

Massachusetts Community Health and Healthy Aging Funds (The Funds)

Progress Report

Timeframe: Year 1 (July 1, 2020 – June 30, 2021)

Report Date: March 2022

NOTE: This report is for information and discussion for Funds awardees and advisory committees.



Health Resources in Action

Advancing Public Health and Medical Research

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Introduction

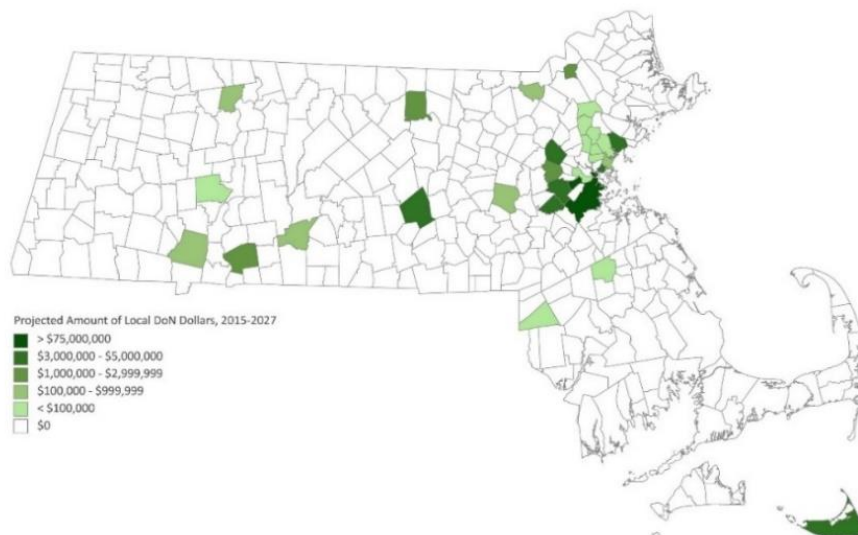
The Massachusetts Community Health and Healthy Aging Funds (the Funds) aim to reduce health inequities in communities across Massachusetts. The Funds are both a grantmaking and capacity-building resource to assist organizations and communities in addressing the root causes of health inequities – specifically,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

This report serves as a process evaluation of the Funds’ Year 1 activities among awardees from July 1, 2020 through June 30, 2021. This report describes the awardees and their progress, successes, and challenges in their first year of funding – coinciding with the start of the COVID-19 pandemic. We discuss the undeniable need for organizations to pivot from their original Year 1 plans, and how a flexible, equitable grantmaking process to fund policy, systems, and environmental change enabled awardees to continue to conduct essential public health work in their communities, while maintaining fidelity to their originally proposed goals.

Background

In January 2017, the Massachusetts Department of Public Health (DPH) completed a landmark revision of the Determination of Need (DoN) regulation, which led to the creation of the Funds. The DoN program is funded from healthcare institutions and long-term care facilities who identify a need to expand or improve their services to support the communities they serve. Hospitals, other health care entities, nursing homes, and long-term care facilities are required to contribute to the Funds through the Massachusetts DoN program, administered and managed by DPH. [The purpose and objective of the DoN program](#) is “to encourage competition with a public health focus, to promote population health, to support the development of innovative health delivery methods and population health strategies within the health care delivery system, and to ensure that resources will be made reasonably and equitably available to every person within the Commonwealth at the lowest reasonable aggregate cost.” Figure 1 shows the projected amount (as of Spring 2019) of local DoN funding from 2015-2027, showing the concentration of local funding in the Greater Boston area.

Figure 1. Projected Amount of Local DoN Funding, 2015-2027



DATA SOURCE: Massachusetts Department of Public Health

Participation in and administration of the Funds involves multiple stakeholder groups and individuals, described in Table 1.

Table 1. Stakeholder Groups and Roles of the Funds

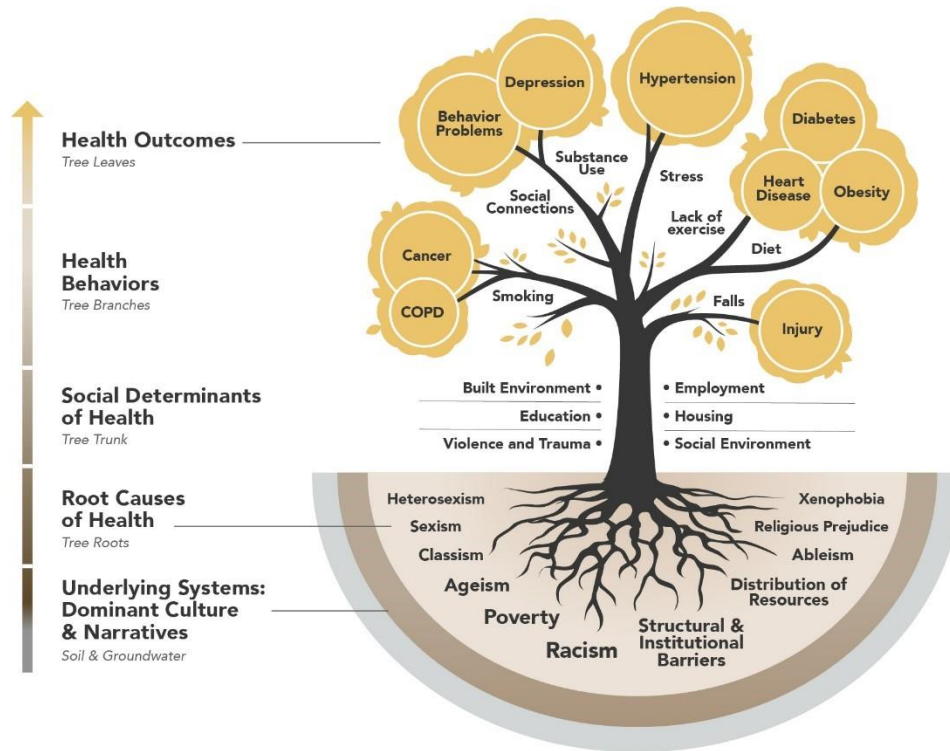
Stakeholder Group	Role
Two Advisory Committees (Community Health and Healthy Aging)	Provide recommendations for the Funds’ funding strategy
Awardees	Recipients of the Funds’ dollars
Department of Public Health (DPH)	Makes final decisions regarding the Funds
Executive Office of Elder Affairs (EOEA)	Provides guidance/expertise and makes decisions regarding the Healthy Aging Fund
Funders	MA hospitals, other health entities, nursing homes and long-term care facilities (LTCF) contributing financial resources to the Funds
Health Resources in Action (HRIA)	Fiscal agent that facilitates the planning and implementation of the Funds’ investment approaches, provides capacity building opportunities, leads communications efforts, and conducts evaluation activities
Review Committees	Volunteers from Funds Advisory Committees, community stakeholders, public health professionals, and staff from state agencies with relevant expertise who review ideas/proposals for funding and make recommendations
Workgroups	Cross-section of stakeholder groups with a specific focus (e.g., evaluation)

NOTE: These roles were established during the initial year of the Funds through 2020, and revisions will occur throughout the course of the project.

In 2019, each of the [Funds’ Advisory Committees](#) developed their own vision, mission, and theory of change to guide the work and define their funding strategies; committee members can be found in Appendix A. A separate report will be developed capturing the historical overview of these Committees and the role they played in the evolution of the Funds. The Funds have invested in community-centered approaches that are intentional in addressing the root causes of inequitable health outcomes. A guiding principle of the Funds is to build capacity among awardees and their communities, while simultaneously trying to limit the burden of work and reporting by awardees.

Communities outside of Metro Boston which have not benefitted historically and routinely from previous local DoN community health funding and have high rates of health inequities were prioritized in the selection process. Funding from the Community Health Fund was awarded to projects that worked to identify, understand, and address the [Root Causes of Health](#) as the foundation for strategies that change community conditions and positively impact health outcomes (Figure 2). 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.

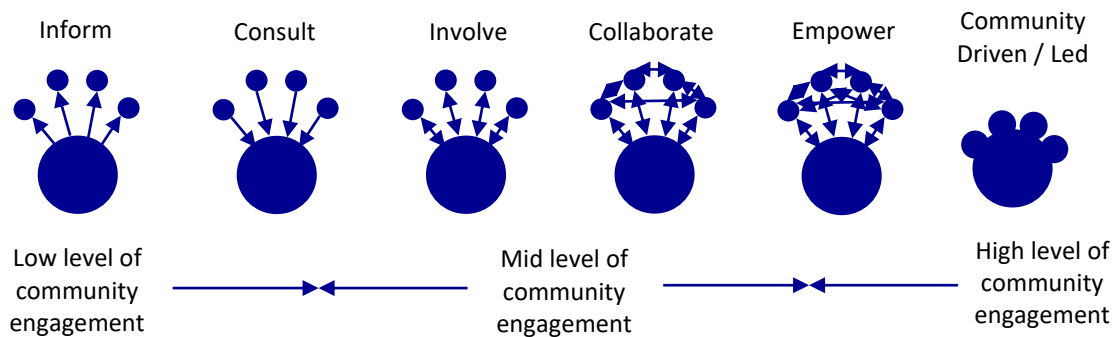
Figure 2. The Health EquiTree: Connecting Health Outcomes to Root Causes



DATA SOURCE: Human Impact Partners, Adapted by Health Resources in Action

Authentic community engagement is at the heart of the Funds. Figure 3 depicts a spectrum of level of engagement, ranging from inform to consult to involve to collaborate to empower to community driven/led. The Funds have invested in community-centered approaches that are intentional in addressing the root causes of inequitable health outcomes. A community-centered approach is also central to the grantmaking process, in determining how, where, and in what investments are made. DPH, EOEA, and HRiA strive to intentionally center the Funds’ communities in all processes from conceptualization to design to action. This includes ongoing efforts to shift burden from awardees to the grantmaking team, whenever possible.

Figure 3. Community Engagement Spectrum



DATA SOURCE: International Association for Public Participation, Adapted by Massachusetts Department of Public Health, 2014

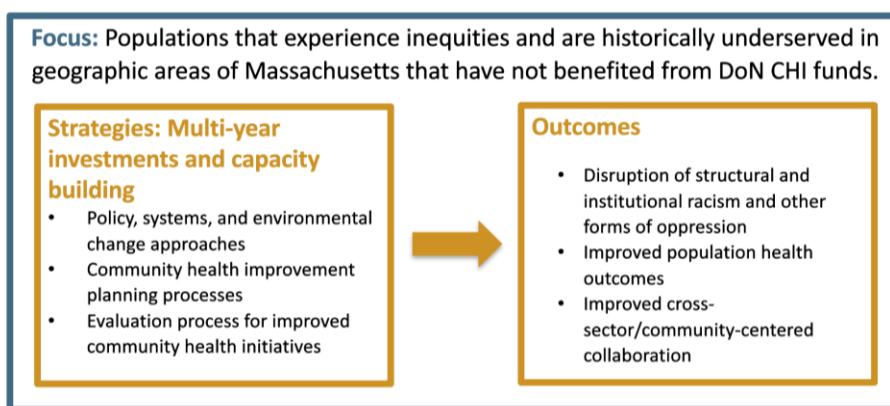
Community Health Funds

The Community Health Funds focus on addressing health and racial inequities and are guided by the following principles:

- The Social Determinants of Health (SDoH) account for significant variation in [health outcomes](#).
- Policies, systems, and social/physical environments are historically based in [structural and institutional racism](#) and other forms of oppression.
- Structural and institutional racism and other forms of oppression need to be understood and disrupted to eliminate inequities in population health outcomes and the social determinants of health (SDoH).¹

Figure 4 captures the mission, vision, values, and theory of change developed by the Community Health Fund’s Advisory Committee to guide its approach.

