriers to accessing health and well-being in our central western Washington, and to outline actionable steps to create positive change.

We are deeply grateful to have been part of this process alongside such dedicated community partners.

Through engaging discussions and thoughtful planning, we've not only gained a deeper understanding of the unique needs within the region but also built strong, supportive relationships with fellow community leaders. Together, we've explored the regional health and equity landscape as it impacts our communities' abilities to access the resources and opportunities they need to thrive. We've also been inspired by the many individuals and organizations already working hard to foster health and well-being in our community.

Looking forward, we hope that this plan can serve as a shared roadmap to strengthen connections, create a deeper sense of belonging, and ultimately improve health outcomes across our region. We champion the concept of shared stewardship and accountability in making this vision a reality, ensuring that every step we take is guided by our collective commitment to a healthier, more inclusive future.

We are thankful for your continued support as we work together toward these goals. With our collective effort, we look forward to making meaningful, impactful progress toward a healthier, more connected, and thriving CHOICE region for all.

Sincerely,

The CHOICE Health Equity Cohort



# ACKNOWLEDGEMENTS

This Health Equity Improvement Plan is the result of months of collaboration and engagement with Tribal and community partners across the central western Washington region. CHOICE is grateful to all the partners who provided valuable insights into how their communities experience health inequities, and helped identify priorities and strategies to improve health outcomes and overall well-being. We express our deep gratitude to the following individuals for their contributions to this work:

## Regional Tribal Health Partners

- Brandi Ramus, Carlee Wilson, Tara McCafferty, Chairman Tony Johnson, Chinook Indian Nation
- Caytee Cline, and Jovan Salazar, Confederated Tribes of the Chehalis Reservation
- Kay Culbertson, Jennifer Stanton, Meghan King, Stephanie Moyers and Zepporah Fuller, Cowlitz Indian Tribe
- Lisa Wells and Michael Christensen, Nisqually Indian Tribe
- Aliza Brown and Melissa Capoeman, Quinault Indian Nation
- Kim Coombs and Cyndi Coma, Shoalwater Bay Indian Tribe
- Denese LaClair and Nicole Gibson, Skokomish Indian Tribe
- Jessica Dolge and Rachel Armas, Squaxin Indian Tribe

## Health Equity Cohort Members

- Beth Henriquez, Enterprise for Equity
- Chuck Henderson, Love Overwhelming
- Cole Meckle, Gather Church
- Denise Saller, Best Dental Help
- Jessica Molina, Grays Harbor County Public Health
- Kim Pohlman, Wild Grief
- Kyeshia Likely, South Sound YMCA
- Michelle Whitlow, Lewis County Autism Coalition
- Salina Mecham, Willapa Behavioral Health
- Wes Henricksen, Child and Adolescent Clinic

We would also like to extend a heartfelt thanks to Chris Kelleher of Better Focus LLC for his guidance and expertise throughout the planning process. His thoughtful facilitation and insights helped us navigate complex discussions and build mutual understanding around the Vital Conditions framework. We're deeply grateful for his partnership and support.

# CHOICE: WHO WE ARE, WHAT WE DO, WHERE WE SERVE

CHOICE (Community Health Organization Improving Care and Equity) is a nonprofit organization driven by a mission to reshape health equity and a commitment to ensuring everyone has access to quality care, resources, and connections that make life better. **We believe that healthy communities are built on strong relationships, where individuals are not only connected to essential services but also to each other.**

We partner with people, organizations, and governments across central western Washington to create a connected network of support where individuals are seen, valued, and able to reach their fullest potential. Our approach goes beyond traditional systems, recognizing the interconnectedness of health, social well-being, and the places people live. Through collaboration, cultural respect, and strategic partnerships, we are reimagining a future where health and connection go hand in hand.

