

REGIONAL SUPPORTIVE HOUSING IMPACT FUND REPORT

Equitable Evaluation Framework and Governance Recommendations

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LEAD RESEARCHER

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Executive Summary

The Regional Supportive Housing Impact Fund (RSHIF) was launched in 2020 by a set of partners in health systems, homelessness services, business, and philanthropy. This program responded to the growing need for permanent supportive housing (PSH) for people experiencing homelessness with serious health care needs in the Portland metropolitan region. Health Share of Oregon (Health Share), an Oregon Coordinated Care Organization, is now convening RSHIF.

Health Share has stated an intention to address racial equity in homelessness. As chronic homelessness rates have grown, racial disparities have worsened for unsheltered Black, Indigenous, and other People of Color (BIPOC), and there are calls for funders, policy makers, and program implementers to develop activities that redress these inequities. One way to advance this racial equity work is to root research and evaluation in the communities that are most impacted by homelessness. In the case of RSHIF, that means Black, Indigenous, and other People of Color who have lived experience with homelessness. Health Share would like to develop long-term evaluation activities to know whether RSHIF is reaching its goals of centering on community members such as Black, Indigenous, and other People of Color who have lived experience with homelessness as well as other people experiencing homelessness.

Health Share contracted with Portland State University's Homelessness Research & Action Collaborative and Providence CORE to answer the question: *What does it look like for homelessness research and evaluation practices to be centered on or rooted in racial equity and people who have lived experience with homelessness?*

To answer this question, we interviewed community members including Black, Indigenous, and other People of Color who had experienced homelessness or housing insecurity and/or worked for homelessness service providers, in health care, or as researchers. We also conducted a literature review and environmental scan and drew on Portland State University's practice-based research experience in racial equity in the Portland metropolitan area. Across the interviews and literature review, we found broad agreement on how to engage in community centered, participatory research and governance.

Health Share is a historically White institution and the early composition of RSHIF's partners were from historically White institutions. We orient this research toward these early RSHIF partners while also knowing that in forming a new RSHIF governance body they have done some of the work discussed here. Recognizing their position as historically White institutions, for Health Share and its partners to develop an RSHIF evaluation framework that centers Black, Indigenous, and other People of Color, people who have lived experience with homelessness, and especially BIPOC who have lived experience with homelessness, the RSHIF initiative, and particularly Health Share as its convener, will need to:

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- Understand and commit to shared definitions for key terms at the intersection of homelessness, race, and research and evaluation.
- Honestly and transparently assess organizational core values and commitments that matter for research and evaluation centered on Black, Indigenous, and other People of Color who have lived experience with homelessness.
- Articulate willingness to share power, commit resources, be flexible and engaged over time, upend the status quo, and be open to public criticism.
- Identify the intended approach to research and evaluation on a spectrum from community-centered to top-down governance and participatory processes.
- If choosing to engage in community-centered or community-informed approaches, devote time and resources to processes and governance structures that support the research and evaluation by locating power, engaging authentically, identifying and interrogating norms and assumptions, being thoughtful and humble, and replenishing community.

Health Share and RSHIF have an opportunity to be leaders in transforming evaluation standards in health systems and homelessness research. Committing to research and evaluation work that centers Black, Indigenous, and other People of Color and people who have lived experience with homelessness may seem daunting for historically White institutions. However, research consistently demonstrates that centering on the people who are most impacted by the issue or the future program creates better policy and program outcomes.

The nature of this work is slow and can be messy, but relationships that respect, uplift, and care for the people your organization wishes to work with and serve are the root of radical change. The people with whom we spoke believe that change can happen, that research can reflect the experiences of, ideas within, and desires of Black, Indigenous, and other People of Color, communities of color, and people who have lived experience with homelessness. Many of the White, housed people we spoke with were also committed to a process that lifted up the people who will be served and most impacted by RSHIF. Health Share and RSHIF partners can resolve homelessness for people, advance racial equity, and do both while living up to the commitments of research and evaluation centered on Black, Indigenous, and other People of Color who have lived experiences with homelessness.

Next Steps

Health Share and RSHIF have an opportunity to be leaders in transforming evaluation standards in health systems and homelessness research. Committing to research and evaluation work that centers Black, Indigenous, and other People of Color and people who have lived experience with homelessness may seem daunting for historically White institutions. However, research consistently demonstrates that centering on the people who are most impacted by the issue or the future program creates better policy and program outcomes.

We conclude with specific steps with which to start:

1. Assess and commit to the values that drive the project. Answer the questions for project-specific considerations provided.
2. Candidly assess how RSHIF came to be. Who drove it? Who is funding it? How were partners recruited? Locate where RSHIF is on the process and governance spectrum.
3. Health Share and RSHIF partners should identify where and how they have harmed or eroded trust in Black communities, Indigenous communities, and other communities of color and with people who have lived experience with homelessness in this or other processes. Name work that could be problematic and disclose it early so that people know and discuss that activity, why it happened, lessons learned, and action steps to address it. Use previous or ongoing data matching work as a starting point to check assumptions, confirm values, assess knowledge, and begin building relationships with people.

The nature of this work is slow and can be messy, but relationships that respect, uplift, and care for the people your organization wishes to work with and serve are the root of radical change. The people with whom we spoke believe that change can happen, that research can reflect the experiences of, ideas within, and desires of Black, Indigenous, and other People of Color, communities of color, and people who have lived experience with homelessness. Many of the White, housed people we spoke with were also committed to a process that lifted up the people who will be served and most impacted by RSHIF. Health Share and RSHIF partners can resolve homelessness for people, advance racial equity, and do both while living up to the commitments of research and evaluation centered on Black, Indigenous, and other People of Color who have lived experiences with homelessness.

Part I – Introduction

Black, Indigenous, and other People of Color (BIPOC) and their communities of color conduct research projects for and by themselves. Unfortunately, the historic conceptualization of and approach to research by White people dismisses the ways of knowing and understanding in communities of color. White-constructed approaches to research also include a legacy of abuse of communities of color.

Communities of color have fought back against these abuses, and in recent decades we have witnessed increased commitments to more ethical research from historically White institutions. Black, Indigenous, and other People of Color have demanded that they either drive the framing, understanding, and pursuing of research projects, or at a minimum, have the ability to inform and control components of research practices rooted in Whiteness. Research activities that inform or drive policy and program creation and implementation have received specific attention.

Historically White institutions and systems are meeting these expectations by adopting a host of practices with words like: decolonizing, anti-racist, racially equitable, impacted communities, lived experience, equity lens, or community-centered, to name a few. In Portland, Oregon terms like “community-centered,” “centering on race,” and “centering on people who have lived experience,” are often used by historically White institutions working in policy and service sectors to address homelessness. But, what does it look like for a historically or currently predominately White institution to do these activities or take these actions for Black, Indigenous, and other People of Color more generally, and for BIPOC who have experienced or are experiencing homelessness?

Our work examines the question about what it means for homelessness and supported housing research and evaluation practices to be centered on or rooted in racial equity and community-based research practices. This project was commissioned by Health Share of Oregon (Health Share), a Medicaid Coordinated Care organization serving Oregon Health Plan members in the tri-county region of Clackamas, Multnomah, and Washington counties. Health Share is supporting the new Regional Supportive Housing Impact Fund (RSHIF). Launched in 2020, RSHIF is a new initiative designed to help address the regional homelessness crisis. RSHIF connects people who have very low incomes and complex health challenges to affordable, supportive housing options that include the services they need to remain stable and housed.

Health Share hired the Providence Center for Outcomes Research and Education (CORE) and Portland State University’s Homelessness Research & Action Collaborative (PSU-HRAC) to help RSHIF understand if it is doing what it is intended to do: keeping people with very low incomes and complex health challenges, particularly Black, Indigenous, and People of Color (BIPOC),

healthy and housed. Health Share intends to support long-term evaluation activities to know if RSHIF is reaching its goals by centering on community members who have lived experience with homelessness and who are Black, Indigenous, and other People of Color.

We interviewed Black, Indigenous, and other People of Color with a range of personal and professional experiences with homelessness and housing insecurity, health care, and research. We interviewed White people who augmented or filled in gaps such as understanding the founding of RSHIF. We reviewed examples and reflections about racially centered and community-centered research. Drawing from what we read and what we heard, we compiled values, concepts, and actions for racially equitable and community-centered governance of research and evaluation. Our work evolved as we went through multiple rounds of conversations within the teams, with Health Share partners, and with community members.

I.a. Reading this Document

The document includes 4 parts and several appendices. In Part 1 we describe this project, explain the research approach, and introduce key terms. In Part 2 we describe community centered participatory process and governance work that would support and create community centered research and evaluation. We place community-centered work in a spectrum of other ways that participatory processes and governance occur. There is guidance on how to locate your current work, or starting point, on this spectrum by examining values and value commitments central to community centered work focused on racial equity and people who have lived experience with homelessness. In Part 3 we dive into the qualities and characteristics of community centered research and evaluation. We present our findings in into key themes. Part 4 includes a conclusion and recommendations for next steps.

Throughout the document we focus on those findings most relevant to research and evaluation work centered on Black, Indigenous, and other People of Color who have lived experience with homelessness. The literature about community-based participatory research, collaborative governance, and participatory processes is robust. We assume a base level of understanding of best practices in engagement work to avoid an even longer list of things that should be done.

Participatory processes, collaborative governance, and community-based research draw from many of the same principles, especially when the work focuses on racial equity. Thus, setting up a process to create governance of community-based research that centers on Black, Indigenous, and other People of color who have experience with homelessness will draw from much of the same thinking and activities. The work is also inherently iterative. Parts of the document may feel redundant, or subtle distinctions may not resonant at first. This type of work is also difficult to write about because it is both deeply conceptual and contextual, and requires clear action. We hope you will meet and discuss what you read here, and contact us with questions.

We put overt references to the interviews solely in part 3. We drew on the interviews for all parts of the document; however, we thought they made those most clear and readable impact in part 3. We also focus on citing interviews over literature to diminish the experience of a heavy academic article, and to center our own findings in the experiences and voices of Black, Indigenous, and other People of Color. We include a section on the interplay between the literature and interview findings.

Language matters in making intentions and values clear. Professional writing focuses on brevity. Because there are not always shared definitions for frequently used words and phrases when working across diverse stakeholder groups, we recommend writing out concepts more fully to better communicate intent. We have modeled that here. Because our audience is people who are management-level employees or funders who most likely have at least a four-year college education, we have also conformed to writing conventions common in these spaces. We also know that writing more information for these audiences can augment learning and create more accountability.

This specific document does not fulfill expectations for community centered communications work itself. Rather it is a starting point from which to craft these materials. We have summarized key points in longer tables in the appendices. These tables can be used as handouts for meetings or reflection to help all readers process and digest concepts and ideas. A corresponding PowerPoint presentation will also be created. However, to fully engage with the ideas here, further distillation in a community-centered way will be necessary.

I.b. Multi-stakeholder Processes and Governance

Bringing multiple people who represent different organizations, experiences, and perspectives together to talk and make decisions about a project or activity offers new opportunities to rethink how we do work. We describe these types of spaces as multi-stakeholder processes and/or governance structures.

We use “processes” to describe the act of coming together to create a project, policy, plan, or long-term governance structure. A “governance structure” is designed to support, oversee, or implement a series of activities. Sometimes processes create governance structures, sometimes they just create projects. Once created, governance structures might create their own processes to do projects.

Multi-stakeholder projects are different from for-profit company or nonprofit organization boards of directors. Organizations are focused on a single goal and mission, and do not serve the broader public. Multi-stakeholder work instead relies on people who do not know each other well, who may share a broad common goal (in this case preventing and ending homelessness) but might have differing priorities or ideas about how to achieve that goal.

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These unique components of multi-stakeholder processes require specific support and attention.

When a goal of a multi-stakeholder project is to center on Black, Indigenous, and other People of Color (BIPOC) and their experiences, the approach to this work differs from conventional examples. From conception to implementation a convening organization must continually assess their goals, limitations, and commitment to the communities they want to privilege. Constructing the overarching process requires intentionality across the long term as well as in the individual meetings, workshops, etc. that bring people together to move the process along.

In some ways, convening a process is like composing and performing a song.¹ A conventional Euro-classical piece of music is written by a single composer who decides which instruments perform when. Each section knows what is expected of them, and when and how to contribute their voices. This approach to making music can parallel traditional government advisory groups and public hearings (and public hearings can be good, or play an important role). Unfortunately, Euro-classical music has served as a place of exclusion for people whose ancestry is not from Europe. Similarly, traditional government advisory groups and public hearings have also historically silenced the voices of Black, Indigenous, and other People of Color.

Writing a piece of jazz can occur in collaboration, and provides a looser structure in which an individual can offer their voice and perspective. Breaking the “rules” for experimentation is encouraged, and people listen carefully to understand your message. Jazz can have simple and easy to hear and read patterns, or, as is common in Latin jazz, a set of rich and seemingly complicated percussion patterns reflecting the cultural heritage of Africa and Latin America.

Both music genres can provide beautiful music and powerful experiences, but only one is rooted in the lives and experiences of Black, Indigenous, and other People of Color. We offer that when centering on Black, Indigenous, and other People of Color who have lived experience with homelessness and when creating multi-stakeholder processes, we are writing and performing jazz, and for some of us that means pushing away from the Euro-classical music model.

¹ Dr. Zapata created this illustrative music example based on her experience as an amateur classical, Latin jazz, and Cuban music style musician.

I.c. Centering on Race and Lived Experience with Homelessness²

The word “centering” dots the Portland metropolitan region’s work on homelessness and racial equity. We crafted definitions of some of the most popular (as of 2020-2021) and nebulous “centering on” terms. The definitions offered below are drawn from the literature review and interviews, and are working definitions. They were constructed to ground and guide the discussions in this document. We consider these definitions to be “working,” meaning they are serving a purpose here and may change or function differently elsewhere.

CENTERING

Centering can mean several different actions or activities. Centering could mean ensuring representation of Black, Indigenous, and other People of Color during a project, or disaggregating data across racial groups. Centering could also mean developing research questions with communities of color. There are many other ways to practice centering. At a minimum “centering” should mean:

- Engaging transparently and honestly with community members when crafting and implementing research activities.
- Acting on community members’ requests and expectations in determining how research is conducted and whether a research activity is viable.
- Sharing decision-making power and resources with community members.

Historically White institutions such as Health Share and original RSHIF partners³ should ask people with whom they work whether the term “centering” or phrase “centering on” works for them. Slight changes in language may better reflect the historically White institution’s work and the reflections of Black, Indigenous, and other People of Color. For instance, instead of saying: “We will create an overarching research framework that centers on race,” an organization could instead say: “We will create an overarching research framework that is driven by the interests and goals of Black, Indigenous, and other People of Color, and later projects that are developed with, and overseen by, BIPOC.”

CENTERING ON BLACK, INDIGENOUS, AND OTHER PEOPLE OF COLOR

When White people at historically White institutions say they will “center” on race, they typically mean that as White people or a White institution they will examine, listen to, and may act on the specific needs of Black, Indigenous, and other People of Color. Centering on race only occurs when historically White organizations, entities, or White people are crafting

² Research is a broader practice than evaluation, and better describes the range of activities we heard that Health Share, and interviewees would like to see conducted. Both “research” and “evaluation” have been used in negative ways in communities of color and homelessness communities.

³ Our research identifies Health Share and RSHIF partners as historically White institutions, as RSHIF partners engaged in early years of collaboration were solely representative of historically White institutions.

research projects. Because of their positionality, they must declare that they will decenter themselves and privilege Black, Indigenous and other People of Color (BIPOC).

We propose shifting from centering on “race” to centering on Black, Indigenous, and other People of Color. Focusing on Black, Indigenous, and other People of Color as people instead of race (an artificial social construct) or racism (the defining action against BIPOC) puts the emphasis on the people whose lives have been most impacted by racism, and creates space for BIPOC to define their lives outside of racism (not using a deficit model). Centering on Black, Indigenous, and other People of Color during research can happen in several ways and at different points in a research project or research structure. BIPOC might prefer centering on racial equity as the concept of focusing on people might be uncomfortable.

We use Black, Indigenous, and other People of Color in this document. Ways to reference the shared experiences of resilience against violence and oppression based on racialized identities change over time, sometimes quite rapidly. At the time of this writing, in April 2021, Black, Indigenous, and other People of Color was a summary reference phrase that many people represented within the group supported that was still relatively new. There is ongoing discussion about whether it achieves its stated goals and what other terminology might better reflect the shared and different experiences, but is also the only phrase that directs attention to people who are Black and/or Indigenous. We use Black, Indigenous, and other People of Color to be inclusive of: Blacks, African Americans, Africans, Afro-Latinos and African American Descendants of Slaves; Indigenous (US and the greater Americas), Indian, Native American, Tribal Communities, and Alaskan Natives; Latinos and Hispanics; Asians, Asian Americans, and Pacific Islanders; Middle Eastern and North African; and, mixed or multi-race peoples.⁴

CENTERING ON PEOPLE WHO HAVE LIVED EXPERIENCE WITH HOMELESSNESS

Like moving away from centering on “race,” we suggest that organizations say: centering on “people who have lived experience with homelessness.” When people say centering on “community” or “lived experience” only, there is vagueness in what that means. Worse, these types of coded language can function as tools of exclusion, and in this case end up with people who are part of the intended “community” not knowing they are part of that community. Saying that organizations want to “center” on the lived experience of people who are experiencing or have experienced homelessness gives better clarity to the intent of the work.

⁴ We have tried to be as inclusive as possible in this list, but recognize that all lists fail to achieve that and we have undoubtedly left some groups out, used language that some might not like, or grouped people together in ways they do not agree. We believe that listing out who we are thinking about in this work helps to reveal where deficits are and further discussion.

The purpose of centering on people who have lived experience with homelessness is that it allows the people most impacted by the experience, and who will be most impacted by new or changed policies and programs to shape, or even control, their development.

TERMS IN CONTEXT

The terms and working definitions are starting points for any work going forward. What words and definitions mean and look like to the people in the conversation may be different, and what is best to use yesterday may not be the same tomorrow. Organizations and multi-stakeholder groups will need to understand what these terms mean to Black, Indigenous, and other People of Color, people who have lived experience with homelessness, and BIPOC who have lived experience with homelessness before determining which terms to use. To accomplish this level of understanding, Black, Indigenous, and other People of Color and people who have lived experience with homelessness must need to be involved in the foundational work of project framing.

To emphasize the different and overlapping experiences and identities people have, we refer to three different groups throughout the document. When we say:

- *Black, Indigenous, and other People of Color*, we are speaking about BIPOC who may have experience with homelessness, be case managers, run research organizations, be data scientists, etc.
- *Black, Indigenous, and other People of Color who have lived experience with homelessness*, we mean BIPOC who have lived experienced with homelessness.
- *People who have lived experience with homelessness*, we are talking about Black, Indigenous, and other People of Color and people who are White who have experienced or are experiencing homelessness.

Bringing together these groups in a centering process means placing BIPOC who have lived experience with homelessness at the center. White people who have lived experience with homelessness are then added to bring in perspectives that may be missing from participating BIPOC and/or the research you can find. This is the core group, and the work should support their experiences and ideas. The next ring out should include BIPOC who do not have lived experience with homelessness, but root their research, evaluation, service profession, philanthropy, etc. in racial equity. They fill in gaps where needed, including bridging of historically White ways of thinking about research with those uplifted by the people in the center. The outermost circle includes people from or representing historically White institutions. Their input is valued; however, it should be secondary to that of BIPOC, BIPOC who have lived experience with homelessness, and other people who have lived experience with homelessness.

A note on power: We use “power” here to reference the power that is caught up in wealth, institutions, and systems that are rooted in racism and capitalism. BIPOC and people who have

lived experience with homelessness have power as well. They have survived despite oppressive systems. They care for one another. They have agency. In this report, we focus on the power kept from them by dominant systems. An ideal community-centered approach draws on both the power of the historically oppressed and marginalized as well as those who have benefited from that oppression to build something different.

I.d. Research Design and Methods

To articulate how homelessness research and evaluation practices can center on or be rooted in racial equity, we conducted our research in three, iterative phases. In the first phase we conducted a literature review of established research as well as examples and reflections about racially centered and community-centered research. In phase 2, we interviewed Black, Indigenous, and other People of Color who have lived experience with homelessness or housing insecurity, and/or worked for homelessness service providers, in health care, or as researchers. We then interviewed people involved in RSHIF work or offered research perspectives about permanent supportive housing that was not reflected in interviews with Black, Indigenous, and other People of Color. Phase 3 included analysis, writing, and gathering feedback from interviewees and Health Share staff. Based on what we heard and read, we compiled definitions, and created questions and examples about how to think about work that considers, and ideally acts upon, the needs, experiences, and perspectives of Black, Indigenous, and other People of Color.

PHASE 1

Literature review of established research and environmental scan, as well as a written brief that synthesized findings between both. We conducted a literature review and environmental scan to write a literature and thematic analysis on frameworks and governance for equitable evaluation (see Appendix B). The literature review included academic journals, reports from past projects led by CORE, and reports provided by RSHIF partners. Literature and reports focused on evaluation governance for cross-sector collaboratives and community-based participatory research through which we sought principles for equitable evaluation. The environmental scan consisted of internet searches pertaining to existing permanent supportive housing evaluations, the extent to which they incorporated evaluation into their design, and the outcomes measured.

PHASE 2

Conduct interviews. We conducted 17 interviews with a total of 21 participants to learn about the experiences of community members, providers, and researchers had with racial equity and community-centered approaches to evaluate permanent supportive housing and health services. Participants were identified by Health Share, CORE, and PSU-HRAC drawing from familiarity with local organizations and existing professional relationships.

Participants were prioritized using a two-cohort process. The first cohort included Black, Indigenous, and other People of Color exclusively. These interviews were scheduled and already being conducted before the second cohort of White interviewees were engaged, intentionally gathering information from the perspective of Black, Indigenous, and other People of Color first.

Each cohort was asked similar questions drawn from a semi-structured interview protocol (see Appendix C for interview questions and materials). Interview questions were sent in advance to allow participants, who might be uncomfortable with or have had previous negative experiences with researchers, time to prepare. The interviews averaged one hour each and were all attended by members of both CORE and PSU-HRAC. Interviews were conducted in English. All interviews were recorded through Zoom with the consent of participants and were transcribed using Rev transcription services. Each participant was offered a \$100 honorarium for their participation, though not everyone accepted.

PHASE 3

Analysis, participant feedback, and reporting. To analyze the findings from the literature, and the stories shared by interviewees, we created thematic codes. These codes identified key concepts and practices that would distinguish governance and evaluation approaches as racially equitable and community-centered. Some codes were created ahead of time based on the literature review and our experience (*a priori* coding). Other codes were created based on what participants shared (*en vivo* coding). This dual coding approach ensured we identified what participants thought, and how their thinking and experiences mapped on to the literature review.

We analyzed when and how these codes appeared in interviews. Three members of the evaluation team coded all 17 transcripts. Each transcript was reviewed twice, with first and second passes performed by a different member of the evaluation team. A thematic analysis was then conducted. All CORE and PSU-HRAC members then collectively clustered themes, which framed the outline of our interview findings and draft report. We synthesized our findings into the governance and evaluation framework presented in this report.

We solicited stakeholder feedback on themes and the report outline, and requested consent for the use of quotes derived from interviews. We then integrated feedback from participants into the final report, along with quotes that received consent for use.

Each phase was completed with a reflection session attended by Health Share, CORE, and PSU-HRAC, during which collaborative relationships and organizational growth was shared as a group. Reflections were summarized in writing to document these exchanges.

I.e. Moving Forward

Organizations must decide how they want to work with, hear from, and act on behalf of BIPOC who have lived experience with homelessness, BIPOC who bring other types of knowledge and experience to research and evaluation about homelessness, and people who have lived experience with homelessness. If racial equity and justice work is truly the top priority for the given work, then the project should center on Black, Indigenous, and other People of Color who have lived experience with homelessness. In the next part we describe how that work begins.

Part II – From Community Driven to Top Down

For this study, we were asked to describe what it would look like for Health Share and its early partners in RSHIF, as historically White institutions, to create a community centered and racially equitable research and evaluation process to create a similar governance structure to support RSHIF long term. As discussed in the previous section, “center,” “lived experience,” etc. can cover a wide range of ideas, values, goals, and activities. To help structure what a community centered process would look like, we start by placing community centered work within a spectrum of engagement/work activities.

II.a. Process and Governance Spectrum

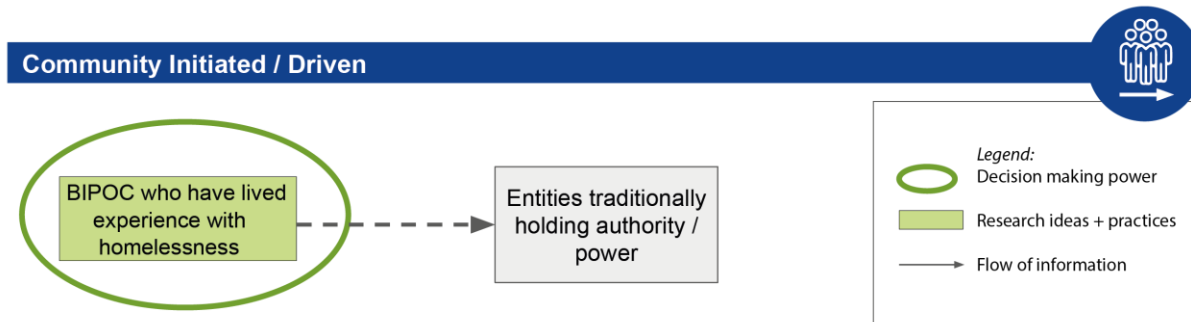
To accomplish racially equitable and inclusive participatory work with Black, Indigenous, and other People of Color who have lived experience with homelessness, convening organizations like Health Share should locate where their work and thinking about research and evaluation practices within a spectrum of approaches. We describe five ways to categorize participatory, multi-stakeholder processes and governance based on how they work with community members outside of a historically White institution. We constructed these categories based on our literature review and environmental scan, interviews, and the research team’s experience. The categories include: community driven, community centered, community informed, muddled consensus, and top down. While this work could be adapted to fit a wide range of activities that involve multiple stakeholders, we contextualize the categories into research and evaluation activities.

COMMUNITY INITIATED OR DRIVEN

Here, people from a community collectively identify a problem, issue, or idea they want to solve or develop. They make all decisions. They may choose to invite in researchers or funders, but those people and organizations are there at the invitation of the community members driving the work, and are only involved when asked. For instance, community members living in tents in one area might identify they need help managing garbage collection, and approach a local government for additional ideas about how that could be done. The community members would run their meetings, and the government staff member would come to them when invited. If asked, the government partner might be invited to locate project funding for the work, but that funding would be sought and given with no expectations or requirements to advance what they believe will work best for them.

By definition RSHIF is not community driven. A community-driven project would include Black, Indigenous, and other People of Color experiencing homelessness, or BIPOC who have lived experience with homelessness, identifying that people in their community with serious health issues needed support. They would then work together to understand what could work for those community members.

