

## Definitions of Key Terms

*By and for Organizations* – These organizations are community groups where leadership and decision making authority is held by people who represent the community they work in and belong to. We believe it's important to prioritize working with people and organizations that are intimately tied to the communities they serve and that investing directly in people who are of community is an important way to build community power.

*Capacity Building* - The process of developing and strengthening the skills, abilities, strategies, and resources that organizations and communities need to survive, adapt, and thrive in a fast-changing world.

*Community* – For us, community means a group with a shared sense of identity and belonging, and possibly of history and culture. A community can be defined by geography, race, culture, religion, sexual orientation, gender identity, or other shared lived experiences. Our priority will be on communities that have been under-supported by systems in our region and have been subject to persistent health inequities.

*Grassroot Organizations* – Organizations that were created within a community and continue to be guided and responsive to the community they sprang from. We value the bottom-up structure of grassroots organizations and movements that elevates community concerns and works on behalf of community towards shared visions of health and prosperity.

*Health equity* – Everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments and health care. Our commitment to health equity requires us to recognize the specific histories, cultures, and circumstances of the communities we serve and to engage the strength, supports, and successes that exist within each of those communities. This definition adapted from the Robert Wood Johnson Foundation.

*Health inequities/disparity* – Preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by persistently marginalized populations.

*Historically Disadvantaged/Marginalized Community* - Groups that have been socially, economically, or educationally underprivileged by past discriminatory laws or practices.

*Power building* – Power building works to support communities to organize, advocate, agitate, and gain power to influence government, markets, and society. Power building is based on the belief that sustainable shifts in the rights, benefits, and opportunities available to low-income and racial minority communities are possible only when those communities have the power and voice to secure the changes they seek. This definition is adapted from the Stanford Social Innovation Review.

*Rural*- EHF considers anywhere in our service area outside of the incorporated cities of Spokane and Spokane Valley to be rural.



*Service Region* – Our service region is comprised of the seven counties of Adams, Ferry, Grant, Lincoln, Pend Oreille, Spokane, Stevens, and Whitman, and the lands of the Colville Confederated, Kalispel, and Spokane Tribal Nations.

*Urban* – In our service region, EHF considers the cities of Spokane and Spokane Valley to be urban.