## THE REGION WE SERVE

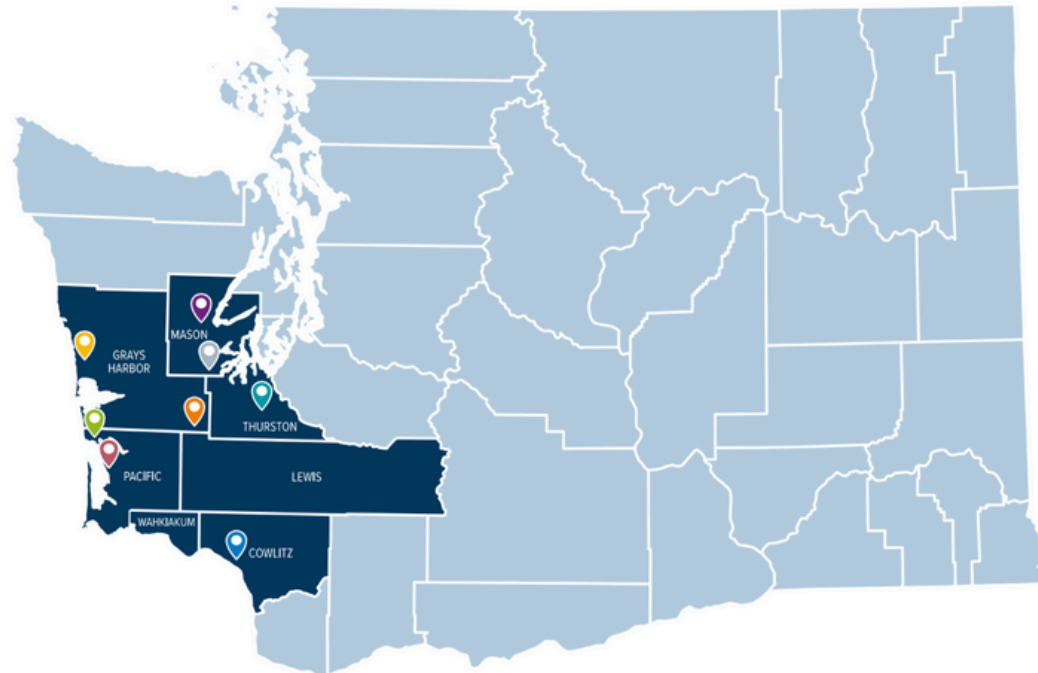
We serve everyone in the central western Washington region, an area that extends from what is now known as South Puget Sound to the Columbia River and from the foothills of Mount Rainier and Mount St. Helens to the Pacific Ocean. This is the historical and present-day territory of eight Tribes and Tribal Nations, and seven county jurisdictions.

### TRIBAL SOVEREIGN NATIONS

- Chinook Indian Nation
- Confederated Tribes of the Chehalis Reservation
- Cowlitz Indian Tribe
- Nisqually Indian Tribe
- Quinault Indian Nation
- Shoalwater Bay Indian Tribe
- Skokomish Indian Tribe
- Squaxin Indian Tribe

### COUNTIES

- Thurston
- Mason
- Grays Harbor
- Pacific
- Lewis
- Wahkiakum
- Cowlitz





# HEALTH EQUITY PLANNING PROCESS AND FINDINGS



CHOICE's engagement strategy emphasizes relationship building with tribal partners, community partners, and leaders to meaningfully expand our network and focus on the depth of our connections. CHOICE is only one organization in a region full of many Tribes and Tribal Nations, organizations, agencies, associations, and individuals leading efforts to improve health and well-being in central western Washington - it was imperative for us to foster collaboration in a diverse coalition of partners to inform future health equity strategies.

## WHAT DO WE MEAN BY HEALTH EQUITY?

Health equity is not a limited resource – it's a shared commitment to collective well-being. Systemic injustices and social conditions often negatively impact community and individual well-being. While it's essential to understand and address disparities in health outcomes, disparities alone do not tell the full story. Even those who are doing well, by traditional measures, may not be thriving. We reject the idea that one person's gain must come at the expense of another.

**A commitment to collective well-being means striving for all people to thrive.**

Each community and group of people defines what it means to live well in unique ways, with solutions that must reflect their distinct needs and values. For Native communities, health cannot exist without sovereignty—the inherent right to govern themselves, their lands, and their resources. Tribes and Tribal Nations have preserved their sovereign status for millennia as the foundation for their ongoing resilience. As the original peoples of these lands, their rich histories, vibrant cultures, and significant contributions are central to the health and well-being of communities throughout our region.



# HEALTH EQUITY PLANNING PROCESS AND FINDINGS

## A COMMITMENT TO TRIBAL COLLABORATION

Prior to the health equity planning process, we regularly convened with regional Tribal health partners. Meeting agendas and discussions were guided by the priorities identified by Tribal health leaders. This commitment to meet quarterly was renewed and continued as a parallel process to the Health Equity Cohort.