Figure 7: Community Initiated/Driven

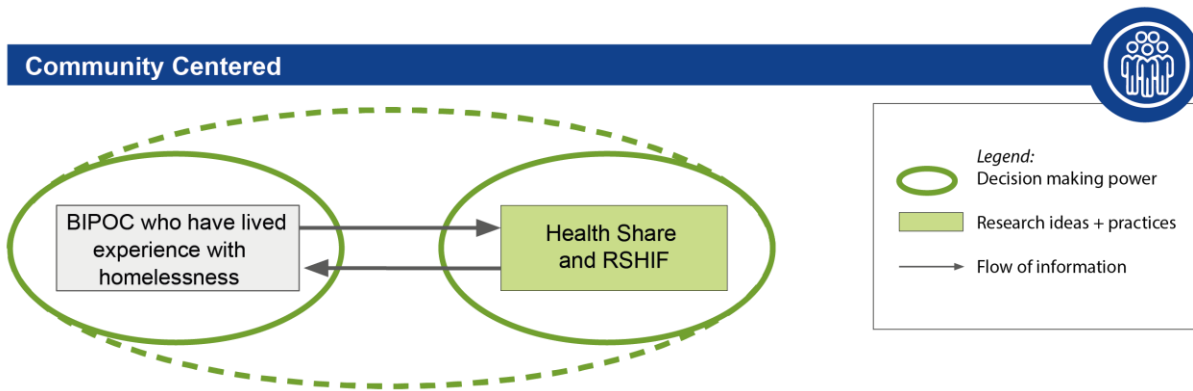


COMMUNITY CENTERED

Community-centered work is initiated by people outside the community (it may also be a joint idea). When the convener is not part of the community, as is the case with historically White institutions such as Health Share and early RSHIF partners, the convener(s) and funders must undertake significant work to assess themselves and commit to being honest and transparent about their intentions, commitment, and willingness to change their practices. Community-centered processes require power sharing, resource reallocation/distribution, stated commitments by the convener and funders, willingness to disrupt conventional White supremacist structures, dedication to following the lead of Black, Indigenous, and other People of Color and culturally specific organizations, and self-sacrifice of institutional gain for the benefit of community members.

For instance, in RSHIF, Health Share will need to determine who can make decisions over which administrative data sets to obtain, analyze, and match. Health Share should also consider whether they are willing to not collect or match administrative data sets. In community-centered research, no data should be collected without the consent of all participants. The first discussion would be to determine what data are available, where they come from, why they were collected, how they have been used, who has access to them, what levels of disaggregation on race and housing status are available, and any negative usage of the data on its own, through matching, or in other places around the country. The group would deliberate about these data and decide how to proceed.

Figure 8: Community Centered

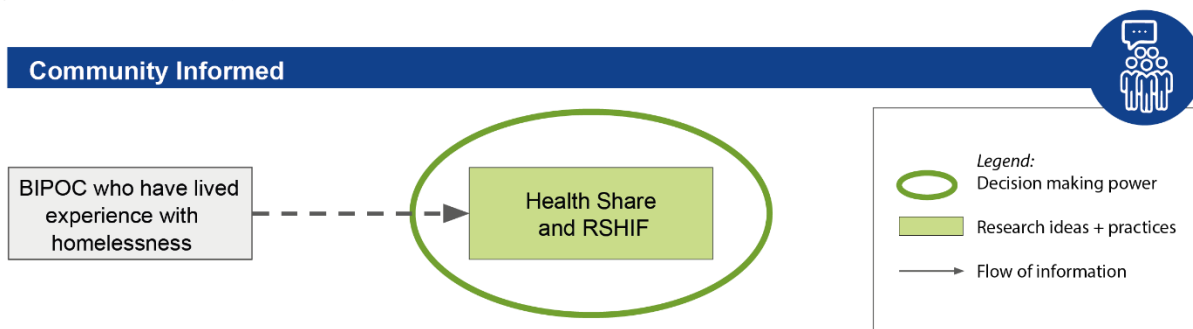


COMMUNITY INFORMED

Done well, community-informed processes run by White- dominant organizations prioritize recruitment and inclusive participation of Black, Indigenous, and other People of Color or people who have lived experience with homelessness. Convening organizations set up inclusive processes where people are asked what they want and need to feel included and be heard during a process. Convening organizations and other people or organizations in power commit to thorough listening, but in the end hold the decision-making authority, and may consider Black, Indigenous, and other People of Color and people who have lived experience with homelessness as part of several voices and perspectives that should be taken into account. There may or may not be racially equitable policy outcomes.

These types of processes are common in the Portland metropolitan area. In a community-informed research project, the program designer and evaluator might have an idea about how to implement permanent supportive housing in a way that speaks to the needs of Black, Indigenous, and other People of Color based on their previous work. They would work with their own colleagues and focus on collecting initial input from other (likely White) researchers, evaluators, and program implementers. They would then collect data from possible program participants through things like focus groups and interviews or surveys. A good team would then report out to participants what they are proposing and take additional feedback. Unfortunately, community-informed practices can and have been employed by top-down governing bodies or evaluators to make it appear as if community wisdom informs a project when it does not. The intention of community-informed research is just that, for the community to inform the work being done, but in practice this is not always the impact.

Figure 9: Community Informed



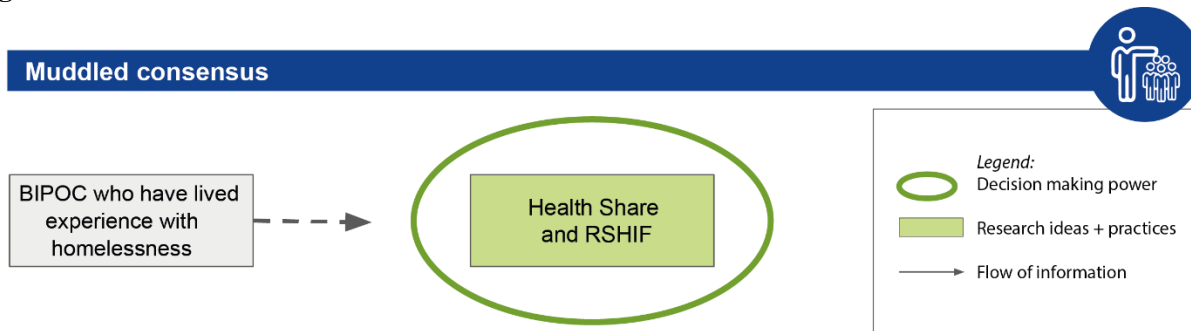
MUDDLED CONSENSUS

In many public engagement processes or governance work, people may spend a lot of time confused. They may be confused about their role, charge, expectations, or even what they want out of the work they are doing. Yet participants will often indicate they agree with the direction of where something is going or vote yes on something. This assumes that there is voting. Too often in these types of processes, people nod their heads in agreement and someone else says they have reached “consensus.”

In Portland, processes and governance structures that exist in this space are sometimes described as being “Portland nice.” Portland nice refers to the avoidance of direct conflict or disagreement that is common for many Portlanders.⁵

Research projects that have a lack of clarity would normally be stopped for not having research questions or quality research design. But when evaluation work intersects with a space of muddled consensus, we end up with research projects that become ineffective at best and harmful at worst. Community-driven research projects certainly have points of confusion, and the acts of discovery, joint fact finding, or interpretation can feel muddled. The difference here is that in community-driven research this exploration phase is a deliberate part of the research design. In muddled-consensus community-research projects, the reasons for the confusion are not known and people do not know where they are in a research project, or even if there is a shared research project.

Figure 10: Muddled Consensus

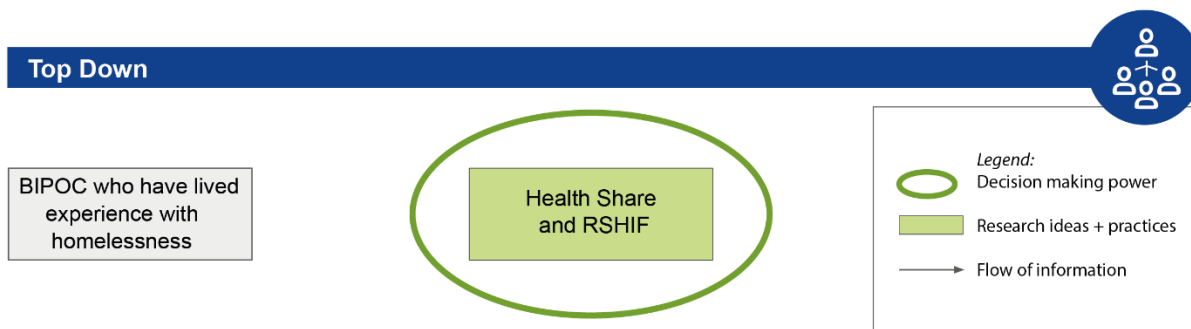


⁵ For more on “Portland nice,” see Bragg, R. (2012, February 24). The Limits of Nice. *Portland Monthly*. <https://www.pdxmonthly.com/editors-note/2012/02/editors-note-march-2012>

TOP DOWN

In top-down processes, a person, persons, or organizations in positions of power would come up with an idea, fundraise for it, and implement with little to no direct input or participation from people most impacted by the identified problem or solution. For instance, if Black, Indigenous, and other People of Color who have lived experience with homelessness were asked what they thought Health Share could do to most significantly impact their lives, they may not say supportive housing funding. In terms of meeting spaces, the most common examples include using Robert’s Rules of Order (especially with no discussion about doing so or dissemination of the rules), and the conventional local government public hearing.

Figure 11: Top Down



II.b. Identifying Your Work

People and organizations from dominant positions feel good when they believe their work is community initiated/driven or community-centered. As previously discussed, when a White-dominant organization or person from outside a given community identifies the problem to be solved, the likely solutions, or defines what success looks like or how it should be measured, that work is not community driven. Community-centered work is something that outside people may strive to accomplish; however, too often people want to claim centeredness when their work is really community informed, muddled consensus, or even top down.

There is not one specific feature that puts a community-centered or informed structure or process into one category or another. Rather it is a series of several things. The more consent and agreement you seek with Black, Indigenous, and other People of Color who have lived experience with homelessness along with the more power sharing – especially decision making, the closer you are to community centeredness, even if some of your practices fall into a community informed categorization. Some groups may choose to adopt some practices that are even usually considered top-down actions. For instance, an RSHIF research and evaluation group might decide to use administrative data. These data are designed and collected in a top-down manner. However, the group has collectively determined whether, why, and how they can use the data to achieve mutually agreed-upon goals.

II.c. Assessing Values

To help identify where you fall and where you want to be on the process and governance spectrum when working on racial equity and in homelessness, we suggest starting with an assessment of your values. Values are the foundation of an individual's or organization's stated principles, which in turn should drive goals. They may look different from organization to organization. Part of multi-stakeholder work involves identifying those differences and similarities in values, principles and goals.

The values listed below are not the full extent of values needed to achieve meaningful and just multi-stakeholder processes or governance structures. Rather, they are central to the goal of centering on Black, Indigenous, and other People of Color who have experienced or are experiencing homelessness. Your organization may still run a multi-stakeholder process without these values; however, it will be hard-pressed to do the kind of work that leads it to say it is centering on Black, Indigenous, and other People of Color who have lived experience with homelessness.

PEOPLE FIRST VALUES

People should be valued first – both the people working at the organization, and the people with whom the organization works or serves. The convening organization should determine whether or how they hold these values. If multiple groups are convening an activity, they should also do this work. For the values listed below, do you and your organization believe that:

Black, Indigenous, and other People of Color (BIPOC)

have unique histories and legacies in the U.S., and those histories were deeply impacted by racism. Today's work is about addressing the legacies of racism and celebrating the knowledge, understanding, and beauty of Black, Indigenous, and other People of Color by standing aside so that they have power in your work to make decisions, form research, and redistribute financial resources. Do you understand and accept the foundational role of racism in forming the U.S. in general, and understand how racism matters and manifests within different Portland communities of color? How do you make sense of anti-Blackness and anti-Indigeneity in your work?

People and Relationships

matter most to you, and you hold their lives and stories at the center of all you do. Black, Indigenous, and other People of Color and people who have lived experience with homelessness experience dehumanization across time and place. Do you know how to hold them at the core of your work, acknowledging that whatever is decided impacts them more than most people at the convening organization? When you want to work or partner with someone, you are building a relationship with another human being. Are you prepared to cultivate that relationship, and is your organization prepared?

People Who Are Most Impacted by a Program or Policy

should play a central role in the creation and implementation of the program or policy. Do you genuinely believe that everyone has something to teach and learn, and have you developed the necessary humility to demonstrate that?

VALUE COMMITMENTS

If the above values are not central to you or your organization, you and your organization will be challenged to co-create activities that meet the needs or reflect the needs of Black, Indigenous, and other People of Color. That does not mean you and your organization cannot do racially-informed or guided work or have effective partnerships with Black, Indigenous, and other People of Color and organizations that serve BIPOC. Below are value commitments you and your organization can make and actions that demonstrate where you or your organization are at. These assessments are central to demonstrating how you and your organization respect BIPOC who have lived experience with homelessness, Black, Indigenous, and other People of Color, and people who have experienced or are experiencing homelessness.

Be Accountable and Transparent

These related commitments are considered foundational to good government and nonprofit management. They take on additional importance when working with Black, Indigenous, and other People of Color who have lived experience with homelessness. Being clear about where you are in terms of values, commitments, and abilities is central to relationship development and trust building with Black, Indigenous, and other People of Color.

Accountability means that you are taking clear actions to regularly and critically examine how your values, commitments, and abilities are upheld. Being accountable, transparent, and honest will help build a relationship, but more will be necessary to be able to claim that you are centering on Black, Indigenous, and other People of Color who have lived experience with homelessness in your process or governance structure.

Advance Racial Equity

This includes organizational and individual staff member commitments to advancing equity for Black, Indigenous, and other People of Color. The application of a racial equity lens or use of racial equity assessments serve as one part of this work. However, organizations and the people who run them should also ask if they will hold the organization accountable for racial equity work and identify a plan on how to do that, and if they are committed to leveraging relationships and outcomes to advocate for racial justice. What do our stated values and commitment to racial equity actually look like in practice? Take responsibility for learning about how communities have been researched, and what kind of research they have been working on. Can we honestly communicate where we are at in that work? What does it mean to be a historically White institution that has typically worked with similar organizations? How do I

work with Black, Indigenous, and other People of Color and BIPOC-led organizations to demonstrate to them that I am trying to do the work?

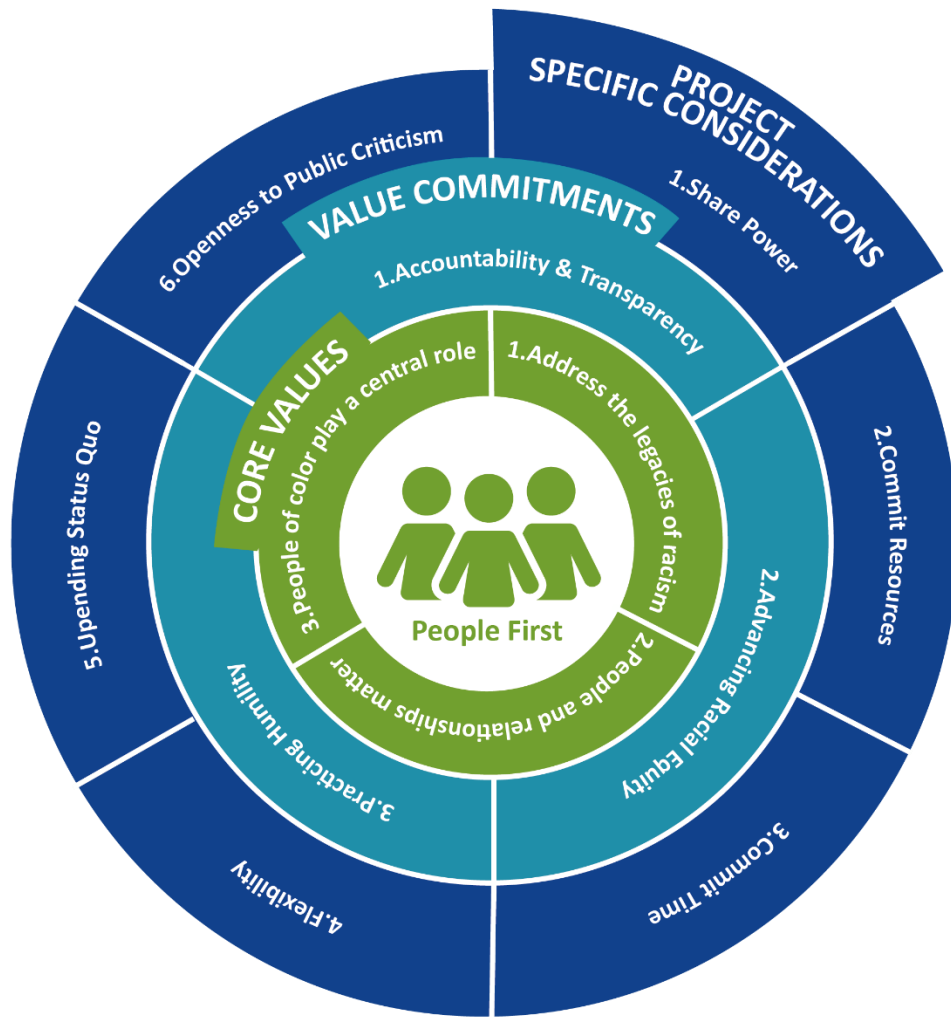
Practice Humility

Organizations doing work that centers on Black, Indigenous, and other People of Color who have lived experience with homelessness will have to acknowledge that conventional, as well as many progressive, practices in governance and research are narrowly conceived through a White culture lens. There are many ways to perform governance and conduct research. Organizations should practice humility in their partnerships with Black, Indigenous, and other People of Color and people who have lived experience with homelessness, which means reflecting on and identifying the limitations of their own organizational norms and experiences. Practicing humility also means that organizations significantly value and prioritize the different forms of knowing and experience rooted in the cultures of Black, Indigenous, and other People of Color. Practicing humility is not just about feeling humbled, it is about making an effort to demonstrate that you value and are interested in the knowledge being produced by Black, Indigenous, and other People of Color, and by BIPOC who have lived experience with homelessness.

Identifying your approach to process and governance and assessing your commitments to racial equity and inclusive participatory work, people first values, and other racially-informed values will determine the kind of work you have ahead. They should be processed slowly and thoughtfully. They will reveal where you are at today and where you need to go to achieve a racially-equitable and community centered approach. The next section will describe how to further demonstrate your commitments to racial-equity and community-centeredness to Black, Indigenous, and other People of Color who have lived experience with homelessness through the practices adopted and actions taken in multi-stakeholder process and governance.

Figure 12: Values and Value Commitments

What **values** and **value commitments** should organizations hold when working with Black, Indigenous, and other People of Color who have experience with homelessness?
What do they look like as Health Share and RSHIF move forward?



Part III – Community Centered and Racially Equitable Process and Governance Qualities

In this section, we describe how to work with stakeholders to design, run, and manage a process to develop an evaluation framework and governance group. Between interviewees, published literature, and our experiences, there are long lists of “best practices” for conducting community-centered research, participatory processes, and collaborative governance. We focus on practices and actions that demonstrate the commitments that must be addressed to ensure that Black, Indigenous, and other People of Color (BIPOC) who have lived experience with homelessness are at the center of the work, particularly those with whom we spoke during this research project.

We describe these demonstrative activities as practices and actions, where practices are ways of doing things (i.e., business as usual) and actions are discrete tasks. Participatory research, processes, and governance are messy and iterative, and a single value or practice might have different meaning at a different point in time or context. Practices and their related actions may apply to any stage of the evaluation and governance process when and where they feel relevant, and therefore should be referred to in an ongoing manner.

III.a. Actions that Demonstrate Commitment to BIPOC and People Who Have Lived Experience with Homelessness

LOCATE POWER

Health Share is a historically White institution that is comfortable with wielding power in terms of funding and influence in health systems. There are a range of other organizations and community groups that do not share that position, such as many culturally-specific organizations. This section discusses how power is located and how power can be reallocated through community-initiated and community-centered processes, and through racially-equitable and community-centered representation.

Identify Power

Power can be identified by who names the problem to be solved. Community-initiated projects are those that are identified by, designed by, and led by members of the given community. Power is held among the community. Should that community decide to invite other groups to the table, they would determine when and how to share their power.

Stakeholders’ stories illustrated imbalanced power relations in their experience across the Portland metropolitan region, a narrative that indicates that approaches are not commonly community-initiated. They found that the group determining which problems need to be solved and how to solve them is usually the group with power, and that group is not usually from the

community being impacted. In these cases, stakeholders emphasized how important it is for convening organizations to acknowledge and value the knowledge gained through lived experience with homelessness, especially experiences unknowable by those who are used to having privilege and power. The underlying belief is that those who are most impacted have the solutions, as stakeholders explain:

“We all have something to share and, for me, a strong belief that communities most impacted hold the solutions. Nobody else needs to come into communities and tell anybody what to do or even offer a solution...unless asked.”

“Trust community enough and... believe in an equitable community-centered process enough to know that the people most impacted can make the best decisions about where the money is going.”

As RSHIF is already not community-initiated, its best possible practice to engage with impacted community members would be described as community-centered. Stakeholders discussed community-centered practices wherein those being impacted by the problems named or decisions made during a process are the same who set priorities, determine strategies, define measures of success, and have control over how evaluation and decision-making proceeds, as well as have decision-making power. In such practices authority is co-held with the convening organization. Measures of success prioritize those most impacted by evaluation. Goals and solutions are identified as a group made of conveners, community members, and other stakeholders. Community members do not have an advisory role, but rather one with the power to direct, question, and halt processes where impacts divert from intentions.

Representing Black, Indigenous, and other People of Color’s interests

A shift in power can be accomplished by changing who sits at the table.⁶ Stakeholders insisted that Black, Indigenous, and other People of Color be engaged to represent the various interests and values that community members have as stakeholders invested in the outcomes of RSHIF. Stakeholders also expressed a need for Black, Indigenous, and other People of Color, people who have lived experience with homelessness, and BIPOC who have lived experience with homelessness to be represented in every aspect of RSHIF:

⁶ Note that the common “table” reference in participatory decision-making or community engagement is usually held by and created by a historically White institution usually. In this case, Health Share and historic RSHIF partners decided to hold a dinner party, decided on the location, identified the kind of table, chairs, and plates and silverware they will use, food to serve, and will control all the many, many unexplained social rules that govern how to eat together at a stranger’s home who holds a position of power. We use the table metaphor deliberately, not to reinforce the perceived democratic nature or relationship building that can come with breaking bread together, but rather to emphasize who is in control and power when hosting a meal.

“if you want transformative – I'm not talking about reform, I'm talking about transformative anything – then you cannot have the same people at the table for more than, I don't know, three, four, five years.”

“One thing I do think about, though, is participation and representation of people's lived experience. Obviously, that has to be front and center. I think a really big thing that I see a lack of is representation, not just of BIPOC, but Black and Indigenous folks. I think that's where a lot of the gap is and that should be pushed really far.”

Stakeholders suggested that recruitment focus on skills and knowledge, which can give priority to those with a variety of distinct and valuable lived experiences. Recruitment based on credentials tends to result in predominantly White recruitment.

It is common that funders or health systems partners not only expect a seat at the table in homelessness work, but a controlling seat at the head of the table. Stakeholders found that the dynamic of having funders and community members at the same table can have negative impacts on the process and outcomes, as one stakeholder explains:

“We know what happens, right? When health systems partners get a seat at, or many seats at a table with community members, there's a power dynamic that...if not mitigated for, can cause real harm.”

Stakeholders noted that when Black, Indigenous, and other People of Color community members are engaged it often serves to “check a box” for diversity. They insisted that recruitment be based on representation of the various interests and values held by community members of color who are stakeholders invested in the outcomes of RSHIF. If representation is meant to shift or address power – even if the convenor practices inclusive engagement activities – specific attention will need to be paid to how power is located and shared. Without addressing power imbalances, people can feel respected and heard and yet see nothing change in outcomes or practices.

Sharing Power as Conveners

Decision-making power and agenda setting are key places where power is located and held, and so these are areas in which conveners can redistribute or share power. Stakeholders said that the convenor (Health Share) is responsible for defining whether a project will be community-initiated, community-centered, or otherwise. Health Share should also clearly name the limitations or constraints shaping the involvement of community members whenever they engage with them. Health Share will find that Black, Indigenous, and other People of Color and people who have lived experience with homelessness may still choose to participate. Being honest about what you can or cannot do is an essential foundational step.

In addition to decision-making, a primary means of sharing power is redistributing money. In White-dominant spaces we describe that as sharing resources. While funding was expressed as fundamental to sharing resources, stakeholders emphasized how this sharing could be accomplished by partnering with more culturally-specific organizations, especially those organizations beyond the most frequently turned to.

“There are a lot of organizations that are much more connected to the ground of specific communities, that are left out of our dominant BIPOC cultural sphere that we occupy. When I think about those grassroots orgs, ‘We spent a year on this project and we have been so thoughtful and considerate throughout all of it to build this.’ And then, now here comes all this money, and all this publicity, and all this other PR around addressing homelessness strategy that doesn't consider all this work. There's immediate tension.”

The unevenness in funding distribution among culturally-specific organizations was identified as a long-held prioritization of historically White institutions within the Portland area:

“But that's how it has played out. And our bigger organizations...that were built by the City of Portland or built by our government agencies with all of the dollars in infrastructure, they built dominant culture organizations in a way that they haven't for culturally-specific.”

In addition to decision-making and funding, stakeholders added that efforts for resource redistribution should focus on information sharing. Stakeholders suggest that RSHIF widely share the findings and products of their efforts in racially-equitable and community-centered practices to promote best practices in racial equity across other White-dominant culture institutions.

Summary of Actions

Locating power is a commitment to identifying who is in a position of power, whether earned or not, and strategizing about how that power can be reallocated. Actions that prove that this reallocation of power is happening include placing Black, Indigenous, and other People of Color who have lived experience with homelessness in positions of power within the project and co-producing work, as well as recruiting representatives who are BIPOC and people who have lived experience with homelessness to replace seats often taken by historically White institutions. Recruitments should be based on the unique skills, knowledge, interests, and values that Black, Indigenous, and other People of Color, people who have lived experience with homelessness, and BIPOC who have lived experience with homelessness bring to the work, which is not always conveyed through credentials alone. Conveners and those in governing roles need to believe that Black, Indigenous, and other People of Color who have lived experience with homelessness can and will develop, strategize, and implement projects without

the influence of White-dominant culture perspectives. Conveners with access to funds have an additional responsibility in redistributing wealth to a wider range of culturally-specific providers and provider organizations that are led by Black, Indigenous, and other People of Color. Lessons learned and guiding practices generated from racially-equitable and community-centered research that prove to be beneficial to Black, Indigenous, and other People of Color should be promoted among other White-dominant culture organizations.

ENGAGE AUTHENTICALLY

Engaging authentically must guide the conveners' work. While people might imagine authentic engagement as practices of careful listening and reflection, stakeholders suggested a different set of practices to create safe spaces for Black, Indigenous, and other People of Color and people who have lived experience with homelessness. There are real barriers to engaging in community-centered and racially-equitable work in an authentic way that are not just overcome by listening. Multi-stakeholder collaborative work will have to remove these barriers to create engagements in which each member can feel supported in fully expressing themselves. This section addresses barriers to engagement, including doing no harm, acknowledging distrust, inviting difference, and process and meeting structures.

