

Massachusetts Community Health and Healthy Aging Funds

2022-2023 MA CHHA Funds Evaluation Report

July 1, 2022 – October 31, 2023

Submitted to:

MA Department of Public Health

Report Date: March 2025



**HEALTH
RESOURCES
IN ACTION**

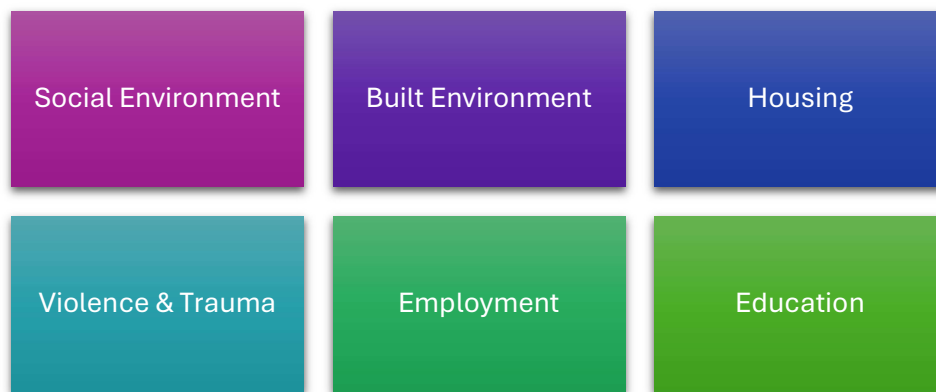
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Introduction

The Massachusetts Community Health and Healthy Aging Funds (the Funds) aim to reduce health inequities in communities across Massachusetts. The Funds are both a grantmaking and capacity-building resource to assist organizations and communities in addressing the root causes of health inequities – specifically, institutional and structural racism, and furthering age-friendly communities.

The Community Health Funds include grantmaking for policy, systems, and environmental change strategies (PSE strategies), as well as regional Community Health Improvement Planning (CHIP) processes. The Healthy Aging Funds support grantmaking to improve health outcomes and address health equity among older adults within the state. The Funds support organizations and projects working to identify, understand, and address the Root Causes of Health as the foundation for strategies that change community conditions and positively impact health outcomes. All Funds grantees work to address at least one of the following Social Drivers of Health (SDoH):



Authentic community engagement at all levels of the Funds’ work is an explicit and essential strategy for accomplishing these goals.

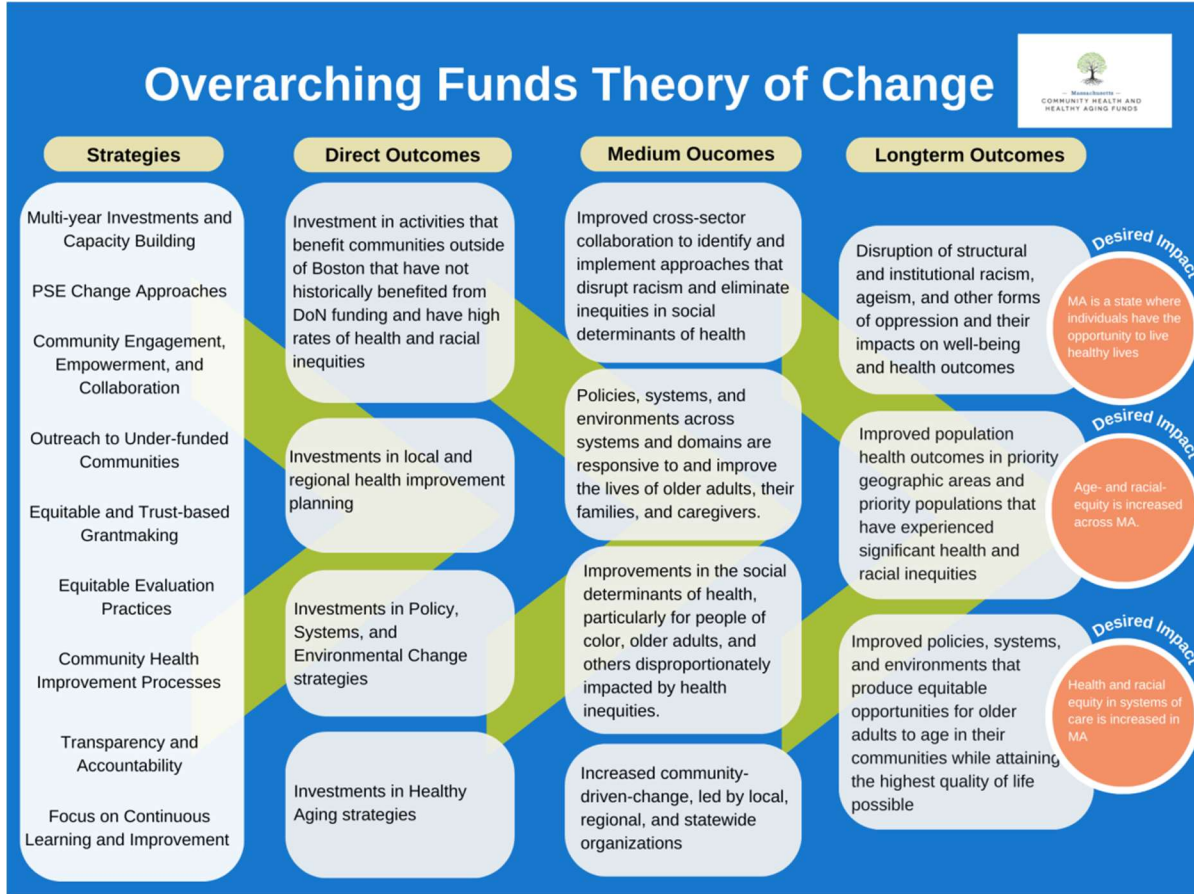
The report addresses the process and impact of the first two cohorts (Cohort 1 2020 awardees and Cohort 2 2022 awardees) of Funds grantees during the period of July 1, 2022 to October 31, 2023. Findings contribute to the ongoing over-arching evaluation of the Funds and their contribution towards dismantling structural racism and promoting age-friendly communities by funding Massachusetts-based organizations and municipalities working on PSE Change in their communities and statewide.

Evaluation Approach

For more information about the history of the Funds and our vision, mission, and values, please refer to the Funds website: <https://mahealthfunds.org/>

This 2022-2023 Evaluation Report is guided by the updated Funds over-arching Theory of Change (Figure 1) and Evaluation Plan.

Figure 1. Overarching Funds Theory of Change



The Funds evaluation is guided by the following questions:

Guiding Outcome Questions:

- To what extent have the Funds furthered equity in Massachusetts?
- To what extent did the Funds create, strengthen, and/or leverage foundational conditions for furthering equity in Massachusetts?

Guiding Process Questions:

- What key activities did grantees implement to make progress furthering equity in MA? To what extent were grantees able to develop and implement their initiatives as expected?

Continuous Quality Improvement:

- How can the HRiA team continue to innovate and improve the processes used in the distribution and evaluation of the Funds?

Evaluation Workgroup

The Evaluation Workgroup was established in the Spring of 2022 and is a collaboration between key Funds stakeholders: grantees, advisory committee members, Massachusetts Department of Public Health (MA DPH), Executive Office of Aging & Independence (EOAI), and Health Resources in Action (HRiA). The purpose of the Workgroup is to engage the Funds community in the design and implementation of evaluation and learning activities for the Funds, guided by an anti-racist, community-engaged, and equitable evaluation approach. The Workgroup provides input on the evaluation process for the Funds by reviewing, discussing, and providing input into evaluation approaches, data collection tools, interpretation of findings, and internal and external dissemination of findings. A list of Evaluation Workgroup members active during the time of this report can be found in Appendix A.

Methods

Data for this Evaluation Report derive from several mixed methods sources, as described below. The primary source of data was from transcribed group discussions with grantees in the form of Virtual Site Visits. The themes gleaned from this qualitative data were then supplemented with quantitative findings from the Massachusetts Community Health Equity Survey conducted across the Commonwealth in the summer and fall of 2023 by MA DPH. Additional quantitative data about the impact of the Funds derive from an HRiA-designed survey of Cohort 1 & 2 grantees in the fall of 2023. Grantees were asked to report on the geographic scope of their funded work and the priority populations with whom they work.

Virtual Site Visits

Since the summer of 2021, the Funds Evaluation Team has been facilitating annual Virtual Site Visits (VSVs) with all grantees from Cohorts 1 and 2. VSVs were developed as an approach to capture the stories and experiences of grantees, their partners, and community members, without the traditional burden placed on grantees to write a lengthy report for the purpose of monitoring and accountability.

In the summer of 2023, the HRiA team conducted qualitative interviews with 25 grantees from Cohort 1 and 24 grantees from Cohort 2. Interviews were completed using a semi-structured interview guide where grantees were asked a series of questions over a 90-minute Zoom call. The interview guide discussed the following topics:

- Progress, impact, and challenges over the past year (with reference to project-specific Theory of Change and Evaluation Plan)
- Social and environmental context and impact on work
- Health and racial equity
- Community engagement and partnerships
- Impact of the Funds
- Future vision and next steps

A more detailed guidance document which was shared with grantees in advance of the VSV can be found in Appendix B.

The collected qualitative data were coded and analyzed thematically using qualitative analysis software. We identified key themes that emerged across all interviews, which are presented in this report alongside selected quotes to further illustrate said themes. While the themes presented in this report emerged across multiple grantees, it should be noted that individual grantees may have additional successes and challenges unique to their projects and partnerships.

Massachusetts Community Health Equity Survey

The Massachusetts Department of Public Health (MA DPH) conducted a statewide Community Health Equity (CHE) Survey in the summer and fall of 2023. The CHE Survey sought to understand the most pressing health-related needs of MA residents, including the Social Drivers of Health (SDoH). The survey was conducted mostly online by MA residents aged 14 and older. Over 16,000 responses were collected across the state, and the data were statistically weighted by age, gender, race/ethnicity, and education to be representative of the total population of Massachusetts. More information can be found here: <https://www.mass.gov/resource/community-health-equity-initiative>

The statewide survey was offered to everyone in Massachusetts, however, gaining information about those who are experiencing significant health inequities was a priority. It should be noted that the experiences of those who answered the survey may not fully represent everyone living in the given geographies or identities. When the sample pool of survey respondents in a community tended to be whiter, have higher levels of education, and/or were older, the results of the survey may suggest outcomes are better than what is truly occurring in the community.

The data in the survey were also stratified by various sociodemographic characteristics, including by race/ethnicity, rurality, age, language, and more; definitions of stratifications are included with corresponding figures.

Geography & Population Survey

Recognizing the goal of the Funds to redistribute DoN funding to those who have not historically and routinely benefitted from those dollars, a point-in-time survey was administered to all Cohort 1 and 2 grantees in the fall of 2023. This survey documented geographies and priority populations that have been and are intended to be directly impacted by MA Community Health and Healthy Aging-funded work.

To understand the breadth of geographies in which grantees are working and the populations they are working with, they were instructed to self-identify geographies. If Organization A was working with Dennis and Montague, they were instructed to select both Barnstable County and Franklin County as well as the municipalities of Dennis and Montague. If organizations were working county-wide, they would be able to select “working county-wide.” Data from grantees who had already closed out their grants were backfilled by Funds staff using existing documentation.

The collected data were analyzed and summarized via visual maps and tables. While we captured the geographic scope and priority populations of the grantees’ work, it should be noted that the

level, intensity, or quality of involvement in any particular geography was not fully captured by the survey.

