# Health Equity Zones

**Zone For Native Communities Selection Process** 





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Thank you to the Health Equity Zones Indigenous Advisory Panel and DOH staff for your contributions to this report.

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# Health Equity Zone for Native Communities

The Health Equity Zones Community Advisory Council, comprised of Native, community, and sector leaders, established the foundation and vision for the Health Equity Zones Initiative. Native community representatives on the Community Advisory Council (CAC) formed a Zone for Native Communities Subcommittee to develop submission guidelines, which include a zone definition, eligibility criteria, and selection process.

The subcommittee invited input on the selection process from Native leaders in Washington and led recruitment of an Indigenous Advisory Panel reflective of Tribal and Urban Native communities from across the state. The Indigenous Advisory Panel reviewed submission forms and selected the first Health Equity Zone for Native Communities in October 2024.

## Indigenous Advisory Panel

"We are the Indigenous Advisory Panel for the Health Equity Zone for Native Communities. We come from many different tribes and geographies across Washington and have a shared commitment to fostering the wellbeing of our Native relatives throughout the state.

Through a collaborative effort with the Washington Department of Health, we have been honored to design a funding opportunity specifically for Native communities. The process we have designed takes a strength-based approach, honors Indigenous practices, and lays a framework for government entities to better collaborate with Native communities."

### **Selection Process Milestones**

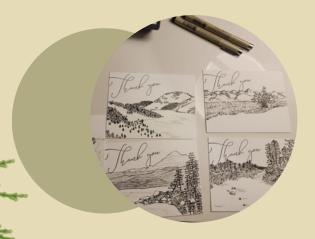


March - May 2023: First draft of Zone for Native Communities definition and eligibility criteria

**June 2023:** Recruitment of Indigenous Advisory Panel

**September - December 2023**: Phase 1 Outreach to Native Communities

**November 2023:** Indigenous Advisory Panel convened



2022

**November 2022:** Zone designations of rural, urban, and Native communities identified by CAC

**December 2022:** Zone designation subcommittees created

2023



January - May 2024: Phase 2 Outreach to Native Communities

**February 2024:** Finalized definition of Zone for Native Communities, eligibility criteria, scoring rubric, and submission form

March 2024: Zone for Native Communities submission process launched (*Appendix A*)

**April - May 2024:** Workshop sessions with interested applicants

June 2024: Zone for Native Communities submission process closed

**August - September 2024:** Indigenous Advisory Panel scored submissions

October 2024: Indigenous Advisory Panel met inperson to select Zone for Native Communities (Appendix B)

## **Key Learnings**

The following key learnings were identified by the Indigenous Advisory Panel through the selection process for the Health Equity Zone for Native Communities. The lessons uplift practices that honor Indigenous sovereignty and support community-led decision-making.



#### **Indigenous Ways of Organizing**

Move slowly and intentionally, ensure all perspectives are heard, center relationships, and keep the focus on creating lasting change for future generations.

"The Indigenous way of organizing resonated. We took steps to really work through language, it felt good going in-depth. It's so important, language can be a barrier for our communities" - Indigenous Advisory Panel Member



#### **Intent into Action**

Provide flexible funding opportunities to honor Indigenous sovereignty and selfdetermination to decide how funds are allocated.

"The process honors the government-to-government relationship beyond routine structural things. This grantmaking with HEZ is improving that system, putting intent into action. It is about changing the system, bringing equity to life for Native communities" - Indigenous Advisory Panel Member



#### Strengths-Based

Uplift community strengths by focusing on the assets and knowledge that communities hold.

"Taking a strengths-based approach is a success that I am most proud of. Moving funding opportunities in this direction will highlight strategies that have been in place since time immemorial. It empowers applicants to express their sovereignty and intuition that they have the answers to the challenges their communities may face." - Indigenous Advisory Panel Member



#### **Abundance Mindset**

Cultivate a visionary perspective that is rooted in care for community and collaboration, not competition for limited resources.

"Our ancestors never gave up, they always kept fighting and collaborating. It's important for...communities to have space and conversation, to continue to do good work and make changes [together]." - Indigenous Advisory Panel Member



#### **By & For Native Communities**

Create community-led grantmaking opportunities in recognition that Native people know their communities best.

"Applicants didn't need to explain or justify disparities, we understand. They could feel comfortable sharing information because we're not from outside the community." - Indigenous Advisory Panel Member

## **Community Outreach**

Outreach efforts were led by the Indigenous Advisory Panel in collaboration with Health Equity Zone staff. From September 2023 - May 2024, outreach was conducted statewide using a combination of in-person and virtual approaches.

111

Native Organizations Reached 179

Native Individuals Reached

7

Presentations

5

**Tabling Events** 

30

**Phone Calls** 

60

**Emails** 

3

**Workshop Sessions** 

"Without the collaborative outreach efforts with the Indigenous Advisory Panel, we would have never reached as many Native communities. We had diverse applicants from across the state." - Health Equity Zones Staff Member

# Hopes for the Future From the Indigenous Advisory Panel



To see growth in collaboration and the learning exchange across our communities, as the Health Equity Zone for Native Communities leads by example.