Do No Harm

Stakeholders suggested that spaces where engagement felt most authentic were those in which harms were named. Microaggressions, implicit bias, and other forms of covert racism, in addition to overt racism, are leading examples of the kinds of harm that are barriers to authentic engagement for Black, Indigenous, and other People of Color. These actions are harmful, stressful, and can be traumatic. Stakeholders suggested that such actions should be discussed at the commencement of governing processes, and that they be not allowed and otherwise stopped within any space RSHIF holds. Some of the stakeholders we spoke with shared how this approach informs their daily operations:

“Our number one goal is that when you walk through these doors, you've probably been traumatized or treated poorly by every other agency that you work with – even if it wasn't intentional, it was a microaggression, it was some talk about your haircut or something stupid. Right? There's something, but here, that should stop.”

Stakeholders shared examples of harms and some possible tactics to disrupt them. For instance, there is an expectation that Black, Indigenous, and other People of Color teach White people about racial equity, to which stakeholders found it is helpful for White group members to engage in dialogue around White privilege and to work through how to be an ally to BIPOC. Other stakeholders discussed the need for permission to be asked before discussing painful events or even entering personal space, spaces often imposed upon without consent. They suggested that consent also be clearly and consistently requested at any time information is

being used, recorded, or shared. One stakeholder shared a positive reflection on the act of asking for consent:

“But what I have noticed more specifically with the homeless Black men, it has really, really uplifted them and transgender population. Just by asking them every single step of the way, ‘Do I have your consent to even be in your space?’”

These actions represent what stakeholders spoke of as being trauma-informed, where mechanisms are put in place to disrupt further harm for all group members.

Additional harms may occur when White-dominant groups are uncomfortable with emotional expressions or disagreements. In instances in which members choose to share information in emotional or passionate ways, stakeholders suggested that such expressions be given space to be listened to without responses of defensiveness, saviorism, or attempt to match or supersede the experiences being related. Superficial statements to acknowledge but move past the substance of stories is also not appropriate. Instead, stakeholders suggested that members who are listening prove that these expressions are heard by taking actions that respond to and align with what they heard. When group discussions lead to disagreements, stakeholders advised that groups have a plan in place for mediation. Disagreement or conflict should be expected in multi-stakeholder processes, and mediation plans should include some process for appeal to decisions that can harm, either immediately or later in the process.

Stakeholders suggested that members should care for and take care of one another. For a racially-equitable and community-centered approach that care means actively creating an environment in which Black, Indigenous, and other People of Color who have lived experience with homelessness feel safe from harm, supported, and valued. At the heart of these actions is the belief that people’s past and present lives may be impacted by stress or violence, and that those experiences do not disappear because they are working on a multi-stakeholder project. Work with people as complete humans with many life experiences and expertise.

Naming Distrust

Histories of extraction, violence, and abuse have led to a distrust of working with historically White institutions. Black, Indigenous, and other People of Color experience dehumanization in the context of race across systems of healthcare, homelessness services, community engagement activities, and other spaces of care. For example, stakeholders shared stories of Black clients being labeled as “dangerous,” and of Black people being removed from supportive care after being upset or lashing out. Stakeholders also discussed how Black people are screened out of supportive care for being “too violent” or “too difficult,” and how Black, Indigenous, and other People of Color with complex needs are the last to be selected for programs. Particular organizations, and to a lesser extent people tied to particular

organizations, were explicitly discussed in these stories. These experiences shape the expectations Black, Indigenous, and other People of Color may hold for collaborative spaces and inform how community members trust or distrust environments that may be framed as “safe” or otherwise caring for their needs. These stakeholders share how difficult it is for practitioners to establish and maintain trust with clients who are Black, Indigenous, and other People of Color within the health care systems across the Portland metropolitan region:

“So, it can be a challenge that you're creating this microcosm of experience for somebody that centers their race and really talks about their experience, and their treatment, and their health and wellbeing from a place that is not how they experience anything else. And so, you constantly have to rebuild trust and try and find spaces of hope and intervention points with other service providers that they intersect with.”

“So much of this work requires trust and building relationship. So, if I already have a relationship with three other people, and then here comes [an organization] or someone else, I'm like – I don't know if I trust that, if I believe that.”

While an intention to be considerate of the feelings of group members is a start, trust needs to be consistently rebuilt in every space and should not be expected outright. There is evidence of overlap in experiences of stakeholders that cause some organizations in the region to not be trusted. With these groups, stakeholders suggest that the process of building trust begin with reparative work. Time to build trusting relationships or to repair relationships needs to be built into evaluation design. For many Black, Indigenous, and other People of Color, trust and productive relationship development does not necessarily mean becoming friends. The kinds of relationships stakeholders discussed were characterized by forthrightness, support in racial equity, and accountability.

Inviting Difference

Stakeholders found that they can tell when a space is welcoming to their authentic contributions. One stakeholder suggested that the feeling is like a sense of belonging:

“The reason why I stayed out there is, I was thinking, ‘Oh, I don't belong...this is a whole different world.’ But it's the same shit in these rooms that was going on in the streets, it's just called something different.”

Black, Indigenous, and other People of Color or BIPOC who have lived experience with homelessness should not be asked to assimilate to White cultural norms or limit their contributions in any way. And yet, stakeholders shared that spaces where authentic contributions from Black, Indigenous, and other People of Color and BIPOC who have lived experience with homelessness feel welcomed are rare in the Portland metropolitan region:

RSHIF Equitable Evaluation Framework and Governance Recommendations

“There really aren't any safer spaces for people of color across the board, other than these mainstream multi-service providers...that we know about, for us to really talk openly about the good, bad, and ugly.”

Developing these spaces from within an organization is ongoing work for Black, Indigenous, and other People of Color:

“There is a lot of pushing back from us, as workers of color, to just question what they're saying, and creating an environment where we feel comfortable and allowed to push back and stuff, in interactions that are problematic for us.”

Stakeholders shared that spaces that felt welcoming were notably proactive toward equity, acknowledged that different racial groups bring different cultures to research and engagement.

Stakeholders found that one strategy to making Black, Indigenous, and other People of Color and BIPOC who have lived experience with homelessness feel welcomed was to meet people where they are at. Going to where the community members are, literally where they are located, entering their homes, accepting their offers of drinks or food, is important in building that trust that can bring about authentic engagement. Stakeholders noted that seeing people that they could identify with was an important factor in this strategy as well:

“And how do you do that? By putting familiar faces out in the front line. Unfortunately, that's the way our world is. And so when people see someone that looks like them or may speak like them, right there, there's an immediate connection.”

“I think also just the relief that a person feels, it's almost the client that's more relieved. Like, ‘Oh, thank goodness it's a Black person because you understand me, because you're coming from a place of understanding instead of, I can't be my full self.’ That...happens so much.”

These stories suggest that diverse racial representation among multi-stakeholder engagements is critical to bridging differences between organizational and community cultures.

Stakeholders advised that every person working with RSHIF should walk away from the engagement feeling welcomed, heard, and deeply served. Members should be respected for their knowledge, skill, and expertise, which will be expressed in a range of styles. Stakeholders suggested that a sign of success for authentic engagement could be that members are likely to recommend working with RSHIF to others or are willing, themselves, to work with RSHIF again.

Designing Process and Meeting Structure

Beyond the dynamics of harm and distrust, stakeholders suggested that certain structures are necessary to guide group work. The assumption that each group member is familiar with collaborative processes cannot hold. Community-centered and racially equitable approaches require a consistent and group-developed practices to structure processes.

Stakeholders found that flexibility needs to be valued when setting timeline expectations and agendas. They suggested that frequent reminders about upcoming meetings, events, and deadlines were important, as is receiving information with ample lead time for processing. In addition, proactively providing interpretation and translation at all meetings and of materials is critical, so that each member has access to the same information. One stakeholder shared their experience where these strategies were not in place:

“And the couple of times when the county has called us and they have said, ‘Bring your clients,’ and we have brought an army of clients, and they have been there, and they have provided. First, there's no one there to even take notes, like a note taker for Spanish speakers...”

Stakeholders suggested that interpretation and translation of materials need to be part of information sharing strategies, not an afterthought.

Flexibility in timeframes and agendas, frequent communications to remind and share information, and making information available across a variety of languages and accessibility needs goes against the norms of White supremacy culture where a universal expectation of behavior and ability is assumed. Instead, these values and actions open possibilities for deeper understandings of materials, of the problem and possible solutions, and of one another.

Summary of Actions

Removing barriers to authentic engagement should be a key concern among members of multi-stakeholder collaboratives. Convening a group of skilled individuals in highly resourced processes does not guarantee a safe space. Care, time, and energy must be spent on identifying and acting on what would make Black, Indigenous, and other People of Color who have lived experience with homelessness feel able to engage authentically. For Black, Indigenous, and other People of Color who have lived experience with homelessness to feel that they can bring their truth to collaborative spaces, clear actions must be taken to intervene in covert and overt racism, such as developing White affinity groups to process White privilege and racism, and naming and being accountable to harms done and erosion of trust. Collaboratives should proactively discuss racial equity, and acknowledge the unique contribution that each racial and cultural group brings to research and engagement, as one approach does not fit all.

To actively build trust, ask for consent to engage and make clear how each person is being asked to engage. Meet people where they are at, metaphorically and physically. Build extended periods of time into governance and evaluation frameworks, allowing the group to digest information individually and together, and granting flexibility to the process. Processes should be based on thoughtful consideration of settings, behaviors, and procedures that make it possible for Black, Indigenous, and other People of Color who have lived experience with homelessness, as well as other intersectional identities across the group, to feel heard. For instance, co-creating procedures and group expectations and revisiting and adjusting those procedures and expectations to better center Black, Indigenous, and other People of Color who have lived experience with homelessness throughout the evaluation.

IDENTIFY AND INTERROGATE NORMS AND ASSUMPTIONS.

Examples of work that successfully applies a racially-equitable and community-centered approach is hard to find. Given this fact, a change in the usual way of doing things is needed. Stakeholders offered advice on how to go about interrogating norms and assumptions that underlie the usual approaches to collaboration. This section considers organizational as well as research methods used by Black, Indigenous, and other People of Color, and data collection and use generally, with a specific lens on questioning and interrupting systems of oppression in everyday work.

Committing to Racial Equity as an Organization

White privilege and racism frame the contexts and practices that historically White institutions might regard as “the usual.” To question the usual ways of doing things is to consider how comfortable modes of operation perpetuate or reproduce systems that harm Black, Indigenous, and other People of Color. Stakeholders asked that convening institutions such as Health Share take actions to assess their internal organizational commitment to racial equity, be able to visibly demonstrate their commitment to doing things differently. Stakeholders suggested that Health Share should be comfortable with being honest and transparent about what they are trying to do and their relationship to the work itself, including being able to articulate how your own research and evaluation, participation, and governance models reflect Whiteness and White dominance. Stakeholders also expected assessments of organizational commitment to racial equity and communications publicly stating racial equity commitments of the RSHIF partners and evaluation team, adding that Health Share takes responsibility for assessing, educating, and training RSHIF partners on racism and racial equity in a way that is proactive and not reactive. One stakeholder shared why honesty, transparency, and assessment are important for racial equity:

“If you can get some of these big decision makers and leaders in hospitals and health systems to engage in conversations about how White supremacy culture shows up and allows people to make decisions that negatively impact communities of color, then hopefully they would be in other spaces where they would make similar decisions.”

Other stakeholders found that action is really where organizations can prove their commitment to racial equity:

“But what I found is that those individuals [managers of a culturally-specific organization], whether they were highly educated or not – but being Caucasian and being in those leadership positions, even though they say they supported racial equity – that they were all about serving the community was a lie. And I'll tell you why it's a lie: Because like I said before, a person could say all they want, but really the proof is in what they do.”

Because action is so important to racial equity work, stakeholders advised pairing commitments with mechanisms for accountability to support the work of interrogating how systems of oppression operate organizationally. These mechanisms could include a scheduled and ongoing critical self-reflection about individual beliefs and assumptions, an activity that is expected with each decision RSHIF partners and Health Share make. Stakeholders also suggested frequent and interactive feedback periods that ask qualitative questions about experiences and invite questions to the usual way of doing things, as one stakeholder explains:

“I think it's important for a racial equity lens, and to get that feedback, that you have people's input. So, making sure that you're including people of color in that feedback process, in either the design of the survey, the evaluation – all steps – I think is important.”

Feedback could be obtained through one-on-one interviews about experiences with the process of evaluation and governance of evaluation as pertains to racial equity, or could be collected through group discussions or surveys. Reviewing results as a team and strategizing how to adjust practices and actions that respond to the feedback will make the feedback period meaningful; the information provided from feedback should be addressed directly and fully while protecting anonymity of feedback participants. Stakeholders advised that accountability exercises such as assessment of racial equity, critical reflection, and frequent rounds of feedback should be revisited over long periods of time and be used as evidence to hold Health Share accountable to their commitments.

Become Familiar with Research Experiences and Practices of Black, Indigenous, and other People of Color

The idea of research and evaluation can evoke pain and distrust among Black, Indigenous, and other People of Color because practices rooted in Whiteness have used BIPOC in abusive and unethical ways to advance research. Stakeholders shared how such evaluation has been a tool of extraction, including the theft and colonization of technologies originating from Black, Indigenous, and other People of Color, and how that legacy impacts their associations with evaluation today:

“Historically, there's either the literal stealing of information of inventions, of technology, whatever. Literally, we're going to take your idea and repackage it as our own. I think about doulas and how, first you're told you can't practice this because you're not certified. Then we're going to repackage it and sell it to you, so that you can become a doula a hundred years later, when we started it in the beginning. And it probably started with somebody saying, 'Hey, tell me about your program. I want to evaluate this.' We really have to hold our things to our chest. We can't share them. But then we know that's a disservice to people who may not have access to our specific program, when we could remodel, remake some of the ways that we're replicating our programs, but then how do we do that without feeling like we packaged it and gave it away.”

Stakeholders advised that the RSHIF evaluation team be critically aware of these histories and use caution and care in their practices and actions to not reproduce these harms. This awareness extends to assessing which tools to use, as well as during any interaction with evaluation participants, as one stakeholder explains:

“I would say having there be a certain amount of healthy skepticism about what tools we're using, how we design programs, what the user experience may be, what they're telling you about their experience versus what's actually happening, or maybe where their goals for participation are different from yours, and being respectful of that.”

Black, Indigenous, and other People of Color and BIPOC who have lived experience with homelessness are readily aware of the ways that research has exploited, extracted and otherwise harmed and continues to harm their communities. Historically White institutions should commit to understanding the ways that institutions and evaluation perpetuate systems of oppression, and devote energy and care into reconciling and repairing the harms they have inflicted.

Collecting and Using Data

Stakeholders raised concerns around the collection, analysis, and sharing of data, finding that there are areas where particular protections for Black, Indigenous, and other People of Color and communities of color are needed.

The kind of information collected is a significant area of concern. Stakeholders shared that questions asked of community members often require people to recount traumatic and painful experiences, which can be a barrier to engagement and service provision. Due to this, stakeholders found that evaluative questions and data points need to be thoughtfully selected and limited only to those that are necessary, as one stakeholder details:

“I would not include questions like: do you owe anyone money for sex, have you committed a crime? Anything that's kind of incriminating, because who's going to admit on paper that they committed a crime? And that we make people do that just for housing, is gross. It's really ridiculous. And, people who have kids aren't going to admit to being homeless and in an unsafe situation and if they have their kids. So, I think this – Do you need housing? How long have you been homeless? Do you have medical issues that we should know about? Like, the basics and not those – ‘Tell me your most horrible soul bearing things that you've done to survive in order to get housing. Prove how much you need us before we gave it to you.’”

Another stakeholder emphasized the need to prepare for and respond to each participant’s willingness to engage, which may change throughout the evaluation process and may depend on situational factors:

“When you try to collect information from someone who have dealt with trauma – generational trauma, domestic violence, racial inequity – then they want to unpack part of that trauma during the conversation...they might not be ready to engage in a conversation when you say “we're recording,” or they might feel overwhelmed when there are only women in a conversation and it is a man. I don't know, there are many options, right?”

Stakeholders suggested that metrics be reconceptualized to better inform racially-equitable and community-centered research, such as including metrics for a participant’s networks of community support, relationship building experiences, and sense of fulfillment (see Appendix A for a comprehensive list). Stakeholders also suggested that qualitative methods be used, such as storytelling and the intentionally political narrative of *testimonios*. Qualitative questions should emphasize understanding what community members feel is working and not working in their housing, service provision, and evaluation experiences.

Stakeholders also emphasized the importance of disaggregating data throughout evaluation design and implementation. Data disaggregation has a history of being used to target Black, Indigenous, and other People of Color for harm, but is also helpful in identifying disparities across social groups such as race, ethnicity, class, gender, and age. How data disaggregation is conceptualized and implemented will determine its impact, as one stakeholder discusses:

“Setting outcome measurements that we consistently review and are always looking at data disaggregated by race...is incredibly important, so that we identify where we are coming up short, particularly around disparities and is an important part of evaluating. But...if someone’s not successful in a program, that’s not a failing of that person who was unsuccessful, it's a failing of the program and the system set up to support the

person. And so, the questions of well, “why did that happen?” are where...historically, we don't have the level of investment in answering.”

Stakeholders warned that government and administrative datasets are skewed because of the data collection method used. They advised that these datasets be used with these biases in mind. For instance, data collection may have excluded certain groups, as one stakeholder explains:

“As you would imagine, the data from DHS was skewed against people that identified as Hispanic or Latinx. For obvious reasons, there was less representation, and we know that all communities of color are underrepresented in the census data as well.”

A thoughtful consideration of how data is being collected should accompany any use of pre-existing data sets, and serious attention should be paid to the modes of collection employed when developing new data sets. Stakeholders suggested that from collection to analysis, as well as to reporting stages, evaluators should ask who is omitted from the data set, what kind of data is necessary, and how that data could be used in the future to target or harm people.

Summary of Actions

Identifying and interrogating norms and assumptions is essential work in racial equity and community-centered approaches because it teaches those engaged how to practice personal, interpersonal, and institutional accountability. Black, Indigenous, and other People of Color and BIPOC who have lived experience with homelessness know when an organization is honestly working to confront White supremacy within their practices and structures and are readily aware of the ways that research has exploited, extracted, and otherwise harmed and continues to harm their communities. Undoing norms and assumptions requires understanding the ways that institutions and evaluation perpetuate systems of oppression, and devoting energy and care into reconciling and repairing the harms they have inflicted. These actions should include organizational assessments of racial equity, holding space for critical self-reflection regarding racial equity, and articulating how research and evaluation, participation, and governance models reflect Whiteness and White dominance. A feedback strategy should be developed by Black, Indigenous, and other People of Color who have lived experience with homelessness to invite critique of RSHIF in an ongoing manner from those being impacted by RSHIF.

Data collection practices should be thoughtfully and carefully crafted. Questions need to be selected after a consideration of the impacts of asking such a question across a range of identities and personal experiences, namely those of Black, Indigenous, and other People of Color who have lived experience with homelessness. Metrics should be developed with or by community members, and could also be informed by culturally-specific organizations. When using administrative data, be explicit about the biases embedded in the data throughout analysis and reporting. When disaggregating data by race, examine how that action could result

in harming Black, Indigenous, and other People of Color before moving forward. Use qualitative questioning to understand what is working and not working.

BE THOUGHTFUL AND HUMBLE

The evaluation that RSHIF chooses to undertake does not happen in a vacuum. Black, Indigenous, and other People of Color and BIPOC who have lived experience with homelessness have been and are already doing research. This section considers how evaluative bodies can situate their evaluation within the research already being done, and explores how practicing humility and transparency supports racially-equitable and community-centered research.

Situate the Work

A first step in contextualizing evaluation is to understand where it enters into the long line of research that preceded it. Traditional research approaches in White-dominant culture would focus on gaining an understanding of the existing research literature and doing a scan of reports produced by dominant organizations in the field. Stakeholders suggested that racially-equitable and community-centered research would focus in on the evaluations being performed by culturally-specific organizations to further situate your project and understand the dynamics of the communities you are engaging with:

“One way to do that is to have a good understanding of what's out there. White organizations and dominant organizations, they should know what other community organizations are doing. They should have environmental scans. That's one of the first things I would do, is make sure I know what all the organizations are doing, what their leadership is, what that looks like, what their strategies are, how long they've been doing it, who their partners are.”

Even more specifically, stakeholders suggested that RSHIF partners and evaluation teams become familiar with the work already being done by the communities their work will impact and who they will be working with. Stakeholders asked that RSHIF evaluation teams learn about the work that Black, Indigenous, and other People of Color who have lived experience with or who are currently experiencing homelessness have been and are doing.

“Acknowledge that you know something about what I've done and what I can do and what I know, because that is the other piece. Don't come to me for your answers without having any understanding of who I am and what we're doing. And I think communities are often put in that position, where it's, ‘hey, we have this thing for you,’ and you don't know anything about us and what we're doing. That is a problem.”

Knowing about the work being done by these groups is a basic practice of valuing the knowledge and interests of community partners. This practice also reduces the work that Black,

Indigenous, and other People of Color who have experienced or are experiencing homelessness are asked to do to bring mainstream organizations up to speed about community efforts.

Stakeholders added that environmental scans and literature review of established research also include an investigation into what research has been and is already being done within the targeted communities (research that is not being led by community or culturally-specific organizations). Understanding the experiences that communities have had with previous research can help evaluators avoid increasing the distrust that communities already have, and can point toward how to conduct evaluations in ways that support and benefit target groups, as one stakeholder explains:

“So, I think it will be much better to start from the past. What...some of the organizations have done, bringing the community together, what outcome came out of those kinds of meetings. And then...we'll be able to know: these things worked and these didn't work. Then you'd be able to have a better approach...because the community sometimes might be frustrated, or they don't want to participate based on the past.”

Stakeholders suggest that evaluators' awareness of past narratives, interventions, and relationships influences community members' willingness to engage and has impacts on dynamics between community members and institutions.

Practice Humility

Evaluators who do not identify with the communities being impacted by the work need to recognize the limits of their own knowledge and experience. When evaluators acknowledge their own limitations, they learn to respect and value the knowledge that community members bring to the evaluation. In this regard, stakeholders discussed a need for cultural humility, or reflecting on the origins of your own basis for knowledge as it relates to organizational status and personal identity. One stakeholder discussed how cultural humility can help evaluators identify how some ways of knowing are rooted in systemic racism:

“First and foremost, it's cultural humility and understanding that many of our systems of inequity are racially centered. So, I can't fully understand someone's experience and need to be both inquisitive and curious, and learn about what those impacts are. And then recognizing the systemic bias and implicit bias passed down, that is baked into many of our policies and decision-making processes, particularly when we're talking city, county, state, federal guidelines that shape someone's inability to access some of our services.”

Stakeholders also emphasized the unique perspectives of Black, Indigenous, and other People of Color who have lived experience with homelessness, finding that these perspectives are unknowable to funders or conveners who do not share these identities. Despite this fact,

stakeholders warned that White-dominant culture ways of knowing are often valued more than those of Black, Indigenous, and other People of Color, as one stakeholder explains:

“I think that it's “how to navigate the world and still get your needs met” types of skills that we miss. It's frankly this concept of...people's ability to budget, and what they're going to do, and all these other things, that tend to be how folks approach these services. I think it's a very White-dominant culture way of doing that. And Black folks, we know how to budget. We've been poor our whole lives, right?”

While there are many ways to achieve a goal, racially-equitable and community-centered work prioritizes the methods originating with Black, Indigenous, and other People of Color who have lived experience with homelessness. Stakeholders suggested specifically that evaluators take the time and energy to identify evaluation methods used by communities of Black, Indigenous, and other People of Color, including BIPOC who have lived experience with homelessness. For example, some stakeholders shared that rather than using data analysis programs, community groups will make hundreds of phone calls to check in on those in their network or neighborhood to understand what their community needs are. Stakeholders advised that these methods be favored over those most comfortable among historically White institutions:

“People need to recognize not only the importance of evaluation, but the importance of a particular type of evaluation that has non-dominant perspectives infused at every step of the way.”

Prioritizing non-dominant perspectives in all aspects of the evaluation (including data collection, analysis, and reporting) demonstrates the valuing of community member's expertise. One stakeholder explains how community members are researchers, whether they identify themselves that way or not:

“I know everything that's going on in my neighborhood and we work with them. Every week at the farmer's market, we meet and gather, and we have this data collection...and this focus group that we do, without calling it that or any of those things. And we know these things to be true, they're valid, they're real, they're data.”

Stakeholders suggest that listening to and taking direction from culturally-specific organizations is one way to forefront non-dominant research approaches. Evaluators could also trust and rely on the methods already being used among community groups.

Stakeholders also discussed the need for researchers to reflect on how implicit bias influences actions and behaviors. Stakeholders propose that reflection can aid in correcting the implicit biases that inform actions and decisions:

“I think there's just a lot of insidious bias and insidious racism, classism, ableism, in the work we do. I don't think it should just be those of us who have more proximity who are speaking up about it, but I get the impression it kind of is. It's hard. It's hard to mandate reflection and insight or something. I don't know, it's hard to do.”

“Looking at our own biases, because we all have our biases, and being willing to take a look at those and talk about them, and even seeking outside professional insight on how we can not only identify our biases that are unknown to us, but also to help go through or jump that hump and get to the other side.”

Historically White institutions need to reflect on and bring to light the limitations of research and evaluation rooted in Whiteness. Stakeholders found that embedding periods for reflection into evaluative design, both individually and as a group, can assist members in unpacking how actions impact people and how behaviors might be adjusted to create more racially-equitable and community-centered environments.

Be Transparent

Stakeholders repeatedly called for transparency in all aspects of evaluation, sharing stories of running into barriers to information that resulted in community members disengaging. Transparency means that constraints of the evaluation are made clear early on and are revisited often, so that expectations are set clearly for all parties involved, as stakeholders explain:

“Just acknowledging where you're at, being real, transparent about the limits and transparent about what work and homework you've done to meet community halfway.”

“You have to have a level of transparency to talk about what the challenges are going to be... there's often stopping and starting if there's additional assessment that's going on... Are we asking the right questions? Do we have to go back and do this study again? Were the right stakeholders involved? The community could be disillusioned sometimes quickly if they don't understand the process or the bickering or internal discussions between which methodologies should be used.”

Stakeholders shared many other examples of transparency, such as sharing meanings of jargon and collectively determining collaborative procedures so that knowledge is shared across evaluation team members. Transparency can also mean sharing findings iteratively for feedback with participants, who can then inform whether information is adequately representing and applying the information provided. Transparency should aim to make language and processes clear so that all partners can engage confidently.

Summary of Actions

As Black, Indigenous, and other People of Color who have lived experience with homelessness are already involved in or conducting research, historically White institutions are responsible for situating their work within ongoing research. This involves getting up to speed on the research that the communities you want to work with are conducting, as well as the research that they have been participants in. Historically White institutions need to reflect on how their own work is rooted in White ways of knowing, and acknowledge that there is not one universal research approach that is shared by all. Such reflective work can reveal where one approach has limitations, or where one individual's set of knowledge has limits as well. Approaches used by Black, Indigenous, and other People of Color who have lived experience with homelessness should be deferred to and prioritized. Each stage of evaluation should be accompanied by transparent access to information for the communities being impacted by the given project and its evaluation. Information should always be framed with its purpose, limitations, and potential uses to allow members adequate information and time to respond.