Table 1: Number of MA CHHA Grantees Included in Geography and Population Survey, 2023

Grantees	Cohort 1	Cohort 2	Total
PSE	14	15	29
HA	9	5	14
CHIP	9	4	13
Total	32	24	56

DATA SOURCE: MA CHHA Grantee Geography and Population Survey, 2023

Findings

Geographic and Population Reach of Grantees' Work

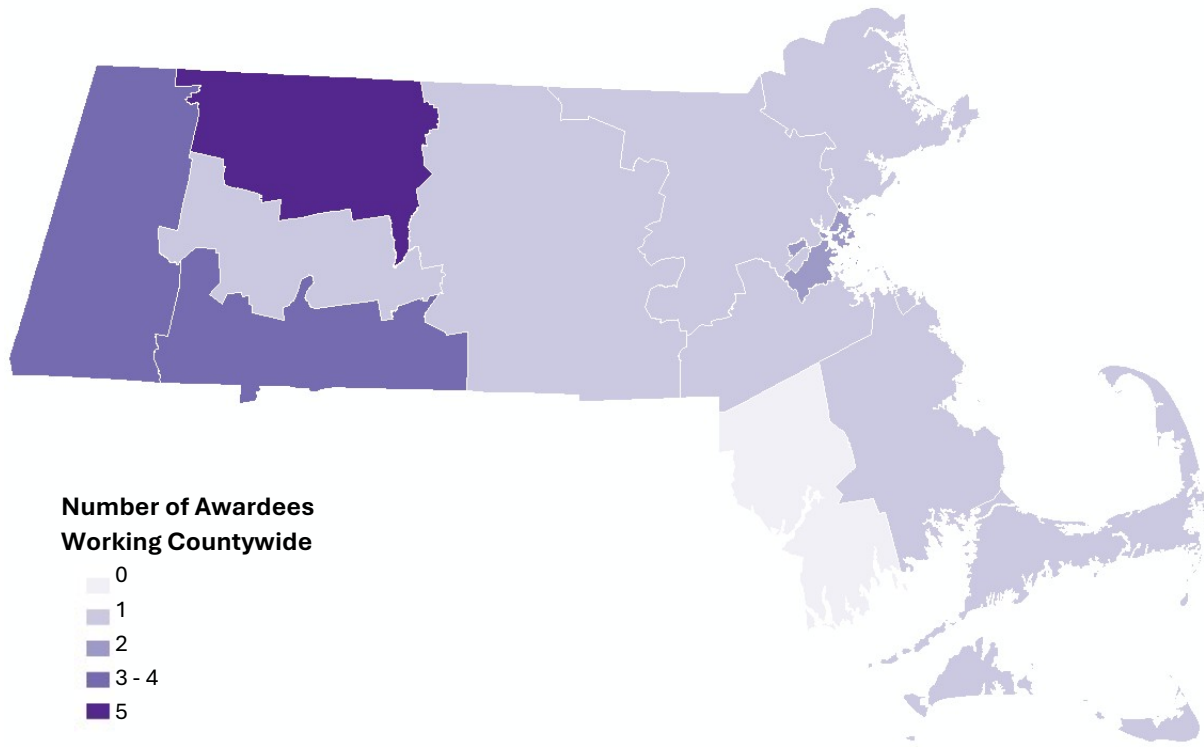
The following section summarizes information gathered by the survey conducted in the summer of 2023 with grantees from Cohorts 1 and 2. This survey provided an update from their original project proposals about where grantees were working and with which populations.

GEOGRAPHIC REACH

There are a total of six awardees total working statewide. Of these six awardees, three work on a statewide basis exclusively while three also work in some specific counties/towns.

Figure 2 depicts the nine awardees who specified working countywide in 13 counties. Five awardees work countywide in Franklin County and no awardees reported working countywide in Bristol County.

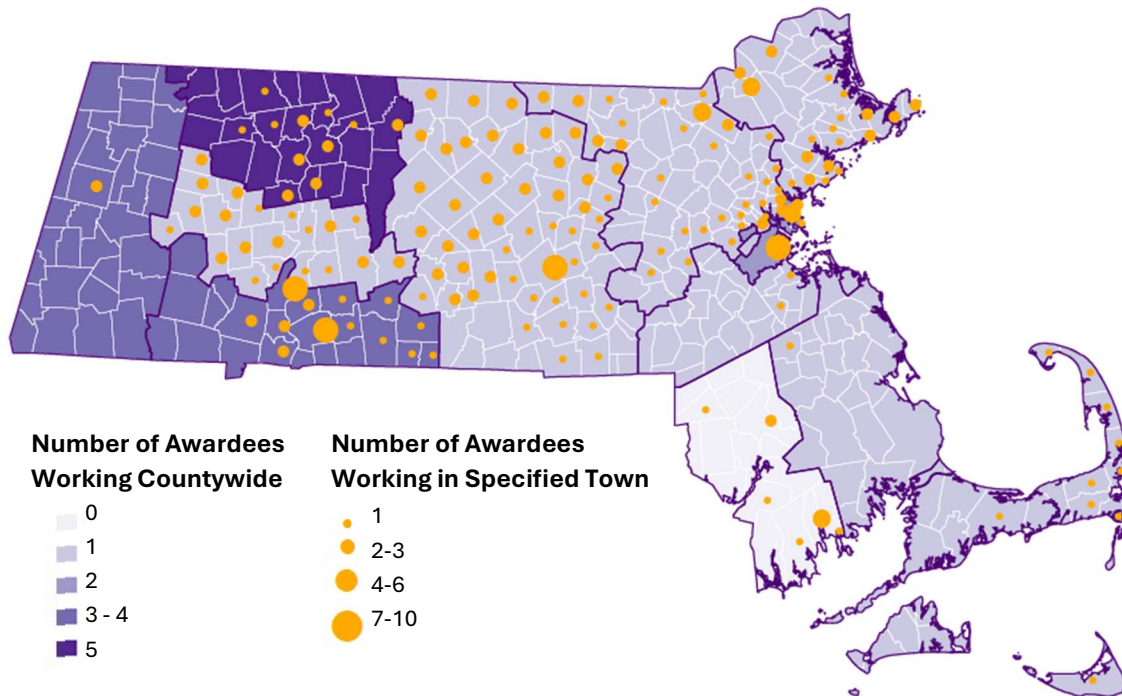
Figure 2: Geographic Reach of Cohort 1 and Cohort 2 Grantees, Working Countywide (N=56)



DATA SOURCE: MA CHHA Grantee Geography and Population Survey, 2023

Figure 3 depicts all 56 Cohort 1 and 2 awardees, who reported working countywide in 13 counties, and in 169 municipalities across the state. Ten awardees reported working in Springfield, and seven awardees each reported working in Boston, Holyoke and Worcester.

Figure 3: Geographic Reach of Cohort 1 and Cohort 2 Grantees, Working Countywide and By Town (N=56)

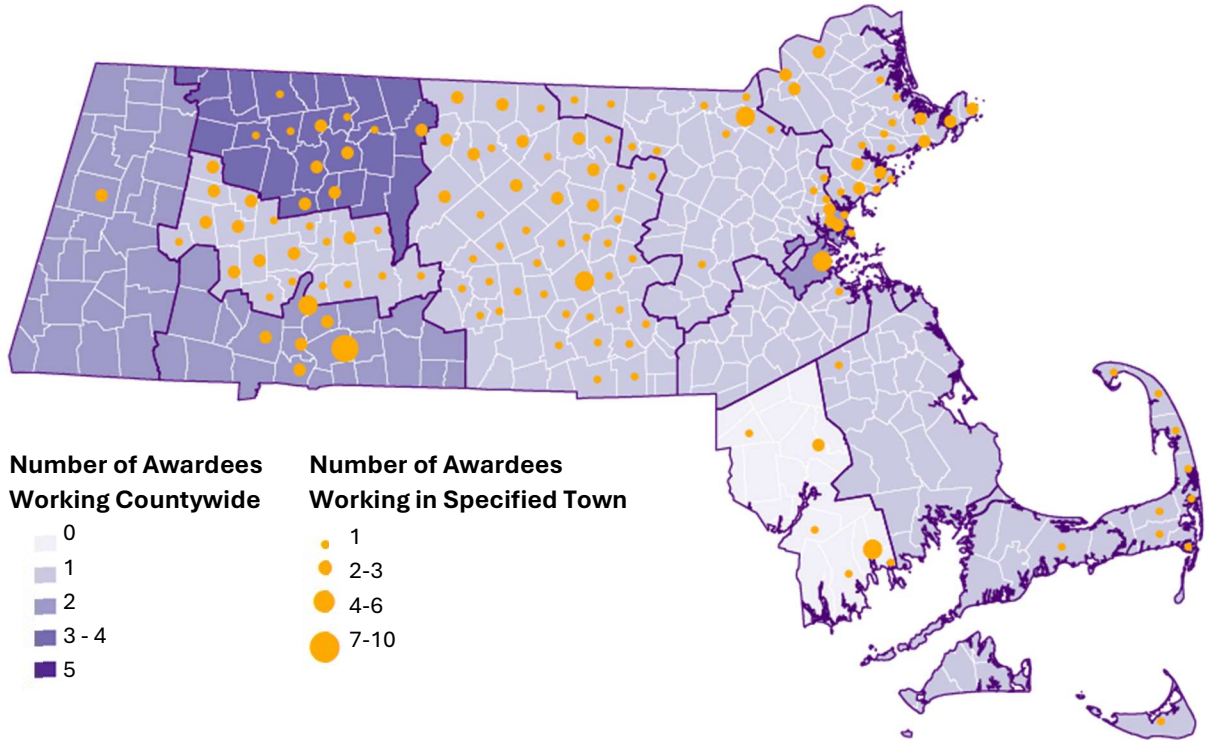


DATA SOURCE: MA CHHA Grantee Geography and Population Survey, 2023

Some grantees added some nuance to their survey selections. For example, some noted that their work was focused in the lowest-income and/or most racially diverse parts of a given city. Others noted that their current work was in select Gateway Cities, though they intended to expand to more in the future. Those working on housing noted that by design, they are often working with transient populations, so a family might start in one town, but later move to another. Grantees working in rural parts of the state noted that their work was often focused in the more densely-populated towns in that area, though they were trying to expand more into the less-populated rural regions.

Figure 4 depicts the geographic reach of 43 Cohort 1 and 2 PSE and Healthy Aging awardees. Awardees reported working countywide in 13 counties and 138 municipalities across the state. Ten awardees reported working in Springfield, seven awardees in Holyoke, and six awardees in Worcester.

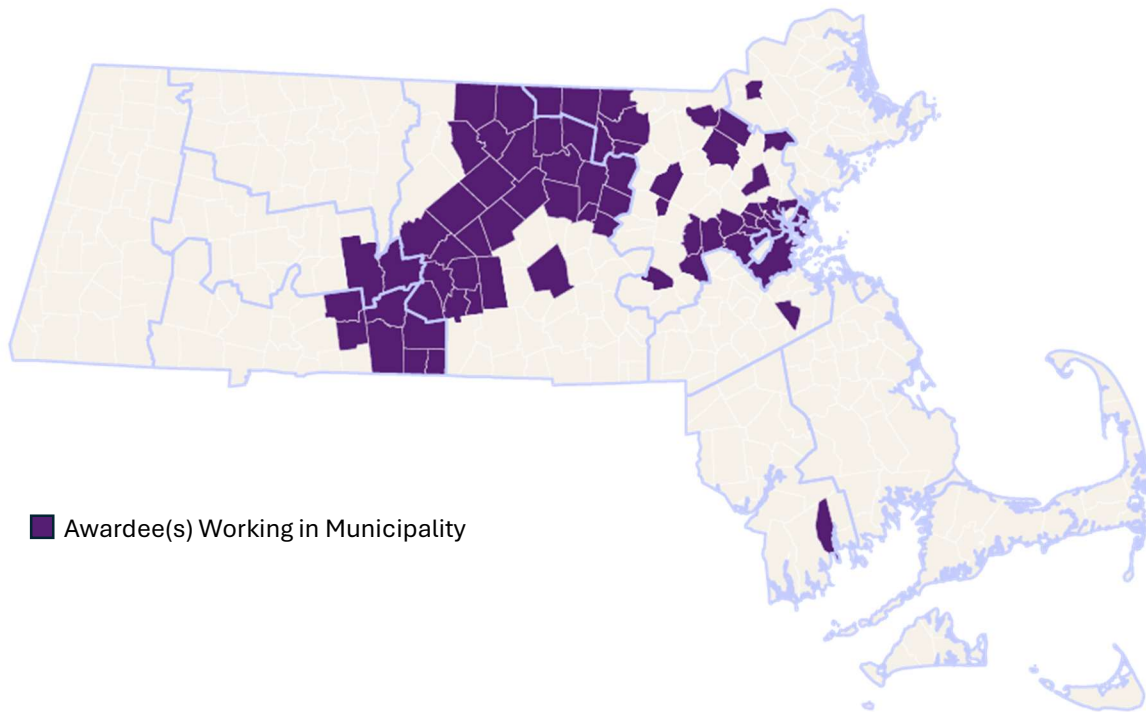
Figure 4: Geographic Reach of PSE & Healthy Aging Cohort 1 and Cohort 2 Grantees, Working Countywide and By Town (N=43)



DATA SOURCE: MA CHHA Grantee Geography and Population Survey, 2023

Figure 5 depicts the geographic reach of 13 Cohort 1 and 2 CHIP awardees; the map below shows whether or not awardees are working in a specific municipality. Awardees reported working countywide in three counties (including Berkshire, Franklin and Hampden counties) and 69 municipalities across the state.

