

# Massachusetts Community Health and Healthy Aging Funds (The Funds)

Progress Report: Cohort 1

Timeframe: Year 2 (July 1, 2021 – June 30, 2022)

Report Date: November 2023



**Health Resources in Action**

*Advancing Public Health and Medical Research*

# Contents

- Introduction ..... 1
- Background ..... 1
  - Community Health Funds ..... 2
  - Healthy Aging Funds ..... 2
- Funds Activities During Year 2 ..... 3
  - Year 2 Awardee Engagement..... 3
  - Year 2 Evaluation Activities..... 3
  - Year 2 Financial Updates..... 4
- Year 2 Funds Process Evaluation: Findings from Awardee Virtual Site Visits ..... 7
  - The Year in Reflection ..... 8
  - Strengths, Progress, and Challenges..... 8
  - Project Activities ..... 9
  - Social and Environmental Influences ..... 11
    - COVID Pandemic Impacts ..... 11
    - Impacts of Social and Racial Justice Movements..... 11
  - Health and Racial Equity ..... 12
  - Community Engagement and Partnerships ..... 15
  - Evaluation Work..... 17
  - Future Vision and Next Steps..... 17
- Summary and Conclusion ..... 18
- Appendix A..... 20
  - Advisory Committee Members ..... 20
- Appendix B..... 21
  - Cohort 1 Awardees ..... 21
    - Policy, Systems, Environmental Change Awardees ..... 22
    - Community Health Improvement Planning Awardees ..... 30
    - Healthy Aging Awardees ..... 34
- Appendix C ..... 39
  - Virtual Site Visit Guiding Questions ..... 39

## Introduction

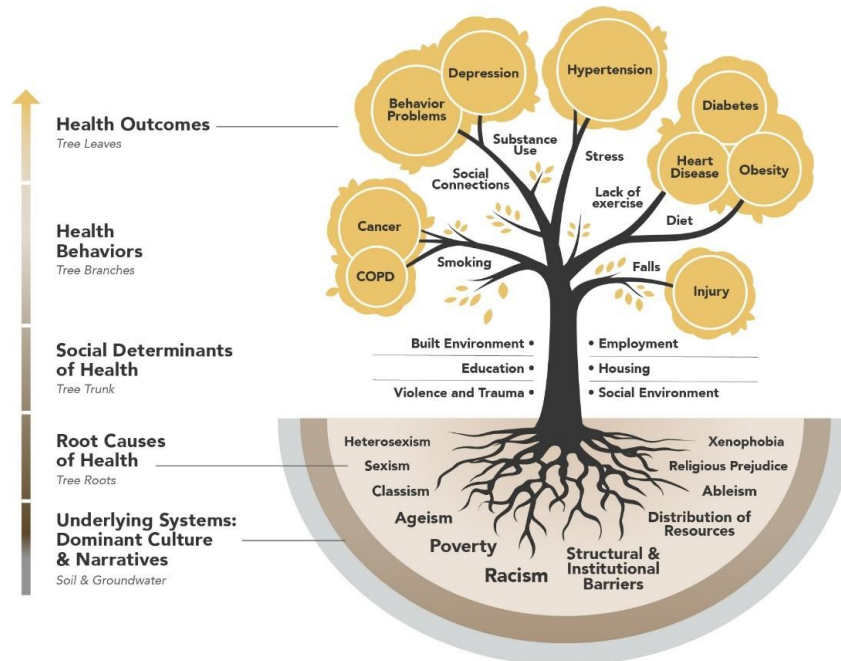
The Massachusetts Community Health and Healthy Aging Funds (the Funds) aim to reduce health inequities in communities across Massachusetts. The Funds are both a grantmaking and capacity-building resource to assist organizations and communities in addressing the root causes of health inequities – specifically,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

This report serves as a process evaluation for the first cohort of Funds’ awardees during their second year of funding from July 1, 2021 through June 30, 2022. This report describes the progress, successes, and challenges for Cohort 1.