REPLENISH COMMUNITY

Evaluation is an extractive exercise. A commitment to replenishment can assuage the feelings of distrust that result from these experiences. This section explores how evaluation can nourish and uplift through practices of compensation, of returning, and of organizing with community partners.

Compensate People for Their Labor

Black, Indigenous, and other People of Color and people who have lived experience with homelessness are not available for free labor; they need to be compensated for their labor throughout the duration of the evaluation. As has been discussed throughout this report, Black, Indigenous, and other People of Color have often been researched in harmful ways that do not express value for their labor or their lives. The labor of bringing researchers up to speed is one of many examples of how Black, Indigenous, and other People of Color and BIPOC who have lived experience with homelessness are asked to produce knowledge without compensation. Stakeholders suggested that compensation is one way to express how a person's knowledge, skills, and expertise are valued. This is an essential first step that demonstrates to community members involved in evaluation that their time, energy, and wisdom is meaningful, as stakeholders explain:

“Why is it when you're talking to communities of color, you're like, give me information for free. But if you want a financial advisor to give you some information, you're going to pay for it. What is the difference here? You're going to benefit either way.”

“I could be doing something else with my time. So if you want it, time is money. Like, come on. I don't think people should feel ashamed. Like, no, you should pay people in a good amount. Not like here's a stipend, a quick little hundred or \$20. That's cool. Like

that’s what we offered our participants to do an assessment with us. But if you really realize the value of what you’re asking people for, I think we should pay them more. Whatever you think the amount is, double it, triple it, and then put that in front of someone.”

Paying people to participate is more than an incentive, it honors the knowledge that is necessary to achieve the goals of evaluation. Stakeholders emphasized that racially-equitable and community-centered work is impossible without the involvement of Black, Indigenous, and other People of Color and BIPOC who have lived experience with homelessness. Stakeholders advised that resources be allocated within the design of the evaluative framework to prepare for paying for community expertise.

Return to Share Findings

Racially-equitable and community-centered work is incomplete without the input of the communities being impacted. And yet, many stakeholders shared experiences of researchers and evaluators collecting stories from their communities and never returning to tell how those stories would impact participants’ futures

“They were doing this research and it was on housing and other needs. And I remember the clients pouring their hearts out and telling all these stories and how – under poor living conditions – and how landlords mistreat them...and there was so much rawness... They really, really trusted the people who were doing this and they never got back to us with that report.”

“Communities of color are exhausted from doing work that doesn't go anywhere. From telling people about their experiences and their needs, not seeing anything happen about it. Another listening session for us to spill our guts out and be retraumatized about the experiences that we have, and especially now during COVID, and during this political uprising that we're experiencing, people have even less bandwidth and acceptance of this White nonsense.”

One stakeholder emphasized the need for educational exchange, such as sharing new terms or jargon (i.e., trauma-informed care) with community members so that they are able to walk away having gained some tools through their involvement in evaluation:

“Then they can take that tool with them and they feel like not only did they come in and share... they gave themselves, but then they were replenished. So, what happens is we don't feel like we're replenished. We always give and we always inform, and then we have to go back to our normal lives.”

Extracting data and not reporting back to communities engaged is a major source of distrust in research, especially when the data collected included stories of pain and trauma. Stakeholders made it clear that the inability for evaluators to return with findings is a sign of disrespect and an act of violence. Researchers also need to be transparent about how the data has been and will continue to be used. Following through on these promises are essential to making participation in evaluation meaningful.

Racially-equitable and community-centered practices prize the relationships built with community members and strive for long-lasting relationships that continue beyond the evaluative project. Stakeholders note that good equity work and community-centered research takes time, and strives to answer some of the hardest questions to advance racial equity. Long-term evaluation needs support in terms of funding as well as setting time expectations appropriately in the design of the evaluation. Open lines of communication need to be built with community partners so that barriers in time frames, funding, or other resources can be communicated, rather than the evaluation team simply not returning.

When returning with findings, care should be taken to provide findings in a language and medium that is meaningful to those receiving the information. Stakeholders stressed the need for materials to be translated into appropriate languages for the groups receiving the report. Stakeholders suggested that reports should reflect the kinds of materials that would be most meaningful to the communities engaged, such as visual, auditory, or tactile forms of communication. One stakeholder shared an example of the kind of reports that do not rely on text alone:

“She found this data and then crunched it, and the way that she presented the data was with an image. The leading image was of a Native woman who was wearing a ribbon skirt, and in the ribbon skirt there was one stat in each ribbon. It was sort of a reflection, from her perspective, of the culture and of the experience and the world that this community lived in. And it provided the numbers in a way that I never would have thought to do and was much more responsive to people for whom the study was for. And that was just... Any evaluation that can speak better to the community that it is about is a more effective one.”

Racially-equitable and community-centered reporting should be constructed with the audience in mind, in this case the communities being impacted by the work. Reports should also be accessible to people with disabilities, including physical and mental disabilities that change the way information can be consumed. Stakeholders proposed asking communities engaged how they would like information returned to them and inviting them to critique the reports before sharing them widely. Embrace these criticisms in an ongoing manner and act upon them. Integrate mechanisms to be held accountable to these actions and make them accessible to the communities you work with.

Stakeholders warned of writing that tokenizes the experiences of Black, Indigenous, and other People of Color and shared that it is clear when a report is written from a White-dominant perspective. In these all-too-common cases, quotes are often used to highlight stories of trauma and pain shared by participants of color, with the interpretation of those quotes appearing as an expression of White guilt and/or privilege, as stakeholders discuss:

“So it's challenging, thinking of seeing these evaluations and then when you see the results, you can tell right away when these results were written or analyzed by White people or people in a high level of privilege, which is the other side of it, right?”

“It's very obvious like you read a lot of guilt and underlying guilt, that's how I read it, at least... But it's a lot of underlying guilt trying to superpose their idea of ‘we are doing this because it's the right thing to do,’ right?”

One stakeholder suggested that the reason for this style of writing has to do with what people find meaningful and how that perception differs across race:

“If you're writing about something and you want to highlight a voice, you want to highlight what it was meaningful for you to hear. But when you are White, what was meaningful is different than when you are an immigrant or Black or Brown.”

Rather than work through defensive feelings or posture as “doing the right thing” in report writing, evaluators can question why they chose those examples, and connect the examples participants have offered to their own commitment to, and advocacy of, change. Stakeholders suggested that Black, Indigenous, and other People of Color who have lived experience with homelessness should be able to consume report findings without feeling harmed, but instead feeling valued and supported. The findings being reported should underwrite the action that is being and will be taken.

Go Beyond the Evaluative Work

Taking the findings and experiences heard throughout the evaluative process beyond the work itself can uplift racial equity in health and housing systems. Stakeholders suggested that evaluators engage directly with the communities they intend to study to build relationships, as well as to transfer knowledge gained from the evaluation to the community, and to work alongside these groups to use the lessons learned to advocate for change.

Stakeholders suggested that the connections made between community members and dominant groups should be leveraged to advocate for social and racial justice issues beyond the scope of RSHIF. This could include sharing widely the RSHIF Initiative Charter, which has a core

focus on racial equity, as well as sharing the evaluative framework with current and potential partners to encourage racially-equitable and community-centered work beyond RSHIF.

“And so, I think aligning efforts with that work [Metro supportive housing services program] would be useful to the extent that the work RSHIF is doing around evaluation can be aligned and speak to the work that we're doing more broadly as a county, and then as a tri-county region around implementing the supportive housing services funding.”

“Our suggestion was maybe the RSHIF folks could bring to the Metro group the racial justice charter and say, ‘Hey, this process was really important, impactful, informative for us. It really grounded us in our work. We would love to share this with you all and advocate for you all to engage in a process like that.’”

Championing this work at local, regional, and state levels could multiply the returns. Care should be taken to engage with any group that adopts the charter or framework to tend to the transfer of knowledge, intention, and potential impacts that could get lost in translation to different organizations.

Knowledge transfer should also be cared for between RSHIF and community partners. Stakeholders found that every participant has something to teach and to learn in racially-equitable and community-centered work, and therefore the capacity to continue championing change in other circles of influence extends to each member. Stakeholders shared stories of community members making a pivot in their lives that turned attention toward advocating for community needs:

“[Intensive outpatient program participants] come to their own conclusions that they have taken a lot from the community and there’s a point where they graduate and they are sober and they are stable and they say, ‘You know what, I want to give back to the community somehow in whichever way, with my time, with the new knowledge that I have, with my lived experience.’”

“One of the things that we have had is that throughout the years, we have dozens and dozens of people who have graduated from that intensive outpatient program who are now part of an alumni program. It’s kind of self-governed and that alumni program actually evolved into a council group and they even call themselves *El Senado* (The Senate).”

Other stakeholders noted how engagement in one area can lead to a greater sense of wellbeing elsewhere:

“There's like a virtuous circle where engagement in the right sets of health support and other services...can improve housing outcomes. And there's a feedback loop from there back into health outcomes and engagement. And then there's this idea of patient activation of participating and being engaged in the care of your own self. And that this whole thing is like a flywheel. If you can get it spinning for people, you can see sustained health and wellbeing. And drawing that connection rather than having it be such a one-way transactional thing, I think would be really incredible.”

RSHIF partners should put energy into uplifting community organizations for which support is needed to continue and to expand reach. Stakeholders recommended partnering in community organizing as an intentional strategy built into evaluative design to support community partners. Stakeholders also talked about how their own work sought to build capacity among those they engage with. They told stories of how their clients became fellow employees or started their own collaborations to support those navigating systems or advocating for change. Building relationships with community partners that support these transitions are important for replenishing community on individual and institutional levels.

Summary of Actions

Replenishing communities that are engaged in research is an ongoing process. Evaluation frameworks should be developed with financial allocations to compensate participants for their contributions, especially participants of color. Frameworks should also allocate time for long-term evaluation, which accounts for the kinds of ongoing engagements that will occur with iterative and consistent engagement participants, and answering the hardest questions for advancing racial equity. Time is especially necessary for the reporting period, when it is imperative that analysis and findings be presented back to those who supplied information and energy to the evaluation in a language and medium that is meaningful to them. Embrace criticisms in an ongoing manner and act upon them. Integrate mechanisms to be held accountable to your commitments and make findings accessible to the communities you work with. White-dominant organizations should extend their engagement beyond the formal “work” of the project by organizing with community partners and uplifting their efforts and causes. Lead with the belief that everyone has something to teach and something to learn, relationships are reciprocal, and multi-stakeholder work is relational.

III.b. Literature Map: Connecting Concepts from Interviews to Concepts from Literature

The ideas stakeholders put forth in our interviews resonate with the environmental scan and literature review that preceded our fieldwork. The experiences practitioners and researchers have had with evaluation and community engagement while working within healthcare and service provision of permanent supportive housing in Portland, Oregon reinforces many of the key findings of published work. See Appendix D for a list of references and a detailed table of

findings from stakeholder interviews and their connections to those from the environmental scan and literature review.

- Stakeholder emphasis on the inclusion of BIPOC and BIPOC who have lived experience with homelessness within all aspects of evaluation and governance is supported by the principles of Community-Based Participatory Research (CBPR) and has been emerging in collective impact approaches (Dean-Coffey et al, 2014; McAfee, 2015; Collins et al., 2018).
- Taking time to build trust among collaborative partners is emphasized in community health, collective impact, collaborative governance, and CBPR scholarship (LaVeaux & Christopher, 2010; Emerson et al., 2011; Foundation for Healthy Generations et al., 2015; Wright, 2015; Center for Outcomes Research and Education, 2017; Center for Outcomes Research and Education, 2019b; Stern et al., 2019; Freeman et al., 2020).
- The importance of mutually determining meeting procedures and decision-making processes (Butterfoss & Kegler, 2002; Wallerstein & Duran, 2008; Wallerstein & Duran, 2010; Emerson et al., 2011; Abels, 2012; Collins et al., 2018; Tremblay et al., 2020), as well as goals and priorities is widely supported as well (Association for the Study and Development of Community, 2001; Leiderman, 2005a; Emerson et al., 2011; Hanleybrown et al., 2012; Wright, 2015; Stern et al., 2019).
- Stakeholders consistently spoke about organizations needing to evaluate their commitment to racial equity (Dean-Coffey et al., 2014; Schmitz, 2015; Kania & Kramer, 2015; Stern et al., 2019), and stressed the need for honesty and transparency about what each project intends to accomplish with regards to racial equity, including the structural and organizational dynamics that give context to those goals (Dean-Coffey et al., 2014; Kania & Kramer, 2015).
- Both stakeholders and literature discussed the need for careful and thoughtful disaggregation of data along lines of race, class, age, and gender (CENTERED Project, 2003; Chávez et al., 2008; Andrews et al., 2019), as well as for iterative feedback from communities being impacted by evaluation (Wallerstein et al., 2008; A Home for Everyone, 2016).
- Stakeholders identified a need for evaluators to become aware of their own implicit bias and how that bias impacts their work, which was frequently called for in the literature (Rice & Franceschini, 2007; Chávez et al., 2008; Tsouros, 2009; Wei-Skillern & Silver, 2013; Public Policy Associates, 2017; Andrews et al., 2019; Gray, 2019).
- Replenishing techniques discussed by stakeholders were reflected across the literature, such as nurturing long-lasting relationships (Israel et al., 2008; Wallerstein & Duran, 2010; Funders Forum on Accountable Health, 2017; Center for Outcomes Research and Education, 2019a), uplifting the findings of evaluation among other organizations and institutions (CENTERED Project, 2003; Chávez et al., 2008; Dean-Coffey et al., 2014;

Wolfe et al., 2020), and organizing alongside the communities being impacted by evaluation (Wolff et al., 2016; Collins et al., 2018).

The similarities between stakeholder experiences and published work further emphasizes the need for well-documented governance and evaluation findings to be committed to and applied. Ideas that did not map neatly to our environmental scan and literature review were also present in our interview data analysis. For instance, stakeholders discussed the phenomena of BIPOC being able to quickly assess whether a space welcomes their authentic engagement or not. They also talked about meeting people where they are at, meaning that evaluators ought to meet participants on their own turf, and also spoke about the benefits of participants being able to identify racially, culturally, or with the gender of their evaluators. Stakeholders also talked about the leadership of culturally-specific organizations, calling organizations to listen to and take direction from culturally-specific organizations. In data collection processes, stakeholders discussed the need to thoughtfully select metrics, as questions have been (re)traumatizing for participants to work through as a requirement of engagement. Stakeholders acknowledged that people will engage differently based on a range of environmental and experiential factors, and that evaluators need to plan for flexibility and responsiveness in their practices. Reporting practices were also mentioned, as stakeholders shared that White authorship is easily identifiable, namely by the tokenization of BIPOC trauma to elevate an organization's sense of impact. Stakeholders discussed experiences in which relationship building led to job opportunities for participants within their own organizations, suggesting that career networks were an outcome of evaluation engagement.

These ideas were not directly related within the environmental scan and literature review, but are not unfamiliar concepts to our research team. Their presence here suggests that future environmental scans and literature reviews supporting this work could expand to include work evaluating BIPOC experiences in collaborative governance or planning, trauma-informed evaluation, whiteness in research approaches (or more specifically, in reporting), and community outcomes of collaborative engagements. For instance, the impacts of the Tuskegee Syphilis study (Gamble, 2011), sexual and reproductive experiments performed of enslaved Black women (Prather et al., 2018), and obtaining cells for research such as occurred with Henrietta Lacks (Wolinetz & Collins, 2020) were experiments conducted without consent that have had lasting impacts on the health and well-being of Black communities and have informed a distrust of health systems. These histories are well documented in literature on health equity and racism, but did not appear given the boundaries used for our literature review.

Part IV – Metro 300: Assessing Governance and Action

To illustrate an application of the process and governance spectrum, we consider RSHIF’s first project, *Metro 300*, through a snapshot of activity occurring in mid-2020.^{7,8} These considerations can assist Health Share of Oregon and other conveners in envisioning how the spectrum could be used to understand ways in which Metro 300’s work could be modified to advance racially-equitable and community-centered practices. In conducting this exercise, we had limited information with which to work, and we are not offering an exact diagnosis of where Metro 300 is located on the spectrum. Rather, we locate what we do know about the work and offer ideas of what could happen next. We begin by reviewing Metro 300 background information, then examine the project’s implementation, followed by presenting a few considerations for evaluation.

Metro 300 Background

Metro 300’s goal is to house 300 medically vulnerable seniors experiencing homelessness in the Portland metropolitan area. Eligibility for Metro 300 applicants require seniors experiencing homelessness to have one or more disabling conditions and/or a referral from one or more systems of care or institutions, such as hospitals, coordinated entry/coordinated access waitlists, or warming shelters.

Metro 300 is implemented by RSHIF in partnership with Health Share of Oregon, as well as multiple departments in Clackamas, Multnomah, and Washington Counties. We describe these entities as “partners,” who were at the time composed of historically White institutions. In addition to these partners, Clackamas, Multnomah, and Washington Counties work with nine community-based nonprofit supportive housing providers to house eligible individuals. Homelessness Management Information System (HMIS) data is merged across three counties for these households. Implementation methods were derived from Kaiser Permanente’s partnership model. The project is expected to be completed in 2022.

Metro 300 Implementation

The Metro 300 project did not have any specifically stated racial equity or community-centered goals at the beginning. However, when Health Share assumed the role of convener for Metro 300, Health Share and the RSHIF founders took several steps back to align procedures for RSHIF in general with Health Share’s Community Health Needs Assessment and the resulting Community Health Improvement Plan, through which the Community Advisory Council identified supportive housing as a primary strategy to address unmet housing needs in the

⁷ Health Share contracted with CORE to evaluate Metro 300 specifically as part of its original work plan. Once Health Share identified their new direction with the research and evaluation work, we transitioned to using a limited set of materials to consider ways to evaluate and conceive of the Metro 300 work.

⁸ Limited data were available for our consideration. We had access to monthly notes taken at Metro 300 partner meetings from March to October 2020, a second quarter report submitted to Kaiser Permanente in September 2020, and Kaiser Permanente’s press release describing Metro 300. Some interviewees had enough familiarity with Metro 300 to offer additional insights.

community. RSHIF founders worked with 19 different community-based organizations as part of the design work, along with multiple departments within each of the counties. Health Share consulted with the Oregon Health Equity Alliance and the writers of this report, including CORE Providence and PSU-HRAC, to further develop community-centered and racially equitable approaches to governance and engagement.

From the beginning of Metro 300 through to Health Share's realignment work, the Metro 300 materials we reviewed suggest that partners have begun work to reach BIPOC project participants. Among the nine providers engaged in Metro 300, two are culturally specific providers: Multnomah County contracts with the Native American Rehabilitation Association (NARA) and Washington County contracts with a Latinx culturally-specific provider, Bienestar. Clackamas County has apparently had difficulty reaching BIPOC community members (how this issue has been addressed is not noted in data available to us at the time of this report).

In a report prepared for Kaiser Permanente at the close of the second quarter of service provision (June 30, 2020),⁹ the counties and their partners reported housing 54 people, of which 23% identify as Native American/Alaska Native, 9% as Latinx/Hispanic, 4% as Asian, 4% as Black or African American, and 63% as White.¹⁰ As of March 2021, roughly 230 people have been housed across the entire time of the project. Disaggregated data on race for the most recent period were not available for our review.

Evaluation Considerations

Based on the available information, we considered where some Metro 300 project elements fit within the governance spectrum. See Table 1 for a summary of these elements within the table. Again, note that there might be missing information that would fill in other components of the spectrum.

The Metro 300 project has been designed by grant funders and the RSHIF founders. The model approach used was derived from Kaiser Permanente's previous experience. We did not have enough information to assess what this partnership looked like; however, if its inclusion was not discussed in the context of BIPOC living and working here, it would not be considered community centered. The engagement of the Health Share's community advisory council to inform the RSHIF's strategy toward supportive housing was a community-informed practice that translated to the goals of Metro 300. We were given no additional evidence of engaging with BIPOC or people who have lived experience with homelessness in the work during the time period under consideration. Representation among Metro 300 partners appears to be based on county staff positions. Procedural elements were not able to be considered for this example, as procedures or rules were not documented.

⁹ Disaggregated data is limited to June 2020.

¹⁰ Totals sum to more than 100% because participants were able to identify as more than one race.

The initial press release about Metro 300 did not state any racial equity goals.¹¹ In implementation, partners tracked participants by race and began contracting with culturally specific organizations, but there were not any clearly stated goals associated with that data to which Metro 300 could be held accountable. Similarly, there was not a discussion of the harms or benefits of HMIS data integration for BIPOC and people who have lived experience with homelessness. These approaches are consistent with top-down decision-making.

Metro 300 has had little to no transparency with the public, as reporting has been shared between partners, RSHIF founders, and more specifically with Kaiser Permanente. A recent press release emphasizes contracting with Bienestar and reports on the number of people receiving housing through the program, but does not discuss the racial make-up of the program participants.¹² Contract rules, challenges, and constraints are reflected on and discussed during meetings, but these discussions are not shared outside of partner conversations.

We offer the following considerations for how to adjust or modify Metro 300 project elements to advance RSHIF's goals of community-centered and racially-equitable practice:¹³

- Moving forward, Health Share will need to acknowledge how Metro 300 was originally envisioned, organized, and governed. Stating clearly how Metro 300 started, as well as what it hopes to become, is essential to long-term relationships and partnerships with BIPOC who have lived experience with homelessness.
- Health Share will need to be explicit about limitations that may make it hard to recalibrate to advance racial equity, and why BIPOC and people who have lived experience with homelessness were not explicitly involved in decision making from the outset.
- Health Share will also need to be clear about what they are to be held accountable for, such as identifying goals for individuals eligible for housing that are disaggregated by race. This information will need to be made public and accessible.
- Metro 300 may be able to serve BIPOC by working with and taking the lead from additional culturally-specific organizations, BIPOC, BIPOC who have lived experience with homelessness, and people who have lived experience with homelessness, but doing so does not mean that Metro 300 can claim centering on BIPOC who have lived experience with homelessness.
 - Early data collection may be missing metrics that community members would value, and discussions of what those metrics are will need to be had in either a

¹¹ Kaiser Permanente. (2020, January 20). *Housing 300 Portland metro area seniors in 2020* [Press release].

<https://about.kaiserpermanente.org/community-health/news/housing-300-portland-metro-area-seniors-in-2020>

¹² Washington County, Housing Services Department. (2021, March 12). *Metro 300 Initiative* [Press release].

<https://www.co.washington.or.us/Housing/News/metro-300-initiative.cfm>

¹³ These considerations are presented based on limited information, and therefore may be already in practice or under development.

community-informed or community-centered manner. See Table 2 below for a list of possible metrics for evaluation of Metro 300.

- Recruit BIPOC who have lived experience with homelessness to be partners in the decision making of Metro 300.
- Funding and time will need to be dedicated to develop and implement Metro 300 to identify and meet any evaluation metrics requested by the community. This will require engaging with BIPOC who have experience with homelessness to identify metrics. This could happen in a community-informed or centered manner.
- Health Share needs to share publicly why and how data has been acquired, integrated, and used to support Metro 300 implementation. Be prepared to receive criticism; listen to and thoughtfully respond to that feedback with words and actions.
- Future evaluations need to discuss the use of data with those impacted by the project using qualitative methods and specifically centering on BIPOC who have lived experience with homelessness.
- Protocols need to be put in place to protect the integrated data set from use outside of RSHIF without clear acknowledgement of the potential harms such data can produce, and where possible, without consent from those whose data is included.
- Procedural rules need to be documented in detail to position Metro 300 for evaluation. Having processes recorded will allow evaluators to understand decision making processes and link those processes to subsequent outcomes.

Conclusion

From the data reviewed for this illustrative example, Metro 300 appears to be a mix of top-down, muddled consensus, and community-informed approaches that do not center on BIPOC who have lived experience with homelessness. Given the materials we were provided, our experiences with homelessness and health work in Portland, we suspect that, as implemented in mid-2020, Metro 300 would be best described as muddled consensus.

While RSHIF might have stated equity goals, the importance of stating specific racial equity goals in each project is exemplified by Metro 300. Our work here also demonstrated the importance of recording and documenting all aspects of project development and implementation, including meeting procedures, as such documentation will be useful for insightful evaluation. These are ways in which accountability and transparency occur.

We have offered considerations for moving Metro 300 toward racially-equitable and community-centered practices. Health Share will need to lead a practice of critical reflection of the work so far, an acceptance of responsibility for the approaches and methods used, and a transparent and intentional strategy for providing housing to BIPOC seniors who have lived experience with homelessness.

Table 1: Spectrum of Governance for Metro 300

	Community Initiated/Driven	Community Centered	Community Informed	Muddled Consensus	Top Down
Power sharing			Community Advisory Council informs strategy to pursue supportive housing.		Funders, Health Share, and county staff are the main entities to deliberate about how RSHIF happens. We are unclear about decisions about spending.
Decision making and discussion guidelines, rules, or expectations				Data not available.	
Representation					Partner representatives are selected for their organizational affiliations as members of the housing agencies for each county.
Accountability (example: racial equity accountability)				Data is disaggregated by race, but it is unclear if there are goals associated with disaggregation.	Racial equity goals are not clearly stated and thus there is no mechanism for accountability.
Research approach					Methods are derived from Kaiser Permanente’s partnership model.
Use of administrative and quantitative datasets					Homelessness Management Information System (HMIS) data is merged across three counties. Data are acquired and applied without explicit discussion of possible harms that could be produced through integration.
Honesty and transparency				Contract rules, challenges, and constraints are reflected on and discussed among RSHIF partners, but are not shared with the public.	Reports are developed for Kaiser Permanente only and are not made public.