Figure 5: Geographic Reach of CHIP Cohort 1 and Cohort 2 Grantees, By Town (N=13)



DATA SOURCE: MA CHHA Grantee Geography and Population Survey, 2023

POPULATIONS SERVED

Grantees were asked to identify which populations they work with or intend to work with in three groupings: racialized, ethnic, migrant, cultural groups or populations; socioeconomic groups or populations; and other populations. There was no limit to the number of population groups grantees could select.

Table 2 shows the number of awardees working with each population group listed. The majority of awardees reported working with Latinx residents, immigrants or refugees, Black residents, and people for whom English is not their first language.

Table 2: Reach of Racialized, Ethnic, Migrant, Cultural Groups or Population by Cohort 1 and Cohort 2 Grantees (N=56)

Population	Number of Awardees
Latino/a/x people	38
Black/African American people	35
Immigrants and/or Refugees and/or Asylum Seekers	35
People for whom English is not their first language	33
East Asian people	12
Indigenous/Native/Tribal people	11
South Asian people	10
Middle Eastern or North African people	9
Other racialized/ethnic/migrant/cultural group	9
Members of a shared religious group/religion	1

DATA SOURCE: MA CHHA Grantee Geography and Population Survey, 2023

Table 3 shows the number of awardees working with each population group listed; most awardees reported working with economically vulnerable residents and residents of public or subsidized housing.

Table 3: Reach of Socioeconomic Groups or Populations, by Cohort 1 and Cohort 2 Grantees (N=56)

Population	Number of Awardees
Economically vulnerable residents (e.g. low or limited income)	50
Residents of public/ subsidized housing	40
Food insecure residents	30
People who are unsheltered/unhoused	22
People who were formerly or are currently incarcerated (or other criminal justice-involved residents)	11
Farmers, growers and/or other agricultural workers	8
Migrant workers	8

DATA SOURCE: MA CHHA Grantee Geography and Population Survey, 2023

Table 4 shows the number of awardees working with each population group listed; most awardees reported working with older adults and about half of awardees reported working with people with mental health needs, people with disabilities or access or functional needs, and youth.

Table 4: Reach of Other Priority Populations, by Cohort 1 and Cohort 2 Grantees (N=56)

Population	Number of Awardees
Older adults (aged 65+)	33
People with mental health needs	28
People with disabilities and those who have access and functional needs	27
Children and youth under 18	25
People with chronic health condition(s)	23
LGBTQIA+ population	22
People with substance use disorder(s)	18
Residents of rural communities	17
Other population(s)	14
Veterans	8
College/University students	5

DATA SOURCE: MA CHHA Grantee Geography and Population Survey, 2023

Survey respondents noted that in some cases their target population (e.g. formerly incarcerated individuals) was disproportionately comprised of members of some of these other priority populations, even though those populations were not their primary focus. Others noted that this survey format did not necessarily capture the intersectional identities that were important to the individuals they served.

With this background on the geographic and sociodemographic reach of the Funds grantees' project work, the next sections describe the specific activities and visions of grantees.

Progress in Past Year - Highlights

COMMUNITY ENGAGEMENT

Progress and success on community engagement were raised as a key highlight across cohorts and funding streams. Grantees shared that being able to lift up community voices, raise awareness of different issues and topics, and building trust with community were central to their work this year. Grantees specifically listed successes of engaging young people in their initiatives as a highlight this year.

Community Voice

In virtual site visits this year, grantees shared that creating spaces for community voice, and being able to amplify those voices, had been central to the success of their initiatives. In many cases, grantees also named this as one of the aspects of their work they are most proud of. Grantees have engaged community members in advocacy work and to inform advocacy priorities. One Cohort 1 PSE grantee shared: *“One thing we added is to amplify the voices already there – we are just*

creating a platform for the advocates on the ground. [That] is something we tried to intentionally build in the work... We've been excited to see them continue as liaisons and community leaders." Another PSE grantee from Cohort 1 shared how community advocacy supported a significant policy win this year: "Retooling that campaign in the Fall and getting that win [of having the policy pass] and having it not just be led by myself and staff, but by community members organizing with the city and educating people on affordability and deep affordability to produce something tangible, that was my proudest moment [this year]."

*"[We] train people how to go to the city council and speak about what they need. So, **it's not about us speaking for them** but getting them to a place where they have the right words, [and] **they feel comfortable to go and share their stories** and ask for what their neighborhood needs." – PSE Grantee, Cohort 1*

Several grantees have engaged community members in steering committees, advisory committees, or other similar guiding bodies to inform the direction and focus of the initiative. A Cohort 2 CHIP grantee shared the progress made by their community advisory committee: "We've gotten together an advisory group. This group has surprisingly taken on pieces of their own to take ownership over this project and things that are not easy like helping create and edit a toolkit that we are using with organizations... We made it clear at the beginning that [they should] take on what [they] can handle and what [they] can't that's okay, we understand. And people surprisingly are giving us a lot of time."

Grantees also amplified community voice through their evaluations and other data collection activities. One common data collection tool was surveys, which grantees used to direct their initiatives, prioritize activities, and gather feedback on programs and tools. Grantees also used qualitative data methods, including interviews, focus groups, and community conversations. One Cohort 2 Healthy Aging grantee described their approach to doing interviews with community members:

"We've interviewed fifty-one older adults. We go out into the community, it's not over the phone or anything... We had delivered food to the elderly population [at a housing complex] ... When we were down there, I did the interviews. I was able to spend forty-five minutes to an hour with each adult. They provided insight and information about their life and how they came to this country... I was able to break it into categories, what the most challenging things were for most of the adults – healthcare, mental health, and sleeping issues. They're all kind of related."

Grantees in both cohorts discussed wanting to intentionally sustain their successes in lifting up community voice in future years of the grant, as well as beyond the funding period.

Raising Awareness

Another aspect of community engagement raised by grantees were successes in raising awareness of their initiatives and the issues being addressed. A PSE Cohort 2 grantee shared: "I am really proud of and have seen over this past year the growth of our residents and community members who are engaging with us over this year-long span and how there's been so much increase in knowledge for issues that we're facing."

Youth Engagement

Engagement of young people was a focus and highlight for grantees in both cohorts. Grantees described taking intentional approaches to create spaces for young people to share their experiences and opinions and, in the case of some initiatives, to drive the direction of the work: *“We’ve done a lot of youth engagement and centering youth voices and giving them platforms to talk about their experiences and gain leadership skills...There’s been a pretty heavy focus this year on youth and it’s paying off.” (CHIP, Cohort 1).* Several grantees have involved young people in their advocacy work by creating opportunities for them to meet with elected officials and go to the Massachusetts State House to participate in legislative breakfasts, provide testimony in support of pieces of legislation, and other advocacy opportunities.

“We took our young adults in after the [state] budget came out and we went door to door, to every legislator’s office [and] shared stories, explained why the line item we were advocating for was important...Our young adults went door to door and got sixteen co-sponsors for the new line item for the budget.” – PSE Grantee, Cohort 2

ADDRESSING SOCIAL DRIVERS OF HEALTH

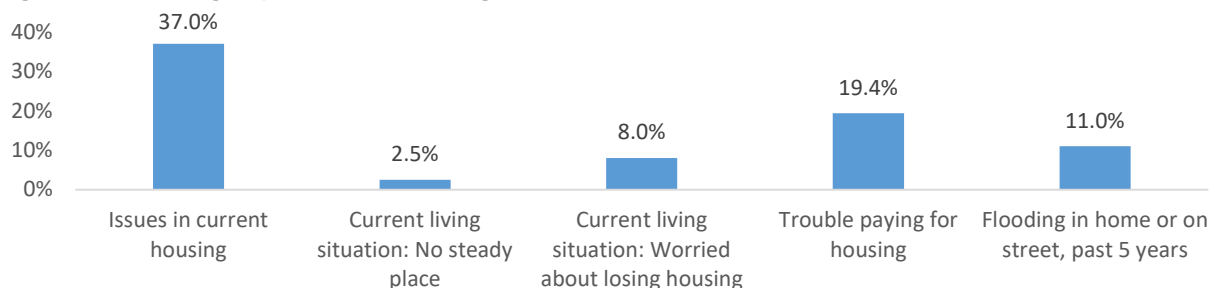
Over the past year, grantees have been successful in addressing social drivers of health (SDoH) through direct policy advocacy, outreach, and direct services. Given the nationwide housing crisis, this was the area of SDoH that was discussed most frequently by grantees working across the state. The social and built environments were also frequently referenced, especially with regards to transportation access, access to services, and socialization and social activities for seniors.

Housing

Access to affordable, stable, and healthy housing is a key focus of many Funds grantees, as many interviewees agreed on the large scope and impact of the housing crisis in Massachusetts: *“We try to frame this as a housing crisis, and it IS a crisis across the state. People don’t have places to live, the quality is terrible, and the enforcement mechanisms are underfunded or non-existent.” (Cohort 1, PSE).*

Data from the MA Community Health Equity (CHE) Survey confirms that issues with housing are common and widespread in the state. Well over one third (37.0%) of survey respondents reported having issues in their current housing situation, including mold, lead paint, unsafe water, noise, crowding, heating/cooling issues, poor air quality, and pests (Figure 6). Residents may not have the option to move to better housing due to limited supply or cost. Almost 20% of survey respondents reported having trouble paying for housing in the past year and 2.5% reported currently having no steady place to live.

Figure 6: Housing Experiences Among Massachusetts Residents, 2023



DATA SOURCE: Massachusetts Department of Public Health, Community Health Equity Survey, 2023

Some Funds grantees are addressing the availability of housing in their communities by building new affordable housing and making existing housing accessible. A PSE grantee from Cohort 1 shared *“We approach the [housing] crisis in three buckets. The first being creation of new affordable housing in a land trust.”* Another PSE grantee from Cohort 2 shared the successes their initiative has had building new housing: *“This is a region that does not see significant multi-family development. So, when they do arise...we consider ourselves to have had a lot of influence on the fact that these projects exist...We’re just trying to make sure that we preserve the maximum potential of those sites.”*

Other grantees also saw success in providing support to their communities to access housing through available services and benefits and through the removal of barriers, such as having Criminal Offender Record Information (CORIs) expunged. A Cohort 1 PSE grantee shared that over the past grant year their initiative had *“opened thirty-four new cases while continuing to work on many other cases. Cases take a substantial amount of time before they close [due to] assessing options and filing with the administrative body in Boston can be a lengthy process. Cases have included expungement, denials of [services].”*

A Healthy Aging grantee from Cohort 1, that is also working on removing barriers to housing, shared the impact they’re seeing from their work: *“I would add from a client perspective, we’ve had a lot more people who have more confidence in engaging and looking for housing...and not removing themselves from the process.”* Looking to future grant years, the same grantee shared *“We’re hopeful about continuing to support [older adults] who have CORIs and show how they’re able to move forward and obtain housing.”*

In addition to working with people seeking housing, grantees had successes working directly with landlords to improve experiences for tenants. A Cohort 1, PSE grantee shared: *“Something we’ll always be working on is educating landlords to know what supports tenants have, so that they can be good landlords and tenants can be good tenants to make that relationship work.”*

Another grantee shared how they blend their work with landlords and tenants: *“We help folks apply for rental assistance and the RAFT [Residential Assistance for Families in Transition] program. We help landlords understand the RAFT program and process...Landlords in the past who won’t work with that – [organization] worked with them to explain that is discriminatory.”*

Aging

Grantees addressing healthy aging and related SDoH also saw successes over the past grant year. Grantees saw impacts through the direct provision of services, such as community gardens for seniors, day trips, and offering accessible exercise classes. One Healthy Aging, Cohort 1 grantee created safe, accessible opportunities for seniors in response to an identified community need: *“We have created walking maps that encouraged folks in rural communities to get out and be more active... This whole initiative for making walking maps and increasing interest, enthusiasm, and safety stemmed from a survey from the Council on Aging.”*

Access to affordable and reliable transportation was raised as a barrier for seniors across the Commonwealth and is an issue many grantees are working at the intersection of. A Healthy Aging grantee from Cohort 2 described the challenges and barriers of this issue. They also explained how they were addressing this issue both by connecting seniors to available services and by ensuring that seniors are engaged in transit system policy changes and redesigns to ensure their voices are heard and needs are met:

“Seniors in [our city] are the most transit-dependent community. Sixty to seventy percent don’t have a car. It’s a huge population relying on public transportation [and] they need to be informing decisions that are made around transit. The framework of our project is connecting with seniors, connecting them to resources...and engaging them as stakeholders in the community.”