To instill hope by setting a precedent that recognizes the connection between tribal sovereignty, reclamation of homelands, and health.



To create a legacy from this process that not only impacts relatives today, but future generations growing their own self-determination.



To uplift culture and community strengths as public health prevention that is rooted in Indigenous knowledge practices since time immemorial.



To support our communities in continuing to dream, innovate, and follow their intuition to strengthen health and wellbeing.



# Appendix A Zone for Native Communities Submission Form

#### **Community-Driven Solutions for Health Equity**

On March 18, 2024, the Health Equity Zones Initiative opened submissions for the Health Equity Zone for Native Communities. Tribal and Urban Native communities from across Washington are encouraged to apply. One community will be selected by the Indigenous Advisory Panel in this pilot phase of the Initiative.

The selected community will receive flexible funding of \$200,000 per year for two years that can be used toward developing organizational infrastructure to support community decision-making, identifying health priorities, and developing culturally relevant strategies. The Department of Health is committed to supporting the zone in securing additional funding that aligns with the identified health priorities to implement community selected strategies.

#### **Zone for Native Communities Definition**

An opportunity for Tribal communities and Urban Native communities in a zone to continue to strengthen health through culturally relevant approaches. The zone will be a geographically self-defined and connected area, that is small enough for focused strategies to have a measurable impact on health outcomes. For example, ancestral homelands, defined Tribal lands, a city, town, zip code, or neighborhood.

#### **Eligibility Criteria**

The submitter must meet the following criteria to be eligible for the Zone for Native Communities:

- Represent a Tribe (federally and non-federally recognized), Tribal Organization, Urban Indian Organization, or Collaborative of these entities.
- · Identify as a Native-led entity.
- Use a community-driven approach.
- Serve and prioritize the Native population.

#### **Selection Criteria**

Criteria Categories	Scoring Scale
<ul> <li>Honors &amp; Respects Indigenous Sovereignty</li> <li>Engaged the community in the decision to be considered as a health equity zone</li> <li>Illustrates broad reaching support from community members and organizations serving and are part of the proposed community</li> <li>Identifies approaches to challenge systems and policies in support of individual and Tribal Sovereignty</li> </ul>	0-3
<ul> <li>Multigenerational Vision</li> <li>Includes reference to a story or example about engaging youth and elders in their work</li> <li>Demonstrates a visionary perspective to improve health for future generations</li> </ul>	0-3
<ul> <li>Grows Relations &amp; Connections</li> <li>Describes existing or potential partnerships in the community, including coalitions, collaboratives, grassroots formations, and/or community councils and working groups</li> <li>Describe a vision for more connectedness across systems, sectors, or organizations</li> </ul>	0-3
Strengths-Based Describes the community, including key characteristics and strengths Includes reference to a story or example that highlights key characteristics and strengths of the community Identifies equity gaps to be addressed and how community strengths can be used to support	0-3
Rooted in Indigenous Knowledge     Describes an idea for a proposed project and approaches that the submitter is excited about     Includes reference to a story or example that speaks to the impact of existing efforts to improve community health	0-3

#### A Letter from the Indigenous Advisory Panel

Greetings,

We are the Indigenous Advisory Panel for the Health Equity Zone for Native Communities. We come from many different tribes and geographies across Washington state and have a shared commitment to fostering the well-being of our Native relatives throughout the state.

Through a collaborative effort with the Washington Department of Health, we have been honored to design a funding opportunity specifically for Native communities. The process we have designed takes a strength-based approach, honors Indigenous practices, and lays a framework for government entities to better collaborate with Native communities. Our hope is that as leaders and organizers, you are inspired to collaborate with one another and exchange ideas for culturally relevant strategies that will contribute to the health of our communities.

As you complete the form, we invite you to consider that we, as Indigenous peoples, are the "practice-based evidence" and that, contrary to the framework of evidence-based practice, our Native communities are the evidence needed to develop strategies that improve health outcomes. We are confident that, together, we can enhance existing efforts in our communities and bring forth tailored strategies that resonate with the diverse needs of our Native communities.

Your participation is crucial in ensuring the success of this initiative, and we look forward to witnessing the positive transformations that will unfold as a result of our combined efforts.

Thank you for your interest in the Health Equity Zone for Native Communities.

Respectfully,

The HEZ Indigenous Advisory Panel

#### **Data Commitment**

The Health Equity Zones Initiative is committed to honoring the inherent rights of Indigenous Peoples to govern the collection, ownership, and application of their own data.

The following statements describe how the information provided in submission forms will be used, protected, and stewarded to support submitters in self-determining what information to share.

The information you provide in this submission form will only be used for the purposes of zone selection by a review panel of Native-identifying individuals. All submission forms will be stored securely using cloud services and protected by encryption. Information will be deleted one year after zone selection per state agency retention policy. As a state agency, we are subject to public records requests, which means information provided in submission forms could be made available to the public if it were requested.

To maintain transparency during the submission process, we will provide ongoing updates on the total number of submissions received. Submitters can choose to opt in to share additional information for the purposes of collaboration with other submitters from the same community or geographic area. This is completely optional and will not affect your submission form review.