Figure 4. Community Health Fund Theory of Change, 2019



¹ Massachusetts Community Health Fund. 2021. Inquiry of Ideas for Policy, Systems and Environmental Change Approaches.

PSE Strategies

Policy, systems, and environmental change strategies seek to effect change within the social determinants of health like the built environment, employment, social environment, housing, violence, and access to education. The goal of tackling these determinants is to support the development and/or implementation of PSE change strategies addressing DPH's priority health outcome issues like substance use disorders, housing stability and homelessness, mental illness and mental health, and chronic disease. Funded strategies focused on geographic and/or population-based communities at the local, regional, or statewide levels.

CHIP Processes

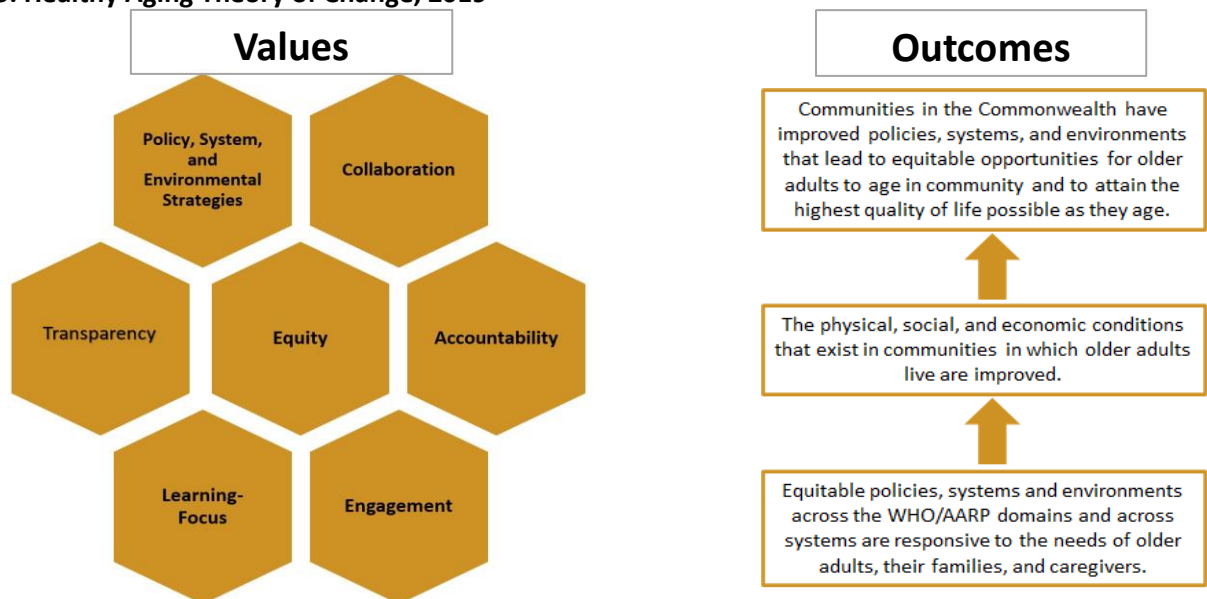
Regional Community Health Improvement Planning (CHIP) processes support the development and/or implementation of local and/or regional community health improvement plans.

Healthy Aging Funds

The Healthy Aging Advisory Committee identified seven agreed-upon values and approaches that would lead the Funds, with equity at the core of this matrix and the six surrounding values/approaches contributing to enhancing equity (Figure 5). The Advisory Committee emphasized that the interconnectedness of all these values and approaches was key to fulfilling the vision of achieving health equity.

Healthy Aging Funds were granted to awardees who sought to improve health outcomes among older adults in the Commonwealth. Awardees were guided by the WHO/AARP [eight domains of age-friendly communities](#): transportation, housing, social participation, communication and information, civic participation and employment, respect and social inclusion, community support and health services, and outdoor spaces and buildings. For the first cohort, housing and transportation were identified as priority areas for funding. Preference was also given to projects that would benefit communities located in [Gateway Cities](#) or [rural areas](#), and with high prevalence of health inequities.

Figure 5. Healthy Aging Theory of Change, 2019

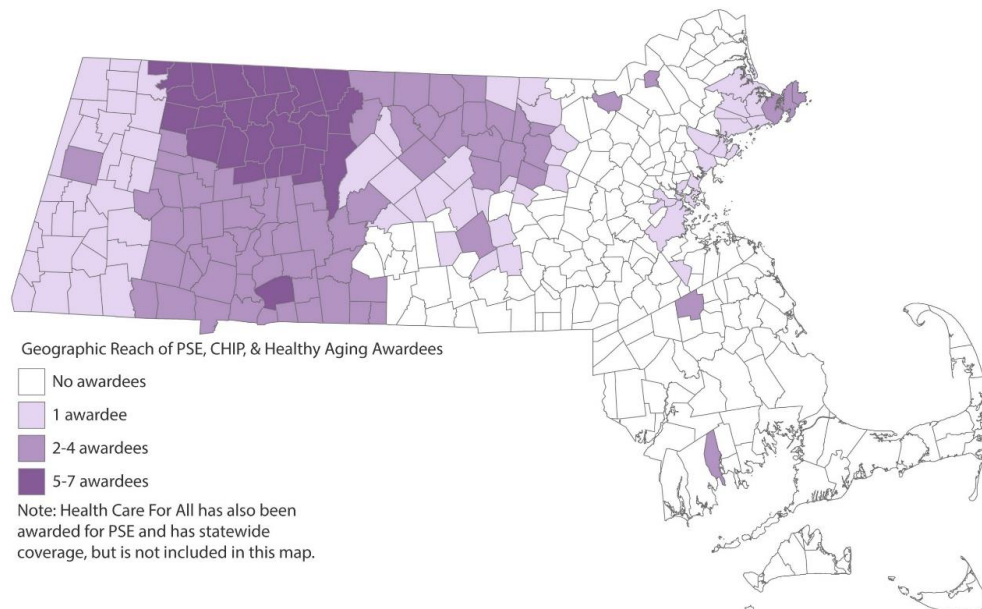


Overview of Cohort 1 Awardees

For the inaugural cohort, \$14.7 million was awarded to 32 awardees with over 35 community partners in 163 cities and towns in Massachusetts.

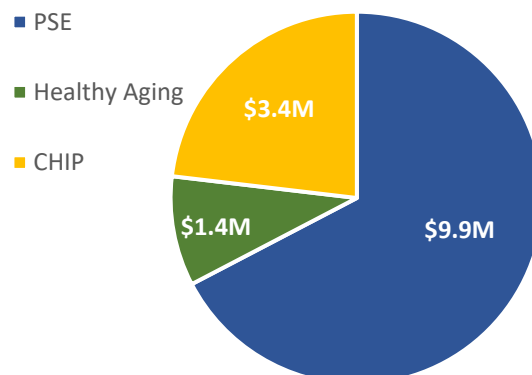
Geographic reach of the awards by town is mapped in Figure 6. The highest number of awardees (5-7) are serving the town of Springfield and the western region of Massachusetts in Franklin County. Notably, the Funds did not reach much of the southeast region, including Bristol and Plymouth counties and the Cape Cod area.

Figure 6. Geographic Reach of Awards by Town, 2020 Inaugural Cohort



Of these funds, more than \$1.4 million were slated for distribution to community members to ensure authentic community engagement, over \$4 million to Massachusetts-based partnerships, and \$8 million directly to awardees to conduct their initiatives. Figure 7 depicts the amount of funds awarded by funding stream, with about 67% of funds going towards PSE strategies, 23% towards CHIP processes and 9.5% towards Healthy Aging.

Figure 7. Total Funds Awarded, 2020 Inaugural Cohort



The first year of funds were distributed near the start of the COVID-19 pandemic, in June 2020. During the first year, awardees planned to spend \$3.15 million on their funded activities. Based on estimates provided in April 2021, awardees spent a total of \$2.10 million, representing two thirds of their planned spending. Many awardees planned to roll over funds into subsequent years due to challenges with hiring staff, limited operating costs of working remotely, shifting workplans, using less staff time than expected, and the overall challenges and shifting needs presented by the pandemic.

In the first year of funding, of the total proposed funding for staff costs, an estimated 80% was spent. Workplans shifted due to COVID response, resulting in underspending on staff time on Funds activities.

Of the total proposed funding for operating costs in Year 1, an estimated 43% was spent. Since many activities moved into the digital space, expenses outlined for in-person trainings, events, and travel were shifted to later years. Some organizations adapted their activities and shifted costs to purchasing laptops to loan out to participants, others bought items like hand sanitizer for participants or books on racial equity.

Of the total proposed funding for partner engagement in Year 1, an estimated 71% was spent. Some activities with partners were to be carried over into the next year because projects were delayed or partners were not able to fully engage due to the pandemic.

Of the total proposed funding for community engagement costs in Year 1, only an estimated 15% was spent. As previously mentioned, due to the COVID-19 pandemic, awardees shifted community engagement activities online. This greatly reduced travel and event costs, including childcare and incentives for in-person activities. This community engagement work within community was also halted or slowed down due to more imminent needs of participants during the pandemic.

While overall, spending on community engagement was low among awardees in 2020-2021, some awardees found creative ways to partner with community members, spending funds on stipends to engage community members to provide expertise on various programs or projects. For example, one awardee noted: *"We have a program called Peer Ambassadors, these are parent educators [and we] compensate them through the work and meetings they do. They have lived experience with substance use, poverty, mental health recovery, discrimination and/or oppression."*

Additionally, one awardee developed a Racial Justice Workgroup and engaged community members as three co-chairs for the group. *"We are currently paying three co-chairs. For the racial justice in schools project, we compensate people participating in a focus group as well."*

One barrier in distributing funds for authentic community engagement included distributing stipends to members of the community for their contributions to the work. First, some awardees experienced systemic and structural barriers within their organizations or local governments in how to compensate individuals who were not on staff or formally contracted. Second, some organizations reported hesitancy of participants in accepting stipends without accounting for how this additional income may affect their eligibility for income-based social welfare programs or their tax bracket. These multiple levels of systemic and structural barriers to equity are exactly the forces the Funds seek to address. In the coming year, the Funds Team will explore how to help individual awardees overcome these challenges. Specifically, for future years of funding, awardees expressed interest in HRiA acting as the

stipend distributor to relieve the bureaucratic burden on awardee staff, partners, and community members.

Overview of Community Health Fund Awardees

PSE Strategies

Geographic reach of PSE awards by town is mapped in Figure 8 with the highest number of awardees (3-4) serving the towns of Pittsfield and Springfield and the western region of Massachusetts in Franklin County.