The grantee went on to add that their project has the additional impact of *“decreasing isolation and improving health outcomes.”*

Other Social Drivers of Health

The MA Community Health Equity Survey showed that 18.8% of respondents reported having trouble paying for food or groceries in the past year, 35.2% reported trouble paying for basic needs in the past year, and 7.0% reported living somewhere where they have trouble getting where they need to go. Many Funds grantees work in these areas, and they discussed how they saw successes addressing food insecurity, transportation access, and access to services in the past year.

Several grantees described working to intentionally reach out to participants in the Healthy Incentives Program (HIP), a benefit available to SNAP recipients in Massachusetts. The aim of the HIP program is to increase access to fresh fruits and vegetables. One Cohort 2 PSE grantee who was involved in the writing of the HIP legislation, described the goals for focusing on HIP: *“I hope to deliver this food in a more market-like experience so we can get [recipient families] used to using HIP because we have such an underutilization of it in our community and I want to figure out if we bring HIP to people where they are, will that enable utilization?”* A PSE grantee from Cohort 1 described a success of the year: *“Growth and maintaining HIP – existing HIP customers and new HIP customers. That means we’re doing a good job with that which is really great because that’s really our mission.”*

Grantees worked to increase access to health care, basic needs (e.g., grocery store, socialization), and social services for their communities, particularly through increased access to reliable and affordable transportation.

LEGISLATIVE AND POLICY ACTIVITIES

Grantee staff, partners, and community members engaged in many successful policy advocacy activities over the past year at the local, state, and federal levels. Several grantees described defining policy priorities as a key success for their initiatives. Having defined priorities facilitated strategic approaches to engaging partners and communities. A Cohort 1 CHIP grantee described their process: *“...We invited members of the network to come together with a pitch for a topic or a bill they felt likely to have traction, and we selected a slate of bills we committed in advocating for and created a subcommittee of people dedicated to honing those skills.”* The same grantee shared that one of the goals of this approach is *“to help demystify. We are explaining what we are doing, how we are doing it, to bring people along...[The state house] can be such a hard place to walk up to and feel welcome, so we want to make it more accessible because it’s the people’s house.”*

In addition to developing legislative priorities and engaging community members, staff from grantee organizations also engaged directly in policy advocacy work this year. A Cohort 2 grantee shared how they tie the work of their CHIP with policy change work:

“One recurring question that a lot of elected officials ask is what our internal demographics are in terms of who we serve in their perspective regions. So, we’re making sure [the CHIP] is tracking that so we can give it to them...As an example, one bill we’re in strong and full support of is a Mass. ID access bill, which would allow young adults and older adults, who are experiencing homelessness or housing insecurity, easier access to gain a Mass. state ID... If we have data internally that we’ve collected ourselves and can present that to our stakeholders, it’s a lot more impactful in terms of what we’re sharing.”

Grantees also worked to increase voter participation in their communities through nonpartisan activities such as candidate forums, voter registration drives, and information sessions about different ballot items.

TRAINING AND CAPACITY BUILDING

Grantees designed and implemented capacity building and training opportunities for their community and partners.

Several grantees highlighted the trainings they offered as key successes, describing them as empowering and instrumental in building trusting relationships between the grantee and the community. The primary goals of these trainings were to increase community members' knowledge and understanding of specific topics or services/supports. The communities involved in these trainings included town residents, individuals receiving services or engaged in specific systems, and people with shared demographics (e.g., youth). One Cohort 2 PSE grantee offered trainings to people currently incarcerated in Suffolk County Jail: *“We planned to do a Know Your Rights training. This was the first time trying to do it with people who were still incarcerated. It ended up being a mix of people... some were pre-trial, some were sentenced, some were from Essex (County) – three other facilities sent their women [to the training].”*

Grantees also offered trainings to cross-sector partners, key stakeholders, and decision-makers. Some of these trainings were aimed at increasing knowledge of specific topics or raising awareness of benefits, policies, and/or services that could benefit shared constituents: *“...the CHIP has provided some funding to offer professional development activities through the coalition to*

community health workers. I've always felt that was a success...because a lot of them do not receive it at their place of employment. They choose the topics." (CHIP, Cohort 1).

Grantees described the different incentives they were able to offer as helping facilitate the success of trainings. Some incentives include stipends for participants: *"We recently started a basic benefits training stipend...offered to attorneys and non-attorney advocates [that participate in] the basic public benefits training...We got 28 individuals from 30 organizations working with justice involved folks."* (PSE, Cohort 2). Other incentives include certifications and opportunities for future work experience: *"We provide a certificate of completion for every training. So even the people who don't become fellows, they still have something that they can say 'I've taken these trainings.' Some of the trainings are trainings that go towards certification so they can even say 'I'm in the process of being certified.'" (PSE, Cohort 2).*

Staff from grantee initiatives participated in trainings this year which they described as growing their knowledge and capacity. From participating in these trainings, grantees described rethinking their models or implementing new models. One grantee shared that the trainings also provided an opportunity to network and connect with other organizations doing similar work: *"It was with [similar organizations]. While each is different, it was a good sounding board – what works well for you could work for me."* (PSE, Cohort 2).

SUSTAINABILITY OF YEAR'S ACCOMPLISHMENTS

At Virtual Site Visits, grantees were asked to share how they were sustaining the successes and accomplishments they had achieved over the past year. Many of these approaches revolved around building and strengthening the organizations' infrastructure through additional funding streams, hiring new staff, and formalization of internal systems and policies.

Several grantees described how they are leveraging additional funding streams to grow and sustain their MACHHAF-funded work. A few grantees described how the success of their initiatives led to acquiring different funding sources: *"We've definitely gotten funding from part of this. Smaller grants and awards based on things that came from CHIP,"* (CHIP, Cohort 1). A Healthy Aging grantee from Cohort 1 shared how the successes supported by the Funds led to sustained city funding:

"We have been talking about the model having to be reduced due to funds, but it has allowed us to talk to the city. The Funds allowed us to start the program and show the success of the bus and now the city allocated \$14,000 in their city budget for the bus and we're hoping the city continues to see the benefit and continues to sustain the funding."

Grantees, particularly those from Cohort 1, also explained how being intentional about building the structure of their work over the course of the grant has supported sustainability. A CHIP grantee from Cohort 1 described how their initiative had approached this: *"Sustainability is often in our minds when looking at processes. In the past three years, we've done a lot to make the processes of running the CHIP more sustainable [by doing] annual action planning...We sat down with everyone to figure out how to make it better. We tweaked it two years ago and again this year."*

Staff teams and staff capacity were also viewed as supporting the sustainability of initiatives and their successes over the year. Grantees spoke highly of their teams: *"The three of us make a really great team and we have a lot of hopes and dreams from the coalition and what we value is this very*

self-assured and highly regarded team structure that doesn't have to fall into the burdens of being constrained as a corporation or a nonprofit.” Staff capacity was increased over the year through hiring new staff or training existing staff to expand their skills and capacity: “We’ve taken a leadership training over the past year that’s been instrumental in how I continue to hold this space.” (PSE, Cohort 1).

Grantees spoke specifically to sustaining community engagement through building and supporting community leadership which in turn builds community buy-in for the work. Grantees also noted that being able to provide stipends to community participants as an important factor in sustaining engagement. A PSE grantee from Cohort 2 shared that they offer stipends for *“anything that we’re engaging with people where we’re asking above and beyond what their day-to-day work may look like...Making sure they’re being compensated for their time.”* While most stipends were monetary compensation for people’s time, some grantees offered other supports to facilitate community engagement. A PSE grantee from Cohort 1 shared an example of how they used stipends to support community members struggling to participate due to care giving responsibilities: *“The childcare resources are taking care of that...It allows them to stay in the meeting because they don’t have to manage two things at the same time and it’s also an opportunity to reconnect and socialize.”*

Challenges in the Past Year

As part of Virtual Site Visit conversations, grantees were asked to share details about the main challenges they faced over the last year. These responses centered on two key themes, community level challenges impacting access, and difficulties in continued community engagement. Details on these challenges, including descriptions and impacts on residents, are presented in this section of the report.

COMMUNITY LEVEL CHALLENGES

Community Politics – Culture – History - Stigma

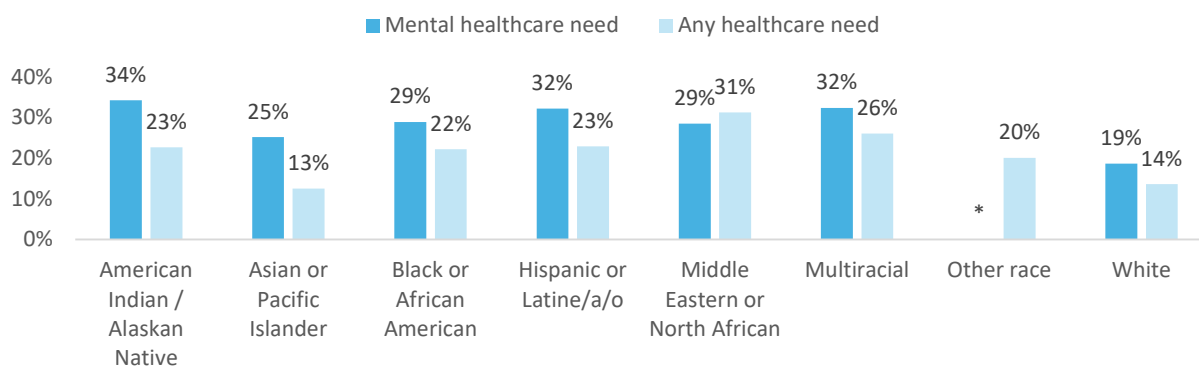
Grantees shared insights into a number of challenges they face at the community level, and explained how those challenges are deeply rooted in the history, culture, and politics of the various communities they serve. Nuanced historical context can influence interpersonal interactions, community building and advocacy, power dynamics, and even the built environment. One Cohort 2 PSE grantee shared an example of how historical events can create mistrust in the community over a decade later, *“So probably 10-15 years ago, the Hispanic community, was trying to get organized...and because of certain things that had happened, it kind of fell apart. And so, a lot of times when we’re trying to organize the community here, it’s, there’s this underlying like baseline of like, ‘well, what are you trying to get out of me?’ And so it’s very difficult to like really like mobilize and organize.”* Another PSE grantee from Cohort 1 shared another aspect of history, explaining how environmental pollutants in the community play an important role in urban planning because those pollutants persist in the soil. *“There are challenges where you put school gardens in [City]. There’s so much historic pollutants in the dirt that they can only create gardens that don’t touch the ground and that creates some challenges in terms of gardening and spacing and like what they can grow and things like that.”*

Similar to community history, community culture, including stigma and resistance, also has an impact on grantees and the residents they serve. Stigma was described as both a barrier to

accessing care, ultimately leading to the normalization of vices and unhealthy behaviors, and as a way of alienating or creating additional hardships for persons of certain backgrounds or characteristics. For example, one Cohort 2 PSE grantee shared insights into stigmas around mental health and substance use in the Hispanic community they serve, noting that the cultural belief of protecting the family from negative perceptions is often prioritized above seeking out needed services. *“You protect the family at all costs. So, you don't talk about what's going on in the family at all costs. You know, and uncle has a drug problem. We don't talk about that. We pray for him. We help him the best he can, but at the end of the day we cannot talk about it because the family cannot be disgraced.”* To help promote access to services despite the stigma, health promotion activities and events are often generalized or specific details about the planned conversation are not shared to increase attendance.