## Background

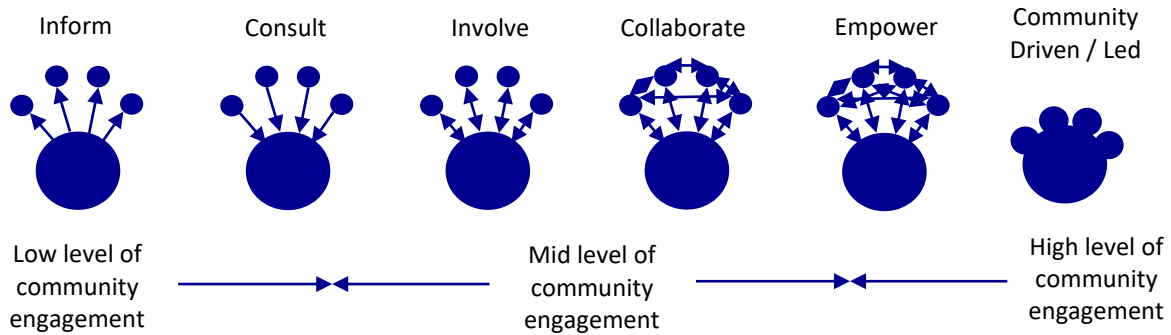
For more details about the origin and history of the Funds, please refer to the *Cohort 1 Progress Report for FY 2021*. Briefly, The Community Health Funds include grantmaking for policy, systems, and environmental change strategies (PSE strategies), as well as regional Community Health Improvement Planning (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 (Figure 1). Authentic community engagement at all levels of the Funds’ work is an explicit and essential strategy for accomplishing these goals (Figure 2).

**Figure 1. The Health EquiTREE: Connecting Health Outcomes to Root Causes**



The Health EquiTREE (2022) illustration by Health Resources in Action for the Massachusetts Community Health and Healthy Aging Funds

**Figure 2. 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 differences 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).<sup>1</sup>

### Healthy Aging Funds

The Healthy Aging Funds focus on health equity via the interconnectedness of six values and approaches:

- Policy, Systems, and Environmental Strategies
- Collaboration
- Engagement
- Learning-Focus
- Transparency
- Accountability

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

## Funds Activities During Year 2

### Year 2 Awardee Engagement

For the first half of Year 2, HRIA continued to implement a simplified learning approach to support awardees as they navigated pandemic impacts. This more individualized approach included virtual, quarterly check-ins focused on capacity building, evaluation, budgets, and other technical assistance needs. In January of Year 2, HRIA launched a more robust learning community where all members of the MA CHHA Funds community (awardees, advisory committee members, DPH, and EOEA) could enhance their capacity to advance health equity efforts and improve population health in Massachusetts. The goals of this learning community were to 1) build stronger relationships across funds, awardees, and funders, 2) increase knowledge and expertise of key topic areas (racial justice and organizational culture change; outreach and advocacy; partnership engagement and capacity building; and evaluation, assessment, and planning) and 3) improve understanding of the successes and challenges of meeting the Funds' goals.

The learning community was delivered through a variety of avenues, integrating quarterly check-ins with awardees, quarterly office hours by fund, five learning sessions, an online forum, end-of-year virtual site visits, and end-of-year financial reporting. All engagement with awardees was conducted virtually. The year kicked off with an Annual Meeting, where we were able to look back at the activities and accomplishments over this past year, while also framing our learning community for 2022 around how we embed democratic principles in the shared decision-making aspects of our work. Quarterly check-ins were scheduled as needed and allowed for regular touchpoints throughout the year when awardees could share their progress, successes, and challenges. Office hours provided an open space for project leads to drop-in and address any immediate questions or concerns. Awardees also participated in structured, topic-based learning sessions comprised of presentations, peer-to-peer learning, and brainstorming sessions for sharing new ideas and/or piloting new frameworks. During these sessions, awardees were able to have more in-depth discussions about democratic principles and shared decision-making as tools for racial equity, specifically how it intersects with organizational culture and evaluation. A Google Site provides awardees with an online forum to share experiences and resources with peers, as well as continue discussions from the learning sessions.

### Year 2 Evaluation Activities

Evaluation activities during Year 2 included two major areas of work: (1) virtual site visits (VSVs) to gather stories and other relevant qualitative data to inform the over-arching evaluation of the Funds and (2) the establishment of an Evaluation Workgroup to guide future evaluation activities.