1. Do you give your permission to share your entity name and/or geographic area for the purposes of collaboration? This information would be available to view on a map on the HEZ WA Portal site during the submission process.

Please select your preferences for sharing information on HEZ WA Portal, upon request, or not at all.

Geographic area and entity name shown on HEZ WA Portal map

☐ Only geographic area shown on HEZ WA Portal map
☐ Entity name shared with other submitter upon request
☐ I don't want to share this information

#### **Submitter Contact Information**

I.Name
2. Organization/s or Entity/Entities
3. Phone Number
I. Email Address
Eligibility
f you do not meet all of the following criteria, you will not be considered eligible for the Zone for Native Communities.
I. Do you identify as a Native-led entity?
Please note, a Native-serving organization is not the same as a Native-led organization; only the atter will be considered eligible. For example: Are your leadership and organization staff from the Native community you serve?
□ No
Yes (please describe how you identify as Native-led)
2. Do you apply a community-driven approach to your work?
A community-driven approach refers to community involvement in decision-making and priority-setting for programs and services. For example: Does your community guide policy or programming decisions and priorities? Do you have a process in place to incorporate community-identified strategies into services or programs?
□ No
Yes (please describe how you apply a community-driven approach)
3. Do you serve and prioritize the Native population?
□ No
☐ Yes

#### **Proposed Health Equity Zone**

1. What geographic area are you proposing to be a Health Equity Zone?

For example: ancestral homelands, defined Tribal lands, a county, city, town, zip code, neighborhood, or community. The geographic area identified must be smaller than the state, small enough for focused community work, and be connected via land or a shared body of water such as a group of islands.

2. What is your connection to the proposed geographic area?

For example: your ancestral connection to the land, your experiences living or working in the area, or your connection to the community.

3. How has the community living in the proposed geographic area been involved in the decision to be considered as a Health Equity Zone?

For example: were community members consulted to complete this submission or the responses to submission questions?

#### **Submission Questions**

- 1. Why are you proposing your community to be a Health Equity Zone? How do you hope this initiative will impact your community and benefit current and future generations?
- 2. Each Health Equity Zone will be led by a Community Collective, comprised of representatives reflecting the community. Describe existing or potential partnerships in the community, including coalitions, collaboratives, grassroots formations, and/or community councils and working groups and a vision of how they might work together.

Partnerships do not need to be established at the time of completing this submission, you may describe future partnerships that do not exist yet.

3. What are your community's key characteristics and strengths? Examples may include references to stories, cultural teachings, or generational knowledge that you feel capture the strengths of your community, but this is not required.

### **Submission Questions**

4. What health equity gaps does your community face? How can strengths of the community support efforts to address health equity gaps?
5. Please share examples or stories that speak to the impact of your existing efforts to improve community health.
6. How would this funding support work that is already happening or something you want to get off the ground?
Approaches you are excited about, including those rooted in Indigenous Knowledge and decolonized practices, are encouraged!
7. Optional: Is there additional information you would like to share that highlights how your community would benefit from being a Health Equity Zone?

# Appendix B Zone for Native Communities Selection Meeting Agenda

To select the Zone for Native Communities the Indigenous Advisory Panel gathered on the homelands of the Spokane Tribe and deliberated for two days. HEZ staff co-created the agenda for the gathering with the Indigenous Advisory Panel and provided facilitation to support their decision-making process.

#### Day 1

Welcome and grounding led by local tribal members

Relationship building one-on-one conversations

#### Overview of Selection Process

- Review key milestones up to this point
- Group defines conflict of interest (to ensure transparency and honor the strength of relationships)
- Group determines decision-making process (consensus versus voting)

#### **Applicant Review**

- Review applicant scores on dashboard showing overall and for each category
- Panel re-reads applicant submissions and individual notes
- Group discussion of each applicant (What are the applicants strengths? What questions do you have?)

#### **Lunch & Connection**

#### **Applicant Review Part 2**

- Re-grounding breathing exercise
- Continued discussion of each applicant
- Group applicants together based on shared characteristics

#### Roadmap and Destination Reflection Activity

• What have been the sights (successes), roadblocks (challenges), and detours (opportunities) in this process? Where do you hope it leads to?

#### Day 2

Opening prayer

#### Relationship building activity

#### Day 1 Recap

- Recap destination reflections and use destination as a 'north star' for the selection process
- Review day 1 applicant groups and summarize discussion notes
- · Panel re-reads applicant submissions and individual notes

#### **Applicant Grouping**

- Adjust applicant groupings as needed (Are there any applicants you want to move into the top grouping? Do any applicants need more discussion?)
- Group discussion on top applicants (What are the applicant's strengths? What questions do you have?)

#### Lunch & Connection

#### **Decision-Making**

- Narrow top group of applicants
- Recenter using destination reflections (Where do you hope this leads to? What are your hopes for the process?)
- Vote

#### Rock Stick Leaf Closing Reflection Activity

• What rocked about this process? What will stick with you? What do you hope to "leaf" behind?

#### **Next Steps**