Table 2: Logic Model of Example Evaluation Metrics for Metro 300

	Context: INPUTS	Implementation: ACTIVITIES	Implementation: OUTPUTS	Outcomes: OUTCOMES	Outcomes: IMPACT
Leadership from BIPOC and people who have lived experience with homelessness	<i>Leadership from BIPOC and people who have lived experience with homelessness.</i>	<i>Recruitment of community partners is based on building a team of BIPOC with lived experience and on cultural humility.</i>	<i>Participants in evaluation feel they can relate to or identify with the evaluation team; the evaluation team is knowledgeable about community dynamics and culture.</i>	<i>Relationships of trust; ability to engage authentically.</i>	<i>Participants are willing to engage in evaluation processes, feel heard, and would contribute to future evaluations; community involvement increases, strengthening feedback.</i>
Learning the context	<i>Learning from previous and ongoing evaluations within and by communities; learning what has worked and hasn't worked.</i>	<i>Environmental scan of literature, reports, community-based organizations' initiatives, culturally-specific organizations' initiatives, and initiatives conducted by the target communities.</i>	<i>Themes in the interests of other programs and the target community; lessons learned about barriers, constraints, and pitfalls of past evaluations.</i>	<i>Ability to demonstrate knowledge about community interests and experiences with evaluation; evaluation design can respond to past experiences and current interests.</i>	<i>Alignment of evaluation goals with communities, their members, and culturally-specific organizations.</i>
Compensation	<i>Resources for compensation of participants and staffing.</i>	<i>Allocate funding for participant compensation in the initial budgeting plan; employ staff to provide administrative and technical support to community partners.</i>	<i>Evaluation participants are able to be compensated for their labor; community partners are able to contribute thoughts and ideas because administrative and technical needs are met.</i>	<i>Evaluation participants feel valued for their contributions; each person in the evaluation team is able to engage authentically across different positionalities.</i>	<i>Community partners and participants feel valued for their expertise and are willing to engage in evaluation.</i>
Equity training and assessment	<i>Partners from historically White institutions are trained on racial equity and their organizations have undergone equity assessments.</i>	<i>Equity training and assessment is provided to partners and their organizations prior to initiation of the evaluation group and in an ongoing sequencing throughout the duration of the evaluation.</i>	<i>Evaluation team members are knowledgeable of racial injustice and are reflective and self-aware of their biases and behaviors.</i>	<i>A practice of critical reflection and applying a racial equity lens to evaluation becomes usual.</i>	<i>Evaluation practices are held to a standard of racial equity.</i>
Existing administrative databases	<i>Early RSHIF partners decide to use existing administrative databases in evaluation.</i>	<i>Pre-existing databases are assessed for their research design and data collection process.</i>	<i>An understanding of why and how data was collected signals biases built into the data.</i>	<i>Analysis based on pre-existing databases can be interpreted with full awareness of inherent biases in the data.</i>	<i>A practice of clear and honest reporting about the biases in data accompanies project deliverables; programs are held accountable to the choices made; findings are contextualized and challenged.</i>
Assessing racial outcomes for RSHIF programs	<i>The racial and ethnic identity of people being housed is collected.</i>	<i>Analysis and reporting on who is being housed is disaggregated by race/ethnicity with comparisons between Black, Indigenous, and other People of Color and White people.</i>	<i>A report that quantifies the number of people being housed in relation to their race/ethnicity, and their outcomes.</i>	<i>Providers, funders, and governing institutions examine their success based on the proportion of BIPOC experiencing homelessness who are being housed.</i>	<i>The impact programs are having on serving the needs of BIPOC who are experiencing homelessness will become more visible, which improves accountability.</i>

Part V – Conclusions and Next Steps

Throughout this report, we draw on the thoughts and words of twenty-one stakeholders, many of whom are Black, Indigenous, and other People of Color or work at culturally-specific providers. Some have lived experience with homelessness and are also Black, Indigenous, and other People of Color. Of these stakeholders, some might or might not consider themselves as Health Share of Oregon (Health Share) or RSHIF stakeholders. They might not see Health Share or RSHIF as important stakeholders for their work. But, based on the literature about participatory processes, collaborative governance, and particularly research and evaluation, we know hearing from the voices and perspectives of people who live and work at the intersection of homelessness and race provide foundational knowledge for an organization wanting to build a racially equitable, inclusive, and just evaluation framework and governance structure. We prioritize what we heard in interviews and reinforce it with knowledge from the established literature, along with Dr. Zapata’s research and participation in this work in the Portland metropolitan area.

Given all of this information, in what ways can Health Share and RSHIF create research and evaluation processes and governance practices that center on Black, Indigenous, and other People of Color who have lived experience with homelessness, other BIPOC with relevant knowledge, and other people with lived experience with homelessness? In this conclusion, we integrate questions and ideas across the assessment of values and value commitments and practices and actions to offer concrete next steps.

Assess and commit to the values that drive the project. Answer the questions for each category and consider your level (desire and/or ability) to commit:

SHARE POWER

Power sharing is an easy term to say but has a lot of meaning. You must commit early on to identifying what kind of power you are willing to share, and learning what kind of power sharing the people with whom you are working expect. Some processes will not move forward because of different ideas about what power sharing is, such as what expectations and needs people associate with power sharing. Being honest and transparent about your commitments to power sharing is essential to starting any process.

Power sharing models can take on a lot of different approaches. A practice of naming the power sharing model you will use is important to demonstrating where and how power is being shared. You will need to ask yourself: What is our organization prepared to share power over? All decisions? Some decisions? This must be clearly thought through from the start and discussed repeatedly.

Granular considerations can also help you reflect on the actions you will take related to power, such as: Who determines how resources are allocated? How are staffing decisions made? How will voting happen? Who decides on final project goals? There are also questions about how and by whom agendas are set, how meetings are set up and run, and other procedural decisions.

People should know what they have power to decide versus ability to influence. Note that few organizations will commit to full power sharing across stakeholders, but knowing what the answer to power sharing is for each partner, starting with the convening organization(s), is a key practice for racially equitable practices.

- RSHIF Specific: Who will decide which administrative data should be matched or shared? Who will decide what metrics to track? How will disagreements about these decisions be handled?

COMMIT RESOURCES

Examine the extent to which you value committing the full resources needed to support a project. How will financing, staff, space, and other material resources be prioritized in the work? How much and what types of resources can be committed to this work? Supporting a full governance structure requires full-time staff committed to the work, supporting and building relationships, advancing racial equity, and other coordinating work. It cannot be "add-on" work.

- RSHIF Specific: How many full-time staff will be committed to supporting evaluation questions, designs, etc. in a structure that includes Black, Indigenous, and other People of Color who have experienced or are experiencing homelessness? Will resources be put in to identifying other ways of knowing what is working and what is needed beyond administrative data sets?

COMMIT TIME

Yes, time is a resource, but it matters in a particular way. How will you plan for extended periods of time to allow for relationship building and the disruptions of daily life that can extend schedules? How can you commit long-term to building relationships? In what ways will you take the time to make space in your mind, heart, and soul for the types of thinking and emotional processing this work can take, especially if racially-equitable, community-centered work is new to you?

- RSHIF Specific: Does the evaluation team have time to build relationships with one another and with participants in evaluation? Do you have the resources to support a longer process that opens space for emotional work?

FLEXIBILITY

Flexibility means being open to changes within the substance of discussion, the strategies used, and the schedules set. Have you identified a menu of different approaches, or asked for input, rather than mandating a specific model or project management approach? There are many ways to accomplish a goal, how will you be flexible in reaching yours?

- RSHIF Specific: Is your organization willing to commit to flexibility in evaluation timelines and plans should disruptions or detours occur? Is it willing to seek out, adapt to, and trust approaches that feel new?

UPENDING STATUS QUO

Consider whether your work moves against the usual way of doing things and question whether those usual ways have been useful and helpful or limiting and harmful, particularly to Black, Indigenous, and other People of Color. How will you find new ways to work together? To what extent are you committed to giving up your position or ideas in support of Black, Indigenous, and other People of Color who have lived experience with homelessness? Identify how to use your organizational power to move a discussion or activity forward.

- RSHIF Specific: Is your organization willing to examine why it choose particular methods and identify how those methods may have caused harm in the past, particularly to Black, Indigenous, and other People of Color? Is it willing to let go of methods that feel comfortable for new ways of working together?

OPENNESS TO PUBLIC CRITICISM

Consider how to open your work to criticism about advancement of racial equity. Identify how you will listen to that criticism and take corrective action, especially when hearing it from Black, Indigenous, and other People of Color who have experience with or who are experiencing homelessness.

- RSHIF Specific: Is your organization willing to be told you are wrong or heavily critiqued for the methods it chose and findings they produced (especially in public)? Is it willing to act on the criticisms?

1. Candidly assess how RSHIF came to be. Who drove it? Who is funding it? How were partners recruited? Locate RSHIF on the process and governance spectrum – both as it is, as you want it to be, and as you think it can be.

2. Health Share and RSHIF partners should identify where and how they have harmed or eroded trust in communities of Black, Indigenous, and other People of Color and with people who have lived experience with homelessness in this or other processes. Name work that could be problematic and disclose it early so that people know and discuss that activity, why it happened, lessons learned, and action steps to address it. Use previous or ongoing data matching work as a starting point to check assumptions, confirm values, assess knowledge, and begin building relationships with people.

V.a. Final Thoughts

We hope that you will embrace radical transparency and honesty for all of Health Share and RSHIF's work. While what you learn about yourselves and disclose may result in people wanting to partner or work with you in a different way than you had hoped, it is important to respect that Black, Indigenous, and other People of Color, people who have lived experience with homelessness, and especially BIPOC who have lived experience with homelessness have experienced things that make it hard to see you as a trusted partner. We heard time and again from interviewees how being honest about who you are, what you have done, and what you can really commit to do at a given moment in time can provide the first step toward a reparative or even simply a useful process for people. Dr. Zapata's experience in the field in Portland confirms this as well. Respect, uplift, and care for the human beings with whom you wish to work and serve, and while the work might go slower, it will be done better.

Implementing these recommendations will likely encounter roadblocks within historically White institutions. Organizational change will take commitment and time, and we cannot predict how Health Share, RSHIF, or partners will adapt. We offer these recommendations as navigational signals for your organization to collectively interpret and adopt. Your sense of urgency, adamancy, and devotion will determine the speed and success of change.

Appendix A: Metrics to Assess RSHIF Program Success as Proposed by Interviewees

Domain	Measure	Description	Examples
Access	Availability of translation and interpretation services	Whether translation and interpretation are available across all aspects of service provision	Required forms are available in Indigenous languages, or Spanish, Somali, Russian, Vietnamese, etc. Also includes English in accessible ways
Access	Citizenship eligibility requirement	Whether citizenship is a requirement for access to service provision	Applicants are not required to provide proof of citizenship or immigration status to be eligible to receive services
Access	Racially and culturally affirming and appropriate service provision	Service providers affirm the racial and cultural identity of the person receiving services	Service provision is tailored to beliefs and customs of different cultures and racial groups
Access	Individualization of service provisions	People can choose among different options to customize their service provision	People can indicate a cultural preference, or can select a desired location to receive services
Access	Housing location is desirable	People receiving housing services find the location desirable based on their interests and needs	Neighborhoods near ethnic stores and food options, faith-based resources, sacred sites, community groups, or family
Access	Housing type is desirable	People can choose the type of housing they desire	Apartment, house, intergenerational living, garden/green space available
Access	Housing eligibility criteria is thoughtfully selected	Criteria is thoughtfully selected based on how significant answers are to housing placement (remove those that are not)	Criteria does not request recounting of traumatic experiences
Access	Waitlist times for housing placement	Length of time people wait to receive housing placement	Time elapsed from date applied to move-in date
Access	Proportion of population receiving services, disaggregated by race, sex, and age	Number of people receiving services compared to the number of people who are experiencing homelessness	Proportion of BIPOC receiving housing placement services among BIPOC experiencing homelessness, disaggregated by race
Access	Duration of stay in supportive housing	Length of time people are living in supportive housing	Period between move-in date and move-out date
Access	Funding allocations for the most impacted by the project/initiative	The amount of funds spent on those most in need of support	Tracking funding by how much is spent on BIPOC who are experiencing homelessness
Access	Acceptance and rejection rates of applicants, disaggregated by race	Number of applications accepted and rejected as compared to number of applications received, disaggregated by race	Tracking race and ethnicity of those who are rejected from supportive housing programs; tracking who applies for appeals to rejections by race
Access	Reasons for application rejections	Reasons for rejecting applicants for services are documented	Reasons for rejection are documented; criteria used for rejection are documented
Access	Reason for eviction	Reasons a person was evicted are documented	Circumstances leading to eviction decision are documented
Access	Outreach to increase service provision to BIPOC	Strategies to increase service provision to BIPOC communities	Outreach strategies to BIPOC communities are documented
Access	Number of people who have moved in to residences	Number of people moving from homelessness to living in an apartment or home through housing placement services	Rental agreements or homeownership are attained

RSHIF Equitable Evaluation Framework and Governance Recommendations

Domain	Measure	Description	Examples
Access	Can PSH fill gaps and how	Identification of gaps, strategies for meeting those gaps	Assessing gaps at the intersection of mental illness and housing type and taking steps to close those gaps
Career development and personal growth	Career development satisfaction	People are satisfied with training received and experiences with career development activities	People feel that the skills they are learning improve their career opportunities
Career development and personal growth	Quality of work / employment satisfaction	People are employed and feel that the work they are doing is of high quality or is satisfying	People are satisfied with their job and with their employer
Career development and personal growth	Educational satisfaction	People are satisfied with their engagement in educational programs/institutions	People are enrolled in classes or programs that they find to be fulfilling
Career development and personal growth	Financial stability	People feel confident in their ability to maintain financial stability based on their individual goals	People feel confident about their strategies for achieving financial goals
Career development and personal growth	Income increase / creating wealth	Increase in income and overall wealth over time	A promotion or new job that increases income; purchasing a home or other asset
Career development and personal growth	Enhancing / building family connections	Energy and time are spent on building or maintaining positive relationships with family, kin, or communities of support	Reconnection with family members to repair and sustain positive relationships
Career development and personal growth	Health insurance	Obtaining health insurance	Being insured by the Oregon Health Plan
Career development and personal growth	Housing retention services	Housing retention services result in a person's ability to stay in their home	Rental support is provided so that a person can retain housing; provider met with property manager to resolve issues so that a person was able to retain housing
Career development and personal growth	Better quality of life	People feel that their quality of life has improved due to service provision	Relationships, activities, available resources, and mobility feel more nourishing and of higher quality than before
Community centered/ equity	BIPOC who have lived experience of with homelessness are participating in community initiatives	BIPOC who have lived experience with homelessness are seeking and obtain roles in community initiatives	BIPOC who have lived experience with homelessness sit on a community advisory board to support housing program development
Community centered/ equity	BIPOC who have lived experience with homeless are leading multi-stakeholder initiatives similar to RSHIF	BIPOC who have lived experience with homelessness are seeking and obtain leadership positions within multi-stakeholder initiatives similar to RSHIF	BIPOC who have experience with homelessness are in leadership roles guiding the governance of the Metro supportive housing program
Community centered/ equity	BIPOC who have lived experience with homelessness retain employment	BIPOC who have lived experience with homelessness obtain employment and stay employed consistently	Length of time consistently employed
Community centered/ equity	Long term strategy for housing support	Housing support strategies extend beyond a person's exiting supportive housing	Housing support is offered after a person leaves supportive housing to monitor potential for relapse into homelessness

RSHIF Equitable Evaluation Framework and Governance Recommendations

Domain	Measure	Description	Examples
Community centered/ equity	Trauma informed evaluation	Be trauma-informed in how you approach evaluation - not be triggering	Evaluators are trained in recognizing signs of a client being triggered by a question and offers clients a way to end lines of questioning
Community centered/ equity	Community members who will be impacted by project outcomes make final decisions	Governance procedures are designed to prioritize community member guidance on decision making	BIPOC who have lived experience with homelessness have final say on decisions
Community centered/ equity	Power sharing	Whether community member felt that power was shared	BIPOC who have lived experience with homelessness lead the development of program design, implementation, and evaluation strategies
Community centered/ equity	Fidelity to racial justice charter	Accountability to the RSHIF Initiative Charter, which has a core focus on racial equity	Frequent reviewing of racial equity goals and underlying values with consideration of how progress toward those goals
Community centered/ equity	CUNY method - equity scores	A racial equity index that produces a score indicative of progress toward a goal	Goal of housing 300 BIPOC is scored as a 51 out of 100, where 100 indicates all 300 people are housed
Community centered/ equity	Funding allocations	Examine who makes the decision on funding allocations, how funding is allocated, and who receives funding	Decision making processes that determine how to allocate funds is documented
Community centered/ equity	Historically White institutions take direction from culturally-specific organizations	Affiliations, relationships, citation of reports and other sources of knowledge are documented when historically White institutions learn from and follow the lead of culturally-specific organizations	Culturally-specific organizations report positive experiences in partnering or offering advice to historically White institutions
Community centered/ equity	Housing stability vs number housed depending on race	Compare housing stability and number of houses disaggregated by race, including outliers, too, even if it is difficult. Do not just include the 90% who are easily available	Proportion of BIPOC experiencing housing stability among those who are housed
Empowerment and self-development	Practice ancestral care / self-care	Residents feel able to invest in ancestral and self-care	Time spent on activities that deepen relationships to a person's ancestors, family, kin, or self
Empowerment and self-development	Social connectedness	How socially connected a person feels, and how that impacts recovery	Social activities, social networks, groups that people are involved with
Empowerment and self-development	Community of support	Having support systems in place to fall back in times of crisis	Mapping out the people and groups that make up a person's community of support
Empowerment and self-development	Increased sense of stability and being able to move forward in life	Having a sense of stability so that you feel able to give back to your community	Feeling able to sustain engagement in community organizing
Empowerment and self-development	Sense of peace and self-worth	Sense of peace about life and confident in your contribution to the world	Feeling accomplished and valued
Empowerment and self-development	Self-development / self-identified empowerment / identify as advocate survivor	Self-motivated actions to increase your and other's quality of life	Feeling able to use life experiences to engage with and support others
Empowerment and self-development	Able to tackle future crisis	Able to work through difficulty without relapse	Going through stressful experiences without relapse
Empowerment and self-development	Engaged in medical treatment program	Following a treatment plan (e.g., substance use)	Achieved goals and objectives as described in treatment plan

RSHIF Equitable Evaluation Framework and Governance Recommendations

Domain	Measure	Description	Examples
Empowerment and self-development	Building relationships	Building social relationships with other people	Making new friends or deepening existing relationships
Empowerment and self-development	Feeling good	Generally feeling happy and healthy	Descriptions of attitude or disposition that are positive
Empowerment and self-development	Home ownership, especially for BIPOC	Number of BIPOC who become homeowners, disaggregated by race	Number of BIPOC who exit PSH into homeownership, disaggregated by race
Empowerment and self-development	Having fun	Describing experiences as joyous or happy; able to relax and enjoy life	Clients describe events and experiences in which they enjoyed themselves, are able to have fun
Empowerment and self-development	Voting without barriers	Not experiencing any barriers to participation in voting	Registering to vote or participating in voting with ease
Empowerment and self-development	Release from parole	Pathways to existing parole are available	Actively pursuing exiting parole
Empowerment and self-development	Path to legal immigration status	Pathways to legal immigration are identified and acted upon	People are actively pursuing legal immigration
Empowerment and self-development	Resilience factors	Factors that protect someone from relapsing after an intervention in the long-term	Community of support
Empowerment and self-development	Narratives around harm reduction - self care	Language and rhetoric about harm reduction and self-care	People speak about attending to self-care as part of their health improvement plan
Housing related	Behavioral intervention (interviews and treatment plans)	Providers learn about a person's actions to design services in line with behavioral goals	Meeting behavioral goals with support from services
Housing related	Experience had while residing in PSH compared to expectations	Expectations set out in the prior to moving into PSH as compared to the lived experience of residing there	Meeting expectations or not, and why
Housing related	Feeling safe and comfortable	Living in housing that makes you feel safe and comfortable	Feeling of safety while living in PSH; feeling of comfort while living in PSH
Housing related	Experiencing discrimination / racism while living in PSH	Discrimination or racism from landlord or other residents	Being harassed by your neighbors because of your race
Housing related	First impressions	Experiences with provider during initial contact	Sense of welcome
Housing related	Feeling safe to voice opinion/ feedback	Ability to share opinions or feedback without fear of consequences	No fear of retaliation or rejection/dismissal
Housing related	Housing quality	Conditions and quality of physical dwelling and responsiveness of landlord to housing issues (e.g., plumbing)	Poor quality of housing; quality of housing is (re)traumatizing
Housing related	Basic needs are met	Supportive services are available - housekeeping support, bathing services, daily meals	Housekeeping support is available, bathing services are available, meal services are available. Support and services frequency and quality are satisfactory to the resident.
Housing related	Comfort with case manager	Feeling comfortable to go to case manager with problems	Ability to share events, feelings, and opinions with case manager without fear of consequence

RSHIF Equitable Evaluation Framework and Governance Recommendations

Domain	Measure	Description	Examples
Housing related	BIPOC experiences receiving services from historically White institutions	BIPOC experiences with historically White institutions, positive or negative	BIPOC describe feeling welcomed at historically White institutions
Housing related	Accountability for failing to cater to BIPOC communities (no wrong-door approach)	Oversight of providers acceptance rates and treatment of BIPOC communities	Actions taken by provider organizations to correct failures to treat BIPOC
Housing related	Client satisfaction with services / areas of improvement	Clients are satisfied with services provision and with the range of services available. Clients can identify areas of service provision that need improvement.	BIPOC feel satisfied with the services provided by historically White institutions
Housing related	Reasons for exiting PSH	Looking deeper into the successful exits - what worked and what didn't work	Experiences (positive or negative) with housing staff, neighbors, service providers that led to wanting to exit program
Other outcomes	Being honest / comfortable with medical provider	BIPOC people feel comfortable with their provider	BIPOC people feel able to be honest during treatment without fear of retaliation or judgement
Other outcomes	Improvement of health	Feeling healthy – better health outcomes. Being supported in a way that a client can take care of their own health (sustained health and wellbeing)	People report feeling healthier, or making healthier choices
Other outcomes	Reduced utilization of emergency services	Reduce rates of emergency room visits	Number or rate of emergency room visits
Other outcomes	Outcomes across sectors - connection across services	Data is integrated across systems to link outcomes across services	Increase in homeownership correlates to lower sixth grade absenteeism
Other outcomes	Dying housed	That this can be seen as a positive outcome to die while living in PSH	People are moving in to PSH who have serious health concerns
Other outcomes	Youth school attendance	Attendance records of youth	Sixth grade absenteeism as an indicator of home stability
Services provided/ connections to other services	Assessments performed by provider to individualize services provided to each individual's needs	Individualized attention for each person to understand housing and service needs	Being aware of preferred language, cultural background, primary provider location, nearest relative or community of support, services needed, etc.
Services provided/ connections to other services	Access / referrals to healthcare	Providers refer patients to one another across services	Medical providers refer patients to mental healthcare services
Services provided/ connections to other services	Preventative healthcare services	People access services to proactively improve their health and wellbeing	Seeing a provider for a general health check rather than an emergency.
Services provided/ connections to other services	Culturally-appropriate healthcare	Culturally-appropriate healthcare is available and accessible	Doulas, acupuncture, Ayurvedic medicine, etc.
Services provided/ connections to other services	Hiring culturally-affirming staff/ increasing diversity in hiring	Staff is able to relate to diverse cultures; BIPOC are able to feel that they relate to staff	A person who only speaks Hmong can feel welcomed by staff members
Services provided/ connections to other services	Access to information	Information is easily obtained and readily available	Websites provide multiple options for accessing information (e.g., via phone, mail, or through local organizations)

RSHIF Equitable Evaluation Framework and Governance Recommendations

Domain	Measure	Description	Examples
Services provided/connections to other services	Access to insurance	Access to health insurance (medical, mental, and dental)	Health insurance is available at no or low cost
Services provided/connections to other services	Access to childcare	Childcare is available on-site or near housing locations	Childcare is included among wrap-around services
Services provided/connections to other services	Access to technology	Computers, printing, and internet access are available on-site	Housing site includes a business center accessible to residents, housing includes internet access (WIFI)
Services provided/connections to other services	Green space - being able to grow your own food or plants	Housing site has designated green space for growing food or plants	Residents are able to grow culturally-specific produce or plants in green space at their housing site
Services provided/connections to other services	Consistency in medical provider	BIPOC find a provider they want to continue to see	BIPOC continue to see the same provider consistently
Services provided/connections to other services	Long-term follow-up / continual engagement / post-service follow-up	Continuous ongoing support before and after receiving services in PSH	Period of time provider maintains contact with person after they exit program or services
Services provided/connections to other services	Wrap-around services	Range of support provided other than housing	Job training, employment support, financial planning, healthcare - especially for clients with multiple complex challenges
Services provided/connections to other services	Trauma-informed service - building relationships and reducing trauma	Service provision that is healing and does not criminalize behaviors, builds relationships and trust to aid in reducing triggering or re-traumatization	Discussing tactics to communicate when a topic or treatment is triggering; providers invite patient advocates to aid patients when they don't feel empowered to speak up
Services provided/connections to other services	Proactive harm mitigation processes - preventing relapse into another crisis	Proactive service provision that can get ahead of relapse	Providers are able to connect across systems to provide individualized care as soon as signs of relapse are noticed by a provider
Services provided/connections to other services	Reconciling loss of case managers for client experiences	Actions taken to respond to attrition of case managers, turnover rates of BIPOC providers, strategic hiring and workload management to build organizational capacity	Experiences with case managers; if case managers left their position, experience during transition to new case manager
Services provided/connections to other services	Proactive case management	Case management practices that identify and prevent harm or relapse	Case managers encourage enrollment in programs offering guidance on health and wellness, housing programs, etc. prior to clients needing emergency care
Services provided/connections to other services	Legal assistance / eviction protection	Availability and accessibility of legal assistance	Legal assistance is made available to support residents who are at risk of losing their home
Services provided/connections to other services	Iterative feedback loops, continuous ongoing evaluation	Questions are asked of program participants at frequent and regular intervals, as experiences and attitudes may change	Example question to get iterative feedback on: What culturally appropriate services do you need to make you successful?

RSHIF Equitable Evaluation Framework and Governance Recommendations

Domain	Measure	Description	Examples
Services provided/ connections to other services	<i>Resident experiences with evictions and early exits</i>	<i>Participants are interviewed about their experiences with the program and what factors led to their eviction / exit</i>	<i>A person's experience with eviction is documented</i>
Services provided/ connections to other services	<i>Staff support</i>	<i>People feel that PSH staff provide connections and resources</i>	<i>PSH residents say that they feel supported in their endeavors and choices</i>
Services provided/ connections to other services	<i>Attrition of case managers</i>	<i>Number of case managers leaving their position</i>	<i>Trends in attrition, especially of BIPOC providers</i>
Services provided/ connections to other services	<i>Being thoughtful about follow-ups / post-service care</i>	<i>Acknowledging that all points of contact with clients intervenes into a person's attitudes or situations in that moment</i>	<i>Client's experience with follow up is not re-traumatizing</i>

Appendix B: Findings from Literature Review

Purpose

This document summarizes the findings of the literature review conducted by CORE thus far regarding creating equitable evaluation governance strategies and principles in cross-sector collaboratives. It is created to meet CORE's original obligations as outlined in Section 2.3 of the Scope of Work (CORE staff will partner with Health Share of Oregon, OHEA, and any other parties identified by Health Share to investigate similar efforts across the country and conduct a literature review to understand any best practices – including principles of equitable evaluation – for creating evaluation governance for cross-sector collaboratives). While the initial contract will undergo modifications due to current and anticipated future delays related to COVID-19 and changing client needs, this document is intended to move work forward where possible and ground RSHIF's evaluation framework in the existing literature. The literature review was expanded to include existing evaluations of supportive housing initiatives and funds similar to RSHIF, and the extent to which these evaluations emphasize collaboration or advancing equity in their design and execution.