The first area of evaluation work – VSVs – are an equitable grantmaking and evaluation 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. The findings from the Year 2 VSVs are synthesized and discussed in detail later in this report.

The second area of evaluation work – the Evaluation Workgroup – was established in the Spring of 2022. The purpose of the Workgroup is to engage awardees and advisory committee members 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 is a collaboration between

key Funds stakeholders: awardees, advisory committee members, DPH, EOE, and HRiA. The kick-off meeting for the Evaluation Workgroup was held virtually in March 2022, followed by another meeting in April 2022, and a feedback session for the proposed VSV guiding questions in June 2022. The role of the Workgroup is to:

- Represent their respective stakeholder groups in decision-making about the evaluation of the Funds
- Co-design the Funds' over-arching Evaluation Plan
- Provide input on data collection tools and timing
- Provide feedback on and support dissemination of findings related to the over-arching evaluation of the Funds
- Promote transparency and accountability among the Funds Team at HRiA
- Ensure Funds evaluation activities use a community-engaged approach to further health and racial equity

## Year 2 Financial Updates

In FY22, all 32 original awardees continued work on their Funds' projects. Of these, 14 awardees rolled over unspent funds from Year 1, while 15 continued with their planned work and timeline and five used a No-Cost Extension to extend activities into a second year. As the Funds adapted to this second year of funding, there were opportunities to explore responses to the ongoing pandemic embedded in grantmaking, capacity building, and evaluation activities.

Please see Appendix B for a list of Cohort 1 awardees, by funding stream. 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 also be found in Error! Reference source not found. Appendix B.

In Year 2, \$2.7 million was dispersed to 27 awardees with over 35 community partners in 183 cities and towns in Massachusetts. Including roll-over funds from Year 1, awardees planned to spend \$3.42 million on their funded activities during Year 2. Based on estimates provided in May 2022, awardees spent a total of \$2.5 million, representing 73% of their planned spending (Planned spending includes originally requested funds for Year 2 plus rollover funds applied from Year 1). 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 continued challenges and shifting needs presented by the pandemic.

Spending for FY22 was up from FY21. On average, awardees spent 79% of their originally requested Year 2 funds. This was up from 71% in Year 1. Cumulatively, awardees spent an average of 77% of their originally requested Year 1-2 funds. Cumulative spending ranges from 33% - 100%. In total in Years 1 and 2, awardees spent \$4.88M which is 75.6% of their original requests for the same timeframe.

**Staffing** - Spending on staffing overall was the closest to anticipated at 89%. Several awardees underspent due to vacancies, resignations, and hiring delays. Some did still expect additional FY22 staff expenditures at time of report in April 2022.

**Non-Employee Compensation** – Non-employee compensation includes payments such as stipends for community partners, translation services, and costs associated with in-person meetings. Underspending

in Non-Employee Compensation at time of report was largely due to (1) still anticipating significant spending by June 30, (2) funds reserved for in-person meeting needs that did not occur, and (3) partner stipends that have not yet been awarded and will shift to the following year.

**Operating Costs** – Operating costs were low largely due to meetings continuing to be virtual and travel being limited. In a few cases, Evaluation expenses are categorized under Operating Costs and have been lower than anticipated.

**Partners/Subcontracts** - Overall, spending for partners/subcontractors was somewhat low. Several awardees reported shifting that work to staff time while others still anticipated some spending before the close of the year on June 30.

A total of 27 awardees spent around \$2.50M during Year 2 (Table 1). PSE awardees, who have the most number of awardees, spent around 71% of the total spent funds, followed by CHIP awardees at 19% and Healthy Aging awardees at 10%.

**Table 1. Total Amount and Percentage of Total Spent, by Funding Stream, Cohort 1 Year 2, July 2021-June 2022**

Type of Funding	Number of Awardees Represented	Amount Spent Y2	Percentage of Total Spent Y2
Community Health Improvement Planning	9	\$472,481	18.9%
Healthy Aging	6Y	\$246,350	9.9%
Policy, Systems, Environmental Change	14	\$1,777,012	71.2%
<b>All Awardees</b>	<b>28</b>	<b>\$2,495,844</b>	<b>100%</b>

DATA SOURCE: Awardee Budget Reports, May 2022

NOTE: Amounts spent and projected to be spent by end of the award year are current as of May 2022; these amounts may be updated in future reports.