Often, meeting discussions helped us build a more collective understanding of the strengths of Tribal health systems and examples of innovative work in the region. We also discussed challenges and potential opportunities for regional collaborations that could improve services or community members' health outcomes. Throughout the process, Tribal health leaders shared continual interest in having a re-occurring and consistent space to think and plan together and continue to build relationships with one another and CHOICE. We are grateful for the discussions we have had thus far, and key insights and learnings have helped shape this plan.

## LEARNING TOGETHER THROUGH THE HEALTH EQUITY COHORT

In spring 2024, we launched the Health Equity Cohort, which was a parallel process to our engagement with Tribes and Tribal Nations. Designed to bring together organizations and communities across the region, the Cohort aimed to promote health and well-being for all. The opportunity generated strong interest, with 35 organizations applying to participate.

A diverse panel of community partners and CHOICE staff carefully reviewed submissions to ensure a fair and inclusive selection process, ultimately choosing ten organizations to represent a wide range of expertise, perspectives, and approaches to addressing health equity.

These organizations embarked on a seven-month journey to identify equity challenges and opportunities, build transformative relationships across sectors, and ground their work in shared values such as inclusion, humility, justice, and unconditional positive regard.

## Vital conditions of health and well-being as an organizing framework

We elected to use the [Vital Conditions of Health and Well-being Framework](#) to guide cohort discussions around the complex factors that influence health equity. The Vital Conditions Framework consists of seven components: thriving natural world, basic needs for health and safety, humane housing, meaningful work and wealth, lifelong learning, reliable transportation, and belonging and civic muscle.

**Vital Conditions are an interdependent system that shapes opportunities for people and places to thrive – if any vital condition is unfulfilled or denied, other vital conditions will be impacted. The inverse is also true: when we improve one vital condition, we create environments where others, too, can improve.**

For example, significant transportation barriers in a community can prevent people from participating in meaningful work or pursuing educational opportunities, thus impacting their basic needs for health and safety, or their ability to secure humane housing.

Every month, the Cohort focused on a specific vital condition by reviewing all available regional data, and engaging in activities and discussions to identify gaps, opportunities, strengths, and solutions. Data sources included [County Health Rankings and Roadmaps](#), county-level community health assessments and improvement plans, the Washington [Healthy Youth Survey](#), and others as appropriate.

# HEALTH EQUITY PLANNING PROCESS AND FINDINGS

## SHARED STEWARDSHIP AS A PRIMARY GUIDING PRINCIPLE

Throughout the planning process, shared stewardship emerged as a fundamental approach to advancing health equity.

**At its core, shared stewardship recognizes that improving health outcomes is not the responsibility of any single entity—it requires collective action.**

Stewards commit to equity in purpose, power, and resources, ensuring that solutions are not only effective but also inclusive, sustainable, and designed with the leadership of those most impacted by health inequities. Shared stewardship also requires a shift in how we define leadership and decision-making. Rather than top-down approaches, it prioritizes collaboration, consensus-building, and co-ownership of both challenges and solutions. By embedding shared stewardship into every aspect of this plan, we are not just outlining strategies—we are fostering a culture of collective responsibility.

## STRENGTHS, CORE DIFFICULTIES, AND ROOT CAUSES

Despite persistent systemic challenges, central western Washington is home to strong community networks, innovative solutions, and dedicated leaders working to advance health equity. Through the planning process, Tribal health partners and the Health Equity Cohort identified key regional strengths that serve as powerful assets in improving well-being. **These strengths not only highlighted what's working, but also helped identify critical gaps in care, services, and access. By examining where existing resources thrive and where barriers persist, we were able to shape the priorities, strategies, and investments outlined in this plan.** Understanding these strengths allows us to build upon them, ensuring that future initiatives enhance and expand the work already being done rather than duplicate efforts.

## Tribal Nations as regional leaders in health and well-being

Tribal Nations provide holistic, culturally responsive healthcare in some of the most rural and remote areas of our region. As major employers, they offer competitive wages and benefits to Native and non-Native community members alike, while also reinvesting revenue into local businesses, infrastructure, and community well-being. **Their leadership serves as a model for sustainable, community-driven solutions.** However, longstanding systemic barriers, including chronic underfunding of Tribal health services, continue to impact Native communities. Future investments must respect Tribal sovereignty, strengthen partnerships, and support the expansion of Indigenous-led solutions.