Figure 8. Geographic Reach of PSE Awards by Town, 2020 Inaugural Cohort

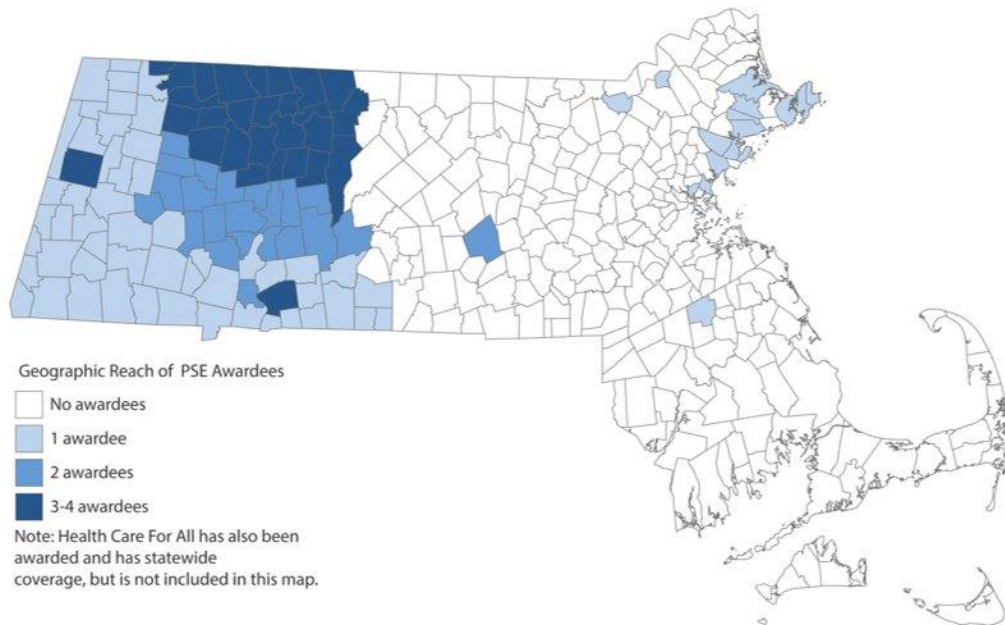


Table 2 represents the organizations and project titles of the 14 PSE awarded initiatives. Further details about awarded initiatives including descriptions, funded amount, key partners, fiscal sponsor, geographic scope, social determinant of health focus, health outcome focus, and more can be found in Appendix B.

Table 2. Community Health Fund: PSE Awardee Organizations and Project Titles

Organizations	Project Title
Citizens' Housing and Planning Association	CHAPA's Municipal Engagement Initiative
Harborlight Community Partners	From the Inside Out: Igniting Transformative Change in Racial and Economic Access to Affordable Housing in Essex County
Collaborative for Educational Services	Redesigning Power Structures to Promote Community-based Leadership
Health Care For All	Increasing Affordable Housing in Massachusetts Through Health Insurer Risk-Based Capital Reserves
Men of Color Health Awareness (MOCHA)	Disrupting Systemic Structural Racism

Organizations	Project Title
Franklin County Community Development Corporation	Increase and Support Workplace Diversity to Overcome Health Inequities in Franklin County/North Quabbin
Franklin Regional Council of Governments	Policy and System Change for Rural Housing Access
Neighbor to Neighbor Massachusetts Education Fund	Organizing for Transportation Justice & Stable Neighborhoods in Worcester and Springfield
Massachusetts Housing & Shelter Alliance (MHSA)	A Place to Live
All Farmers	Immigrant Farms for Holistic Community Health
Lawrence CommunityWorks, Inc.	DyeWorks: A Hub for Family Health & Mobility
Berkshire Regional Planning Commission	Grey to Green: Increasing Health Equity in Pittsfield, MA by Prioritizing Green Planning in Social and Racial Justice Contexts
Everett Community Growers	From Planning to Implementation: Commercial Urban Agriculture to Lift Up Our Green Economy
Communities that Care Coalition	Addressing Racial Justice in Schools

CHIP Processes

Geographic reach of CHIP awards by town is mapped in Figure 9 with CHIPs serving towns in the western region of Massachusetts, including Franklin and Hampden counties, as well as parts of central Massachusetts.

Figure 9. Geographic Reach of CHIP Awards by Town, 2020 Inaugural Cohort

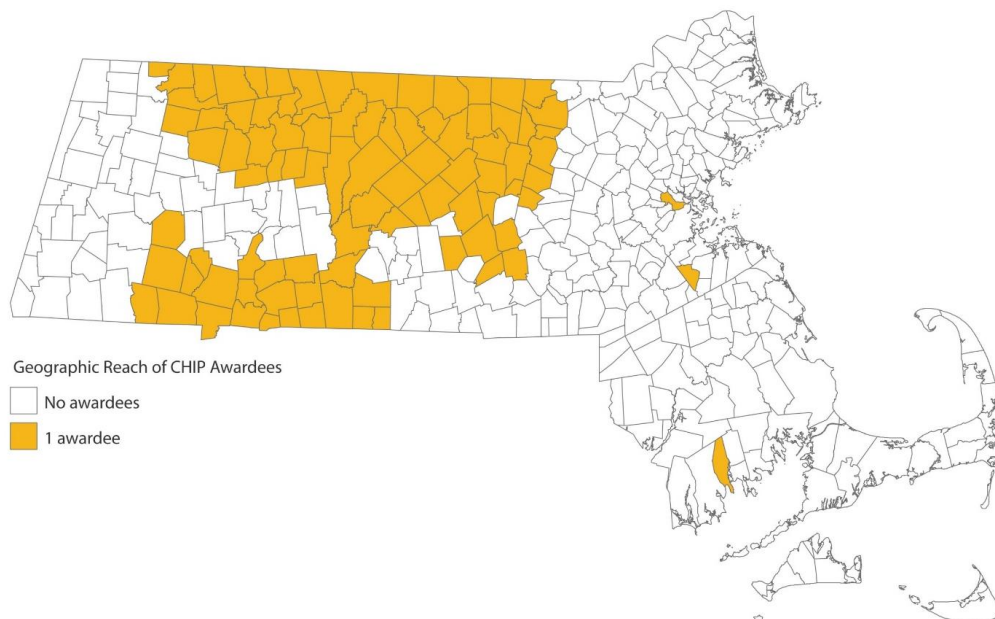


Table 3 represents the organizations and project titles of the nine CHIP awarded initiatives. Further details about awarded initiatives can be found in Appendix B.

Table 3. Community Health Fund: CHIP Awardee Organizations and Project Titles

Organizations	Project Title
Franklin Regional Council of Governments	Franklin County/North Quabbin Community Health Improvement Plan Network
Town of Ware	Working Together for a Healthier Quaboag Hills Region
Berkshire Regional Planning Commission	County Health Initiative (CHI) Community Health Improvement Planning
The Town of Randolph	Randolph Community Wellness Plan Implementation
Cambridge Public Health Department	Cambridge Community Health Improvement Plan – Strengthening Community Engagement and Evaluation
Community Health Network for North Central Mass (CHNA 9)	North Central Mass CHIP 2025: Planning for Sustained Growth
City of New Bedford Health Department	Health Equity for All Throughout New Bedford (HEALTH NB)
Coalition for a Healthy Greater Worcester	Centering Worcester’s CHIP Process in Communities with Lived Experience
Pioneer Valley Planning Commission	Hampden County Health Improvement Plan Engagement & Implementation

Healthy Aging

Geographic reach of Healthy Aging awards by town is mapped in Figure 10, with multiple awardees serving the towns of Deerfield, Fitchburg, Lawrence, and Springfield.

Figure 10. Geographic Reach of Healthy Aging Awards by Town, 2020 Inaugural Cohort

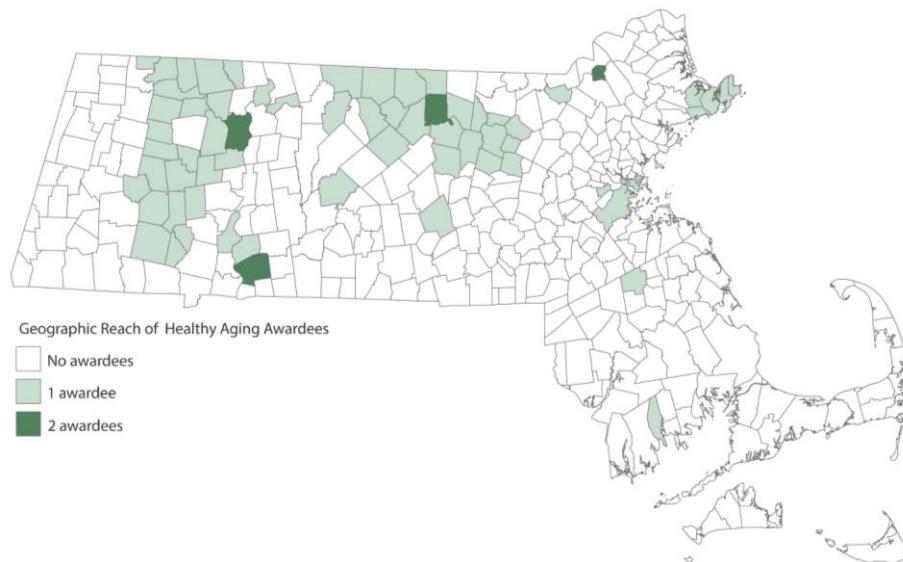


Table 4 represents the organizations and project titles of the nine Healthy Aging awarded initiatives. Further details about awarded initiatives can be found in Appendix B.

Table 4. Healthy Aging Fund: Awardee Organizations and Project Titles

Organizations	Project Title
Cape Ann Mass in Motion	Cape Ann Seniors on the GO
Hilltown CDC	Hilltown Healthy Aging
LifePath	Healthy Aging for All: Supporting Older Adult Networks to Build Age-Friendly Systems and Policy
MAB Community Services, Inc. / MA Association for the Blind and Visually Impaired	Raise Awareness and Create More Accessible Age-Friendly Communities
Massachusetts Healthy Aging Collaborative	Advancing Inclusive Age-Friendly Communities
Montachusett Regional Planning Commission	Montachusett Age-Friendly Project
Public Health Institute of Western MA	Age-Friendly Fair Housing and CORIs Health Impact Assessment
Valley Neighbors	Valley Neighbors Healthy Aging
Vietnamese American Initiative for Development, Inc.	VietAID Healthy Aging

Context of Fund Activities During Year 1

In Spring 2020, when the COVID-19 pandemic began in the U.S., the HRiA and DPH teams immediately recognized a need to assess the situation’s impact on awardees and consider what role the Funds could play in supporting them and their network of community partners. The team gathered information through a literature review of COVID-19 data, a landscape scan of nonprofit and philanthropic response, key informant interviews with Advisory Committee members, and one-to-one conversations with awardees. Based on the information and insights collected, HRiA and DPH considered several options to direct both investments and time into addressing the immediate needs resulting from COVID-19. These options were to invest resources through allocating (1) available funds to pool with other philanthropic funding, supporting basic needs of community members, (2) funds for one-time small grants to nonprofits to support their day-to-day operations, and (3) time and funding for emerging needs of awardees. Based on feedback from the Funds’ stakeholders, and the recognition that there was a wealth of philanthropic dollars dedicated specifically to immediate, basic needs, the Funds team prioritized providing the supports awardees needed to continue and shift their work to meet the evolving needs of their communities during the pandemic, while still continuing the systems-level work these grants support. This included flexibility for awardees in shifting budgets and timelines and shifts to the Funds’ capacity building and evaluation approaches to limit burden on awardees.

As the Funds adapted to this first year of funding, there were opportunities to have a long-term response to the pandemic embedded in grantmaking, capacity building, and evaluation activities. To identify and plan for this long-term response, the Funds continued to lead with race, a focus on advancing systems-level change, and engaging community members to inform the work, as well as remained flexible and responsive to the needs of organizations in the current environment.