Table 2 highlights that there was underspending in Year 1, where awardees spent around 70% of their originally planned Funds due to COVID-related workplan shifts and a focus on COVID response. Specifically, awardees underspent in non-employee and operating costs, only spending around 40% of their originally planned amounts. The trend of underspending remained similar in Year 2, where awardees spent around 73% of the amount they planned to spend; however, there was a higher percentage spent on staff and operating costs in Year 2 compared to Year 1. Challenges and shifts related to staffing and operating costs remained but there was more spending on staff Year 2.

**Table 2. Total Amount and Percentage of Total Spent, by Funding Stream, Cohort 1 Year 1 (June 2020 – July 2021) and Year 2 (July 2021-June 2022)**

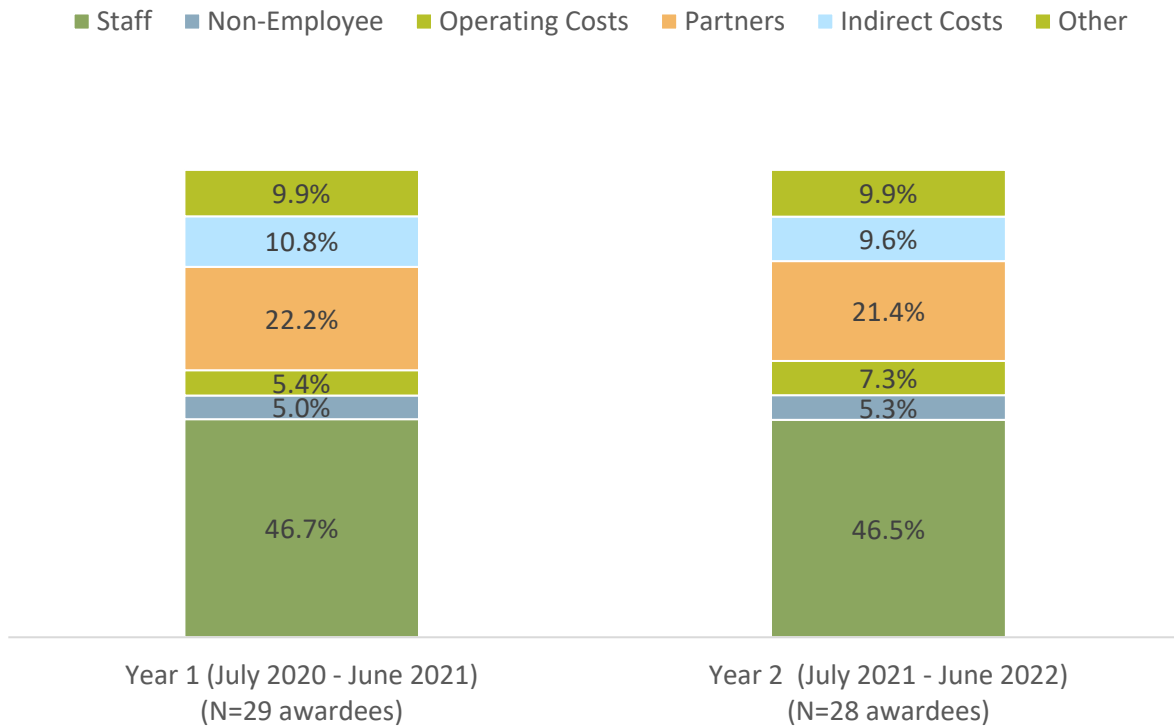
Type of Funding	Amount Planned to Spend Y1	Amount Spent Y1	Percent Spent (of Amount Planned) Y1	Amount Planned to Spend Y2	Amount Spent Y2	Percent Spent (of Amount Planned) Y2
Staff	\$1,283,710	\$1,006,954	78.4%	\$1,306,577	\$1,242,824.85	88.9%
Non-Employee	\$268,808	\$108,579	40.4%	\$302,115	\$136,226.83	43.7%
Operating Costs	\$287,263	\$117,223	40.8%	\$308,374	\$206,307.68	59.1%
Partners	\$763,093	\$477,832	62.6%	\$914,391	\$284,387.43	58.3%
Indirect Costs	\$310,487	\$233,404	75.2%	\$334,793	\$254,175.69	71.3%
Other	\$180,272	\$213,048	-	\$255,945	\$248,246	-
<b>Total</b>	<b>\$3,093,633</b>	<b>\$2,157,040</b>	<b>69.7%</b>	<b>\$3,422,194</b>		<b>72.9%</b>