Process

Literature review and thematic analysis were conducted by both CORE and PSU-HRAC. CORE authors performed an initial literature review drawing from 1) reports from past projects led by CORE and 2) external documents either found online or provided by RSHIF design partners. Reports written by CORE pertain to the impact of housing on health or how to develop effective collaborative partnerships, and they were selected based on suggestions from CORE staff involved on those projects and a review of CORE's shared drive. External documents were discovered primarily through Google Scholar by searching for terms such as collaborative governance (and associated terms including but not limited to "collaborative planning," "consensus-oriented goal setting," "consensus-oriented problem definition," "distributed governance principles," and "collective impact") equitable evaluation (and associated terms including but not limited to "equitable collaborative evaluation," "equitable evaluation principles," "equitable evaluation decision-making," "equitable evaluation governance," and "community-centered evaluation design"). CORE staff were also able to provide relevant articles at the start of the literature review, and the process was organic, where one article or author often led to another.

Google searches complemented the academic journal review. These searches provided a better understanding of community responses to the collective impact model and its perceived shortcomings. Additional searches pertained to existing supportive housing initiatives, the extent to which they have incorporated evaluation into their design, and the outcomes they measure. RSHIF design partners provided additional publications related to research and

evaluation with a racial equity lens in the greater Portland area to address homelessness and the region's need for permanent supportive housing.

PSU-HRAC performed an additional literature review to build upon these initial findings. PSU-HRAC's review focused on community-based participatory research in an effort to emphasize guidance on community-centered racial equity practices relevant to RSHIF's objectives. PSU-HRAC authors discovered documents through Google Scholar by searching for terms such as "community-based participatory research" (and associated terms including but not limited to "community-based evaluation," "collaborative evaluation," "community-based participatory research," "participatory action research," and "racial equity"). Articles were selected based on their relevance to community partnership models and racial equity, and in one case for comprehensiveness of a literature review of scholarship on community participation in health systems intervention. Additional articles were identified through an organic process of reference searching from initially selected articles, which brought the total number of articles selected for review to seventeen.

Findings were reviewed and discussed collectively between both teams and were integrated and organized into a comprehensive literature review. For both teams, selected reports, articles, and other materials were reviewed for guiding principles and best practices of collaboration, as well as indicators for community-centered and racial equity-based evaluation. CORE and PSU-HRAC developed excel tables to summarize the purpose, design, findings, recommendations, and connection to RSHIF for each of the sources reviewed. Collectively, the Excel documents contain 11 CORE-related entries and 75 entries from other sources.

Findings

Given the depth of scholarship related to many of these themes (cross-sector collaboration, governance, equity, etc.), this literature review is not comprehensive but rather seeks to highlight findings most relevant to RSHIF. One common theme in the literature was a critique of traditional collaborative governance and collective impact models¹⁴ for failing to place the necessary emphasis on the meaningful inclusion of those most affected by these programs and interventions. This literature review integrates findings related to the governance of collaboratives more broadly with findings explicitly focused on inclusive processes to promote equity.

It is organized as follows: first, key values and understandings that should be agreed on at the start of cross-sector collaboratives are discussed. Next, action items are reviewed, some of which are necessary at the beginning of collaborative processes and others which are ongoing.

¹⁴ Collective Impact (Stanford Social Innovation Review), Social Progress Through Collective Impact (Stanford Social Innovation Review)

Findings specific to collaboration in evaluation and its role in advancing equity are then discussed, as well as community-based collaborative planning (CBPR) in evaluation for advancing community-centered racial equity work. Finally, these principles and actions items are applied to collaborative evaluations of supportive housing initiatives.

Key Values & Understandings in Cross-Sector Collaboratives

Existing research highlights that cross-sector collaboratives designed to promote equity should be underpinned by shared core values and understandings. Recommendations from the research include the following:

- Practice cultural humility through critical self-reflection on your own cultural beliefs and assumptions,¹⁵ while recognizing diversity among cultural groups (e.g., tribal groups are bi-cultural, differentiate between tribal and community members)¹⁶
- Establish tolerance for different perspectives and respect for different disciplines as a norm¹⁷
- Do not underestimate the time necessary to build and support collaborative partnerships¹⁸
 - Taking time to build relationships is necessary to develop trust, shared motivation, and commitment to the work among members,^{19,20} as well as understanding one another's worldview, theories of change, and analysis of white privilege and racism^{21, 22}
 - Design processes to promote safety and trust²³

¹⁵ The Dance of Race and Privilege in CBPR (Jossey-Bass)

¹⁶ Contextualizing CBPR: Key Principles of CBPR meet the Indigenous research context (National Institute of Health - Public Access)

¹⁷ Transdisciplinary Research and Evaluation for Community Health Initiatives (Health Promotion Practice)

¹⁸ Regional and Statewide Learning Systems for Improving Community Health (CORE), The Development of Health and Housing Consortia in New York City (Health Affairs)

¹⁹ Housing for Health: Assessing the Impact of a Prioritized Section 8 Distribution Policy on Key Culture of Health Indicators (CORE), PCORI Behavioral Health Integration (CORE), An Integrative Framework for Collaborative Governance (Journal of Public Administration Research and Theory), Measuring Collective Impact: The Healthy Living Collaborative (CORE)

²⁰ Contextualizing CBPR: Key Principles of CBPR meet the Indigenous research context (National Institute of Health - Public Access)

²¹ Doing Evaluation Differently (Racial Equity Tools)

²² Developing and maintaining partnerships with communities (Jossey-Bass)

²³ Using a principles-focused evaluation approach to evaluate coalitions and collaboratives working toward equity and social justice (Evaluating Community Coalitions and Collaborations, New Direction for Evaluation), The Centered Evaluation Guide: Community-based Evaluation Networks Targeting Elimination of Racial and Ethnic Disparities (CENTERED Evaluation)

- Recognize how past narratives, interventions, and relationships influence the collaborative's current work and community dynamics^{24 25 26}
- Recognize power differentials inherent in organizations of different sizes and affiliations working together and their various self-interests;²⁷ be honest and transparent about organizational and individual power differences²⁸
- Be realistic about how communities can participate, as well as who decides how communities participate²⁹
- Recognize the context of structural inequity in which initiatives take place, and explicitly address issues of social and economic injustice and structural racism^{30 31}
- Promote systems-level change³²
- Show up for the affected communities; build trust through relationships, commitment, and action outside of collaborative work³³

Necessary Actions: Starting the Collaborative Process

Existing research highlights certain steps that are necessary to create a high-functioning and inclusive collaborative from the beginning. These include:

- Become clear about who is most affected by the issues you intend to address and involve that community from the beginning³⁴
 - Listen to the people with lived experience about whether or not strategies designed to benefit them have benefited or harmed them in the past³⁵
 - Ask for community health priorities, and collaboratively develop or adapt interventions³⁶

²⁴ Why It Is So Difficult to Form Effective Community Coalitions (City & Community)

²⁵ Developing and maintaining partnerships with communities (Jossey-Bass)

²⁶ The theoretical, historical, and practice roots of CBPR (Jossey-Bass)

²⁷ A Coalition Model for Community Action (Community Organizing and Community Building for Health and Welfare), Why It Is So Difficult to Form Effective Community Coalitions (City & Community)

²⁸ The theoretical, historical, and practice roots of CBPR (Jossey-Bass)

²⁹ Community Participation in Health Systems Research: A Systematic Review Assessing the State of Research, the Nature of Interventions Involved and the Features of Engagement with Communities (PLOS ONE)

³⁰ The Equity Imperative in Collective Impact (Stanford Social Innovation Review)

³¹ Raising the Bar – Integrating Cultural Competence and Equity: Equitable Evaluation (The Foundation Review)

³² Using a principles-focused evaluation approach to evaluate coalitions and collaboratives working toward equity and social justice (Evaluating Community Coalitions and Collaborations, New Direction for Evaluation), The Centered Evaluation Guide: Community-based Evaluation Networks Targeting Elimination of Racial and Ethnic Disparities (CENTERED Evaluation)

³³ Community-based participatory research (CBPR): Towards equitable involvement of community in psychology research (American Psychologist)

³⁴ Raising the Bar – Integrating Cultural Competence and Equity: Equitable Evaluation (The Foundation Review)

³⁵ Doing Evaluation Differently (Racial Equity Tools)

³⁶ Developing and maintaining partnerships with communities (Jossey-Bass)

- Gather information on the community context and the initiative studied (conduct interviews, review documents, visit communities, attend community events, talk to other communities further along in implementation)³⁷
- Recruit diverse members with specific expertise, perspectives, and backgrounds, and provide any necessary training,^{38 39} while seeking engagement and participation from stakeholders with political power⁴⁰
- Prioritize negotiating a shared vision to align goals, priorities, and the amount of change expected, and come to an agreed-upon definition of the problem and criteria for success^{41 42 43}
- Recognize interdependence⁴⁴
- Mutually decide on clear and formalized roles, rules, and structures^{45 46 47 48 49}
- Clearly define and communicate the boundaries of the study, be explicit about which stakeholders are included, which are not, and why⁵⁰
- Plan for extended timelines to accommodate for community scheduling needs⁵¹

³⁷ Reflections on Applying Principles of Equitable Evaluation (WestEd Justice & Prevention Research Center)

³⁸ A Coalition Model for Community Action (Community Organizing and Community Building for Health and Welfare)

³⁹ Community-Based Participatory Research Contributions to Intervention Research: The Intersection of Science and Practice to Improve Health Equity (American Journal of Public Health)

⁴⁰ Using developmental evaluation and community-based participatory research to develop a model of supportive housing (Evaluation and Program Planning)

⁴¹ Measuring Collective Impact: The Healthy Living Collaborative (CORE), Channeling Change: Making Collective Impact Work (Stanford Social Innovation Review), An Integrative Framework for Collaborative Governance (Journal of Public Administration Research and Theory), Principles for Evaluating Comprehensive Community Initiatives (Report prepared on behalf of the National Funding Collaborative on Violence Prevention)

⁴² Reflections on Applying Principles of Equitable Evaluation (WestEd Justice & Prevention Research Center)

⁴³ Doing Evaluation Differently (Racial Equity Tools)

⁴⁴ Developing and maintaining partnerships with communities (Jossey-Bass)

⁴⁵ Toward a Comprehensive Understanding of Community Coalitions: Moving from Practice to Theory (Emerging theories in health promotion practice and research)

⁴⁶ Community-based participatory research (CBPR): Towards equitable involvement of community in psychology research (American Psychologist)

⁴⁷ Using developmental evaluation and community-based participatory research to develop a model of supportive housing (Evaluation and Program Planning)

⁴⁸ The theoretical, historical, and practice roots of CBPR (Jossey-Bass)

⁴⁹ Community-Based Participatory Research Contributions to Intervention Research: The Intersection of Science and Practice to Improve Health Equity (American Journal of Public Health)

⁵⁰ Reflections on Applying Principles of Equitable Evaluation (WestEd Justice & Prevention Research Center)

⁵¹ Contextualizing CBPR: Key Principles of CBPR meet the Indigenous research context (National Institute of Health - Public Access)

RSHIF Equitable Evaluation Framework and Governance Recommendations

- Ensure that members see the value of the work and plan for short-term outcomes that fit with long-term goals⁵²
- Establish clear decision-making processes: procedural (e.g., setting agendas or establishing workgroups) and substantive (e.g., voting or agreeing on final recommendations)⁵³
 - Involve community partners as decision-making participants,⁵⁴ while prioritizing community needs and interests⁵⁵
 - Tailor procedures to community needs and in ways that more equitably distribute power⁵⁶
- Recognize assumptions and institutional and individual limitations⁵⁷
- Honestly assess the community and collaborative, in terms of readiness for change, racial literacy, power structures⁵⁸
- Build member ownership and leadership through core collaborative function design (as opposed to the convening organization assuming too much power)⁵⁹
- Balance privacy and confidentiality with equitable involvement of community partners. Inform community members about the risk of sharing their identity and offer advice about protection⁶⁰

⁵² Toward a Comprehensive Understanding of Community Coalitions: Moving from Practice to Theory (Emerging theories in health promotion practice and research), Housing with Services: Evaluation Report (CORE), The Development of Health and Housing Consortia in New York City (Health Affairs)

⁵³ An Integrative Framework for Collaborative Governance (Journal of Public Administration Research and Theory), Managing through Collaborative Networks: A Twenty-First Century Mandate for Local Government (State & Local Government Review)

⁵⁴ The theoretical, historical, and practice roots of CBPR (Jossey-Bass)

⁵⁵ Community-based participatory research (CBPR): Towards equitable involvement of community in psychology research (American Psychologist)

⁵⁶ Community-based participatory research (CBPR): Towards equitable involvement of community in psychology research (American Psychologist)

⁵⁷ City leadership for health and sustainable development: The World Health Organization European Healthy Cities Network (Health Promotion International), Lessons learned from the application of a participatory evaluation methodology to Healthy Municipalities, Cities and Communities initiatives in selected countries of the Americas (Promotion & Education), Four Network Principles for Collaboration Success (The Foundation Review)

⁵⁸ Using a principles-focused evaluation approach to evaluate coalitions and collaboratives working toward equity and social justice (Evaluating Community Coalitions and Collaborations, New Direction for Evaluation), The Centered Evaluation Guide: Community-based Evaluation Networks Targeting Elimination of Racial and Ethnic Disparities (CENTERED Evaluation)

⁵⁹ Collaborating for equity and justice: Moving beyond Collective Impact (Nonprofit Quarterly)

⁶⁰ Community-based participatory research (CBPR): Towards equitable involvement of community in psychology research (American Psychologist)

Necessary Actions: Ongoing Throughout the Collaborative Process

Other actions must be taken throughout the life of the collaborative to ensure it incorporates community voice and priorities into its decision making. These include:

- Communicate regularly and use a continuous definition process to build shared meaning and language across backgrounds or sectors; value continuous learning⁶¹
 - Iteratively inform program design through feedback and self-reflection; continuously clarify partnership priorities and expectations^{62 63}
 - Listen closely. Listen to both hidden and public transcripts⁶⁴
- Ensure parties are able to make meaningful contributions through their roles⁶⁵
 - Include a backbone organization that can provide leadership and support necessary investment and communication⁶⁶
 - Allow for sufficient time for the inclusion of multiple perspectives⁶⁷
 - Host various meetings (in purpose, size, and timing) for reflection and learning, in a location that is in the community or is mutually accessible and agreed upon⁶⁸
- Be responsive and adaptable to changing contexts and the collaborative's dynamics⁷⁰
 - Share decision-making and allow for the evolution of governance practices⁷¹
- Rapidly respond to and resolve conflicts when they arise between members⁷²

⁶¹ Frequent Users Systems Engagement (CORE), A Common Framework for Assessing Accountable Communities of Health (Fundors Forum on Accountable Health)

⁶² Using developmental evaluation and community-based participatory research to develop a model of supportive housing (Evaluation and Program Planning)

⁶³ Community-Based Participatory Research Contributions to Intervention Research: The Intersection of Science and Practice to Improve Health Equity (American Journal of Public Health)

⁶⁴ The Dance of Race and Privilege in CBPR (Jossey-Bass)

⁶⁵ A Practical Approach to Evaluation of Collaborations (Evaluating Community Collaborations)

⁶⁶ Rhode Island Braids Funding to Create Health Equity Zones (Human Impact Partners Project)

⁶⁷ Reflections on Applying Principles of Equitable Evaluation (WestEd Justice & Prevention Research Center)

⁶⁸ Community-based participatory research (CBPR): Towards equitable involvement of community in psychology research (American Psychologist)

⁶⁹ Using developmental evaluation and community-based participatory research to develop a model of supportive housing (Evaluation and Program Planning)

⁷⁰ An Integrative Framework for Collaborative Governance (Journal of Public Administration Research and Theory)

⁷¹ Regional and Statewide Learning Systems for Improving Community Health (CORE)

⁷² Toward a Science of Transdisciplinary Action Research (American Journal of Community Psychology), Widening the view: situating collective impact among frameworks for community-led change (Community Development)

RSHIF Equitable Evaluation Framework and Governance Recommendations

- Ensure residents have equal power in determining agendas and address potential barriers to participation (childcare, transportation, translation)^{73 74}
- Employ community organizing as an intentional strategy⁷⁵
- Be attentive to privilege and limit the use of technical language and professional jargon⁷⁶
- Ensure that communication disrupts rather than normalizes inequities⁷⁷
 - Speak about white privilege and racism⁷⁸
 - Ask questions about racial inequities, barriers or negative outcomes, or of institutional practices that affect individuals differently⁷⁹
 - Examine the role of racism in diminishing the health of the entire population, not just the health of members of low-income communities of color⁸⁰
 - Emphasize the intersectionality of race, gender, age, and class to examine how different categories engage with racism and with each other⁸¹
- Build community capacity for analysis and evaluation^{82 83}
- Integrate community wisdom, voice, experience, and leadership⁸⁴
 - Integrate culturally based evidence, practice-based evidence, and indigenous research methodologies⁸⁵
- Interpret data with a cultural context, include historical and social considerations as well as language and cultural understanding⁸⁶

⁷³ Using a principles-focused evaluation approach to evaluate coalitions and collaboratives working toward equity and social justice (Evaluating Community Coalitions and Collaborations, New Direction for Evaluation), The Centered Evaluation Guide: Community-based Evaluation Networks Targeting Elimination of Racial and Ethnic Disparities (CENTERED Evaluation)

⁷⁴ Reflections on Applying Principles of Equitable Evaluation (WestEd Justice & Prevention Research Center)

⁷⁵ Collaborating for equity and justice: Moving beyond Collective Impact (Nonprofit Quarterly)

⁷⁶ Collaborating for equity and justice: Moving beyond Collective Impact (Nonprofit Quarterly)

⁷⁷ Bringing an Equity Lens to Collective Impact (Collective Impact Forum)

⁷⁸ The Dance of Race and Privilege in CBPR (Jossey-Bass)

⁷⁹ Reflections on Applying Principles of Equitable Evaluation (WestEd Justice & Prevention Research Center)

⁸⁰ The Dance of Race and Privilege in CBPR (Jossey-Bass)

⁸¹ The Dance of Race and Privilege in CBPR (Jossey-Bass)

⁸² Rhode Island Braids Funding to Create Health Equity Zones (Human Impact Partners Project)

⁸³ Reflections on Applying Principles of Equitable Evaluation (WestEd Justice & Prevention Research Center)

⁸⁴ Equity: The Soul of Collective Impact (PolicyLink)

⁸⁵ Community-Based Participatory Research Contributions to Intervention Research: The Intersection of Science and Practice to Improve Health Equity (American Journal of Public Health)

⁸⁶ Contextualizing CBPR: Key Principles of CBPR meet the Indigenous research context (National Institute of Health - Public Access)

- Involve community in interpretation and dissemination of data. Recognize that community members have a right to deny publication if it is deemed inappropriate, as has been demonstrated in research with tribal communities⁸⁷
- Translate materials and share data in meaningful ways to all populations;⁸⁸ develop documents that are shorter, more visual, and available in multiple languages⁸⁹
- Use existing tools to assess the working of the collaborative when appropriate (satisfaction surveys, climate diagnostics, responsibility charting, sustainability benchmarks, etc.)⁹⁰

Collaboration in Evaluation to Advance Equity

While the previous findings pertained to cross-sector collaborative processes broadly, the following findings are specific to evaluation. Key literature themes include:

- **COLLABORATIVE EVALUATION IS A CONSTANT PROCESS.** It involves the meaningful involvement of those most impacted throughout (in defining the scope, co-creating questions, designing and implementing the evaluation, collecting and interpreting data, and disseminating findings).^{91 92 93 94 95 96 97} To be truly collaborative, community voice should be present throughout, and there should be community ownership of processes and of data.^{98 99 100} Benefits of this approach include its nuance, flexibility, validity, stakeholder buy-in, capacity development, and ability to create change.¹⁰¹

⁸⁷ Contextualizing CBPR: Key Principles of CBPR meet the Indigenous research context (National Institute of Health - Public Access)

⁸⁸ Raising the Bar – Integrating Cultural Competence and Equity: Equitable Evaluation (The Foundation Review)

⁸⁹ Reflections on Applying Principles of Equitable Evaluation (WestEd Justice & Prevention Research Center)

⁹⁰ A Practical Approach to Evaluation of Collaborations (Evaluating Community Collaborations)

⁹¹ Lessons learned from the application of a participatory evaluation methodology to Healthy Municipalities, Cities and Communities initiatives in selected countries of the Americas (Promotion & Education), Using a principles-focused evaluation approach to evaluate coalitions and collaboratives working toward equity and social justice (Evaluating Community Coalitions and Collaborations, New Direction for Evaluation)

⁹² The Dance of Race and Privilege in CBPR (Jossey-Bass)

⁹³ Participatory action research: General principles and a study with a chronic health condition (American Psychological Association)

⁹⁴ Community-based participatory research (CBPR): Towards equitable involvement of community in psychology research (American Psychologist)

⁹⁵ Reflections on Applying Principles of Equitable Evaluation (WestEd Justice & Prevention Research Center)

⁹⁶ The theoretical, historical, and practice roots of CBPR (Jossey-Bass)

⁹⁷ Community-Based Participatory Research Contributions to Intervention Research: The Intersection of Science and Practice to Improve Health Equity (American Journal of Public Health)

⁹⁸ Frequent Users Systems Engagement (CORE)

⁹⁹ The theoretical, historical, and practice roots of CBPR (Jossey-Bass)

¹⁰⁰ Community-Based Participatory Research Contributions to Intervention Research: The Intersection of Science and Practice to Improve Health Equity (American Journal of Public Health)

¹⁰¹ The Power of Collaborative Program Evaluation (PCG Whitepaper)

- **EVALUATION CAN PLAY A KEY ROLE IN ADVANCING EQUITY.** Equity should be both the how and the what of the work (how the work is done and the results that are sought through the work).¹⁰² Underlying values to promote equity in evaluative work include:
 - Evaluators should examine their own organizational structures, policies, and practices, and the **context** and structural factors in which they operate. Without vigilant attention, evaluation can reinforce and perpetuate the power dynamics that created inequities¹⁰³
 - Researchers must be honest with their own power bases and develop policies that equalize power relations to create an environment that fosters trust^{104 105}
 - Evaluators should speak explicitly and transparently about equity being a priority¹⁰⁶
 - Trainings specific to equity, power, and privilege can strengthen connections between evaluation coalition members and build common language and understanding¹⁰⁷
 - Evaluators should have a deep understanding of white privilege and mechanisms of racism, and be willing to bring those understandings fully into the evaluation¹⁰⁸
 - Broaden the range of people who are considered evaluators. Bring more people of color into "professional" evaluator roles¹⁰⁹
 - Reconcile or agree to live with one another's differences in perspectives about evaluation design¹¹⁰
 - Use the research process and outcomes to mobilize and advocate for change to reduce disparities and enhance race relations¹¹¹
 - Identify and become familiar with existing efforts that have a clear focus on equity¹¹²

¹⁰² Frequent Users Systems Engagement (CORE)

¹⁰³ The Equity Imperative in Collective Impact (Stanford Social Innovation Review), Reflections on Applying Principles of Equitable Evaluation (WestEd Justice & Prevention Research Center), Raising the Bar – Integrating Cultural Competence and Equity: Equitable Evaluation (The Foundation Review), Applying an Equity Mirror to Collective Impact (Collective Impact Forum)

¹⁰⁴ The theoretical, historical, and practice roots of CBPR (Jossey-Bass)

¹⁰⁵ Community-Based Participatory Research Contributions to Intervention Research: The Intersection of Science and Practice to Improve Health Equity (American Journal of Public Health)

¹⁰⁶ Raising the Bar – Integrating Cultural Competence and Equity: Equitable Evaluation (The Foundation Review)

¹⁰⁷ Measuring Collective Impact: The Healthy Living Collaborative (CORE)

¹⁰⁸ Doing Evaluation Differently (Racial Equity Tools)

¹⁰⁹ Doing Evaluation Differently (Racial Equity Tools)

¹¹⁰ Doing Evaluation Differently (Racial Equity Tools)

¹¹¹ The Dance of Race and Privilege in CBPR (Jossey-Bass)

¹¹² Raising the Bar – Integrating Cultural Competence and Equity: Equitable Evaluation (The Foundation Review)

RSHIF Equitable Evaluation Framework and Governance Recommendations

- Action items in the design and implementation of the evaluation include:
- Involve the community from the beginning. Ask about the kind of product they would like to see from the evaluation¹¹³
- Recruit individuals with lived experiences related to the issue at hand when considering evaluation design and implementation, meeting structures, time durations, and locations¹¹⁴
 - Develop a plan for approaching and engaging people who are willing and able to give their time as part of the work¹¹⁵
 - Researchers might also consider budgeting for stipends or honoraria for stakeholders who take on this role¹¹⁶
- Building relationships prior to data collection¹¹⁷
- Using equity to frame theories of change (community-centered over initiative-centered framing)¹¹⁸ and using power analyses to track changes in the flow of power¹¹⁹
- Being cautious when using government and administrative data¹²⁰ and disaggregating data beyond traditional constructs to identify program impacts on distinct populations¹²¹
 - Designing evaluations that look at the separate effects of race and class, or raising the importance of doing so even if they cannot¹²²
 - Expanding data collection to recognize heterogeneity of racial and ethnic groups (i.e., include questions on ancestry, migration history, and language)¹²³

¹¹³ Reflections on Applying Principles of Equitable Evaluation (WestEd Justice & Prevention Research Center)

¹¹⁴ Raising the Bar – Integrating Cultural Competence and Equity: Equitable Evaluation (The Foundation Review)

¹¹⁵ Reflections on Applying Principles of Equitable Evaluation (WestEd Justice & Prevention Research Center)

¹¹⁶ Reflections on Applying Principles of Equitable Evaluation (WestEd Justice & Prevention Research Center)

¹¹⁷ Equity as a Leading Principle (TCC Group)

¹¹⁸ Interventions: Goals, Processes, and Strategies & Doing Evaluation Differently (Flipping the Script: White Privilege and Community Building), Review of Selected Works of Culhane, D. (Culhane, D.)

¹¹⁹ Doing Evaluation Differently (Racial Equity Tools)

¹²⁰ Interventions: Goals, Processes, and Strategies & Doing Evaluation Differently (Flipping the Script: White Privilege and Community Building), Review of Selected Works of Culhane, D. (Culhane, D.)