These strengths provide a strong foundation for advancing regional health equity. By recognizing and expanding these assets while addressing the remaining gaps, this plan aims to create a more connected, inclusive, and resilient region where every person has the opportunity to thrive.

## Integrated, community-based support systems

Local agencies and care providers offer integrated care, wraparound support, and peer navigation services that help individuals access complex health and social services. Virtual visits, in-home care, and publicly funded programs—including transit, libraries, and workforce development—play a key role in ensuring people can connect to essential resources.

However, disjointed systems and limited coordination across programs continue to create barriers for many, emphasizing the need for stronger linkages between formal and informal care networks.

# HEALTH EQUITY PLANNING PROCESS AND FINDINGS

## Leadership and representation rooted in community voice

Effective leadership is one of our region's greatest assets in advancing health equity. Community members with lived experience, culturally-rooted organizations, and grassroots leaders are stepping into decision-making roles, shaping policies and programs that better reflect the needs of those most impacted by inequities. **When leadership is diverse, representative, and community-driven, systems become more effective, inclusive, and sustainable.**

However, structural barriers continue to limit representation in formal decision-making spaces. Many local governments, healthcare systems, and funding agencies still rely on traditional leadership structures that exclude individuals with firsthand experience of the challenges these systems are meant to address.

Without intentional efforts to shift power, share decision-making authority, and invest in leadership development, health and social policies risk being disconnected from the realities of the communities they serve.

## Expanding efforts to combat stigma and misinformation

Regional initiatives are tackling misinformation, promoting digital and media literacy, and increasing awareness of the social determinants of health. Destigmatization efforts have improved access to life-saving medications for people with substance use disorder, while social media and community organizing have amplified diverse voices and increased engagement in local advocacy.

However, misinformation continues to erode trust in institutions and public health efforts, making consistent, transparent communication and trusted community messengers critical components of future health equity strategies.

## Strong informal and culturally-based support networks

Formal care systems cannot meet all personal and community needs, but faith-based organizations, food banks, community gardens, and mutual aid networks continue to provide critical, responsive support.

For culturally diverse populations, these networks are even more essential. Tribal communities, immigrant groups, and communities of color have long relied on extended family structures, traditional healing practices, and culturally specific organizations to promote well-being. **These support systems often integrate language access, cultural competency, and deep community trust, making them particularly effective in addressing health disparities.**

Despite their effectiveness, informal and community-led networks are often underfunded, underrecognized, and excluded from traditional funding structures. Many operate on volunteer labor, small donations, or short-term grants, limiting their ability to scale up or sustain long-term efforts.

Supporting these networks through policy change, funding opportunities, and intentional partnerships will strengthen the broader health and social service system—ensuring a more holistic, community-driven approach to well-being.

# KEY THEMES AND STRATEGIES FOR ADVANCING HEALTH EQUITY AND REGIONAL WELL-BEING



**Our vision for health equity is rooted in the belief that everyone deserves the resources and connections needed to thrive.** The planning process highlighted three main areas of focus that can help us collectively make progress towards this vision:

 **Bridging gaps between formal and informal systems of care**

 **Centering belonging and mutual understanding**

 **Collective action via community-led solutions**

These themes and strategies offer ideas for how people, communities, and organizations might further strengthen their work, guided by shared goals and a commitment to learning from one another.

## Using this plan as a resource

The tools, insights, and frameworks in this plan are intended to be widely accessible. Below are some suggested strategies you can use to take independent action.

- **Adopt recommended strategies:** Review the strategies outlined in the plan and integrate them into your organization's workflows, programs, or policies.
- **Engage in shared learning:** Use the plan's themes as discussion starters in staff meetings or with partners to spark new ideas.
- **Evaluate impact:** Set small, achievable goals aligned with the plan and track progress to measure your organization's impact on health equity.
- **Help us evolve this health equity plan:** Invite us to conversations about successes and barriers in doing this work.