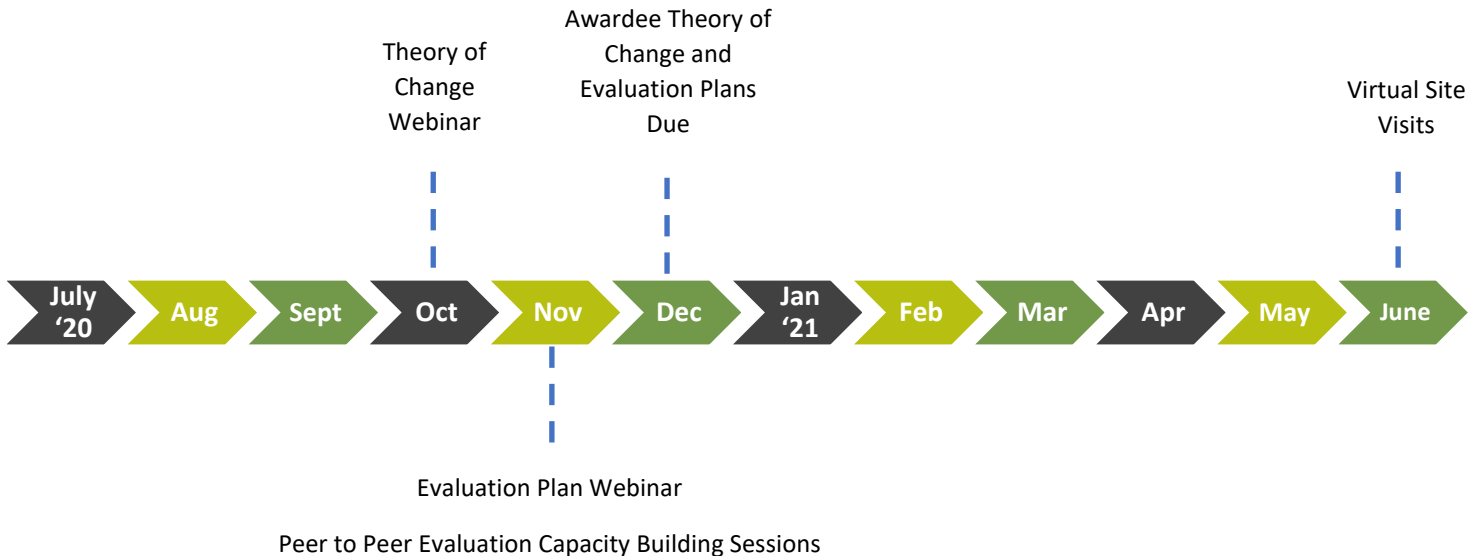
Further details on how awardees adapted to COVID-19 can be found in the Summary of Findings.

Year 1 Awardee Engagement and Evaluation Activities

Given the pandemic’s impacts, HRiA’s approach to awardee engagement and evaluation activities for Year 1 emphasized quarterly check-ins with awardees, end-of-year site visits, and end-of-year financial reporting. All engagement with awardees was conducted virtually. Quarterly check-ins allowed for regular touchpoints throughout the year when awardees could share their progress, successes, and challenges. End of year financial reporting documented the spending of each grantee. Site visits, an equitable grantmaking approach, explored the progress toward intended outcomes and allowed for partners and community members to take part in telling the story of each awardee, without the traditional burden placed on the awardees to write a lengthy report that only offered one-dimensional information.

Awardees received assistance developing their own project evaluation plans and capturing their unique experiences and the impact on their communities during this unprecedented time (Figure 9). While awardees were encouraged to develop specific measurable goals for their own work, HRiA primarily relied on qualitative measures in the evaluation of the Funds in this initial phase. Given that the work of the Funds is intended to be thoughtful, self-reflective, process-oriented, and innovative, a focus on qualitative data to measure process and progress was considered the most appropriate approach. HRiA plans to engage with awardees to develop both quantitative and qualitative shared measures for future funding years.

Figure 9. Timeline of Evaluation Activities, FY 2021



Summary of Findings

In the summer of 2021, the HRiA team reviewed year-end financial reporting and conducted 32 qualitative interview “Virtual Site Visits” for PSE, CHIP, and Healthy Aging awardees as part of an

Equitable Evaluation framework.² Interviews were completed using a semi-structured interview guide where awardees were asked a series of questions over a 90-minute zoom call in lieu of a written report being created and presented by the awardees. The interview guide discussed the following topics: Intended Outcomes, Progress Towards Outcomes, Accomplishments, Barriers, Disruption of Structural Racism, Furthering Equity, COVID-19 Pandemic Impacts, Community Engagement, Racial Justice Awareness, Value to the Community, and Goals for the Upcoming Year. A copy of the site visit guide can be found in Appendix C. The collected qualitative data were coded and analyzed thematically using NVivo 12 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 awardees, it should be noted that individual awardees may have additional successes and challenges unique to their projects and partnerships.

Progress Toward Intended Outcomes

Awardees were asked about their intended outcomes for their first year of funding (Year 1). Responses were generally consistent that while outcomes did not change, their work in housing, food security, transportation, and urban farming was emphasized. COVID-19 exposed the inequities that awardees had been working on long before the pandemic began, and this attention created the space to develop deeper relationships with community members and external stakeholders while working toward intended outcomes. Awardees who were focused on housing were able to support eviction moratoriums and provide written testimony to legislative leaders. To ensure that resident voices were being heard and considered, several awardees reported increasing their data collection among residents of the communities that they serve. In Worcester and Springfield, a survey collecting information on residents' access to essential services received 500 responses. This same organization conducted over 40 one-to-one interviews with residents.

Given the virtual landscape of the past year, meetings and collaborations were held via Zoom. For those invested in coalition building, many were able to improve engagement in their intended outcomes because of the virtual aspect of meetings. Staff at these organizations were able to participate in professional development opportunities, such as conferences and symposiums, that grew their expertise in key areas.

Using the money distributed through the Funds, many awardees were able to hire staff and increase their capacity and that of their community members to serve their regions.

“The team of staff members that I have been able to put together are all dynamic in their passion and skill. Their ability to embrace the vision of dismantling White dominant culture is very impactful and emphatic.”

² Equitable Evaluation Framework (EEF) Framing Paper | July 2017 | www.equitableeval.org

Disrupting Structural Racism & Furthering Equity

"[Amherst is] not a racially diverse group but they are very open minded, and they decided [that they] wanted to create affirmative marketing plans that target People of Color. They held a racial equity in housing forum and have started thinking about policy changes and reparations."

One of the priorities of the Community Health Funds was for awardees to center their work in programming that disrupted institutional and structural racism and other forms of oppression. Every awardee reported an effort to further equity by integrating social justice into their work. One CHIP awardee reported directing each of the domains within their Community Health Improvement Plan to examine exactly how their strategies impact the marginalized communities they serve. This prompted the awardee to provide more trainings to staff on racial equity.

One awardee focused on housing work in the predominantly White town of Amherst began the conversation of bringing reparations and fair housing initiatives to residents.

Most organizations reported having a formal Racial Justice Workgroup or Coalition that informed their programming. One awardee held a town hall meeting on COVID-19 vaccinations and vaccine hesitancy within communities of color. Over 200 residents attended the town hall, which featured an expert panel with an infectious disease doctor, director of patient experience at the local hospital, a reverend, and other spiritual leaders.

Barriers

Awardees cited some barriers to disrupting structural racism and furthering equity. Many organizations reported difficulty with "top-down" methods of infusing equity into their work. Awardees reported not having the institutional or structural support to further equity and implement immediate changes. One group shared their frustrations with the demographic makeup of their Community Development Board.

"If you look at the Community Development Boards, they are all White people and predominantly male and 50+ years old. There is a disconnect between the work they are doing, its intended potential and what the communities actually need. The decisions are made by White people, and residents [of color] ... suffer."

Facilitators

One of the greatest facilitators to disrupting structural racism and furthering equity was the ability to pay community representatives and leaders a stipend for their work. The Funds afforded awardees the opportunity to pay community members who engaged in the planning of the organizations' programming. Awardees mentioned difficulty in distributing funds to community members due to the formality of getting necessary paperwork signed and submitted. In contrast, one awardee mentioned the ability to communicate with community representatives via phone or text as a facilitator of communicating efficiently with community members.

While the focus of Healthy Aging awardees did not include the disruption of structural racism as centrally as the Community Health Funds, there were certainly instances in 2020 that called for more

attention to this matter. One awardee working with the older adult Vietnamese population recalled the feelings of fear and helplessness when anti-Asian attacks were on the rise. To help alleviate this fear and teach community members self-defense skills, the awardee offered martial arts classes to their members in an effort to empower them.

“So often seniors are seen as fragile, and not empowered. [We] reached out to a martial arts group that was run by an Asian-American woman... we found that with a self-defense class, it was empowering for them.”

Furthermore, the organization recognized that for the first time, many older adults were attempting to acknowledge and talk about the mental health challenges they faced, given the COVID-19 pandemic as well as the anti-Asian attacks that were affecting communities across the country. This was seen as a great advance, within a culture that often didn't address such issues.

Strengthening the Domains of Age Friendly Communities

Healthy Aging awardees worked within their communities to improve health outcomes among older adults. For this inaugural cohort, the awardee selection process elevated projects focused on housing and transportation. COVID-19 had a significant impact on awardees' ability to engage with community members given that older adults faced a higher risk of severe COVID-19. All older adult communities working with Healthy Aging awardees reported extensive feelings of isolation, sadness, and fear within their communities due to the pandemic. Isolation was further exacerbated given that many older adults were not familiar with technology options like Zoom in order to connect to the outside world, let alone more rural regions that struggled with broader access to Wi-Fi. An awardee who focused on transportation approached their work creatively when the pandemic slashed bus routes that many seniors depended on, by chartering two buses to transport seniors around the region. For many seniors who used the new busing system, what was paramount was having a routine activity that was safe from COVID-19 risks and provided them with an outlet to connect with the outside world. Being able to visit the fish market, what would be seen as an ordinary task in pre-pandemic times and for a younger population, was a significant lifeline for many older adults in the Cape Ann and Gloucester communities.

“We served 174 residents who rode the bus from July 2020 through May 2021, averaging 15 people a month. People who take the bus do so multiple times. We had 939 trips, averaging 85 trips per month for healthy food and physical activities that seniors would not have had outside of the bus. The number would have been higher if not for the pandemic.”

COVID Pandemic Impacts

Every organization reported having their planned activities and programming for the year disrupted by the COVID-19 pandemic. Almost all awardees reported having to shift from their intended programming to offer food, vaccines, and other essential services to their community members. While COVID-19 presented many challenges, it also revealed silver linings through the process of securing resources for residents.

“COVID shed a light on systems and offices that were under pressure and underfunded. Now, we realize that to strengthen our programs, we need to encourage participation. We know that if basic needs aren’t being met, nobody is going to come to our programs. COVID brought us to work more closely on community partnerships.”

COVID-19 exposed the many inequities that residents face when accessing housing, food, and transportation. During the pandemic, these were exacerbated and coupled with new inequities in access to testing and vaccines. Many organizations became hubs for COVID-19 support and resource distribution. One awardee in Springfield developed a *Black COVID Coalition* that provided advocacy for testing sites in the community and vaccine hesitancy education. In addition, the awardee bolstered a relationship with the Behavioral Health Network to bring

Springfield residents of color to vaccination sites within the region. Awardees reported a range of successes and challenges related to COVID-19, from successfully fighting for eviction moratoriums to experiencing high staff turnover. Other groups became a venue for stakeholder and community engagement work regarding social justice during the racial justice awakening that swept across the country in 2020.