Data from the 2023 MA Community Health Equity Survey show that People of Color in Massachusetts appear to have a higher prevalence of unmet healthcare needs than their White counterparts (Figure 7), particularly for mental healthcare. For example, 32% of Hispanic/Latiné respondents who needed mental healthcare in the past year reported not receiving it, compared to 19% of White respondents.

Figure 7: Unmet Healthcare Needs Among Massachusetts Residents Needing Care, by Race/Ethnicity, 2023



DATA SOURCE: Massachusetts Department of Public Health, Community Health Equity Survey, 2023

Other populations impacted by stigma and resistance were noted by the grantees, including individuals with a history of criminal justice involvement, individuals who are immigrants and newly arrived, and individuals utilizing services like affordable housing supports. For example, several grantees commented on barriers around NIMBY-ism [Not In My Back Yard], which refers to local residents and homeowners who oppose certain types of infrastructure development, such as affordable housing, near their place of residence due to the stigmas associated with the individuals who would qualify to live in those new developments. One PSE grantee from Cohort 1 summarized, *“With the NIMBY folks, I get it, they have misconceptions of what people who need affordable housing look like. I get you don't want people desperate and poor running around in your backyard. But what happens if you have decent housing, and across the street is Hunger Games? ...If you keep folks in a situation of desperation, not having enough housing, that is going to result in societal impacts you will not be able to contain.”*

Furthermore, stigma can extend beyond local residents living in the community, impacting politicians and local decision makers as well. As one PSE grantee from Cohort 2 remarked, *“Even in Massachusetts, you think we’re a progressive state. Doesn’t translate to how people view people in corrections and upon reentry... Right now, we’re learning who is supportive and who is not, and different capacities of that.”* Community views on race, racism, and equity are also rooted in stigma and culture, and present unique challenges to policy, systems, and environmental change work. Race and equity are discussed in depth in the section Health and Racial Equity

“I wanted to expand out the pediatric vaccine clinic because we don’t want kids excluded from school that are missing vaccines and we have the ability to do it. In the conversation, somebody had asked me ‘but why aren’t the kids coming with their records from the other district?’ [the answer is] because often this population of kids are crossing the border and it turned into a political conversation about...Wasting resources. On undocumented students [it was called] wasting resources.” (Cohort 2, PSE Grantee)

Local politics and political will were also mentioned by grantees across all funding streams during virtual site visits, namely in regard to the various ways politics resulted in challenges and barriers impacting PSE work. More PSE grantees noted challenges with politics compared to CHIP and HA grantees, with implications primarily in the advocacy and community engagement space. Another grantee explained how politics can influence not only their activities, but their budget and staffing as well. Key barriers shared during site visits included turnover and staffing changes, especially during election cycles, budgets and funding, navigating polarization and misconceptions, and lack of political will. One PSE grantee in Cohort 2 shared the struggles of building and maintaining relationships in support of policy change, noting, *“When we brought it to the mayor, [they were] supportive, but they’re running a lot of things. Things rest on department heads, but they have all left, so I’m trying to rebuild those relationships.”* Similar to turnover, election cycles were often mentioned by grantees, noting the shifts in supports for different initiatives and, as one grantee explained, a reluctance to pursue significant change due to it always being *“an election year or the first year [of their term].”*

In addition to collaborating with political leaders, grantees also shared examples of challenges they have faced while mobilizing their communities in support of specific agendas or changes. Particularly related to affordable housing, grantees from both cohort 1 and 2 shared personal anecdotes of encountering opposition to legislation due to misunderstandings, conspiracies, or stigma. One cohort 1 PSE grantee explained, *“Always resistance to who deserves what, and what the environmental impact will be. It’s a complex and difficult thing to change. I said earlier, zoning and segregation remain heavy control mechanisms that stop progress towards racial equity and policy changes. Last year specifically, the ever-changing face and definition of homelessness has had a big influence on these discussions... It’s frustrating sometimes, that conversation takes over the effort of building safe [equitable], healthy housing for people. It becomes, why are we building for migrants? what about our homeless... Communities are really struggling with who deserves services.”* Despite the challenges, some grantees shared highlights around community mobilization and observations of culture change. These successes and more are detailed in the report section *Progress in Past Year - Highlights*.

ACCESS CHALLENGES

During Virtual Site Visits, grantees were asked to share the main challenges they faced over the last year while implementing their programs and working in pursuit of policy, systems, and environmental changes. One of the main themes to emerge from these discussions centered on challenges to providing services or difficulties residents face in accessing services at the community level. While these barriers, such as technology access, transportation, and language access, are not widespread across the cohort, they do pose unique challenges for specific communities and populations, which can result in disparities and inequities if unaddressed. This section describes the challenges in detail, and the section Health and Racial Equity provides additional insights into activities and strategies the grantees have implemented to increase equity and help community residents overcome these barriers.

Technology

Technology challenges, including inequities, limited internet access, and limited technological literacy were key challenges noted by some grantees. Rural communities and small towns noted difficulty with internet access, which in turn may limit residents' ability to communicate with others, access information, connect with health resources, and perform job functions such as attending zoom calls or connecting with clients. See Figure 9, below, for results from the CHE Survey about disparities in internet access by rurality.

One population regarded as being particularly impacted by technology challenges was senior residents, which presented a key barrier to their ability to access online resources, applications, and information. One example of this shared by grantees described seniors having difficulty locating digital coupons for regular shopping trips and then facing the additional hurdle of being able to access these coupons quickly in-store at the time of checkout. Other grantees noted that seniors in their program are often unaware of, or have difficulty accessing, programs that only offer online applications. In both of these examples, technological difficulties frequently result in increased financial burden on senior populations, many of whom are living on limited incomes and budgets. Individuals with disabilities, particularly visual disabilities, were also mentioned as a population that may be more likely to experience challenges or inequities related to technology use and access. Affordability, accessibility, scams, and privacy were the key challenges noted. One grantee explained that the best technologies are often out of reach for many in the community, and that devices, interfaces, and web portals may not be designed for accessibility which results in increased access barriers.

“As we... transition from using web on computers to using smartphones and tablets to interface with organizations and portals... sometimes those interfaces are easier for blind/visually impaired persons, however, if those technologies are developed without accessibility in mind, they become increased barriers. For those who don't have the skills, money, and the ability to acquire some of the best devices, they're left out.” (Healthy Aging, Cohort 1)

Though several grantees voiced concerns regarding technology equity and access, the ability for residents to access information online was noted as a positive and necessary aspect of technology by a grantee. This organization shared that they had observed cultural shifts and reduced resistance to technology within their community while keeping an eye for equity, explaining, “... using technology as a more thoughtful, equitable, social solution, is gaining momentum within government and more in general...when we started this, I think people's resistance was very, very

high... Of course, you'll always need more support for people who aren't, you know, digitally fluent for lack of a better word. But there is an understanding that this has to be also part of the solution and that the scale of it can be very helpful.”

Transportation

A few grantees voiced challenges related to transportation, which was noted as having a particularly large impact on rural communities and seniors (see also Figure 9 below). Traveling long distances, high costs and funding, and the ability to provide aid or support, such as helping seniors carrying heavy items or helping seniors boarding and departing vehicles, were technical challenges shared by grantees. Challenges faced by residents were also shared, including accessing pickup and drop-off locations, logistics (e.g., awareness, eligibility, scheduling), and accessibility for residents with mobility challenges. One grantee summarized the barriers that they have observed related to transportation, *“Resources available usually have some limitations, like they can’t go across county lines, you have to sign up in advance. Van will come, no assistance, someone can’t touch groceries [bringing them to elder’s home]. Sometimes someone can get up with a cane, but needs a helping hand. It’s a barrier for folks who could use transport van otherwise. I don’t think any of us can overstate what a big problem it is here.”*

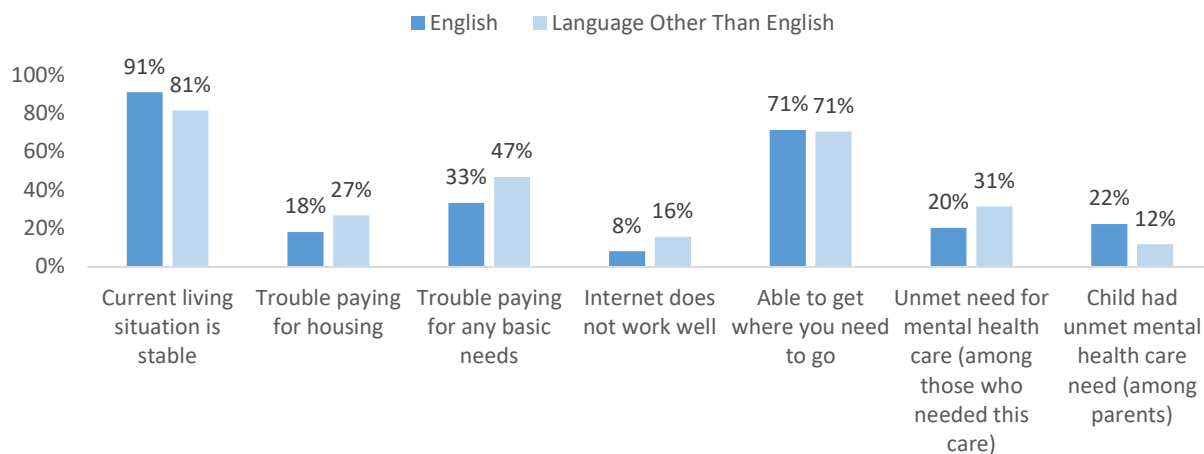
Language

Grantees shared experiences working with communities that are non-English speaking, including challenges with offering services, trainings, and educational opportunities to meet the needs of residents speaking a variety of languages. Language access is a fundamental component of connecting and building trust with community, and grantees reported both barriers and solutions to engaging with non-English speaking residents as part of community meetings, outreach and marketing activities, service delivery, children’s educational and extracurricular activities, and access to healthcare services. One unique challenge shared by a grantee working with Spanish-speaking residents was the intersection of language justice and stigma. This grantee explained, *“The stigma for the Hispanic community around mental health and addiction is very heavy... And so because you bring it up and it's kind of like, oh, that's not really an issue that affects this population and it's not just a belief from within the community. It's also a belief among providers. They don't have services in Spanish because people aren't asking for those services, so they think there isn't a problem but people aren't asking for the services because of the stigma associated.”*

Though grantees reported making strides in language justice, they also shared difficulty in partnering with qualified translation staff and shouldering the financial burden of translation services. As one grantee explained, *“As soon as we contracted with [organizations], we hadn’t heard from anyone who needed Spanish interpretation, but we paid an interpreter to come to meetings regardless. We won’t do for every meeting cause it adds up, but it’s going to show participants it’s a priority for us, that we have someone to do this, that [the interpreter] has a face, this is a service we’re ready to provide as soon as it’s needed, and it gives the option to talk about who [organization] is and who the interpreter is.”*

Figure 8 shows experiences related to the social drivers of health (SDoH) and healthcare access among Massachusetts residents whose preferred language is English versus another language. Residents whose preferred language was not English reported more need around stable housing, paying for basic needs, and reliable internet service.