*By applying these principles, organizations can contribute to a broader regional movement for health equity and systemic transformation—regardless of formal participation in Cohort 2.0 or pilot project development. We are grateful to you for your efforts.*

# CONNECT FORMAL AND INFORMAL SYSTEMS

We understand that you may already be deeply engaged in connecting people to services in innovative ways. This plan is meant to serve as an additional resource to build on that foundation, amplify impact, and align resources.



## What it means

Formal systems of care can include healthcare providers, hospitals, and government programs that focus on clinical or structured services. Informal systems of care can include volunteer groups, faith-based organizations, mutual aid networks, and other forms of community-led supports.

When formal and informal systems of care are connected and coordinate services, they can address medical needs while also tackling other conditions that influence a person's ability to thrive, such as food access, housing, and transportation.

## Why it matters

Working together fosters a comprehensive approach to care, reduces barriers to vital services and resources, and ensures that every person's needs are met. Community organizations can tailor services to local customs and languages, which formal health systems might struggle to address on their own. Healthcare providers, in turn, can offer professional guidance that complements the community's existing support structures.

**By leveraging both professional knowledge and grassroots wisdom, we can create a system where everyone receives the right kind of help at the right time, paving the way for equitable health outcomes across the region.**

## Strategies

- **Strengthen connections:** Explore opportunities to connect formal and informal systems, such as creating shared referral systems or partnership agreements between health clinics and local community centers, faith-based organizations, or volunteer networks to improve access to care and provide more holistic support to individuals.
- **Support community-initiated care:** Recognize and invest in opportunities to provide practical or financial support to informal networks that can support holistic and increased access to formal resources (e.g. gas cards for volunteers to transport clients when appropriate).
- **Mentorship and interpersonal support as a bridge:** Create mentorship programs or peer-support networks that build resilience through meaningful, long-term relationships. For example, match community members with lived experience to neighbors navigating similar challenges.
- **Encourage task-sharing models:** Promote community-driven assistance that relies on volunteer-based support rather than paid transactions. Amplify and prioritize assistance rooted in genuine concern and care for one another's well-being. This approach fosters trust and mutual respect, particularly in rural or more underserved and under-resourced areas.
- **Partner with Tribal health providers:** Collaborate and create meaningful relationships with Tribal health and wellness services to improve access to holistic, culturally responsive care. Integrate Tribal community support systems into referral pathways by ensuring Tribal members and Native community members are referred to the appropriate Tribal health providers for ongoing care and support.



# CENTER BELONGING AND UNDERSTANDING

*Belonging and understanding are foundational to equity work, and many agencies have long championed this principle. These ideas are offered to deepen or explore that impact.*



## What it means

Belonging refers to feeling included, respected, and valued within a person's community. It might be nurtured in "third places" beyond home (first place) and school or work (second place), such as libraries, community centers, cultural gatherings, clubs, or faith organizations. When people have spaces where they're seen and heard, they're more likely to invest in their own well-being and the well-being of their neighbors.

Mutual understanding means recognizing and honoring diverse backgrounds, perspectives, and lived experiences. It also means acknowledging areas of difference—cultural, linguistic, or otherwise—and creating dialogues to learn from one another. By fostering these connections, we can break down stigmas and social barriers that hinder well-being.

## Why it matters

Connection and belonging are foundational to mental and physical health. Social isolation and loneliness can have detrimental effects comparable to well-known health risks like smoking or obesity. Conversely, strong social networks can protect against health challenges and help communities overcome crises.

**When organizations, neighbors, and local leaders collaborate to prioritize belonging, they create an environment where people are more engaged, supportive, and informed. In addition, centering diverse voices helps counter harmful stereotypes and misinformation. This inclusivity builds trust, reduces stigma around seeking help, and fosters a sense of shared responsibility for community well-being.**

## Strategies

- **Center Indigenous perspectives:** Tribal elders, cultural leaders, and youth play a vital role in preserving and passing down traditional knowledge. This knowledge serves as a protective factor by fostering a sense of connection and belonging within Native communities. Whenever invited, participate in gatherings and other shared learning opportunities hosted by or with Tribes and Tribal Nations. These experiences not only increase awareness but also promote respect and appreciation for Indigenous histories, languages, and worldviews.
- **Foster inclusion:** Create environments where all community members feel valued and included, regardless of their background or circumstances. This could mean reviewing policies, adjusting language, or engaging in outreach that actively reduces barriers.
- **Encourage dialogue:** Facilitate opportunities for staff, partners, and community members to share perspectives and learn from one another. This could include community forums, storytelling events, or cultural exchange programs.
- **Reframe challenges:** Adopt strengths-based narratives and approaches emphasizing resilience and dignity rather than deficit-focused language.