Silver Linings

One organization mentioned working with a local manufacturing plant with high rates of COVID-19 infections to get essential workers vaccinated so they could work safely. Another organization reported working with local small businesses that were struggling due to the pandemic by partnering with them to secure food for older adults living in the community. Uniquely, an organization mentioned making their Wi-Fi available to community members by removing the password so that parents and their children could come to the building to conduct Zoom calls and other affairs that required internet access. While Zoom fatigue was mentioned as a challenge, the platform also served as a tool to have more community members participate with awardees. For shift workers and parents, Zoom presented an opportunity to attend community meetings in-person that they wouldn’t have otherwise due to transportation and childcare challenges.

Challenges

As a result of local and state restrictions, every awardee reported cancelling in-person events and meetings to rework programs and offer them virtually. The majority of awardees identified “Zoom Fatigue” as one of the most disruptive impacts of the pandemic. This fatigue combined with the genuine fears regarding COVID-19 promoted a general sense of unease. Most organizations reported participants withdrawing from programming *en masse* as well as a rise in one-to-one conversations and meetings with residents, other organizations, and collaborators in the community. Most awardees that worked with families acknowledged that parents were spread thin, and that children were struggling to make sense of the world around them.

Healthy Aging awardees were unique in that their priority population consisted of all older adults who were most at-risk during the pandemic, and therefore had to take extra precautions in supporting their community members. This caution was dubbed “contact hesitancy” by one of the awardees.

“COVID-19 impacted our population both going out into the community and also wanting any services because folks were afraid, and some people didn’t want any contact in the first place. It affected the way we could deal with recruiting contacts, definitely stymied training and outreach and public events.”

For the Healthy Aging awardees, the great *digital divide* or “the economic, educational, and social inequalities between those who have computers and online access and those who do not”⁶ presented challenges in engaging with their primary audience of older adults. These organizations added technical support and assistance to their resource list at the height of the pandemic. Furthermore, many of the seniors that these awardees supported historically received financial support from their children. Due to the financial crisis associated with the pandemic, this support stopped abruptly.

Community Engagement

Awardees appreciated having the budget to meaningfully engage community members in their work and almost all reported using the Funds to pay stipends to community members who volunteered their time. At the onset of the inaugural award cycle, the Funds established a recommended amount of \$25/hour as a stipend rate. Zoom and other virtual meeting platforms were mentioned as great facilitators to meeting with residents one-on-one or in group settings. Being mindful of community members’ time was also mentioned as a facilitator of community engagement. While community input was

“We want to invite more community members to the table, and we want to do it well. We want to make sure it’s reasonable if they have to miss work, that they are compensated. We want to ensure we are getting [diverse] representation from the community. We want to ensure that we are engaging community members equitably.”

essential to the work awardees did, especially in alleviating stressors from COVID-19, it was apparent to all awardees that community members were parents, siblings, children, and employees first.

To encourage community participation, one awardee mentioned holding office hours to orient residents to the intricacies of their work. This had the effect of engaging many community members in their housing work.

“The office hours program meets with community members, and we’ve seen many of our community members in particular really begin to invest in our housing work.”

Another awardee working with residents of Lynn and Revere identified community leads who volunteered 7-10 hours a month advocating for housing rights within their communities. These leads facilitate community meetings and network with each other to share knowledge and resources. Through these connections and professional development opportunities for community members, a former community leader is now the first ever Diversity and Inclusion Officer for the City of Lynn.

“She was brought on as a community lead and developed a petition to promote racial equity and inclusion in Lynn.”

One awardee leveraged an external partnership to engage parents in a parent-to-parent outreach program to increase leadership and education. This included a collaboration between family-serving organizations in the community.

One awardee emphasized the need for community members with lived experience to have their voices elevated:

“The Speakers Bureau is a project that we’ve been recruiting (for) for the past 4 months. They are engaged in helping to develop what the program will look like... Half of the speakers are People of Color. The Speakers are people who’ve experienced homelessness before, and they are doing education and outreach but also have a hand in advocacy.”

Other awardees let the number of community members they’ve engaged in their work speak for itself. One awardee in Springfield has meaningfully engaged over 100 people in roles within the organization through their affinity groups, the composition of the Community Action Board and Steering Committee, and by having community members serve as mentors.

“20 Steering Committee members and mentors, 30 programming participants, 15 Election Protection Coalition, 20 Election Protection Poll Monitors, 20 Black COVID Coalition, 5 Food Insecurity Affinity Group Members and dozens engaged at community events.”

Due to the severity of COVID-19 infections among older adults, Healthy Aging awardees saw variety in their ability to engage their communities. One awardee had set a goal of working with 45 community members and was able to exceed this goal by engaging 67 community members through focus groups, peer support groups, and other programming. To support older adults who could not leave their home due to the pandemic, one awardee trained 41 volunteers to call seniors at their homes for wellness and safety check-ins.

Racial Justice Awareness

Social justice and racial awareness were mentioned as top priorities for almost all awardees. Several organizations reported having awakenings to the need for a racial equity lens in their work. From “open conversations about White supremacy” to establishing Steering Committees, most organizations reported promoting diversity and inclusion in their work to unpack any racial justice issues within their respective communities. For example, awardees in Springfield reported supporting a “culture of change” that activated their work around policy and legislation. Awardees in Randolph worked on building leadership and representation in the municipality to “make sure the elected officials look like the residents of Randolph.” Several other organizations also reported creating manifestos or memos surrounding their approach to racial justice in an effort to publicize their support of the Black Lives Matter movement.

Opportunities

Several organizations reported supporting racial justice endeavors given the national movement throughout 2020. One community began offering General Educational Development (GED) programs and English to Speakers of Other Languages (ESOL) classes for their growing Latinx population to further job placements. Another awardee engaged students to facilitate a Racial Justice Work Group within a school district rife with accusations of racism by school administration and officials. This group was organized by the awardee with like-minded members of the school community to consider strategies for

improvement. In order for the whole community to heal and lead with an equitable approach, one awardee in particular found it imperative to include residents in the conversations around restructuring and rebuilding post-pandemic. Recognizing the inequities exposed by COVID-19, another awardee identified a potential opportunity assembling community groups to talk about recovery after the pandemic.

Challenges

While most of the organizations had a racial justice focus before the Community Health Funds, they did most of that work internally among staff and with anti-racist community members. This means that during the pandemic and social justice uprising around the country, several organizations reported intense backlash to the use of certain language and other racial justice initiatives. One awardee reported the challenge of doing racial justice work in their community due to the “multi-generational White poverty” in the area. Another awardee reported a local hospital board not accepting their use of “White supremacy” during meetings or communications. Awardees working in housing and community development reported several issues with exacting real change due to the majority of these Boards being predominantly White and male and, therefore, not representative of community members.

Value to Community

Flexibility of Funds

The value of the Funds to awardees’ goals and communities was immense. All awardees reported that the flexibility of the Funds helped them further their reach and invite more community members into the work and recognizing their time and engagement by providing stipends and more. Additionally, organizations were able to enhance data collection and management efforts. Furthermore, being able to roll funds over from year to year was valuable as a result in shifts due to the pandemic.

“The flexibility to use the funding to do implementation work and to give our workgroups the opportunity to be more creative as they think through the various workplans.”

“It’s helped us create a plan for collecting and managing data. We are... able to offer more to community members to get them engaged, i.e., gift cards, meals at meetings. We are able to use funds we didn’t use last year because of COVID to ensure a larger reach this year.”

Healthy Aging awardees described the flexibility of the Funds as paramount to doing their work, especially since older adults have not historically been a priority population for funding.

Hiring Practices

Additionally, several awardees reported being able to hire more personnel, support other organizations, and invite speakers and trainers to do racial justice work due to the flexibility and length of the Funds. The security of the funding commitment afforded awardees the opportunity to think critically about who they needed to work with to disrupt structural racism within their communities.

“We couldn’t have hired two new staff without the funds. We’re able to invite sociologists to talk to our communities about the importance of housing the chronically homeless populations. We’re able to lay the groundwork for future projects down the line. I don’t think we could’ve begun to have conversations with [the Department of Housing & Community Development] and architects without this funding.”

Goals for Upcoming Year

Most organizations across the cohorts reported data collection, evaluation, and strategy development as their goals for the upcoming year. Awardees with an advocacy focus mentioned growing their legislative agendas and developing coalitions to keep the momentum of the past year alive. Using social media and building out e-mail lists is a high priority for many awardees as they look for ways to keep community members and external stakeholders engaged in their work and racial justice initiatives. CHIP awardees mentioned that they were eager to keep their workgroups energized and pushing forward with their goals. One awardee has an Anxiety and Depression Workgroup that is planning to host community-based trainings to bring stakeholders together to elevate awareness of the role of peer support as part of care coordination and create stronger social connections between people and relationships between organizations.

Hiring is also a goal for many organizations so as to increase staff capacity to support the well-being of community residents. One awardee reported that they were looking forward to reaping the fruits of what was sown in Year 1 and creatively leveraging other funds to advance their work in Year 2.

Summary and Conclusion

In the first year of funding, policy, systems, and environmental change strategies (PSE strategies), regional Community Health Improvement Planning (CHIP) processes, and Healthy Aging awardees reported similar experiences in utilizing the Funds to achieve their intended outcomes. COVID-19 forced all awardees to re-engineer their programming to engage community members and stakeholders virtually. Given the sudden onset of the pandemic in the U.S., awardees working with older adult populations needed to address the digital divide and social isolation among community members. All awardees embraced the virtual aspect of Year 1 by holding meetings over Zoom, which enabled greater participation throughout the community as parents and shift workers were able to join. All cohorts reported a desire to bolster their data collection efforts in Year 2 of funding and beyond to assess their impact and reach.

Appendix A

Advisory Committee Members

Table 5. Community Health Funds' Advisory Committee Members and Organizations

Original Member	Organization
Casey Burns	Coalition for a Healthy Greater Worcester
Peter Doliber*	The Alliance of Massachusetts YMCAs
Cheryl L. Dukes	UMass Amherst College of Nursing
Geoff Foster	UTEC
Elmer Freeman	Center for Community Health Education, Research and Service
Rachel Heller	Citizens' Housing and Planning Association
Kim Hollon	Massachusetts Health & Hospital Association**
Joe Kriesberg	Massachusetts Association of Community Development Corporations
Erin Liang	Massachusetts Health and Hospital Association**
Tricia Pistone*	Montachusett Opportunity Council
Maddie Ribble	Massachusetts Public Health Association**
Cheryl Sbarra	Coalition for Local Public Health**
Al Vega	Massachusetts Coalition for Occupational Safety and Health
Phoebe Walker	Franklin Regional Council of Governments

NOTE: Asterisk (*) indicates co-chair; double asterisk (**) indicates organizational seat; during Year 1, Elana Brochin took over representation of MACDC in place of Joe Kriesberg

Table 6. Healthy Aging Funds' Advisory Committee Members and Organizations

Original Member	Organization
Kathy Burnes	Jewish Family and Children's Services
Elizabeth Dugan	UMass Boston
Susan Gittelman	B'nai B'rith Housing
Phillip Gonzalez*	Tufts Health Plan Foundation
Laura Kittross*	Berkshire Regional Planning Commission
Wendy Landman	WalkBoston
Paddy Moore	Healthy Aging Martha's Vineyard
Maura Moxley	Alzheimer's Association
Adriane Queiroz	City of Framingham
Leah Serafin	Old Colony YMCA
Emily Shea	Commission on Affairs of the Elderly, City of Boston
David Stevens	Massachusetts Association of Councils on Aging
Dillon Sussman	Dodson and Flinker
Martha Velez	Lawrence Council on Aging

NOTE: Asterisk (*) indicates co-chair; during Year 1, Maura Moxley transitioned out of their position at Alzheimer's Association

Appendix B

Cohort 1 Awardees

Community Health Funds

PSE

All Farmers

All Farmers with Community Involved in Sustaining Agriculture, Inc. (CISA) is securing farmland for refugee and immigrant farmers in the greater Springfield area. Refugee and immigrant farmers are valuable to the health of their communities but have been limited by unstable and inadequate land access. By ensuring continued and affordable access to farmland, this project ensures continued access to cultural produce and healing community spaces for local refugee and immigrant communities.