Figure 8: Experiences Related to SDoH and Healthcare Access: Massachusetts Residents, by Preferred Language, 2023



DATA SOURCE: Massachusetts Department of Public Health, Community Health Equity Survey, 2023

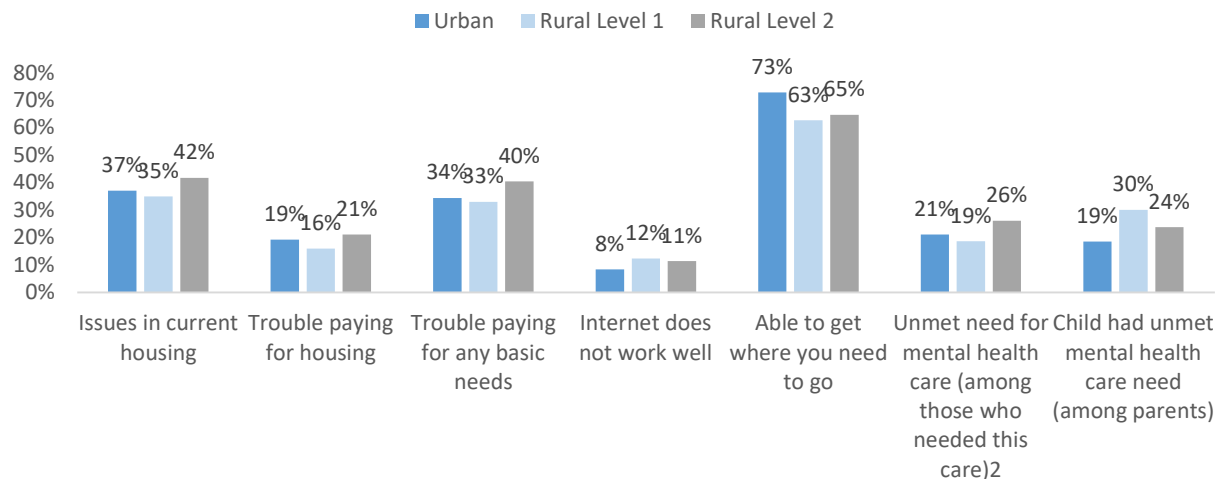
Challenges of Living in Rural Areas

In addition to transportation and technology barriers, which are described above, grantees also shared other challenges specific to rural communities. One prime example was rooted in the reality that rural communities are often smaller in size, and having fewer community residents can result in fewer people at the table who are available and have the capacity to engage with systems-level work or to volunteer their time. Another challenge was the variation of needs and priorities that can differ based on community size and a host of other factors. Smaller, more rural communities are also less likely to receive funding and supports, which pose continuous challenges for organizations providing services and pursuing policy, systems, and environmental change. Funding and budget limitations can also make communities more susceptible to resistance and pushback from community members, as one grantee explained, “*The problem is anyone can sue you and [small] towns don’t have the money for that kind of litigation. There is little to no way to remedy this.*” Additional context around community culture, including resistance, can be found in the Section Community Politics – Culture – History - Stigma.

“One of the challenges is there are a lot of the same people at the table. Everyone is very busy and, especially being more rural, there are not as many resources as some other places, so a lot of people need help. People are very, very busy, so that can be a little bit of a challenge – people are interested, but they’re not able to make it.”

Figure 9 shows experiences related to the social drivers of health (SDoH) and healthcare access among Massachusetts residents by rurality. Residents living in the most rural areas of the state reported more need around stable housing, paying for basic needs, transportation, and mental health care.

Figure 9: Experiences Related to SDoH and Healthcare Access: Massachusetts Residents by Rurality, 2023



DATA SOURCE: Massachusetts Department of Public Health, Community Health Equity Survey, 2023

NOTE: Rural Level 2 towns are less densely populated & more remote & isolated from urban core areas. Rural Level 1 Towns meet fewer rural criteria than towns considered at Rural Level 2. Urban are cities/towns that are not in Rural Level 1 or Level 2.

HOUSING

Grantees shared a number of successes related to their work, however, barriers to stable housing persist. One key example noted by grantees is the general lack of safe and affordable housing stock, whether it be from limited production of new affordable homes, extensive waitlists for housing supports, or a lack of transitional housing options from shelters and other services. Overall consensus from grantees across Massachusetts points to ongoing challenges related to housing supply not meeting the demand. As one grantee explained, *“One of the challenges is that we had 40 units of housing but had 976 applications for those 40 units which speaks to the incredible depth of need for housing.”* (PSE, Cohort 1)

Contributing factors to the housing challenges, grantees explained, span from community pushback or “NIMBYism”, red tape (e.g., zoning laws, resistance to multi-family homes), and a lack of political will. Furthermore, one grantee explained that there is a lack of consensus on the best ways for the housing field to move forward, which results in competition among organizations in the housing space. Ultimately, this grantee summarized, *“The lack of political will for the legislators.... They ask for data, they ask for stories, then they want something else, so we are jumping through hoops but haven't been able to hold their feet to the fire and get them to put money where their mouth is.”* (PSE, Cohort 1)

Maintaining Community Engagement and Awareness

Community engagement is a key pillar of many grantees' strategies for PSE change. As described earlier in this report, community engagement is central to grantees' ability to provide services and resources, the ability to mobilize groups to advocate for PSE changes, and to coordinate strategies within and between community partners. However, consistently motivating community and partner organizations to be present in PSE change spaces is an ongoing challenge for many grantees. A few examples highlighting this include:

- *“It’s a huge undertaking to try to figure this out, not only are there capacity issues, but when we think on this larger level, we need so many stakeholders at the table to build out this type of action plan – it’s not just on residents or providers. We get overwhelmed at how to do that and how we have the capacity to do that. It feels very overwhelming and to have some sort of framework would be helpful.”* (CHIP, Cohort 1)
- *“We have an older population. But that’s not representative of our whole town and the people we want to get a seat at the table are the people who have traditionally been left out of the conversation. However, it’s going to be an ongoing challenge. It always is. Getting young people, people who are low to moderate income. BIPOC people, all of the people we want to have a seat at the table, it is hard to organize people when those are the people who are working 3 jobs who have several kids and can’t find childcare.”* (PSE, Cohort 2)
- *“Many times, we’re getting prepared for a site visit, or go to the state house, we build out for that, because we know something will always come up. If we need 4 people, we recruit for 10, prep 10 to be present, and because of life, what ends up happening, we get 3-4, and that works for us. It’s just having that foresight and being prepared for those challenges, and sometimes you aren’t prepared. Sometimes we have to make a same-day decision and go with it.”* (PSE, Cohort 2)

STAFFING – CAPACITY

Staffing challenges were mentioned numerous times by grantees, both in the context of their own organizations and regarding turnover when working with partner organizations. Challenges described by grantees included burnout, losing key staff, difficulty hiring and onboarding qualified staff, and staff operating in ambiguous roles or managing multiple roles/feeling pulled in multiple directions. Beyond hiring and retaining staff, grantees also described instances of organizational barriers to hiring appropriate staff, such as multilingual staff, or staff with lived experience, due to internal policies related to education requirements or other ‘red tape’.

- *“There will always be, for municipalities, staffing capacity. There is so much more we can do, that needs to be done and we want to do, but capacity is limiting so if there were a speedbump it would be our ability to do one more thing, add more time, and do additional work. If that capacity were expanded through municipal staffing for diabetes work and other work [we could accomplish more].”* (CHIP, Cohort 1)
- *“We already had an important position at our department eliminated. [Staff person] is retiring. We don’t know what our priority areas will be for the next CHIP. We’re in a tough place right now.”* (CHIP, Cohort 1)

- *“One of the challenges we faced in this project is that recruiting a field team was really time consuming. We recruited them as part-time employees, did background checks – all that rigorous process. That’s why we needed a little more time.”* (Healthy Aging, Cohort 2)

Grantees shared that staff working on PSE change may struggle with the long timelines to see the impact of their work. For example, one VSV participant described a 10-year plan to remove lead paint chips from a local bridge. Interacting with community members can be draining for staff, who may experience resistance, hostility, or simply high expectations. A couple of grantees commented on recent trends where community members are strongly advocating for organizations to better balance addressing long term PSE challenges with providing urgently needed community services. As one grantee explained, *“We also learned to listen to the community and one of their biggest concerns, it’s great you’re addressing at state level, advocacy work, and having conversations with local housing authorities, but I need help now, I need resources now.”* (Healthy Aging, Cohort 1)

Progress Towards PSE Change

Grantees across funding streams and cohorts made progress towards policy, systems, and environmental change this year. Progress occurred at varying levels and situations, including state and local policy changes, changes to organizational practices and procedures, and coordination of systems. While full descriptions of the successes and challenges related to grantees’ PSE change work are described in the previous section of this report, the following sections provide an overview of the approaches and key successes that grantees have had in this space.

POLICY CHANGE

At the state and federal level, grantees focused on policy advocacy activities, including identifying policy priorities, connecting with legislators, and informing the development of new bills. Examples of policy priorities identified by grantees this year include:

- *“Our biggest policy priority is a **farm to school grant bill**...This program will help to create more nourishing, culturally affirming school meals.”* (PSE, Cohort 1)
- *“We are actively advocating for bills that impact policies that impact community health workers. For instance, there’s a **bill for language access and inclusion**...[that recognizes CHWs] as a translation service and pays [CHWs] extra for that skill.”* (PSE, Cohort 2)
- *“[The **bill**] would allow for automatic **CORI sealing** – several states have that and there’s a national movement to make more states do that.”* (Healthy Aging, Cohort 1)

Grantees engaged in many different approaches to advocating for legislative priorities at the state level, including meeting with decision-makers, submitting public comments and testimony, and organizing legislative breakfasts and other in-person advocacy and lobbying events.

- *“We also **co-wrote 1115 Waiver public comments**...[with] **30 cosigners and got those to MassHealth**. Last week, we spoke to [MassHealth] about what they’re interested in implementing, what they push back on, and what we pushed back on.”* (PSE, Cohort 2)
- *“We broke it out into categories we wanted people to address. Instead of focusing on a handful of bills, we tried to focus on concepts that we want to support...What we did in each category, we asked for a **person with lived experience and professional experience to give a 2 – 3 minute state of the region address to the group**.”* (CHIP, Cohort 1)

- “We took our **young adults in after the budget came out and we went door to door to every legislator’s office**, shared stories, explained why the line item we were advocating for was important...Our young adults went door to door and got 16 co-sponsors.” (PSE, Cohort 2)

At the local level, grantees engaged in advocacy and policy work by raising awareness of issues, attending city council meetings, and providing research and expertise to local decision makers.

- “I would say our policy and systems focus have been at the selectboard level and town level for the most part – **bringing materials to selectboards to have them understand what’s happening in communities.**” (Healthy Aging, Cohort 1)
- “[We meet] with the **Mayor’s Office of Early Education and Care at least once a week where the citywide policies** for [Boston Public Schools] and universal pre-K and other early education programs are being formulated.” (CHIP, Cohort 2)
- “We **provide direct technical assistance to municipal officials**, and we have had a really critical hand in shaping the housing agendas in all of these towns.” (PSE, Cohort 2)

This year, grantees were involved in policy advancements at the state and local levels. Notably, several grantees were involved in housing policy wins this year.

- “In 2022 and 2023, we saw about **ten policy changes where we were actively involved that resulted in more housing friendly policy** – ranging from zoning, community investing in and production plan, ordinances, and various types of things that make the development of housing easier.” (PSE, Cohort 1)
- “The **capture of over \$10 million for affordable housing** – retooling that campaign in the fall and getting that win and having it not just be led by myself and staff but by members organizing with the city and educating people on affordability and deep affordability to produce something tangible. That was the proudest moment.” (PSE, Cohort 1)
- “There was a bit of worry that [the proposed affordable housing project] may cause some controversy. It passed with flying colors...There was also a town planner position that we have really been plugging and pushing away at...There was some healthy debate, but **specifically one municipal official that we work closely with was relentlessly defending this...And it passed...And it was it was really a fantastic evening to see every article that we were doing [get out the vote] for and supporting pass** with unanimously or with 2/3 vote required.” (PSE, Cohort 2)

In addition to their work at the state and local level this year, grantees worked to advance organizational and institutional policies that impact their communities. This includes changes at their own organizations, as well as externally.

- “We **shifted to focus on policies at [our organization]** and how our policies [impact] how we understand the needs of our population, how we can amplify those voices...Not so focused on the law of Boston or Massachusetts responds but **how [our] policies...could move our work forward.**” (CHIP, Cohort 2)
- “The way that you get treated and the way that you go through this deliberate process is the thing that I think we’ve transformed the most in the last year. It’s directly related to us beginning to **really internalize this equity framework.**” (Healthy Aging, Cohort 1)

- *“Now we sit in front of them, soften what their expectations were when they came in here, rather than feel asunder when they want in the door. That’s become **a change in policy and procedure but also a behavior change.**” (PSE, Cohort 2)*

SYSTEMS CHANGE

Systems change work done by grantees this year was primarily focused on building connections between systems to better support individuals and communities by increasing care coordination and access to services.