# COLLECTIVE ACTION VIA COMMUNITY-LED SOLUTIONS

*The leadership of community-based organizations and grassroots movements is critical in creating lasting change. This theme underscores the importance of building on that work through collaboration and shared learning.*



## What it means

Collective action recognizes that sustainable change doesn't happen in isolation. Instead, it emerges when communities come together to identify their challenges, pool resources, and co-design solutions. This approach especially values the leadership and insight of those who are most affected by health inequities—people with lived experience who can speak to real barriers and opportunities for improvement.

Community-led solutions often involve multi-solving, where one project tackles multiple issues. For example, a local mentorship program might address youth isolation, increase school engagement, and build workforce readiness all at once.

## Why it matters

Empowering the very people who experience inequities leads to more effective, culturally appropriate solutions. When communities define and drive their own priorities, they develop a greater sense of ownership and resilience.

Collective action also helps organizations avoid working in silos. **By uniting partners across sectors—healthcare, education, housing, local business, and others—resources can be better coordinated, preventing duplication and maximizing impact.** As a result, communities see measurable improvements in health equity, social cohesion, and overall quality of life, paving the way for long-lasting systemic change.

## Strategies

- **Listen to the community:** Use surveys, focus groups, or town halls to ask about community priorities, needs, and barriers; incorporate feedback into program design.
- **Shift decision-making power:** Involve community members in decision-making processes by forming advisory groups; create opportunities for co-designing interventions.
- **Resource local leadership:** Support and resource grassroots organizations or community leaders to drive local change through funding, training, or partnership opportunities. Prioritize projects and initiatives that are designed and led by those most affected by health inequities.
- **Respect Tribal sovereignty and leadership:** Invite Tribal representatives to participate in planning and decision-making processes so that Native communities can directly shape programs, funding priorities, and long-term strategies. Recognize Tribal sovereignty by learning and understanding the importance of honoring cultural protocols, governance structures, and self-determination. Value Tribal representatives' time and contributions. Establish reciprocal relationships that also offer value for Tribes.
- **Build cross-sector partnerships:** Host conversations with local partners to co-identify common priorities and coordinate efforts.
- **Celebrate and scale successes:** Share stories of successes and lessons learned from community-led solutions to inspire broader adoption.



# OUR PATH FORWARD: CHOICE'S NEXT STEPS IN REGIONAL HEALTH EQUITY EFFORTS



We are committed to deepening our responsibility, engagement, and impact in reducing health inequities across central western Washington. **This plan is more than a document—it's a call to action and a shared resource for everyone in central western Washington.**

By partnering with community members, Tribes, local governments, and various organizations, we will serve as both a convener and a collaborator, bringing people together to tackle complex challenges through coordinated, inclusive strategies. At times, CHOICE may also act as a funder and data steward, helping ensure that our collective resources are used effectively and transparently.

A core aspect of our next steps involves creating layers of accountability that invite active participation at every level. This means establishing clear structures—like Cohort 2.0, advisory committees, and diverse stakeholder groups—that provide regular touchpoints for sharing ideas, reviewing progress, and making decisions. We also recognize the importance of consistent, reliable data in driving meaningful change, which is why we will track and report on a set of shared measures of well-being. By weaving together these layers of accountability, we aim to build a strong foundation for systemic change. This path forward will evolve as we learn from each step, integrating community feedback and evidence-based insights.

Our goal is to create a region where every individual has the opportunity to thrive—a place where health equity is not just an aspiration, but a reality achieved through collective action, shared dedication, and a relentless pursuit of well-being for all.

# CONTINUING MOMENTUM WITH COHORT 2.0

The first Health Equity Cohort laid a powerful foundation by bringing partners together under a shared vision and revealing how different “Vital Conditions” for well-being—like housing, food security, and social connection—are deeply interconnected. Through this work, we learned that improving one area often creates a ripple effect in others, but also that no single project can address the full scope of health inequities on its own. The challenges are complex, and sustained collaboration across diverse perspectives is essential to devising comprehensive, long-lasting solutions.