Project Title	Immigrant Farms for Holistic Community Health
Agency Type	Nonprofit
Fiscal Sponsor	Community Involved in Sustaining Agriculture, Inc.
Key Partners	
Funding Amount	\$382,577.20
EOHHS Region	Western
Geographic Scope	Springfield, West Springfield
Social Determinant of Health (SDoH) Focus	Built Environment
Health Outcome Focus	Mental health (PTSD and depression, refugees), chronic disease, nutrition and exercise
Length (Yrs)	3

Berkshire Regional Planning Commission

BRPC is partnering with the community members of the Westside and Morningside neighborhoods, the City of Pittsfield, 18 Degrees (formerly known as Berkshire Children and Families), and Habitat for Humanity to lead an environmental justice initiative focused on green development. They will be establishing a Workgroup to conduct an environmental scan of existing community assets and develop recommendations with the City for prioritized projects to increase walkability and access to green spaces within the Westside and Morningside neighborhoods.

Project Title	Grey to Green: Increasing Health Equity in Pittsfield, MA by Prioritizing Green Planning in Social and Racial Justice Contexts
Agency Type	Quasi-Governmental
Fiscal Sponsor	N/A
Key Partners	N/A
Funding Amount	\$931,766.49
EOHHS Region	Western
Geographic Scope	Pittsfield
Social Determinant of Health (SDoH) Focus	Social Cohesion

Health Outcome Focus	Exercise, mental health (secondary)
Length (Yrs)	5

Citizens' Housing and Planning Association

CHAPA is expanding and enhancing a Municipal Engagement Initiative (MEI), an effort that brings together community members and municipal leaders focused on working with residents to support their efforts to increase housing production, affordable housing opportunities, and availability of diverse housing options.

Project Title	CHAPA's Municipal Engagement Initiative
Agency Type	Nonprofit
Fiscal Sponsor	N/A
Key Partners	N/A
Funding Amount	\$500,000.00
EOHHS Region	Northeast
Geographic Scope	Lynn, Revere
Social Determinant of Health (SDoH) Focus	Housing
Health Outcome Focus	Housing stability/homelessness
Length (Yrs)	5

Collaborative for Educational Services

Redesigning Power Structures will intervene at the level of governance or decision-making in institutions to craft more inclusive structures that eagerly welcome people most impacted by health inequities to be involved in governance decisions that directly affect their lives. Working in partnership with municipalities, agencies and community residents, the program will include grassroots leadership development as well as organizational transformation to work towards a shared power model.

Project Title	Redesigning Power Structures to Promote Community-based Leadership
Agency Type	Nonprofit
Fiscal Sponsor	N/A
Key Partners	N/A
Funding Amount	\$1,003,000.00
EOHHS Region	Western
Geographic Scope	Hampshire County - Amherst, Belchertown, Chesterfield, Cummington, Easthampton, Goshen, Granby, Hadley, Hartfield, Huntington, Middlefield, Northampton, Pelham, Plainfield, South Hadley, Southampton, Ware, Westhampton, Williamsburg, Worthington

Social Determinant of Health (SDoH) Focus	Social Environment (increasing community capacity and community empowerment)
Health Outcome Focus	Chronic disease, mental health, substance use
Length (Yrs)	5

Communities That Care Coalition

The Communities That Care Coalition is reviewing, assessing, sharing, prioritizing, and implementing best practices in advancing racial justice in schools to improve the educational and social environment for students of color, and addressing racism and structural and institutional barriers to health equity in Franklin County and North Quabbin. They seek to make policy, system, and environmental changes to improve school climate, racial justice, and racial equity in the 10 public school districts in the region.

Project Title	Addressing Racial Justice in Schools
Agency Type	Quasi-Governmental
Fiscal Sponsor	Franklin Regional Council of Governments
Key Partners	N/A
Funding Amount	\$350,000.00
EOHHS Region	Western
Geographic Scope	Franklin County/North Quabbin - Ashfield, Bernardston, Buckland, Charlemon, Colrain, Conway, Deerfield, Erving, Gill, Greenfield, Hawley, Heath, Leverett, Leyden, Monroe, Montague, New Salem, Northfield, Orange, Rowe, Shelburne, Shutesbury, Sunderland, Warwick, Wendell, Whately
Social Determinant of Health (SDoH) Focus	Social Environment, Education
Health Outcome Focus	Mental health and substance use disorders
Length (Yrs)	5

Everett Community Growers

Everett Community Growers, in partnership with La Comunidad, Inc. and Cambridge Health Alliance, is (1) supporting the establishment of a Food Policy Council as the leading coalition for implementing the Everett Community Food Assessment & Plan, (2) developing and enacting a comprehensive urban agriculture policy, and (3) transitioning the Northern Strand Community Farm from a farm-to-pantry model to a farm-to-retail model.

Project Title	From Planning to Implementation: Commercial Urban Agriculture to Lift Up Our Green Economy
Agency Type	Nonprofit
Fiscal Sponsor	N/A
Key Partners	N/A
Funding Amount	\$599,191.48

EOHHS Region	Northeast
Geographic Scope	Everett
Social Determinant of Health (SDoH) Focus	Access to Services (Food Security)
Health Outcome Focus	Nutrition & exercise, chronic disease
Length (Yrs)	5

Franklin County Community Development Corporation

The Franklin County CDC, along with several other regional organizations and businesses, is examining workplace culture in the region to identify ways in which it perpetuates bias, institutionalized racism, White dominant culture, and institutionalized barriers to health equity. Activities to create cultural and systemic changes operate at the leadership, workplace, and community level.

Project Title	Increase and Support Workplace Diversity to Overcome Health Inequities in Franklin County/North Quabbin
Agency Type	Nonprofit
Fiscal Sponsor	N/A
Key Partners	N/A
Funding Amount	\$807,740.40
EOHHS Region	Western
Geographic Scope	Franklin County/North Quabbin - Ashfield, Bernardston, Buckland, Charlemon, Colrain, Conway, Deerfield, Erving, Gill, Greenfield, Hawley, Heath, Leverett, Leyden, Monroe, Montague, New Salem, Northfield, Orange, Rowe, Shelburne, Shutesbury, Sunderland, Warwick, Wendell, Whately
Social Determinant of Health (SDoH) Focus	Employment (White dominant culture in the workplace), Social Environment
Health Outcome Focus	Mental health and wellbeing
Length (Yrs)	5

Franklin Regional Council of Governments

The project partners, as members of the Franklin County/North Quabbin CHIP Network, are implementing a multi-sectoral approach to change policies, systems, and environmental factors that are barriers to individuals with a history of incarceration and/or substance use disorder, who experience serious structural challenges in finding affordable housing in a rural region. Partners include CHAPA, Community Legal Aid, Franklin County Housing and Redevelopment Authority, and the Franklin Regional Council of Governments.

Project Title	Policy and System Change for Rural Housing Access
Agency Type	Quasi-Governmental
Fiscal Sponsor	N/A

Key Partners	N/A
Funding Amount	\$1,032,468.06
EOHHS Region	Western
Geographic Scope	Franklin County/North Quabbin - Ashfield, Bernardston, Buckland, Charlemon, Colrain, Conway, Deerfield, Erving, Gill, Greenfield, Hawley, Heath, Leverett, Leyden, Monroe, Montague, New Salem, Northfield, Orange, Rowe, Shelburne, Shutesbury, Sunderland, Warwick, Wendell, Whately
Social Determinant of Health (SDoH) Focus	Housing, Social Environment
Health Outcome Focus	Mental health, substance use disorders
Length (Yrs)	5

Harborlight Community Partners

Harborlight Community Partners (HCP) seeks to create transformative, systemic change, ultimately leading to affordable housing creation and more inclusive and equitable communities on the North Shore. HCP will do this through the creation of a community education and advocacy initiative focused on affordable housing needs, opportunities, and challenges, as well as the policies that perpetuate these challenges within the region. HCP will unite stakeholders, local influencers, elected officials, and others to learn more about the housing challenges in the area.

Project Title	From the Inside Out: Igniting Transformative Change in Racial and Economic Access to Affordable Housing in Essex County
Agency Type	Nonprofit
Fiscal Sponsor	N/A
Key Partners	N/A
Funding Amount	\$381,246.29
EOHHS Region	Northeast
Geographic Scope	Amesbury, Andover, Beverly, Boxford, Danvers, Essex, Georgetown, Gloucester, Groveland, Hamilton, Haverhill, Ipswich, Lawrence, Lynn, Lynnfield, Manchester by the sea, Marblehead, Merrimac, Methuen, Middleton, Nahant, Newbury, Newburyport, North Andover
Social Determinant of Health (SDoH) Focus	Housing
Health Outcome Focus	Housing stability/homelessness
Length (Yrs)	5

Health Care For All

HCFA aims to help address housing instability and homelessness, and the underlying unequal distribution of resources in Massachusetts, by launching a campaign to engage health insurers in impact investing to generate more resources for affordable housing statewide.

Project Title	Increasing Affordable Housing in Massachusetts Through Health Insurer Risk-Based Capital Reserves
Agency Type	Nonprofit
Fiscal Sponsor	N/A
Key Partners	N/A
Funding Amount	\$150,000.00
EOHHS Region	Statewide
Geographic Scope	Statewide
Social Determinant of Health (SDoH) Focus	Housing
Health Outcome Focus	Housing stability/homelessness
Length (Yrs)	2

Lawrence CommunityWorks, Inc.

Lawrence CommunityWorks and partners are addressing housing instability and barriers to healthy living for low-income, primarily Latinx residents of Lawrence. The development of a new building will include affordable housing units, a grocery store, pharmacy, health center, and more, creating a “community anchor” and “healthy living hub” for residents, which will ultimately address health outcomes in Lawrence including chronic diseases such as obesity, diabetes, and asthma.

Project Title	DyeWorks: A Hub for Family Health & Mobility
Agency Type	Nonprofit
Fiscal Sponsor	N/A
Key Partners	N/A
Funding Amount	\$999,165.60
EOHHS Region	Northeast
Geographic Scope	Lawrence
Social Determinant of Health (SDoH) Focus	Affordable Housing; Access to Food, Medical Services, and Employment Opportunities; Built Environment
Health Outcome Focus	Chronic disease
Length (Yrs)	5

Massachusetts Housing & Shelter Alliance (MHSA)

MHSA is working with regional entities to create affordable housing with health care supports for disabled persons in need of housing. Activities are designed to engage municipalities, community-based nonprofits, advocates, health organizations, state agencies, housing developers, architects, and

homeless service providers for the purpose of developing and utilizing modular construction or other efficient and effective models of accessible housing.