¹²¹ The Centered Evaluation Guide: Community-based Evaluation Networks Targeting Elimination of Racial and Ethnic Disparities (CENTERED Evaluation Guidebook), How to Embed a Racial and Ethnic Equity Perspective in Research: Practical Guidance for the Research Process (Child Trends Working Paper)

¹²² Doing Evaluation Differently (Racial Equity Tools)

¹²³ The Dance of Race and Privilege in CBPR (Jossey-Bass)

RSHIF Equitable Evaluation Framework and Governance Recommendations

- Being transparent when considering tradeoffs and limitations, honest about what participation entails,¹²⁴ and the possible harm that could result from the evaluation^{125 126}
- Ensuring that materials and approaches account for context¹²⁷
- Using caution if generalizing¹²⁸
- Being intentional and reflective about researchers' and funders' influence;¹²⁹ funders and evaluators will need to become comfortable with sharing decision-making¹³⁰
- Being aware of evaluators' own biases and guarding against whiteness as the normative frame^{131 132}
- Ensuring that the community benefits from the evaluation¹³³
- Developing evaluative capacity among community members^{134 135}
- Understand what type of messaging, reinforcement, and culture change are needed to create a safe place to talk about the implications of an equitable-evaluation frame¹³⁶
- Design processes for sharing evaluation findings beyond program staff (e.g., with others in the organization)¹³⁷

¹²⁴ Reflections on Applying Principles of Equitable Evaluation (WestEd Justice & Prevention Research Center), Trauma-Informed Evaluation: Tip Sheet for Collecting Information (Wilder Research)

¹²⁵ Raising the Bar – Integrating Cultural Competence and Equity: Equitable Evaluation (The Foundation Review)

¹²⁶ Reflections on Applying Principles of Equitable Evaluation (WestEd Justice & Prevention Research Center)

¹²⁷ Reflections on Applying Principles of Equitable Evaluation (WestEd Justice & Prevention Research Center)

¹²⁸ Reflections on Applying Principles of Equitable Evaluation (WestEd Justice & Prevention Research Center)

¹²⁹ Reflections on Applying Principles of Equitable Evaluation (WestEd Justice & Prevention Research Center)

¹³⁰ Reflections on Applying Principles of Equitable Evaluation (WestEd Justice & Prevention Research Center)

¹³¹ Considerations for Conducting Evaluation Using a Culturally Responsive and Racial Equity Lens (Public Policy Associates), How to Embed a Racial and Ethnic Equity Perspective in Research: Practical Guidance for the Research Process (Child Trends Working Paper), The Bias of 'Professionalism' Standards (Stanford Social Innovation Review)

¹³² The Dance of Race and Privilege in CBPR (Jossey-Bass)

¹³³ The Centered Evaluation Guide: Community-based Evaluation Networks Targeting Elimination of Racial and Ethnic Disparities (CENTERED Evaluation Guidebook)

¹³⁴ Doing Evaluation Differently (Racial Equity Tools)

¹³⁵ Community-Based Participatory Research Contributions to Intervention Research: The Intersection of Science and Practice to Improve Health Equity (American Journal of Public Health)

¹³⁶ Raising the Bar – Integrating Cultural Competence and Equity: Equitable Evaluation (The Foundation Review)

¹³⁷ Raising the Bar – Integrating Cultural Competence and Equity: Equitable Evaluation (The Foundation Review)

CBPR in Evaluation to Advance Community-Centered Racial Equity Work

Community-based participatory research identifies additional principles that add to the existing assessment of values and actions identified herein. These principles include many approaches already captured, including recognizing community as a unit of identity, the facilitation of collaborative and equitable partnership in all research phases, involving co-learning and power-sharing process that attends to social inequities, and addressing issues of race, ethnicity, racism, and social class and embracing “cultural humility.”¹³⁸ CBPR also seeks to integrate and achieve a balance between research and action for the mutual benefit of all partners^{139 140} and emphasizes a long-term process and commitment to sustaining the work^{141 142}. In addition to these core principles, research examining the process of evaluation within CBPR applications suggest a number of considerations for designing measures that center community participation in racial equity work. Evaluation measures in CBPR research seeks to:

- Understand how much control (or power) the community partners have over process and outcomes of the collaboration¹⁴³
- Understand the amount of collaboration community partners are involved in¹⁴⁴
- Understand the degree of commitment community partners have to the collaboration¹⁴⁵
- Identify whether the research originated from the community and whether the research is relevant to or of interest to the community¹⁴⁶
- Identify how improvement in health and social dimensions resulted from community participation^{147 148}

¹³⁸ Critical issues in developing and following CBPR principles (Jossey-Bass)

¹³⁹ The theoretical, historical, and practice roots of CBPR (Jossey-Bass)

¹⁴⁰ Critical issues in developing and following CBPR principles (Jossey-Bass)

¹⁴¹ Community-Based Participatory Research Contributions to Intervention Research: The Intersection of Science and Practice to Improve Health Equity (American Journal of Public Health)

¹⁴² Critical issues in developing and following CBPR principles (Jossey-Bass)

¹⁴³ Participatory action research: General principles and a study with a chronic health condition (American Psychological Association)

¹⁴⁴ Participatory action research: General principles and a study with a chronic health condition (American Psychological Association)

¹⁴⁵ Participatory action research: General principles and a study with a chronic health condition (American Psychological Association)

¹⁴⁶ Community-based participatory research (CBPR): Towards equitable involvement of community in psychology research (American Psychologist)

¹⁴⁷ Community-based participatory research (CBPR): Towards equitable involvement of community in psychology research (American Psychologist)

¹⁴⁸ Community participation in health services development, implementation, and evaluation: A systematic review of empowerment, health, community, and process outcomes (PLOS ONE)

- Ask whether the community would work with the evaluation team again, as well as whether the evaluation team would work with the community again¹⁴⁹
- Maintain a focus on community-level processes and relationships, in addition to individual-level processes and relationships¹⁵⁰
- Track structural and institutional changes, wherever possible, at the community level¹⁵¹
- Examine the cost effectiveness of community participation in real-world interventions; compare various approaches to community participation and involvement¹⁵²
- Report on long-term outcomes of community participation¹⁵³
- Examine whether engagement with the community was limited by funding cycles¹⁵⁴
- Examine whether resources were pooled to build capacity and sustain ongoing collaboration among evaluators and community members¹⁵⁵

Supportive Housing: Evaluation Considerations

The expanded literature review revealed a number of considerations in the design and implementation of evaluations of supportive housing initiatives. The evaluative process should encourage programs to think prospectively about their impact models to ensure they are capturing all relevant outcomes from the program's start, explore ways to best assess variation in outcomes across subgroups and populations,¹⁵⁶ consider the impact of interim housing on outcomes for residents waiting for permanent supportive housing,¹⁵⁷ and be flexible when evaluating new initiatives and incorporate new evaluation questions as they arise.¹⁵⁸

When compared to existing supportive housing initiatives around the country (Santa Clara's and Philadelphia's which are primarily funded by the private sector, Los Angeles's which is funded by community foundations, or Allegheny County's which is funded at the county level, all of

¹⁴⁹ Developing and maintaining partnerships with communities (Jossey-Bass)

¹⁵⁰ Doing Evaluation Differently (Racial Equity Tools)

¹⁵¹ Doing Evaluation Differently (Racial Equity Tools)

¹⁵² Community participation in health services development, implementation, and evaluation: A systematic review of empowerment, health, community, and process outcomes (PLOS ONE)

¹⁵³ Community participation in health services development, implementation, and evaluation: A systematic review of empowerment, health, community, and process outcomes (PLOS ONE)

¹⁵⁴ Community participation in health services development, implementation, and evaluation: A systematic review of empowerment, health, community, and process outcomes (PLOS ONE)

¹⁵⁵ Using developmental evaluation and community-based participatory research to develop a model of supportive housing (Evaluation and Program Planning)

¹⁵⁶ Housing with Services: Evaluation Report (CORE), The Development of Health and Housing Consortia in New York City (Health Affairs)

¹⁵⁷ Evaluation of Housing for Health Permanent Supportive Housing Program (RAND Corporation Research Report)

¹⁵⁸ A Home for Everyone: Evaluation Framework (NPC Research)

RSHIF Equitable Evaluation Framework and Governance Recommendations

which focus more on new unit development), RSHIF’s funding design and its “anything necessary approach”¹⁵⁹ seems particularly innovative. At the same time, this approach may create additional complexities in the evaluation process and it is important to consider a wide range of outcomes that may result from its efforts. A non-exhaustive list of potential considerations when assessing RSHIF’s impact include:¹⁶⁰

DOMAIN	MEASURES
Supportive housing	<ul style="list-style-type: none"> Number of individuals housed Number of individuals connected with services Self-reported satisfaction with services Self-reported housing stability and quality
Health	<ul style="list-style-type: none"> Connections to primary care Health care expenditures Self-reported health status (physical & mental health, diet, sleep, exercise, medication adherence) Improvement in social and environmental conditions within communities facing inequities,^{161 162} Improvements in physical, mental, and social health issues within communities facing inequities¹⁶³ Reduced health inequities and inequities in the social and environmental determinants of health^{164 165 166}

¹⁵⁹ “Housing 300 Portland metro area seniors in 2020,” Kaiser Permanente Press Release, <https://about.kaiserpermanente.org/community-health/news/housing-300-portland-metro-area-seniors-in-2020> (January 20, 2020)

¹⁶⁰ Health in Housing: Exploring the Intersection Between Housing & Health Care (CORE), Integrating Housing & Health: A Health-Focused Evaluation, The Apartments at Bud Clark Commons (CORE), Housing for Health: Assessing the Impact of a Prioritized Section 8 Distribution Policy on Key Culture of Health Indicators (CORE), Long-Term Rent Assistance Program: Evaluation Final Report (CORE), Frequent Users Systems Engagement (CORE), Community Plan to End Homelessness in Santa Clara County: 2015-2020 (Destination: Home), The Costs and Potential Savings of Supportive Housing for Child Welfare-Involved Families (Urban Institute Research Report), Does Supportive Housing Keep Families Together? Supportive Housing for Child Welfare Families Research Partnership (Urban Institute Research Report), How Housing Matters for Families: Findings from In-Depth Interviews with Parents in Supportive Housing (Urban Institute Research Report), Show Me Healthy Housing: Two Year Evaluation Report (Urban Institute Research Report), Literature Review of Supportive Housing: By Study (CSH)

¹⁶¹ Engage for Equity: A Long-Term Study of Community-Based Participatory Research and Community-Engaged Research Practices and Outcomes (Health Education & Behavior)

¹⁶² Community-Based Participatory Research Contributions to Intervention Research: The Intersection of Science and Practice to Improve Health Equity (American Journal of Public Health)

¹⁶³ A conceptual framework for evaluating health equity promotion within community-based participatory research partnerships (Evaluation and Program Planning)

¹⁶⁴ A conceptual framework for evaluating health equity promotion within community-based participatory research partnerships (Evaluation and Program Planning)

¹⁶⁵ Engage for Equity: A Long-Term Study of Community-Based Participatory Research and Community-Engaged Research Practices and Outcomes (Health Education & Behavior)

¹⁶⁶ Community-Based Participatory Research Contributions to Intervention Research: The Intersection of Science and Practice to Improve Health Equity (American Journal of Public Health)

RSHIF Equitable Evaluation Framework and Governance Recommendations

	Decreased differential in health outcomes between communities facing health inequities and other communities ¹⁶⁷
Economics	Employment status Self-reported financial health
Family stability	Allegations of child abuse/neglect Removal rates Time children spend in foster care
Education	School absenteeism Enrollment in early child education programs
Criminal justice system involvement	Arrests Jail stays Parole and probation data
Social supports, safety, & stability	Self-reported social supports and connectivity within household Self-reported social supports and connectivity outside household Self-reported safety – interpersonal conflict with neighborhoods Self-reported safety – domestic conflict / domestic violence Self-reported safety – neighborhood safety Self-reported stability and ability to plan for the future Self-reported quality of life
Community partnership	Community partners control over process (low, medium, high) ¹⁶⁸ Community partners control over outcomes (low, medium, high) ¹⁶⁹ Community partners involvement in collaboration (low, medium, high) ¹⁷⁰ Community partners commitment to collaboration (low, medium, high) ¹⁷¹ Meaningful involvement of communities facing inequities ¹⁷² Clear, concrete, and sustainable community benefits ¹⁷³

¹⁶⁷ A conceptual framework for evaluating health equity promotion within community-based participatory research partnerships (Evaluation and Program Planning)

¹⁶⁸ Participatory action research: General principles and a study with a chronic health condition (American Psychological Association)

¹⁶⁹ Participatory action research: General principles and a study with a chronic health condition (American Psychological Association)

¹⁷⁰ Participatory action research: General principles and a study with a chronic health condition (American Psychological Association)

¹⁷¹ Participatory action research: General principles and a study with a chronic health condition (American Psychological Association)

¹⁷² A conceptual framework for evaluating health equity promotion within community-based participatory research partnerships (Evaluation and Program Planning)

¹⁷³ Success in Long-Standing Community-Based Participatory Research (CBPR) Partnerships: A Scoping Literature Review (Health Education & Behavior)

RSHIF Equitable Evaluation Framework and Governance Recommendations

Continued willingness/ability to conduct CBPR¹⁷⁴

Pride and ownership in partnership work¹⁷⁵

Power relations

Community members feel their voices are being heard¹⁷⁶

Collaborative engaged in collective reflection¹⁷⁷

Collaborative shares CBPR values¹⁷⁸

Increased power sharing in research and knowledge democracy^{179 180 181}

Community influence over decisions, policies, partnerships, institutions, and systems that affect health^{182 183}

Transparency, inclusiveness, and collaboration with the community on the part of government and institutions¹⁸⁴

Equity

Focus on equity in partnership goals, research questions, and methods¹⁸⁵

Analysis of the distribution of health and equity impacts across the population¹⁸⁶

Issues analyzed are community-identified and relevant¹⁸⁷

¹⁷⁴ Success in Long-Standing Community-Based Participatory Research (CBPR) Partnerships: A Scoping Literature Review (Health Education & Behavior)

¹⁷⁵ Success in Long-Standing Community-Based Participatory Research (CBPR) Partnerships: A Scoping Literature Review (Health Education & Behavior)

¹⁷⁶ Community-Based Participatory Research Contributions to Intervention Research: The Intersection of Science and Practice to Improve Health Equity (American Journal of Public Health)

¹⁷⁷ Engage for Equity: A Long-Term Study of Community-Based Participatory Research and Community-Engaged Research Practices and Outcomes (Health Education & Behavior)

¹⁷⁸ Engage for Equity: A Long-Term Study of Community-Based Participatory Research and Community-Engaged Research Practices and Outcomes (Health Education & Behavior)

¹⁷⁹ Success in Long-Standing Community-Based Participatory Research (CBPR) Partnerships: A Scoping Literature Review (Health Education & Behavior)

¹⁸⁰ Engage for Equity: A Long-Term Study of Community-Based Participatory Research and Community-Engaged Research Practices and Outcomes (Health Education & Behavior)

¹⁸¹ Community-Based Participatory Research Contributions to Intervention Research: The Intersection of Science and Practice to Improve Health Equity (American Journal of Public Health)

¹⁸² Engage for Equity: A Long-Term Study of Community-Based Participatory Research and Community-Engaged Research Practices and Outcomes (Health Education & Behavior)

¹⁸³ A conceptual framework for evaluating health equity promotion within community-based participatory research partnerships (Evaluation and Program Planning)

¹⁸⁴ A conceptual framework for evaluating health equity promotion within community-based participatory research partnerships (Evaluation and Program Planning)

¹⁸⁵ A conceptual framework for evaluating health equity promotion within community-based participatory research partnerships (Evaluation and Program Planning)

¹⁸⁶ A conceptual framework for evaluating health equity promotion within community-based participatory research partnerships (Evaluation and Program Planning)

¹⁸⁷ A conceptual framework for evaluating health equity promotion within community-based participatory research partnerships (Evaluation and Program Planning)

RSHIF Equitable Evaluation Framework and Governance Recommendations

Response to community concerns in action strategies and recommendations are generated by the partnership¹⁸⁸
Use of community knowledge and experience as evidence in analyzing health equity impacts¹⁸⁹

Systems change

Transformation of policies and practices in institutions and communities^{190 191}
Research moves to system and policy change¹⁹²
Transformed social and economic conditions^{193 194}
New interdependent partnership structures and policies are developed¹⁹⁵
Research productivity: research outcomes, papers, grant applications and awards^{196 197}
Culturally based and sustainable partnerships and projects^{198 199}

Capacity change

Knowledge transfer from partnership to community²⁰⁰
Growth in individual and partner and agency capacities^{201 202}

¹⁸⁸ A conceptual framework for evaluating health equity promotion within community-based participatory research partnerships (Evaluation and Program Planning)

¹⁸⁹ A conceptual framework for evaluating health equity promotion within community-based participatory research partnerships (Evaluation and Program Planning)

¹⁹⁰ Engage for Equity: A Long-Term Study of Community-Based Participatory Research and Community-Engaged Research Practices and Outcomes (Health Education & Behavior)

¹⁹¹ Community-Based Participatory Research Contributions to Intervention Research: The Intersection of Science and Practice to Improve Health Equity (American Journal of Public Health)

¹⁹² Success in Long-Standing Community-Based Participatory Research (CBPR) Partnerships: A Scoping Literature Review (Health Education & Behavior)

¹⁹³ Engage for Equity: A Long-Term Study of Community-Based Participatory Research and Community-Engaged Research Practices and Outcomes (Health Education & Behavior)

¹⁹⁴ Community-Based Participatory Research Contributions to Intervention Research: The Intersection of Science and Practice to Improve Health Equity (American Journal of Public Health)

¹⁹⁵ Developing and maintaining partnerships with communities (Jossey-Bass)

¹⁹⁶ Engage for Equity: A Long-Term Study of Community-Based Participatory Research and Community-Engaged Research Practices and Outcomes (Health Education & Behavior)

¹⁹⁷ Community-Based Participatory Research Contributions to Intervention Research: The Intersection of Science and Practice to Improve Health Equity (American Journal of Public Health)

¹⁹⁸ Engage for Equity: A Long-Term Study of Community-Based Participatory Research and Community-Engaged Research Practices and Outcomes (Health Education & Behavior)

¹⁹⁹ Community-Based Participatory Research Contributions to Intervention Research: The Intersection of Science and Practice to Improve Health Equity (American Journal of Public Health)

²⁰⁰ Success in Long-Standing Community-Based Participatory Research (CBPR) Partnerships: A Scoping Literature Review (Health Education & Behavior)

²⁰¹ Engage for Equity: A Long-Term Study of Community-Based Participatory Research and Community-Engaged Research Practices and Outcomes (Health Education & Behavior)

²⁰² Community-Based Participatory Research Contributions to Intervention Research: The Intersection of Science and Practice to Improve Health Equity (American Journal of Public Health)

Partners self-reflect on personal and institutional relationships²⁰³
Internal change in each partnering member's institution²⁰⁴
Knowledge and awareness of decision-making processes²⁰⁵
Capacity to influence decision-making processes, including the ability to plan, organize, fundraise, and take action within the decision-making context²⁰⁶
Cultural reinforcement and revitalization^{207 208}

Racial Justice

Finally, it is important to recognize the existing body of local work that centers racial justice, some of which focuses directly on housing and homelessness. RSHIF should keep in mind the recommendations developed by these authors, which include:

- The experiential, historical, and cultural knowledge of communities of color should be centered in research and evaluation through the right to research (self-determination, knowledge creation), the right to know (access information), and the right to be heard (convey data to chosen audiences)²⁰⁹
- There must be a shift in dynamics where communities of color play a prominent role as researchers, knowledge producers, and communicators instead of research subjects²¹⁰
- Research and evaluation should prioritize vulnerable populations, hold programs accountable, engage with the community,²¹¹ name structural and institutional racism as the cause of disparities in chronic homelessness and reduced access to services for people of color,²¹² and ground its engagement in shared definitions of racial equity and justice with communities of color and those who have lived experience.²¹³

²⁰³ Developing and maintaining partnerships with communities (Jossey-Bass)

²⁰⁴ Developing and maintaining partnerships with communities (Jossey-Bass)

²⁰⁵ A conceptual framework for evaluating health equity promotion within community-based participatory research partnerships (Evaluation and Program Planning)

²⁰⁶ A conceptual framework for evaluating health equity promotion within community-based participatory research partnerships (Evaluation and Program Planning)

²⁰⁷ Engage for Equity: A Long-Term Study of Community-Based Participatory Research and Community-Engaged Research Practices and Outcomes (Health Education & Behavior)

²⁰⁸ Community-Based Participatory Research Contributions to Intervention Research: The Intersection of Science and Practice to Improve Health Equity (American Journal of Public Health)

²⁰⁹ Leading with Race: Research Justice in Washington County (Coalition of Communities of Color)

²¹⁰ Leading with Race: Research Justice in Washington County (Coalition of Communities of Color)

²¹¹ Portland – Gresham – Multnomah County Continuum-of-Care (COC): Systems Performance Monitoring & Reporting Plan (A Home for Everyone)

²¹² Strategic Framework to Address Chronic Homelessness (A Home for Everyone), Tri-County Equitable Housing Strategy to Expand Supportive Housing for People Experiencing Chronic Homelessness (CSH), Phase One Study Findings (Center for Social Innovation: SPARC)

²¹³ Scaling Smart Resources, Doing What Works: A System-Level Path to Producing 2000 Units of Supportive Housing in Portland and Multnomah County (CSH)

Appendix C: Interview Materials

This appendix includes the interview materials that were utilized during stakeholder interviews where were conducted during Fall of 2020. Interviewees were sent a copy of the following interview materials in advance of their interview and interviewers utilized these materials to guide interview discussions. Interview materials include:

- A. Interview Statement of Purpose
- B. Interview Glossary of Terms
- C. Interview Guide
- D. Interview Verbal Consent

Interview Statement of Purpose

Developing the Regional Supportive Housing Impact Fund Evaluation: Why We Want to Talk to You!

You have been recommended as an important stakeholder to help Health Share, Portland State University, and Providence-CORE understand how to create programs driven by community members with lived experiences as homeless and who are Black, Indigenous, and other people of color (BIPOC). Our goal is to gather ideas for the Regional Supportive Housing Impact Fund (RSHIF) in creating an evaluation that tells RSHIF partners if the RSHIF programs are keeping people healthy and housed, especially BIPOC. Because centering on community voice and racial equity is a top goal, even if you have not heard of the program or have limited experience in permanent supportive housing, we believe your experiences can help build more equitable work. Below, we have information about RSHIF, what our role is, and our ask of you.

RSHIF Background

The Regional Supportive Housing Impact Fund (RSHIF) is a new, flexible fund designed to help address the regional homelessness crisis. RSHIF connects people who have very low incomes and complex health challenges to affordable, supportive housing options that include the services they need to remain stable and housed. RSHIF launched in early 2020. Health Share of Oregon (Health Share) has agreed to stand up and manage RSHIF. RSHIF reflects Health Share's commitment to the connection between housing and health. The initiative will be grounded in health equity and racial equity and will be informed by community members.

Building a Community Based Evaluation

Health Share has hired the Providence Center for Outcomes Research and Education (CORE) and Portland State University's (PSU) Homelessness Research & Action Collaborative (HRAC) to help RSHIF understand if it is doing what it is intended to do: keeping people with very low incomes and complex health challenges, especially Black, Indigenous, and People of Color (BIPOC), healthy and housed. They would like to create a long-term process to know if RSHIF is reaching

its goals by centering on community members with lived experience as homeless and who are BIPOC.

“Centering” on different types of lived experiences can mean a lot of different things to different people. Our job is to find out what those perspectives are from people who will directly engage with RSHIF as well as people who work deeply with BIPOC and people experiencing homelessness. We will also be asking people what they think RSHIF should be asking and thinking about when evaluating programs. In addition to talking with people, we will also look at what other places have done to center on lived experience.

Our work will evolve as we go through multiple rounds of conversations. We will be holding interviews or focus groups while we’re reading other research. After our interviews we will share a summary of what we heard for everyone, and ask for your feedback. Once we have gotten feedback, we will bring together what we have heard from community members and what the work in other places tells us. We will share a draft report with everyone we interviewed to see if there are serious concerns or ideas that we missed. Our final report will provide options about how RSHIF can help community members know whether RSHIF programs are achieving its goals.

Stakeholder Interviews

We want to interview 20-30 people. We will keep what you say confidential. You can choose whether you want your name listed in the final report as someone interviewed.

What are we hoping to learn from you?

We are interviewing people with a lot of different perspectives. We want to hear from people who have been or are experiencing homelessness, especially BIPOC. We are also talking with people providing direct services, people have worked in or lived in supportive housing, potential people who could fund RSHIF, people with experience in evaluation, people with community-based work in communities of color, and people who have worked with data from different places to do evaluations.

Here are some of the things we want to know about. You might not have things to say about all of them, and that’s okay!

- How do we know if programs and other activities are reaching their goals, especially for BIPOC? If you can speak to supportive housing here, great!
- What does it look like to put BIPOC and people who have/are experiencing homelessness at the “center” of the work?
- Who should and who might want to evaluate RSHIF?

We will send out our specific questions before the interview in case you want to see them ahead of time, but there is no need to prepare in advance.

Please let us know if you have any questions!

Contact

Ryan Deibert, Housing Program Manager – Health Share of Oregon
(deibertr@healthshareoregon.org)

Bentley Moses, Program Manager – CORE (Bentley.moses@providence.org)

Dr. Marisa Zapata, Director — Portland State Homelessness Research & Action Collaborative
(mazapata@pdx.edu)

Interview Glossary of Terms

TERM	DEFINITION (WITH SOURCES)
Racial Equity	<p>Achieving racial equity is one part of racial justice. The legacy of racism has created racial inequities for various communities of color. As an example, people of color show up at higher rates in the homelessness population than they do in the total population in a region. To address these racial disparities, we work to address root causes of inequities and not just their manifestation. This includes the elimination of policies, practices, procedures, attitudes and cultural messages that reinforce differential outcomes by race or fail to eliminate them. (Racial Equity Tools)</p>
Community Centered	<p>Community means the people with the most lived experiences about the topic, and/or are most vulnerable to the impact or outcomes of the project drive the outcomes of the project. Not all people within a community share the same values or ideas. However, they share an experience rooted in injustice.</p>
	<p>Community centered evaluation, in particular, asks community members first and foremost what they would like to know about a project, and how to best understand what they would like to understand. Members of this most impacted community direct and inform all stages of program development, decision-making, implementation, and assessment. Community centered evaluation embraces the diversity of opinions and perspectives offered by differing community members, and understands and articulates the powers and privileges all participants hold.</p>
	<p>Projects implemented by governments or historically White institutions often struggle to fully implement community centered processes.</p>
Homelessness	<p>Homelessness is a term used to describe an individual or family who does not have a fixed, regular, and adequate nighttime residence including people sharing someone else’s housing because of economic or other hardships.</p>
Evaluation	<p>Evaluation describes the ways that people seek to understand what they are accomplishing, measure their results and hold themselves accountable for doing what they intend.</p>
	<p>Evaluation occurs within systems, institutions, and interpersonal systems of oppression, white privilege, access to power, and racism. These structures of oppression and access influence the questions we ask, the information we trust, which findings we think are important or unimportant, and how we make meaning of the results. (Leiderman, 2005)</p>
Supportive Housing	<p>Housing that combines affordable housing with support services to address the needs of those experiencing homelessness. Services can include health care, case management, employment services, etc. Permanent supportive housing (PSH) is a type of supportive housing. PSH provides long-term housing and/or services for people who have a serious mental illness or disability and require long-term support to access and stay-in housing.</p>
BIPOC	<p>An acronym for Black, Indigenous, and People of Color. The term has been said to highlight the relationship between anti-Blackness, Indigenous invisibility and white supremacy (The BIPOC Project). Like all other all-encompassing terminology, BIPOC is not perfect.</p>

Stakeholder Semi-Structured Interview Guide

Conducted by PSU/CORE of RSHIF Key Stakeholder

Getting to know you.

- What brings you to the “work”?
- How do you engage in this work (What is your job? What is the role of the organization?)
- If willing, share personal and professional experiences with understanding and addressing race, racism, etc.
- Are there other aspects about who you are that you would like to share?
- If willing, share experiences with homelessness (personal or professional).

What does it mean to do racially equitable community centered work?