- *“At a re-entry center in downtown [city] we’re doing a training with staff on employment issues. We’re going next month to do a “know your rights” training [and] setting up a direct referral system so they can send clients directly to us. We really want to reduce barriers as much as possible.” (PSE, Cohort 1)*
- *“As staff become familiar and talk to each other, they know about other programs. We try to cross-train staff about rental support, our community team, and loan mediation program.... [We] want staff to see it as holistic.” (Healthy Aging, Cohort 2)*
- *“Something exciting is the Behavioral Health Network – one of the biggest providers in the area, their director is involved with the community team and she wants to bring all the providers together and find out what they’re doing around cultural relevancy of their services. There’s things they have to do as providers but they’re looking at what people are doing in this region.” (CHIP, Cohort 1)*

Grantees have also been involved in a number of system-specific wins and changes over the past year, including housing, transportation, and food systems.

- *“What attracted us to that project is that they do sober housing but what’s interesting about their sober housing is that it’s not necessarily asset based. If someone [is using substances] they don’t get kicked out. [Staff] work with them and treat them like adults.” (PSE, Cohort 1)*
- *“[Under] Healthy Eating Active Living, one of our goals was to support mobile markets... The Great Falls mobile market is an important PSE change and on a different day, the mobile market stops there so people have access to a mobile market site twice a week.” (CHIP, Cohort 1)*
- *“Instead of starting from scratch [the senior center] used a local transportation authority to operate the bus. They use their drivers, dispatch, maintenance, and [senior center staff] build the schedule and connections to use the bus.” (Healthy Aging, Cohort 1)*

When looking at the systems that grantees are working with and within, many are working with schools and districts. This work often encompasses policy, systems, and environmental changes.

- *“When we met in August last year we just finalized a regional assessment...and this year, one thing that came out in that report was a strong focus on restorative practices for our school and we were able to connect with a mediation center that has restorative justice coaching and support that we were able to offer to help school-wide or district-wide. We were also able to support everyone who applied, and we are scheduled to go out and do training for those folks.” (PSE, Cohort 1)*
- *“We wrapped up a pilot of our district level track of AmeriCorps service members who are working in the schools and teaching lessons to students and supporting the school garden.*

There's a focus on systems change like changing menus, setting up policies and practices at the district level to support more nourishing school meals." (PSE, Cohort 1)

- *"We have been in talks with the schools and now we are moving forward with the athletic director to implement a mandatory piece of the coaches training to be around mental health, which is brand new to them." (PSE, Cohort 2)*

ENVIRONMENTAL CHANGE

A key focus of grantees' environmental change work is focused on advancing equity in Massachusetts through the adoption and spread of equitable approaches and practices. Grantees have changed their own practices to create environments that are more equitable for the communities and populations they serve.

- *"The idea is that it's not enough to just have services. It's not enough to just create partnerships where you serve more people. We need to meet people where they are, go to them, figure out how to engage and serve them much better." (Healthy Aging, Cohort 1)*
- *"While we're a housing agency, housing underpins so many other needs of the community. We only want to pitch a bigger tent, not just focused around housing but around community, transit, healthcare, childcare – any of those things. We wanted to give a broader menu of goals and issues for people to focus on." (PSE, Cohort 2)*

Grantees are working to create environments that shift power and leadership to community members.

- *"One of the places we are working in is shifting from a model where most of the people in the CHIP are professionally involved...to make sure that both the professional people part of our network have a chance to think about what they bring and gain from the work as whole people and to make sure we are really creating opportunities for people to contribute and participate in leadership roles even if they don't currently have a job that pays them to do that work." (CHIP, Cohort 1)*
- *"We're focused on getting youth voice in [the policy change] process...That's why we're investing so much in leadership opportunities so we can give them support in building that policy change...that is environmental change." (PSE, Cohort 2)*
- *"Maybe we don't call it policy changes but thought changes. For example, our current mayor really brings community feedback into all the processes of how they run the city. It's really about residents owning and being a part of decision making...How we do business changes." (PSE, Cohort 1)*

Grantees are also working to change environments by increasing access to information and knowledge.

- *"It's giving people information that they didn't have before...That's like the most basic thing you can do. Give people agency, give people information – that gives them much more power." (PSE, Cohort 2)*
- *"I did a 2-hour presentation on the ABC's of affordable housing for around 58 people. We were crammed and people were on Zoom...The goal of that presentation was to clarify misinformation about land trust, CPC uses. **It is interesting how depending on where you decide to be visible, what other doors open.**" (PSE, Cohort 1)*

- *“The maps are actually a community mobilization tool, an orientation tool. People get really excited about the maps...The process of the map brings people together and leverage that to look deeper into different towns and other issues.”* (Healthy Aging, Cohort 1)

Health and Racial Equity

Addressing health and racial equity is a core pillar of the Funds and a value reflected throughout grantee’s activities and approaches. Though grantees’ programs are focused on various levels and levers of change in policy, systems, and environmental change, incorporating a focus on health and racial equity occurs at every step and interaction of the process. Descriptions of grantees’ successes and challenges are described above, which thematically present commonalities in working to promote equity, and in continued identification of areas of inequity that are presenting challenges. Additionally, throughout VSVs many grantees shared progress and barriers related to big picture concepts in health and racial equity. Namely, these focused on addressing structural racism, healthy aging and aging justice, and equity in systems and power sharing.

STRUCTURAL AND SYSTEMIC RACISM

One key area of focus mentioned by grantees was the need to address structural and systemic racism in order to create health and racial equity. Grantees shared numerous examples of facilitators to creating the conditions for structural and systemic change, spanning from amplifying voices of those most impacted by inequities in decision-making processes, to rooting out racist language in property deeds and laws.

Progress and Facilitators

One facilitator to addressing structural and systemic racism mentioned by several grantees focused on ways they have successfully improved organizational policies, hiring practices, and culture.

- *“I think all the staff are from immigrant and refugee services. We have Vietnamese staff, staff from Afghanistan, Burma, Cambodia.... We purposefully do these things because these are communities we work with. Not just talking about how you stand up against racism. **You actively do this as an organization, that thing itself is powerful.**”* (Healthy Aging, Cohort 1)
- *“All of our policies go through a DEI committee first...Everything we do goes to that committee to make sure. We all have an unconscious bias, so we have a committee to look at it...It’s very much who we are and what we do.”* (PSE, Cohort 2)
- *“The way we present racial equity questions, who benefits, who’s harmed, who participates, unintended consequences. To have those questions forefront when folks are thinking about making changes, embedded in processes for municipalities... I find those questions to be really great tool to make people aware of systems and policy issues.”* (Healthy Aging, Cohort 1)

Multiple PSE grantees also shared stories about how they are creating space for conversations with community members and leaders to openly talk about equity and to directly hear from those most impacted by structural and systemic racism and inequities.

- *“I had a discussion one time with a former ED and he asked me how I was going to decrease racism in the community and I said to him ‘ I don’t think we will ever, as a Social Darwinistic construct, decrease racism in this community or around the world, but what we can do is increase access to resources and information so people will feel that there is an increase in equality, maybe not in all contexts, but in different contexts. So that has been our goal: resources and information.”* (PSE, Cohort 1)
- *“We had a couple issues in [community] last year around antisemitism... [We decided,] ‘Lets bring local voices together and educate our kids on why it’s important [to address this]’... Seeing a couple rabbis join us, with community leaders, parents and families..., and kids we see each day, was positive. We had over 50 kids.”* (PSE, Cohort 2)
- *“When we think about Milton, which has been historically exclusionary, that sits in disposition to Mattapan which is really diverse. When we approach the work, we are building out the idea of a courageous conversation in Milton. We brought in the redress movement and started to think about how we tell the Milton story while also telling the Mattapan story, bringing in people who know the history and unspoken things.”* (PSE, Cohort 1)

The connection between structural and systemic racism and the need for environmental change was also discussed by grantees.

- *“The University of Minnesota identified ...407 deeds in Essex County with racially restrictive language. This is a really cool, social pressure experiment- how many [of these homeowners] can we convince to expunge this from their deeds? ...We hired a GIS mapper to create map to put on our website to show all of the deeds in the county – we want to create community buzz. Here’s all of our volunteers, putting letters together, mailing to homeowners, we’ve received this many back, and we’ll pressure those who don’t want to change it...Even though they don’t hold legal power anymore, it’s still social equity thing, let’s be a welcoming community for all.”* (PSE, Cohort 1)
- *“A lower income neighborhood on the west side has historically not gotten great sidewalks. The feedback now that we’re getting good sidewalks has been overwhelming...people have commented that they feel more equity now. **It’s incredible the difference that these sidewalks have made.**”* (PSE, Cohort 1)

Challenges

The challenges grantees shared demonstrate how deeply entrenched racism is in state and local systems and structures. Several stories shared by grantees highlight how individuals from certain backgrounds and experiences are often invisible, ignored, or not at the table, resulting in a lack of resources and resistance to change systems despite ongoing inequities. These challenges are highlighted below and are also discussed in detail in the section Community Politics – Culture – History - Stigma.

- *“Housing policy is an area where the effects of structural racism are upheld and ongoing., This is a hard conversation to have in the legislature, **the powers that be are paying some lip services to this but don’t seem to want to hear the hard truths.**”* (PSE, Cohort 1)
- *“We have an immigrant’s assistance center here. Because Puerto Ricans are not considered immigrants, they do not get a lot of services that they still need. Because they*

are citizens, but they still have language barriers. They still have cultural acculturation issues. They still have traumatic experiences, culture stress..." (PSE, Cohort 2)

- *"The thing about the homelessness industrial complex is that it's very White... And it's worth examining – people of color disproportionately experience homelessness, but you don't have people of color working in the supportive housing space. You have to figure out why that happens and what you're going to do about it."* (PSE, Cohort 1)

HEALTHY AGING

Healthy aging is a key focus area for several grantees in the Funds. Many of these grantees commented on the facilitators and barriers they have experienced as they pursue and promote age justice, including community engagement, technology, and common systemic challenges.

Progress and Facilitators

Grantee progress and facilitators to increasing age justice focused on increasing engagement and involving seniors in leadership roles and decision-making processes. Removing barriers for seniors, such as supporting individuals with online applications and navigating technology, were also discussed as a way of promoting equity.

- *"This is a seniors-leading-seniors program. **The seniors have the ownership and the power to control the types of services.** [This program is] building seniors' leadership and providing technology training to give them the ability to access all the digital trainings."* (Healthy Aging, Cohort 2)
- *"In terms of equity and thinking about the structural barriers that may exist, continuing an ongoing assessment through surveys, focus groups, and interviews with seniors about the reasons why they may not access these opportunities, whether it's the Senior Center [or otherwise], we want every single senior to be comfortable, empowered, and to be able to access the resources they need to live independent and social lives and to feel comfortable in their community."* (Healthy Aging, Cohort 1)
- *"I do a lot of outreach at these places [with seniors] for Senior Pass. It's hard to enroll as a senior by yourself, it's all online. It's hard. I do applications with them, I bring an iPad. If you're 65+, you're qualified. A lot of people don't know about it."* (Healthy Aging, Cohort 2)

Challenges

Specific challenges in addressing aging justice that grantees reported centered around systemic and cultural barriers. Grantees noted that seniors are more likely to have diverse physical needs that require accommodations, have difficulty navigating technology, and are often living on a fixed income. Quotes highlighting these challenges are below.

- *"The older we are the more likely we are to have disability housing needs. The biggest needs around housing discrimination are people with disabilities and based on source of income. Overwhelmingly, seniors have health impairments and are on government assistance."* (Healthy Aging, Cohort 2)
- *"Our older adult population is even more diverse in the sense that we have our wealthy retirees, we have professionals, we have very rural people, we have people who have been here forever, we have our urban core older people...but they don't have a group that can advocate for all older people. Also, our older residents tend to think they're really self-*

sufficient and they don't like to ask for help, they don't like to use the help that's available."
(CHIP, Cohort 1)

OTHER PROGRESS TOWARDS EQUITY

Beyond healthy aging and addressing structural and systemic racism, grantees also shared stories of their progress in their equity pursuits overall. Facilitators to increasing equity have included activities to increase community awareness, centering language access in programs and outreach, increasing connections to community services and supports, intentional data collection and use, and more.