Project Title	A Place to Live
Agency Type	Nonprofit
Fiscal Sponsor	N/A
Key Partners	N/A
Funding Amount	\$750,000
EOHHS Region	Statewide
Geographic Scope	Statewide, with emphasis on the cities of Worcester, Lowell, Brockton, and Pittsfield
Social Determinant of Health (SDoH) Focus	Affordable Housing (disabled)
Health Outcome Focus	Chronic disease (disabled)
Length (Yrs)	5

Men of Color Health Awareness – MOCHA

MOCHA is ramping up five new major action arenas: (1) the formation of Affinity Groups, composed of MOCHA graduates, each of which will focus on one specific PSE issue; (2) capacity building for indigenous leadership through trainings on community organizing and policy advocacy; (3) the implementation of a community needs assessment survey in majority minority neighborhoods; (4) partnering with White allies to address the “empathy gap” by opening dialogues with predominantly White civic organizations; and (5) conducting both process and outcome evaluations.

Project Title	Disrupting Systemic Structural Racism
Agency Type	Nonprofit
Fiscal Sponsor	YMCA of Greater Springfield
Key Partners	N/A
Funding Amount	\$1,023,255.20
EOHHS Region	Western
Geographic Scope	Western MA
Social Determinant of Health (SDoH) Focus	Social Environment
Health Outcome Focus	Stress
Length (Yrs)	5

Neighbor to Neighbor Massachusetts Education Fund

Neighbor to Neighbor MA Education Fund, in partnership with the MA Public Health Association, is working to create an alliance of organizations in Worcester and Springfield to identify and advance local and state policies to increase access to reliable, affordable transportation and stable, affordable housing for People of Color and low-income people. The activities begin with a year-long community

engagement process and focus on achieving better transit, cleaner air, stable housing, and ‘more power’ to grow community advocacy in central and western Massachusetts.

Project Title	Organizing for Transportation Justice & Stable Neighborhoods in Worcester and Springfield
Agency Type	Nonprofit
Fiscal Sponsor	N/A
Key Partners	Massachusetts Public Health Association
Funding Amount	\$999,772.13
EOHHS Region	Multiple
Geographic Scope	Worcester, Springfield
Social Determinant of Health (SDoH) Focus	Transportation, Housing, Access to Services
Health Outcome Focus	Housing stability/homelessness
Length (Yrs)	5

CHIP

Berkshire Regional Planning Commission

Berkshire Regional Planning Commission acts as the backbone organization for this County Health Initiative which is conducting a CHIP process for the 32 municipalities in Berkshire County. The initiative will organize and engage partners in visioning and collecting data, identifying and prioritizing strategies, and implementing these strategies.

Project Title	County Health Initiative (CHI) Community Health Improvement Planning
Agency Type	Quasi-Governmental
Fiscal Sponsor	N/A
Key Partners	N/A
Funding Amount	\$373,445
EOHHS Region	Western
Geographic Scope	Berkshire County
Social Determinant of Health (SDoH) Focus	Built Environment, Social Environment, Housing, Violence and Trauma, Employment Education
Health Outcome Focus	Chronic disease, housing stability/homelessness, mental illness and mental health, substance use disorders
Length (Yrs)	5 years

Cambridge Public Health Department (CPHD)

In 2015, CPHD published its first CHIP as part of the accreditation process, and CPHD officially became a nationally accredited public health department in 2018. CPHD is currently completing the final year of its first CHIP and developing its second CHIP. Through this grant, CPHD will further strengthen community engagement; data development, collection, and analysis; and evaluation during the lifecycle of the CHIP, with an emphasis on racial equity indicators.

Project Title	Cambridge Community Health Improvement Plan - Strengthening Community Engagement and Evaluation
Agency Type	Municipality
Fiscal Sponsor	N/A
Key Partners	N/A
Funding Amount	\$375,000
EOHHS Region	Northeast
Geographic Scope	Cambridge
Social Determinant of Health (SDoH) Focus	Built Environment, Social Environment, Housing, Violence and Trauma
Health Outcome Focus	Chronic disease, mental illness and mental health, substance use disorders
Length (Yrs)	5 years

[City of New Bedford Health Department](#)

The City of New Bedford Health Department is building a diverse and equitable collaborative with the purpose of closely examining the city’s Community Health Improvement Plan to ensure all populations are represented in an equitable manner. Through the review of archival and actively collected data, the collaborative will be working to create a report of recommendations and action steps to improve the CHIP.

Project Title	Health Equity for ALL Throughout New Bedford (HEALTH NB)
Agency Type	Municipality
Fiscal Sponsor	N/A
Key Partners	N/A
Funding Amount	\$375,000
EOHHS Region	Southeast
Geographic Scope	New Bedford
Social Determinant of Health (SDoH) Focus	Social Environment
Health Outcome Focus	Chronic disease, housing stability/homelessness, mental illness and mental health, substance use disorders
Length (Yrs)	5 Years

[Coalition for a Healthy Greater Worcester](#)

The 2016 CHIP is entering its final implementation year and partners, funders, and stakeholders are looking toward what’s next for health improvement in the greater Worcester Region. As the 2016 CHIP sunsets and data on final outcomes are coalesced to be shared with the community, a concurrent process is planned to release the next CHIP by fall of 2020. We will center community leadership and engagement throughout all planning and implementation stages of this work.

Project Title	Centering Worcester's CHIP Process in Communities with Lived Experience
Agency Type	Nonprofit
Fiscal Sponsor	N/A
Key Partners	N/A
Funding Amount	\$461,450
EOHHS Region	Central
Geographic Scope	Worcester, Shrewsbury, Grafton, Holden, Millbury, Leicester, West Boylston
Social Determinant of Health (SDoH) Focus	Built Environment, Social Environment, Housing, Violence and Trauma, Employment
Health Outcome Focus	Chronic disease, housing stability/homelessness, mental illness and mental health, substance use disorders
Length (Yrs)	5 years

Community Health Network for North Central Mass (CHNA 9)

CHNA 9 is in the process of planning its next CHIP to begin in 2021. The coalition will undergo sustainability and infrastructure planning to support the CHIP, in addition to developing a communication plan, community engagement strategies, fundraising/development strategies, a policy and legislative action plan, and CHIP leadership development.

Project Title	North Central Mass CHIP 2025: Planning for Sustained Growth
Agency Type	Nonprofit
Fiscal Sponsor	N/A
Key Partners	N/A
Funding Amount	\$356,896.70
EOHHS Region	Central
Geographic Scope	North Central Mass: Ashburnham, Ashby, Ayer, Barre, Berlin, Bolton, Clinton, Fitchburg, Gardner, Groton, Hardwick, Harvard, Hubbardston, Lancaster, Leominster, Lunenburg, New Braintree, Oakham, Pepperell, Princeton, Rutland, Shirley, Sterling, Templeton, Townsend, Westminster, and Winchendon.
Social Determinant of Health (SDoH) Focus	Built Environment, Social Environment, Violence and Trauma, Employment, Education
Health Outcome Focus	Chronic disease, mental illness and mental health, substance use disorders
Length (Yrs)	5

Franklin Regional Council of Governments

FRCOG is facilitating a broad Community Health Improvement Plan Network in the 30-town Franklin County and North Quabbin region. CHIP infrastructure includes convening a Steering Committee and Workgroups, which will guide the CHIP 2.0 spanning 2021-2023.

Project Title	Franklin County/North Quabbin Community Health Improvement Plan Network
Agency Type	Quasi-Governmental
Fiscal Sponsor	N/A
Key Partners	N/A
Funding Amount	\$280,000.00
EOHHS Region	Central and Western
Geographic Scope	30 towns: Franklin County + 4 Worcester County towns that are part of the 9-town North Quabbin. Ashfield, Athol, Bernardston, Buckland, Charlemont, Colrain, Conway, Deerfield, Erving, Gill, Greenfield, Hawley, Heath, Leverett, Leyden, Monroe, Montague, New Salem, Northfield, Orange, Petersham, Phillipston, Royalston, Rowe, Shelburne, Shutesbury, Sunderland, Warwick, Wendell, Whately
Social Determinant of Health (SDoH) Focus	
Health Outcome Focus	

Length (Yrs)	5 Years
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Pioneer Valley Planning Commission

PVPC, in collaboration with the Public Health Institute of western MA and the Hampden County Health Improvement Network, is advancing implementation of the Hampden CHIP, including building capacity and involvement of CHIP membership and engaging people with lived experience in the CHIP.

Project Title	Hampden County Health Improvement Plan Engagement & Implementation
Agency Type	Quasi-Governmental
Fiscal Sponsor	N/A
Key Partners	N/A
Funding Amount	\$404,660.66
EOHHS Region	Central and Western
Geographic Scope	Hampden County
Social Determinant of Health (SDoH) Focus	Built Environment, Social Environment, Violence and Trauma, Education
Health Outcome Focus	Chronic disease, mental illness and mental health, substance use disorders
Length (Yrs)	5 years

The Town of Randolph

Randolph Health Department and Planning Departments are partnering with the Metropolitan Area Planning Council to implement the Randolph Community Wellness Plan, which is focused on social, built, and environmental determinants of Health. The implementation work will also include sustaining the plan's Steering Committee, facilitation and actions by a set of Workgroups, monitoring and evaluation of implementation tasks, and ongoing engagement with town residents and community-based organizations.

Project Title	Randolph Community Wellness Plan Implementation
Agency Type	Municipality
Fiscal Sponsor	N/A
Key Partners	N/A
Funding Amount	\$364,999.99
EOHHS Region	Metro West
Geographic Scope	Randolph
Social Determinant of Health (SDoH) Focus	Built Environment, Social Environment, Housing
Health Outcome Focus	Chronic disease, housing stability/homelessness
Length (Yrs)	5 Years

Town of Ware

The Town of Ware is implementing a multi-sector partnership comprised of individuals with lived experience, community agencies/service providers, and a cluster of municipalities to plan and conduct a

CHIP process in the Quaboag Hills region of central and western Massachusetts, spanning 17 municipalities in three counties. The purpose is to provide data that reflect this unique region comprised of outlying communities in three counties. The CHIP process and data will better describe the needs of the Quaboag region.

Project Title	Working Together for a Healthier Quaboag Hills Region
Agency Type	Municipality
Fiscal Sponsor	N/A
Key Partners	N/A
Funding Amount	\$370,044.32
EOHHS Region	Central and Western
Geographic Scope	The Quaboag Hills region - 15 communities in three counties in Southern Central Massachusetts
Social Determinant of Health (SDoH) Focus	Built Environment, Social Environment, Violence and Trauma
Health Outcome Focus	Chronic disease, mental illness and mental health, substance use disorders
Length (Yrs)	5 Years

Healthy Aging

Cape Ann Mass in Motion

Cape Ann Mass in Motion is working collaboratively with the regional transit authority provider (CATA), Councils on Aging, and regional housing authorities to enact long-term policy and environmental change to the senior housing climate on Cape Ann through systemic change in the way residents access healthy food, physical fitness, and opportunities for social inclusion.

Project Title	Cape Ann Seniors on the GO
Agency Type	Municipality
Fiscal Sponsor	City of Gloucester
Key Partners	N/A
Funding Amount	\$343,631.20
EOHHS Region	Northeast
Geographic Scope	Gloucester, Rockport, Essex, and Manchester-By-The-Sea
Social Determinant of Health (SDoH) Focus	Transportation Access (Walkability)
Health Outcome Focus	Nutrition & exercise
Length (Yrs)	5

Hilltown Community Development Corporation

Hilltown Community Development Corporation is addressing barriers to safe walkability in the Hilltowns through activities including: policies that ensure each town's Select Board has new tools and information necessary to update bylaws to improve walkable town centers, system change so that each town has the information and resources necessary to work with MassDOT on the unique needs of their town centers, and environmental changes based on specific physical improvements identified in a walk audit to improve town centers' walkability.