## OVERVIEW

Building on these lessons, CHOICE will launch Cohort 2.0 in spring 2025 with a renewed focus on unity, shared learning, and data-informed action.

### The Cohort’s purpose will be to:

- **Support our refinement of the shared priorities, values, and theory of change that connection creates health.**
- **Help evaluate and recommend pilot projects for funding.**
- **Build consensus around strategies for large-scale investments by the end of 2025.**

## Structure

By expanding participation, we aim to include more community voices—particularly those most impacted by health inequities—and deepen the collective capacity to test scalable strategies. This means creating spaces where regional partners, community members, and local experts can implement, support, and co-learn from pilot projects that address factors impacting a person’s ability to thrive. It also means using quantitative and qualitative data to guide decisions, ensuring that each project is grounded in real community needs and can be scaled for greater impact.

Through intentional outreach and engagement, we will strengthen relationships across sectors and communities, promoting authentic collaboration rather than siloed efforts. This approach will help us identify emerging challenges early, tailor interventions to local contexts, and sustain meaningful progress.

## Pilot projects: testing and learning

CHOICE will issue a regional Request for Proposals (RFP) inviting community-based organizations, by-and-for organizations, local governments, and others to propose pilot projects to advance health equity and serve as testing grounds for innovative solutions that can be scaled to broader applications. The Cohort will provide input on submissions, inform funding decisions, learn from project updates, and participate in understanding successes, barriers, and potential next steps.

## Evaluation criteria

The Cohort will also help us consider, recommend, and evaluate projects that address the following questions:

- **What does the data show regarding local or regional equities for this topic, compared to Washington state or the U.S. as a whole?**
- **Where in the region should efforts be centered? Where might they have the greatest impact?**
- **What interventions should they include? Which measures or metrics might be impacted?**
- **What is the existing landscape of resources available to address this issue already?**

# CONTINUING MOMENTUM WITH COHORT 2.0

## OUR APPROACH TO INVESTING IN IMPACT

Through Cohort 2.0, CHOICE will support pilot projects that advance health equity across the region. While the following proposed project examples align with the key themes identified during the planning process, they are not the only models we will consider for investment. **These examples highlight potential strategies that are inclusive, community-driven, and scalable—but we recognize that true innovation comes from listening to communities and adapting to evolving needs.** By focusing on solutions that address systemic inequities, amplify underrepresented voices, and bridge gaps in care, these pilot projects will provide valuable insights into what works, what needs refinement, and how we can sustain long-term impact. The goal is not just to fund individual projects, but to test new models, build shared learning, and lay the groundwork for transformative, region-wide change.



### Connecting formal and informal systems of care

**Community-initiated care:** This model leverages the power of everyday community members—such as spiritual leaders, barbers, coaches, and peer support specialists—to deliver low-intensity interventions. Known as “task-sharing” or “task-shifting,” these efforts empower people in trusted, familiar settings to provide essential support and build bridges between formal health systems and community-based care.

**Mentorship and leadership development:** Mentorship programs can address systemic inequities by helping individuals from underrepresented groups gain access to leadership opportunities. These programs foster personal growth, increase representation, and shift long-standing power imbalances by empowering diverse voices and experiences.



### Centering belonging and building mutual understanding

**Storytelling and narrative change:** Shaping how communities perceive health and well-being starts with shifting dominant narratives. Projects in this area may include listening sessions, participatory research, or storytelling initiatives that address stigma, challenge harmful beliefs, and amplify voices that have historically been excluded. These efforts aim to foster dignity, empathy, and a deeper understanding of how cultural narratives shape health outcomes.



### Collective action via community-led solutions

**Mobile community resource hubs:** Mobile hubs, co-designed by local organizations and residents, bring essential health and social services directly to underserved areas. These programs provide centralized, accessible support while pooling resources like staff, equipment, and funding across partners to maximize impact.

**Grassroots advocacy groups** gather feedback from residents about barriers to services and opportunities for improvement. By collaborating with local policymakers, these groups ensure that community input shapes initiatives, resource allocation, and long-term strategies, strengthening collective accountability.