- Discuss/define/describe your experience with:
 - Racial equity
 - Community rooted/driven research
 - People with lived experience as homeless
- What do you see as challenges and opportunities for doing racially equitable community centered within your field?
- What would doing racially equitable community centered work look like for you? For your organization? Discuss feasibility.
- Where do you think you and your organization are in terms of a commitment to racially equitable community centered work?

Bringing focus to evaluation/research.

- What do you think are the goals/intentions of evaluation? What are key components of a good evaluation?
 - How do racial equity and community-based processes show up in a good evaluation?
- What concerns do you have about evaluation? Have you had negative evaluation experiences in the past? What harm have you seen or experienced within the context of evaluation or research?
 - What impact do racial equity and community-centered processes have on these experiences, if any?
- How do you define success for programs that are addressing homelessness?
 - How do racial equity and community-based processes appear in this definition?
- How would you know that a program is successful? What metrics or indicators would you use?
 - Do these metrics include indicators for racial equity and community-based processes? What might those indicators look like?

RSHIF Equitable Evaluation Framework and Governance Recommendations

- Who should be involved in developing an evaluation? How should they be involved
- Who shouldn't be involved? In what circumstances would you want to participate in future work – why/why not?
- Have you seen evaluations that meaningfully reflect the communities' interests, needs, perspectives? What has worked before?
 - Have you seen evaluations applying racial equity and community-based approaches that work to meet these needs? What made it work?
- How would you describe community-centered evaluations compared to other evaluations you've seen?
 - What is the role of racial equity in community-centered evaluations?

Evaluating PSH/RSHIF

- What are your experiences with PSH and RSHIF?
- What might racially equitable community centered evaluation look like for PSH/RSHIF specifically?
- How could RSHIF know whether funded activities were working, and for whom? What are good metrics or indicators for us to observe?
- What do you see as opportunities to match RSHIF evaluation work with other regional supportive housing efforts? For example, how does METRO revenue fit into this (or evaluation strategies for other regional supportive housing efforts)?

Honoring your time and expertise

- What questions do you have about this project? What else would you like to know?
- Is there anything we can do in follow-up that would make you feel we've honored your time and expertise today?
- How would you like to stay informed and involved moving forward?

Interview Verbal Consent

Interviewee(s)			
Date		Time	
Interviewer (lead)			
Co-interviewer			
Co-interviewer			

Purpose and Intent

Thank you for meeting with us today to share your perspectives on community centered work and racial equity, especially in relation to health services and supportive housing. We are interested in having a fuller and deeper understanding about how to create and evaluate programs driven by community members with lived experiences with homelessness and who are Black, Indigenous, and other people of color (BIPOC).

The *Regional Supportive Housing Fund* (RSHIF) has a goal of connecting people with very low-incomes and complex health challenges with affordable, supportive housing options that include the services they need to remain stable and housed. In addition, this work will be grounded in health equity and racial equity and will be informed by community members. In support of informing RSHIF's decision making practices, our job today is to listen to the perspectives of people who will directly engage with RSHIF as well as people who work deeply with BIPOC and people experiencing homelessness. Your input will inform what RSHIF should be asking community members to share in the evaluation process, as well as what else RSHIF should be thinking about when evaluating programs. In addition to your input (and other interviews like this), we will also review similar initiatives and evaluation strategies to include multiple perspectives and ways of thinking in our analysis.

Key information to consider

Next, we will review some key information for you to consider before we begin:

- **Voluntary Consent.** You are being asked to volunteer for a research study. It is up to you whether you choose to take part or not. There is no penalty if you choose not to join in or decide to stop your involvement. Health Share will not be told if you choose not to participate.
- **How long will it take?** This interview should last up to 1 hour.
- **What will you be expected to do?** You are being asked to participate in this interview. You will have the option to be involved in a follow-up group interview at a later date, which we will discuss at the end of this interview.
- **Risks.** Some of the possible risks or discomforts of taking part in this study include discomfort from answering interview questions related to past interactions with people experiencing homelessness or personal experiences with homelessness, as

well as discomfort from answering interview questions that involve past experiences of direct or indirect racial oppression.

- **Benefits.** We are offering a \$100 honorarium for your time. In addition, we hope to learn about practices and metrics that will influence how RSHIF monies are distributed and used.
- **Video/Audio Recording.** You will be asked to consent to video and/or audio recording of this interview. Recordings are transcribed into written documents, which the research team will rely on for analyzing your responses. Your recordings and transcriptions will not be used for purposes beyond analysis.
- **Confidentiality.** We, as your interviewers, will be the only people who will know which responses came from you. Your name will be removed from transcriptions. A research team composed of three members from the Homelessness Research & Action Collaborative and two members from CORE will be the only people who have access to the data and may be able to recognize which responses are yours. Health Share will not have access to your data. Your data will not be shared with or open to public access. The stories you share today will be considered among 20-30 additional interviews. If we use any of your quotes in our reports, we will remove any information that could potentially identify you or your organization.
- **Options.** Your participation is voluntary, and the only alternative is to not participate.

Do you have any questions about the purpose of this study or any of these considerations?

You can ask further questions about this or anything else we discuss today at any time. Contact information for follow-up questions will be included in the copy of this consent form that can be provided after the interview.

Verbal Consent

Have you had the opportunity to consider the information provided? Yes____ No____

Have you asked any questions necessary to make a decision about taking part in the study?

Yes____ No____

Do you understand that you can ask more questions at any time? Yes____ No____

Do you consent to audio and/or video recording of this interview?

Audio Yes____ No____

Video Yes____ No____

By saying “yes,” you understand that you are volunteering to take part in this research. You understand that you are not waiving any legal rights. You will be provided with a copy of this verbal consent following the interview. You understand that if your ability to consent changes, either you or your legal representative may be asked to provide consent before you continue in the study.

Do you consent to join in this study? Yes____ No____

Follow-up contact information

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Appendix D: Interviews and Literature Mapping, List of References

Mapping Literature to Stakeholder Interviews

	Findings from stakeholder interviews	Findings from environmental scan and literature review (with sources)
Locate power	Community-initiated projects are those that are identified by, designed by, and led by members of the community.	Identify whether the research originated from the community and whether the research is relevant to or of interest to the community (Collins et al., 2018).
		Tailor procedures to community needs and in ways that more equitably distribute power (Collins et al., 2018).
	Community centered - those who will be impacted by decisions set priorities, determine strategies, and have control over how evaluation and decision-making proceeds; goals and solutions are identified as a group; authorities are co-held with the convening organization.	Build member ownership and leadership through core collaborative function design (as opposed to the convening organization assuming too much power) (Wolff et al., 2016).
		Prioritize negotiating a shared vision to align goals, priorities, and the amount of change expected, and come to an agreed-upon definition of the problem and criteria for success (Association for the Study and Development of Community, 2001; Leiderman, 2005a; Emerson et al., 2011; Hanleybrown et al., 2012; Wright, 2015; Stern et al., 2019)
	Involve people with lived experience; acknowledge and value the knowledge gained through lived experience	Become clear about who is most affected by the issues you intend to address and involve that community from the beginning (Dean-Coffey et al., 2014).
		Integrate community wisdom, voice, experience, and leadership (McAfee, 2015).
	Prioritize community needs and interests (Collins et al., 2018)	
Involve BIPOC and BIPOC who have lived experience with homelessness in all aspects of governance and evaluation	There must be a shift in dynamics where communities of color play a prominent role as researchers, knowledge producers, and communicators instead of research subjects (Coalition of Communities of Color, 2018).	
Engage BIPOC with different interests and values	Recognize diversity among cultural groups (e.g., tribal groups are bi-cultural, differentiate between tribal and community members) (LaVeaux & Christopher, 2010).	

RSHIF Equitable Evaluation Framework and Governance Recommendations

Recruit based on skills and knowledge; credentials alone will skew White	Recruit diverse members with specific expertise, perspectives, and backgrounds, and provide any necessary training (Wallerstein & Duran, 2010; Butterfoss & Kegler, 2012).
Involving funders has negative impacts on process and outcomes	Recognize power differentials inherent in organizations of different sizes and affiliations working together and their various self-interests (Kadushin, 2005; Butterfoss & Kegler, 2012).
Focus on how power is located and shared	Be honest and transparent about organizational and individual power differences (Wallerstein & Duran, 2008).
Convener determines approach	Be realistic about how communities can participate, as well as who decides how communities participate (George et al., 2015).
Name limitations and constraints (Convener)	Clearly define and communicate the boundaries of the study, be explicit about which stakeholders are included, which are not, and why (Stern et al., 2019).
Share resources (i.e., funding) with culturally-specific orgs (Convener)	Examine whether resources were pooled to build capacity and sustain ongoing collaboration among evaluators and community members (Tremblay et al, 2020)
Engage Authentically	Ensure that communication disrupts rather than normalizes inequities (Williams, 2014).
Name harms (microaggressions, implicit bias, racism)	Be aware of evaluators' own biases and guarding against whiteness as the normative frame (Chávez et al., 2008; Public Policy Associates, 2017; Andrews et al., 2019; Gray, 2019).
Talk about racial equity early in the process.	Take time to understand one another's worldview, theories of change, and analysis of white privilege and racism (Leiderman, 2005a; Wallerstein et al., 2008). Speak about white privilege and racism (Chávez et al., 2008).

RSHIF Equitable Evaluation Framework and Governance Recommendations

Ask for consent	Balance privacy and confidentiality with equitable involvement of community partners. Inform community members about the risk of sharing their identity and offer advice about protection (Collins et al., 2018).
Use trauma-informed practices	Design processes to promote safety and trust (Wolfe et al., 2020, CENTERED Project, 2003)
Expect disagreement; plan for mediation	Rapidly respond to and resolve conflicts when they arise between members (Stokols, 2006; Christens & Inzeo, 2015).
Build trusting relationships; reparative work; build time into evaluation design	Do not underestimate the time necessary to build and support collaborative partnerships (Foundation for Healthy Generations et al., 2015; Freeman et al., 2020).
	Taking time to build relationships is necessary to develop trust, shared motivation, and commitment to the work among members (LaVeaux & Christopher, 2010; Emerson et al., 2011; Wright, 2015; Center for Outcomes Research and Education, 2017; Center for Outcomes Research and Education, 2019b)
Design meeting practices as a group	Allow for sufficient time for the inclusion of multiple perspectives (Stern et al., 2019)
	Mutually decide on clear and formalized roles, rules, and structures (Butterfoss & Kegler, 2002; Wallerstein & Duran, 2008; Wallerstein & Duran, 2010; Collins et al., 2018; Tremblay et al., 2020).
Be flexible with schedule and agendas	Establish clear decision-making processes: procedural (e.g., setting agendas or establishing workgroups) and substantive (e.g., voting or agreeing on final recommendations) (Emerson et al., 2011; Abels, 2012).
	Involve community partners as decision-making participants (Wallerstein & Duran, 2008).
Be flexible with schedule and agendas	Plan for extended timelines to accommodate for community scheduling needs (LaVeaux & Christopher, 2010).
	Ensure residents have equal power in determining agendas and address potential barriers to participation (childcare, transportation, translation) (Wolfe et al., 2020; CENTERED Project, 2003; Stern et al., 2019).
	Be responsive and adaptable to changing contexts and the collaborative's dynamics (Emerson et al., 2011)

RSHIF Equitable Evaluation Framework and Governance Recommendations

	Send frequent reminders about tasks, meetings and other events, deadlines, and available information	Communicate regularly and use a continuous definition process to build shared meaning and language across backgrounds or sectors; value continuous learning (Funders Forum on Accountable Health, 2017; Center for Outcomes Research and Education, 2019a)
	Translate materials to preferred languages and provide materials in ways that meet accessibility needs; Provide interpretation at meetings	Translate materials and share data in meaningful ways to all populations (Dean-Coffey et al., 2014).
	Report findings in mediums that make sense to those receiving the information	Develop documents that are shorter, more visual, and available in multiple languages (Stern et al., 2019).
Interrogate Norms and Assumptions	Assess organizational commitment to racial equity	Evaluators should examine their own organizational structures, policies, and practices, and the context and structural factors in which they operate. Without vigilant attention, evaluation can reinforce and perpetuate the power dynamics that created inequities (Dean-Coffey et al., 2014; Schmitz, 2015; Kania & Kramer, 2015; Stern et al., 2019).
	Assess the RSHIF group's commitment to racial equity	Honestly assess the community and collaborative, in terms of readiness for change, racial literacy, power structures (Wolfe et al., 2020; CENTERED Project, 2003).
	Be honest and transparent about what you are trying to do and your relationship to racial equity work.	Recognize the context of structural inequity in which initiatives take place, and explicitly address issues of social and economic injustice and structural racism (Dean-Coffey et al., 2014; Kania & Kramer, 2015).
	Educate and train staff on racial equity	Trainings specific to equity, power, and privilege can strengthen connections between evaluation coalition members and build common language and understanding (Wright et al., 2015).
	Develop accountability mechanisms within your organization to engage staff in holding the organization to racial equity commitments	Iteratively inform program design through feedback and self-reflection; continuously clarify partnership priorities and expectations (Wallerstein & Duran, 2010; Tremblay et al., 2020).
	Host frequent and iterative feedback sessions with participants to learn what is working and what is not in terms of meeting commitments to racial equity in program implementation.	Ask for community health priorities, and collaboratively develop or adapt interventions (Wallerstein et al., 2008). Research and evaluation should prioritize vulnerable populations, hold programs accountable, engage with the community (A Home for Everyone, 2016).
	Revisit accountability feedback and participant feedback over long periods of time to reflect and learn if and how change has occurred over time.	Emphasize a long-term process and commitment to sustaining the work (Wallerstein & Duran, 2010; Israel et al., 2008). Report on long-term outcomes of community participation (George et al., 2015). Listen to the people with lived experience about whether or not strategies designed to benefit them have benefited or harmed them in the past

	(Leiderman, 2005a).
History of abuse and unethical treatment of BIPOC; Theft of BIPOC technologies	Recognize how past narratives, interventions, and relationships influence the collaborative’s current work and community dynamics (Kadushin, 2005; Wallerstein et al., 2008; Wallerstein & Duran, 2008) ²¹⁴
Identify research practices used by BIPOC	Integrate culturally based evidence, practice-based evidence, and indigenous research methodologies (Wallerstein & Duran, 2010).
Prioritize non-dominant research perspectives in all aspects of evaluation	Establish tolerance for different perspectives and respect for different disciplines as a norm (Harper et al., 2008). Interpret data with a cultural context, include historical and social considerations as well as language and cultural understanding (LaVeaux & Christopher, 2010)
Disaggregate data by race, ethnicity, class, gender, and age	Ask questions about racial inequities, barriers or negative outcomes, or of institutional practices that affect individuals differently (Stern et al., 2019) Examine the role of racism in diminishing the health of the entire population, not just the health of members of low-income communities of color (Chávez et al., 2008) Emphasize the intersectionality of race, gender, age, and class to examine how different categories engage with racism and with each other (Chávez et al., 2008)
Use administrative data sets with bias in mind; pay attention to modes of data collection used; Consider who is omitted from data, and how data can be used to harm	Disaggregate data beyond traditional constructs to identify program impacts on distinct populations (CENTERED Project, 2003; Andrews et al., 2019) Being cautious when using government and administrative data (Leiderman, 2005b; University of Pennsylvania, 2021)
Be Thoughtful and Humble	Understand what research came before your own; literature review and environmental scan: what are culturally specific orgs researching? The communities you are impacting? The researchers that have/are also researched the communities your work will impact? Gather information on the community context and the initiative studied (conduct interviews, review documents, visit communities, attend community events, talk to other communities further along in implementation) (Stern et al., 2019)

²¹⁴ Purple text indicates that concept is repeated elsewhere.

RSHIF Equitable Evaluation Framework and Governance Recommendations

In environmental scan, seek to understand how the community being impacted by your research has been (mis)treated in past research	Recognize how past narratives, interventions, and relationships influence the collaborative's current work and community dynamics (Kadushin, 2005; Wallerstein et al., 2008; Wallerstein & Duran, 2008)
Practice cultural humility	Practice cultural humility through critical self-reflection on your own cultural beliefs and assumptions (Chávez et al., 2008)
Researchers should reflect on their own implicit bias and how that might impact their decisions and behaviors in evaluation; embed reflection into evaluation framework design	Recognize assumptions and institutional and individual limitations (Rice & Franceschini, 2007; Tsouros, 2009; Wei-Skillern & Silver, 2013) Being aware of evaluators' own biases and guarding against whiteness as the normative frame (Chávez et al., 2008; Public Policy Associates, 2017; Andrews et al., 2019; Gray, 2019)
Share meanings of jargon	Be attentive to privilege and limit the use of technical language and professional jargon (Wolff et al., 2016)
Replenish	
Compensate BIPOC and people who have lived experience with homelessness for participation in evaluation	Researchers might also consider budgeting for stipends or honoraria for stakeholders who take on this role (Stern et al., 2019)
Return to evaluation participants with findings	Involve community in interpretation and dissemination of data. Recognize that community members have a right to deny publication if it is deemed inappropriate, as has been demonstrated in research with tribal communities (LaVeaux & Christopher, 2010)
Engage in educational exchange; be a teacher and a learner	Build community capacity for analysis and evaluation (Health Equity Guide, 2019; Stern et al., 2019)
Nurture long-lasting relationships; communicate regularly	Communicate regularly and use a continuous definition process to build shared meaning and language across backgrounds or sectors; value continuous learning (Funders Forum on Accountable Health, 2017; Center for Outcomes Research and Education, 2019a)
Findings should underwrite action	Emphasize a long-term process and commitment to sustaining the work (Israel et al., 2008; Wallerstein & Duran, 2010) CBPR seeks to integrate and achieve a balance between research and action for the mutual benefit of all partners (Wallerstein & Duran, 2008; Israel et al., 2008)
Work alongside communities being impacted by your researcher; organize and advocate with them	Show up for the affected communities; build trust through relationships, commitment, and action outside of collaborative work (Collins et al., 2018) Employ community organizing as an intentional strategy (Wolff et al., 2016)

RSHIF Equitable Evaluation Framework and Governance Recommendations

Champion this work; share what worked and didn't work widely so that other institutions may learn from and hopefully adopt practices that lead to greater adoption of racial equity and community centered practices	Promote systems-level change (CENTERED Project, 2003; Wolfe et al., 2020) Use the research process and outcomes to mobilize and advocate for change to reduce disparities and enhance race relations (Chávez et al., 2008) Design processes for sharing evaluation findings beyond program staff (e.g., with others in the organization) (Dean-Coffey et al., 2014).
The benefits of engagement for all collaborative members extend beyond their work together	CBPR seeks to integrate and achieve a balance between research and action for the mutual benefit of all partners (Wallerstein & Duran, 2008; Israel et al., 2008)
A measure of success is whether the community partners would work with your team again	Ask whether the community would work with the evaluation team again, as well as whether the evaluation team would work with the community again (Wallerstein et al., 2008)

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Appendix E: Quick Tables

Community Centered and Racially Equitable Process and Governance Qualities

Sample Actions

The table below provides high level samples of actions that can be taken to demonstrate commitment of community centered and racially equitable process and governance to BIPOC and people who have lived experience with homelessness. Samples are given for each of the five qualities presented.

	Locate power	Engage authentically	Interrogate norms and assumptions	Be thoughtful and humble	Replenish
Sample actions	<p><i>Recognize who has power and take steps to redistribute power through representation and funding.</i></p> <p><i>Champion racially equitable and community-centered practices that prove to be beneficial to BIPOC who have lived experience with homelessness.</i></p>	<p><i>Governance and evaluation spaces should strive to be free of microaggressions, racism, and discrimination.</i></p> <p><i>Build relationships by being accountable, honest, and supportive.</i></p>	<p><i>Identify the impacts your organization and your research has had on community members.</i></p> <p><i>Acknowledge and repair past harms.</i></p>	<p><i>Learn from and defer to BIPOC who have lived experience with homelessness, and to culturally-specific organizations.</i></p>	<p><i>Replenishing practices are nourishing and abundant. Key examples include compensating participants and returning to them with findings.</i></p> <p><i>Use findings that benefit BIPOC who have lived experience with homelessness to advocate for racial equity.</i></p>

Community Centered or Informed Evaluation Actions Summary

Stakeholders shared many examples of actions Health Share, its partners, and other researchers could take to accomplish community-centered research. We organized these examples across the types of process and governance practices discussed. The table below provides a summary of actions presented for each commitment area.

Locate Power



- BIPOC should be in positions of power and co-produce work. For other work, at a minimum recruit BIPOC who have lived experience with homelessness into positions of power within the project.
- Replace seats often taken by historically white institutions with representatives who are BIPOC and people who have lived experience with homelessness.
- Recruit based on the unique skills, knowledge, interests, and values that BIPOC, people who have lived experience with homelessness, and BIPOC who have lived experience with homelessness bring to the work.
- Conveners should redistribute wealth to BIPOC-led organizations, programs, or activities.

Engage Authentically



- Identify and act on what would make BIPOC who have lived experience with homelessness able to participate.
- Develop intervention strategies and tactics to interrupt c/overt racism.
- Ask for consent to engage among all collaborative members, especially BIPOC who have lived experience with homelessness; make it clear how each person is being asked to engage.
- Build extended periods of time into governance and evaluation frameworks, allowing the group to digest information individually and together, and granting flexibility in structure and time for the process.

Identify and Interrogate Norms and Assumptions



- Identify how past or ongoing research is exploitative, extractive, or otherwise harming the communities you want to work with. Articulate how your research, participation, and governance models reflect Whiteness and White dominance.
- When using administrative data, be explicit about the biases embedded in the data throughout analysis and reporting, and know how large data sets have been used to harm communities of color. Do not assume matching data across administrative data sets will be helpful or desired by communities of color or people with lived experience with homelessness.
- Develop metrics with community members and select evaluation questions after a consideration of the impacts of asking such a question across a range of identities and personal experiences, namely those of BIPOC who have lived experience with homelessness. Be willing to sacrifice your own questions to support this.
- See stories, *testimonios*, and qualitative data as equal to or superior to what administrative data sets might tell you. Prioritize developing data collection, storage, and analyses of these types of data before working on administrative data methods.

Be Thoughtful and Humble



- Acknowledge that there is not one universal research practice that is shared by all.
 - Prioritize research, participatory, and governance approaches used by BIPOC who have lived experience with homelessness.
 - Be transparent about the progress of your project at each stage of evaluation.
 - Accompany information materials with a statement on their purpose, limitations, and potential uses.
 - Allow members adequate lead time to receive information and adequate time to respond.
-

Replenish Community



- Develop evaluation frameworks with financial allocations to compensate participants from outside historically white institutions for their contributions.
 - Allocate time for long-term evaluation, accounting for the kinds of ongoing engagements that will occur with iterative and consistent engagement with participants, and that answers the hardest questions for advancing racial equity.
 - Present analysis and findings back to those who supplied information and energy to the evaluation in a language and medium that is meaningful to those receiving the information.
 - Embrace critique of RSHIF in an ongoing manner from those being impacted by RSHIF, and act on it. Integrate mechanisms to be held accountable to these commitments and make them accessible to the communities you work with.
 - Extend engagement beyond the formal “work” of the project by organizing with community partners and uplifting their efforts and causes.
 - Lead with the belief that everyone has something to teach and something to learn, relationships are reciprocal, and multi-stakeholder work is relational.
-

Community Centered or Informed Evaluation Actions by RSHIF Actors

The table below collects the discrete actions that stakeholders highlighted as important for racially-equitable and community-centered work and arranges them by actor. Actions are assigned to three responsible parties: (1) All actors creating or participating in any RSHIF governance structures in general, and research and evaluation in particular; (2) RSHIF convener(s) and founding partners; and, (3) Researchers and evaluators.

	Locate Power	Engage Authentically	Undo Norms and Assumptions	Be Thoughtful and Humble	Replenish Community
Actions for all actors creating or participating in RSHIF governance in general or for research and evaluation in particular	<i>Develop governance plans that rely on the decision-making power of community members, starting with people of color with lived experience with homelessness, and collectively determine strategies and procedures.</i>	<i>Develop relationships with BIPOC with lived experience with homelessness. Be flexible with resources, scope, and time.* Be willing to meet people where they are at, metaphorically and physically.</i>	<i>Proactively identify, assess, and develop strategies to address White privilege and racism in historically white institutions and as experienced interpersonally, historically, and contemporarily. Be honest and transparent about your organization’s objectives and relationship to the evaluation.</i>	<i>Acknowledge and document where you have been or are lacking or wrong in your ideas, practices, conclusions, etc. Question your motivations given your organizational status and personal identity. Reflect on and discuss how implicit bias has/could impact decision making. Become familiar with research the community you wish to uplift is/has already conducted.</i>	<i>Transfer knowledge between community partners and conveners (and vice versa).</i>
Specific actions for convener(s) and founding partners	<i>Share power with community members such that they make decisions, identify priorities, determine</i>	<i>Commit resources to a process and governance structure that is thoughtful and reflective.* Work with</i>	<i>Visibly describe and hold yourself accountable to how your organization has benefitted from and/or</i>	<i>Acknowledge where you have been or are lacking or wrong in your ideas, practices, conclusions, etc. Be</i>	<i>See everyone as a teacher and learner – learn and teach one another. Compensate BIPOC and people who</i>

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	<i>strategies, and form procedures.* Over-represent communities that you are uplifting in all activities.</i>	<i>people as complete humans with many life experiences and expertise. Incorporate relationship building into your work</i>	<i>perpetuated White supremacy in research and evaluation, including perpetuating racial disparities.</i>	<i>transparent with constraints and expectations as they become known.</i>	<i>have lived experience with homelessness for their labor. Invest in community-based organizations including culturally-specific providers, advocacy groups, and individual people.</i>
Actions for evaluators and researchers	<i>Prioritize measures of success for those most impacted by the evaluation and let the community define what those measures should be.</i>	<i>Plan and resource extended time to build trust and relationships in the evaluation design.* Develop a practice of asking for consent.</i>	<i>Identify how methods and data are rooted in White supremacy, and how they have been or are used to oppress groups.* Name how yours and others' research have negatively impacted people of color and people experiencing homelessness. When disaggregating data, identify who is missing.</i>	<i>Recognize and admit the limit of your knowledge and experience. Rely on research methods used in BIPOC communities.</i>	<i>Return to those groups who participated to share findings and gain feedback. Embrace criticism and act on it.* Ask community members how they would like information presented to them. Inform participants of how their data will be used within and beyond the evaluation period.</i>

*These actions are presented earlier.



Portland State Homelessness Research & Action Collaborative

The Portland State University (PSU) Homelessness Research & Action Collaborative (HRAC) addresses the challenges of homelessness through research that uncovers conditions that lead to and perpetuate homelessness. Our goal is to help reduce homelessness and its negative impacts on individuals, families and communities, with an emphasis on communities of color.

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CORE

Center for Outcomes
Research and Education

The Center for Outcomes, Research, and Education (CORE) is an independent team of scientists, researchers, and data experts with a vision for a healthier, more equitable future. Based in Portland, Oregon, we partner with changemakers and communities to take on today's biggest barriers to better health. Through research, evaluation, and analytics, we provide insights that help shape and sustain healthier systems, policies, and programs.

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