Project Title	Hilltown Healthy Aging
Agency Type	Nonprofit
Fiscal Sponsor	N/A
Key Partners	N/A
Funding Amount	\$315,965.91
EOHHS Region	Western
Geographic Scope	Chesterfield, Cummington, Goshen, Plainfield, Westhampton, Williamsburg and Worthington, Blandford, Chester, Russell, Middlefield, Montgomery, and Huntington
Social Determinant of Health (SDoH) Focus	Built Environment (Walkability, Safe Streets)
Health Outcome Focus	Nutrition & exercise
Length (Yrs)	5

LifePath

LifePath will support existing networks of older people, professionals, and community members who care about healthy aging to build capacity to tackle major barriers around housing, transportation, social isolation, and access to services in Franklin County and the North Quabbin region.

Project Title	Healthy Aging for All: Supporting Older Adult Networks to Build Age-Friendly Systems and Policy
Agency Type	Nonprofit
Fiscal Sponsor	N/A
Key Partners	N/A
Funding Amount	\$265,154.65
EOHHS Region	Western
Geographic Scope	Western MA
Social Determinant of Health (SDoH) Focus	Built Environment (walkability), Housing, Transportation, Social Cohesion
Health Outcome Focus	Chronic disease, nutrition & exercise
Length (Yrs)	3

MAB Community Services, Inc./MA Association for the Blind and Visually Impaired

MA Association for the Blind and Visually Impaired (MABVI) is integrating low-vision awareness, vision rehabilitation, and accessibility into age-friendly planning across the state. This project will improve access to services and awareness of needs for this underserved population. MABVI will work with partners to identify solutions to equity and access barriers, provide tools for the field, and disseminate best-practices and strategies that have applicability for all older adults.

Project Title	Raise Awareness and Create More Accessible Age-Friendly Communities
Agency Type	Nonprofit
Fiscal Sponsor	N/A
Key Partners	N/A
Funding Amount	\$276,204.93
EOHHS Region	0
Geographic Scope	Springfield, New Bedford, Worcester, Lawrence, Brockton, Holyoke, Fitchburg
Social Determinant of Health (SDoH) Focus	0
Health Outcome Focus	Chronic disease management
Length (Yrs)	5

Massachusetts Healthy Aging Collaborative

The MA Healthy Aging Collaborative is creating and disseminating a “Healthy Aging for All Guide” that promotes inclusive age and dementia friendly practices, and that can be adapted to fit specific goals of different communities, with an overarching goal to encourage culture change that leads to communities more thoroughly considering the preferences, needs, and experiences of all people.

Project Title	Advancing Inclusive Age-Friendly Communities
Agency Type	Nonprofit
Fiscal Sponsor	N/A
Key Partners	N/A
Funding Amount	\$14,852.90
EOHHS Region	
Geographic Scope	Chicopee and Lowell
Social Determinant of Health (SDoH) Focus	Access to Services
Health Outcome Focus	
Length (Yrs)	1

Montachusett Regional Planning Commission

Montachusett Regional Planning Commission (RPC) is working to achieve age-friendly designation and create a more livable Montachusett region for residents of all ages. The RPC is assisting communities in long-range plans, including identifying barriers for seniors and disabled residents, analysis of needs, and development of action plans with a baseline assessment of age friendliness and indicators to help monitor progress.

Project Title	Montachusett Age-Friendly Project
Agency Type	Healthy Aging
Fiscal Sponsor	Quasi-Governmental
Key Partners	N/A
Funding Amount	\$75,000
EOHHS Region	Central
Geographic Scope	Montachusett region (22 communities) - Ashburnham, Ashby, Athol, Ayer, Bolton, Boxborough, Fitchburg, Gardner, Hardwick, Harvard, Hubbardston, Lancaster, Leominster, Littleton, Lunenburg, Royalston, Shirley, Sterling, Stow, Templeton, Westminster, Winchendon
Social Determinant of Health (SDoH) Focus	Social Environment
Health Outcome Focus	Chronic disease
Length (Yrs)	2

Public Health Institute of Western MA

The Public Health Institute of Western MA (PHIWM) is conducting a health impact assessment to identify and implement key policy, systems-level action steps towards alleviating the burden and impact of criminal offender record information (CORI) on older adults seeking to access affordable housing in

Hampden County. PHIWM will facilitate health equity-focused conversations between policymakers and older adults who are directly impacted by these issues.

Project Title	Age-Friendly Fair Housing and CORIs Health Impact Assessment
Agency Type	Nonprofit
Fiscal Sponsor	N/A
Key Partners	N/A
Funding Amount	\$113,864
EOHHS Region	Western
Geographic Scope	Springfield
Social Determinant of Health (SDoH) Focus	Housing (people w/ criminal record)
Health Outcome Focus	
Length (Yrs)	4

Valley Neighbors

Valley Neighbors is working to reshape and enhance the resource thin senior support system in their rural communities through a neighbors helping neighbors model, advocacy, and community education.

Project Title	Valley Neighbors
Agency Type	Healthy Aging
Fiscal Sponsor	Nonprofit
Key Partners	N/A
Funding Amount	\$12,121
EOHHS Region	Western
Geographic Scope	Whately, Deerfield, surrounding area
Social Determinant of Health (SDoH) Focus	Access to Services
Health Outcome Focus	Chronic disease (diabetes, hypertension), mental health (depression, isolation), social cohesion (create community)
Length (Yrs)	1

Vietnamese American Initiative for Development, Inc.

VietAID is working to strengthen their existing older adult program to include more comprehensive services and to expand existing advocacy/organizing efforts. Specifically, VietAID is 1) surveying and engaging current participants on issues they care about, 2) connecting with partners/allies to develop workshops and identify opportunities for engagement, and 3) training current staff and volunteers on advocacy best practices.

Project Title	
Agency Type	Nonprofit
Fiscal Sponsor	N/A
Key Partners	N/A

Funding Amount	\$24,998
EOHHS Region	Boston
Geographic Scope	Dorchester
Social Determinant of Health (SDoH) Focus	Social Cohesion and Political Involvement (advocacy), Built environment (long-term)
Health Outcome Focus	Chronic disease (depression)
Length (Yrs)	1

Appendix C

MA CHHA Funds Year 1 Reporting Virtual Site Visit Guide Final Draft – Version 06/08/21

Objectives:

1. Document the awardee's progress on their initiative during the first year (furthering work around policy, systems and environment change, dismantling structural racism, furthering age-friendly communities)
2. Document the impact of COVID-19 pandemic and recent racial justice movement on the initiative
3. Learn about any updates with data tracking and collection for evaluation
4. Gather stories about how initiative has impacted community
5. Understand plans for continuing work during Year 2
6. Learn about ways Funds staff can further support work of initiatives

Guide:

I. INTRODUCTION [5 MINUTES]

The Massachusetts Department of Public Health has hired Health Resources in Action (HRiA) to provide grantmaking and conduct an evaluation of the MA CHHA Funds. HRiA is conducting an overarching evaluation for DPH to capture the work of your initiatives in furthering work around policy, systems and environment change; dismantling structural racism; and furthering age-friendly communities.

In place of written reporting and in an effort to reduce the burden of evaluation work (with the context of the ongoing pandemic), we are conducting virtual site visits like this one with awardees funded by the MA CHHA Funds to document the progress of your initiatives during Year 1 of the Funds.

This virtual site visit will last 90 minutes and will be recorded [if you are not comfortable with this, please let us know and we will not record]; we will also be taking notes during this visit. After the visit, we may also reach out via email with a few follow-up questions, and we welcome you to send anything you may have not mentioned during this visit.

After we finish data collection for this evaluation, we will write a summary report that discusses the general themes that have arisen. We will also develop a summary sheet with your initiative's findings for you to review and use. If anything comes up during the visit that you would like to ensure is not included in the report, please let us know and we will mark it in our notes.

The following questions are aimed at understanding how things have gone during Year 1 of the Funds. [Questions are not a script and are to be used to help prompt discussion.]

Do you have any questions before we begin?

II. YEAR 1 REVIEW – PRIORITY QUESTIONS

First, we want to gather information on how things are going with your initiative’s activities, what is working well and what is not working.

1. What are your current intended **outcomes** for this initiative? Have these changed from your initial proposal, if so, how?
2. What are you most proud of accomplishing in the past year through this initiative?
3. What progress have you made towards your **outcomes**? How do you know that you have made progress? What has supported this progress?
 - a. [PSE and CHIP Awardees only] What progress have you made towards **disrupting structural racism**? How do you know that you have made progress?
 - b. [HA Awardees only] What progress have you made towards **furthering age friendly communities**? How do you know that you have made progress?
 - c. What progress have you made towards **furthering equity**? How do you know that you have made progress?
4. Describe how the **COVID pandemic (and related economic effects) has affected** your organization’s efforts for this funded work. What challenges have you faced? To what extent are you still experiencing these challenges? What changes have you made in this funded work to address these challenges?
5. **How** have you been engaging the community in your work? **How many** community members have been engaged and to what degree across the [community engagement spectrum](#)?
 - a. What strategies have you been using for each of the degrees (listed below) on the community engagement spectrum?
 - i. Inform, Consult, Involve, Collaborate, Delegate, Empower, Community Driven/-Led
 - b. Describe the community members who have been engaged in this work. (ex. members of population impacted by this work, staff of partner orgs or other non-profits, other stakeholders)
 - c. How has the pandemic impacted your community engagement activities?
 - i. What have you been able to do as planned? What have you done that wasn’t in your original plan?
 - ii. Dealing with access to technology/computers/Zoom?
 - d. What plans do you have for moving up the community engagement spectrum in the coming year?
6. How has the increased awareness of the need for **racial justice** impacted your work (referring to the wave of national protests for racial equity—sparked by the killing of George Floyd, Ahmaud Arbery, Breonna Taylor, and many others)? Have you noticed any change in your community or peoples’ attitudes?

7. What non-COVID related challenges have come up for your initiative doing this work?
 - a. What successes have you had in addressing these challenges?
 - b. What challenges could you use additional support with?
8. The events of the last year (pandemic, economic downturn, racial justice movement, etc.) have presented challenges and opportunities. We've discussed some of the challenges, what **opportunities** have come from the events (if any)? Any silver linings?
9. Overall, how have these funds been valuable to your community?
 - a. What has it enabled you to do that you wouldn't have been able to do otherwise?
 - b. How have the funds and your efforts benefited your community?
10. Are there any additional changes you have made to the activities you originally proposed?
11. Are there any other items related to your MA CHHA Funds work that you would like to share with us?

III. EVALUATION WORK [IF TIME ALLOWS]

12. For those activities that are in place, how is data tracking going?
 - a. Are these measures still relevant to your work?
 - b. Are they still feasible to collect?
13. What challenges have you experienced in collecting the needed data?
 - a. Are you still experiencing these challenges?
 - i. If yes, what support could be helpful?
 - ii. If no, how did you overcome the challenges?
 - iii. What support would be helpful?

IV. LOOKING FORWARD [IF TIME ALLOWS]

14. What are your key goals for your initiative in the upcoming year?
 - a. How can the Funds help you accomplish those goals?
15. In addition to grantmaking, how can the Funds help further the disruption of structural racism and promotion of age-friendly communities in Massachusetts?