# ADDITIONAL EQUITY EFFORTS

## Tribal Health Advisory Committee

We are committed to engaging in multiple efforts to support meaningful collaboration and communication with regional Tribes and Tribal Nations. These efforts include continuing the quarterly regional Tribal Health partner meetings that will serve as the Tribal Health Advisory Committee to inform our board, staff, and other regional organizations of Tribal health priorities. The Tribal Health Advisory Committee will make recommendations that shape strategies for shared stewardship and direct resources to improve individual and community well-being.

## Hub Advisory Committee

Our Community Care Hub connects individuals with the health and social services they need, especially when those systems feel overwhelming or fragmented. A dedicated Hub Advisory Committee will help us improve this coordination by guiding decisions on pilot projects, ensuring that new programs reach priority populations and fit local contexts. Their insights will also help us prevent overlap with existing resources, making services more efficient and more accessible throughout the region.

## Reporting progress and challenges

Trust and accountability are crucial to building belonging and civic muscle. We will regularly share our progress, from data updates to funded projects, so that community members and organizations can stay engaged and informed. A public health equity dashboard on our website will feature current metrics, timelines for new data releases, and ways to contact us with feedback ([see Appendix A](#)). Additionally, we'll gather data from funded pilot projects to build a regional picture of how we're strengthening connections between informal and formal care, boosting belonging, and fostering community-led solutions.

## Network input and information sharing

We partner with a wide network—health systems, community and by-and-for organizations, local governments, and state/federal agencies—to strengthen collaboration and reduce silos. Our commitment includes regular updates on projects, regional health data, funding opportunities, and policy changes. We also prioritize community voices by creating open channels for sharing experiences, ideas, and concerns—ensuring we remain connected, informed, and effective in driving collective impact.

## Creating a shared measure of well-being

In 2025, we will identify and refine data metrics that reflect community health and well-being across counties, demographics, and even individual experiences. By analyzing sources like [Healthy People 2030](#), [County Health Rankings](#), [Healthy Youth Survey](#), [U.S. Census data](#), local community health assessments, and data from our Community Care Hub, we can spot gaps in information and design strategies to fill them. We'll collaborate with Tribal health leaders and community partners to define well-being and collect both quantitative and qualitative data that show how interventions truly impact people's lives. These new insights will guide future interventions, policies, and funding decisions.

## Aligning budget and investments

CHOICE has set aside one million dollars to support the development and rollout of this regional health equity plan, including up to \$600,000 for pilot projects scheduled for 2025. As these pilots move from planning to evaluation, the CHOICE board will use outcomes and lessons learned to shape future, larger-scale funding efforts aimed at reducing health inequities.

# APPENDIX A: MEASURES FOR EVALUATING PROGRESS

A key component to this work is to tell the story of health and well-being across the central western Washington region by using data to track changes in health outcomes. The table below includes measures that may be included in the development of a health equity improvement dashboard. We're committed to engaging in data practices that are consistent with respecting Tribal data sovereignty.

Bridging gaps between formal and informal systems of care	Center belonging and mutual understanding	Collective impact via community-led solutions
<p>Increase the number of community organizations that provide prevention services (Healthy People 2030, ECBP-D07)</p>	<p>Increase the number of membership associations per 10,000 population (County Health Rankings &amp; Roadmaps)</p>	<p>Increase the percentage of citizens aged 18 or older who vote in elections (County Health Rankings &amp; Roadmaps)</p>
<p>Reduce chronic school absence among early adolescents (Health People 2030, AH-07)</p>	<p>Increase opportunities for prosocial involvement for youth in the community (Healthy Youth Survey)</p>	<p>Increase the percentage of respondents who reported being engaged in at least one civic activity in the last 12 months (Over Zero and The American Immigration Council)</p>
<p>Increase the proportion of children who are developmentally ready for school (Healthy People 2030, EMC-D01)</p>	<p>Increase the percentage of respondents that experience belonging across life settings (Over Zero and The American Immigration Council)</p>	<p>Increase the percentage of respondents who agreed with the sentiment that local citizens can impact how their community is run (Over Zero and The American Immigration Council)</p>
<p>Eliminate very low food security in children (Healthy People 2030, NWS-02)</p>	<p>Reduce the percentage of respondents who report being treated as less than when interacting with locally elected officials (e.g. school board or city council) (Over Zero and The American Immigration Council)</p>	