Education and Awareness

Education and raising awareness, either to increase understanding of the causes of inequities, to bring attention to communities or situations, or to support community members in learning new information and skills, were emphasized as strategies to increase equity in communities.

- *"We are trying to educate municipal officials about how historical land use policies got us into this position, [which] were based in displacing black and brown individuals in indigenous communities who were obviously here before and to have been barred from entry over the course of generations and that is a conversation that we are definitely leading the way on."* (PSE, Cohort 2)
- *"[We promote equity in] all the events [we hold] – the Asian festival, the Southeast Asian festival.... The purpose is really... about showing pride in our culture... And from the children to the older adults, coming in dressing in their traditional costumes, and singing, dancing, in their own language. That shows incredible visible pride in who you are. That's a way the community fights racism."* (Healthy Aging, Cohort 2)
- *"I will routinely 'let it slip' that I'm using adaptive technology. I do that specifically because it's important for them to know what is possible. For so many of our participants, we've pivoted in a week, mainly meeting in person, pivoted to zoom, on the phone, calling people in who couldn't dial a telephone, people connecting. One of the things we've been doing lately because our tech services are terrific, the capacity people have demonstrated to learn, like iPhone, even lower tech solutions that are available."* (Healthy Aging, Cohort 1)

Communication and Language Access

Communication and language challenges were frequently mentioned by grantees during VSVs, with many explaining that overcoming language barriers is one method used to promote equity.

While language is described in detail in earlier sections of the report, a few highlights include:

- *"We don't want there to be a waiting period for language barriers, or delay in participating in the process with us. Even if we don't have every language, we're making sure we have the capacity to. Before jumping into surveys or focus groups, we have brochures already translated in Portuguese. To already have those resources, rather than having to wait for the request and processing, we want it instilled in our steps already. And letting our community partners lead the way."* (PSE, Cohort 2)
- *"Thinking about how we can better have translation services. I know we've thought about like, had we purchased the headphones. I know there's a lot of like technology that we can use... So, to be able to say, all right, whatever language your parent speaks, we have a QR code for you. So it just makes it so much more accessible."* (PSE, Cohort 2)

Connecting to Community Supports and Services

Many grantees described increasing access to community support and services as a strategy for increasing equity. For some, these might be services designed to help overcome a barrier or challenge, such as a lack of transportation or language barriers, while for others it might focus on creating safe spaces for communities to come together to learn and ask for support.

- *“It’s a region with such transportation issues, and poverty, some families have one car, so summer enrichment, which we know has an enormous impact on health and wellbeing, is out of range. We worked with a community for restorative justice to provide camp scholarships for young people, something that tends to be limited to those who can afford it and get there.”* (CHIP, Cohort 1)
- *“One of our national partners connects you to a volunteer if you have a device, smart phone, with camera, and they can assist you with reading package directions or directions if you’re out and about, they can assist you with reading documents or to connect to car service. Those are terrific. They often decrease isolation and increase capacity for folks to maintain independence.”* (Healthy Aging, Cohort 1)
- *“Through our community navigators, people with lived experience that connect residents with resources and bring that information back to people like me who are trying to figure out how do I solve this problem, and they’re bringing me the solutions.”* (PSE, Cohort 1)
- *“We look at what gaps need to be filled and come up with strategies. So, we’ve implemented the Equal Family Engagement Network to focus on new immigrant families. Where we are looking at a lot of trainings for parents and schools and community members. We came up with a social marketing campaign. We offered a QPR training, which is like a suicide prevention training... Then also just bringing resources to the community that they’re asking for.”* (PSE, Cohort 2)

Future Vision and Next Steps

When asked about their key priorities for the coming years of their initiative, grantees shared a variety of goals and next steps. A key focus for a number of grantees was expansion – expansion of existing services and of the scope of their work, as well as expansion of their community engagement activities. Grantees shared that with the success of current services and programs, they hope to expand to be able to serve additional communities. A Cohort 2 Healthy Aging grantee shared *“Sometimes we meet members in the community who aren’t in the program but are showing interest... We have Ukrainian people requesting us to do a similar program. We want to replicate this program to cover other refugee populations in Massachusetts.”* Other grantees shared plans for expanding their services to other communities and geographic locations: *“We tentatively selected the next community where we’ll do it. We’re having conversations now about how it’ll have to be totally different delivery and presenters... [It’s] a very different community”* (PSE, Cohort 1). Other grantees discussed wanting to spread models and processes to other organizations. A Cohort 1 CHIP grantee shared: *“We want to get real momentum and progress with the opportunity for municipal racial equity policies... This year is really about telling our stories and spreading that impact to other institutions.”*

Grantees will also continue to prioritize expanding their community networks, engagement, and leadership in coming years. A number of grantees shared plans to increase their outreach and

education efforts to reach these goals: *“We have a plan for how we are going to be disseminating all that information on a lot of different levels with the thought that different things resonate with different people”* (PSE, Cohort 1). A Cohort 1 PSE grantee shared: *“I think one of the big things for us remains increasing involvement from our residents in some of these initiatives.”* Planned activities for community engagement include offering trainings and efforts to publicize and share information, such as websites and printed materials.

Grantees are also looking to expand their partnerships with both public and private sectors in the coming year. Several grantees shared plans to engage with local businesses to expand and strengthen their initiative’s network. A Cohort 1 PSE grantee shared: *“We’re engaged with nonprofits and banks but there’s a variety of businesses out there that this isn’t a topic on their agendas and we want to get it there.”* Grantees also shared plans to engage with healthcare systems and private practice medical providers.

In addition to private sector partners, grantees plan to continue to expand their collaboration with public sector partners, including elected officials and government entities. A Cohort 2 PSE grantee shared: *“We’re very familiar with the [health department], we know exactly who they are. And so it’s just a matter of like getting a plan in place so that we have something that we can say ‘hey, this is what we want to offer you.’”* A Cohort 1 PSE grantee explained their plans for engaging with elected officials: *“Another vision for the upcoming year is capturing a lot of newly elected officials that we expect to take over seats on the North Shore. We know who isn’t running again or who has a good chance of losing a seat. We’re hoping to engage early so we can interact during their terms.”*

Grantees also shared a number of milestones that they’re anticipating meeting in the coming years. This includes breaking ground of construction projects, improvements to infrastructure, and launching cohorts of community members for training and leadership.

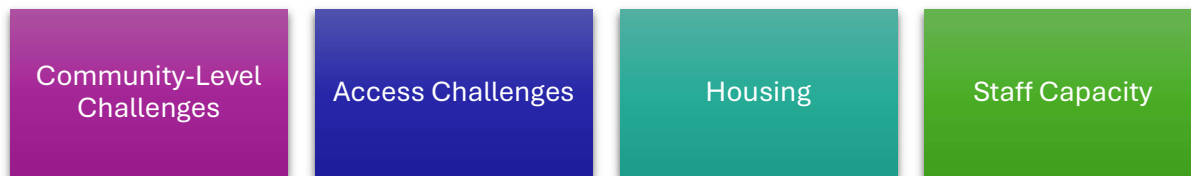
Discussion and Conclusions

Funds grantees are working across the Commonwealth of Massachusetts with diverse communities and populations. Virtual Site Visits conducted with 49 grantee groups from Cohorts 1 and 2 provided details about the progress and impact Funds grantees have made, and successes and challenges they have experienced. Grantees described progress in the following areas:



Specifically, many grantees were focused on the housing crisis, transportation for seniors, food insecurity, and access to services. Grantees reported working with community advisory committees to direct their work, interviewing community members to understand their needs, and training community members (including youth) on how to advocate for their needs with municipal leaders and state legislators. Grantees highlighted the importance of providing incentives or other forms of compensation to participating community members as key to sustaining their work.

Conversely, grantees also discussed barriers they had faced in the past year, with the following areas emerging as common challenges:



Some grantees discussed intrapersonal, interpersonal, and institutional stigma as barriers to progress, for example, stigma around seeking mental health care, stigma towards providing housing to formerly incarcerated individuals, and NIMBY-ism. Grantees discussed challenges with access to services that community members face related to technology, transportation, and language and communication. Many of these challenges, plus others, are exacerbated in rural communities. Altogether, these combined challenges made progress slow, as access issues needed to be resolved before moving forward to other project goals.

Even with these challenges, grantees from both Cohorts 1 and 2 described progress they had made during the grant period in policy, systems, and environmental change. Grantees prioritized varied legislative bills, including grants for farm-procured school lunches, compensation of community health workers for translation and interpretation services, automatic CORI sealing, and multiple housing-related bills. Systems change work this year was primarily focused on building connections between systems to better support individuals and communities by increasing care coordination and access to services. For example, grantees helped set up referral systems and provided cross-sector trainings to increase direct communication between service providers, they increased access to mobile food markets, and they worked with schools to implement new well-being programs for students. Grantees promoted environmental change through the adoption and spread of equitable approaches and practices. Grantees have changed their own practices to create environments that are more equitable for the communities and populations they serve.

As a core pillar of the Funds, grantees worked to address health and racial equity at multiple levels and multiple steps in their processes. Specifically, grantees highlighted internal organizational practices around hiring and assessing internal bias, creating space for residents to discuss current and historic examples of racism in their communities, and promoting inclusiveness in government and organizational practices. Grantees addressing age equity emphasized increasing engagement and involving seniors in leadership roles and decision-making processes.

When looking ahead, many grantees had made such good progress in their communities, that they were ready to expand – in the services they provide, in the scope of their work, in the reach of their community engagement, in the breadth of their partnerships, and in the geographies they serve.

In summary, conversations with grantees highlighted success and challenges in progress towards the lofty goals of promoting PSE change through community engagement towards advancing health and racial equity. Grantees reported making progress in addressing root causes due to the slow but powerful work of building relationships and expanding networks, which was made possible through the long-term investment of resources from the Massachusetts Community Health and Healthy Aging Funds.

Appendix A

Evaluation Workgroup Members

Grantees:

Kia Aoki: Collaborative for Educational Services

Stefanie Brochu: Boys & Girls Club of Stoneham

Raphaella Barros Campbell: The Center for Hope and Healing

Rachel Eckenreiter: New Bedford Health Department

Rosa Fernandez: CHNA 9

Joan Griswold: Hilltown CDC

Monica Keel: Citizens' Housing and Planning Association

Lily Linke: Citizens' Housing And Planning Association

Kate Lytton: Collaborative for Educational Services

Peggy Montlouis: Randolph Public Health Department

Kathleen O'Brien: Cambridge Health Alliance

Mary Ellen Rose: Cape Ann Mass in Motion

Catherine Sands: Fertile Ground LLC

Hoai Thuong Tran: Town of Randolph

Funds Advisory Committee:

Tricia Pistone: Health Alliance Clinton Hospital

Lisa Ranghelli: Public Health Institute of Western MA

Appendix B

Virtual Site Visit Guiding Questions

- **Looking Back on the Past Year**
 - How has your initiative progressed in the past year?
 - Can you share 1-2 stories that illustrate the impact of your work in the community?
 - What challenges did you face and how did your initiative evolve to overcome those challenges?
- **Theory of Change and Evaluation Plan Review**
 - Reviewing your Theory of Change and Evaluation Plan, what have you been able to accomplish so far and what changes have you made, if any?
- **Social and Environmental Influences**
 - Thinking about the broader political, systemic, and/or environmental context your initiative is working within, have there been any challenges or complexities that you think are important to name as context for your work?
- **Health and Racial Equity**
 - What progress have you made towards increasing equity among the population you serve?
 - How do you know you've made this progress?
- **Community Engagement and Partnerships**
 - How has your initiative engaging community members and/or people with lived experience this year?
 - What impact does community engagement have on the work that you are doing?
 - What benefit do community members get from engaging with your work?
- **Funds Overall**
 - Has the MA CHHA Funds model impacted or changed the work that you've been able to do in any way; if so, how?
- **Future Vision & Next Steps**
 - What is your vision for this initiative in the upcoming year?
 - How can the Funds help support this vision?