DATA SOURCE: Awardee Budget Reports, May 2022

NOTE: Amounts spent and projected to be spent by end of the award year are current as of May 2022; these amounts may be updated in future reports.

Awardees spent \$2.16M in Year 1 and \$2.46M in Year 2, resulting in \$4.65M spent across both years. As depicted in Figure 3, the highest percentage of funds (around 47%) were spent on staff during both years, followed by spending on partners.

**Figure 3. Percent of Total Spent, by Type of Funding, Cohort 1 Year 1 and Year 2, July 2020-June 2022**



DATA SOURCE: Awardee Budget Reports, May 2022

NOTE: Amounts spent and projected to be spent by end of the award year are current as of May 2022; these amounts may be updated in future reports.

## Year 2 Funds Process Evaluation: Findings from Awardee Virtual Site Visits

In the summer of 2022, the HRiA team conducted 31 qualitative interview “Virtual Site Visits” for PSE, CHIP, and Healthy Aging awardees as part of an Equitable Evaluation framework.<sup>2</sup> 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: the year in reflection; strengths, progress and challenges; project activities; social and environmental influences; health and racial equity; community engagement and partnerships; evaluation work; future vision and next steps. A copy of the site visit guide can be found in Appendix C. 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 awardees, it should be noted that individual awardees may have additional successes and challenges unique to their projects and partnerships.

<sup>2</sup> Equitable Evaluation Framework (EEF) Framing Paper | July 2017 | [www.equitableeval.org](http://www.equitableeval.org)

## The Year in Reflection

Awardees were asked to reflect on the past year and to share shining moments that capture the value of their work to the community, the challenges they faced, solutions they devised, and ways in which they evolved to meet current needs. Awardees were excited about the progress that they made in community engagement. Others discussed their work towards racial equity, both externally through outreach and advocacy, and internally through increasing staff diversity.

Current needs included the administrative, staffing, and programmatic challenges related to their ongoing transition to a hybrid or remote working environment in response to the pandemic. One awardee noted that they had begun doing a few in-person gatherings recently, but most of their work remained virtual. The evolving virtual work world, combined with the stress of this transition, posed consistent challenges related to staff turnover and recruitment across funding streams.

*"We have been able to hire more speakers of color and will be onboarding a person with lived experience around homelessness, to become a new manager."*

Conversely, on account of these Funds, many awardees were able to increase their internal capacity as well as their capacity-building capabilities by hiring new staff. Several awardees made concerted efforts to hire diverse staff, some of whom had lived experiences similar to their target population. These awardees shared notable progress towards equity and inclusion as a result of these hires.

While some awardees had to make a concerted effort to adapt to a virtual work world, others were able to advance their sustainability through new avenues of funding. One awardee proudly shared the impact of a recent grant that was provided by an additional external funding source: *"I mean it's fantastic a 5-year grant. We never get them, but this kind of work is over time and so we do hope we'll keep it going for 6 or 7 years, and during that time we're also looking for other ways to keep it going, and I think when businesses see the impact that the audit tool and the discussions have, people will contribute to it. This isn't like a 5-year thing, and it ends. We expect it to continue for a long time."*

Other awardees were able to enhance their effectiveness through organizational change. One awardee describes their ongoing effort to expand their reach as an organization: *"We have been able, through this project, to expand as an organization in this work. We are creating a model that we're using organization-wide to be able to expand. We refer people to each other. Our hope is to reduce barriers wherever possible, increasing the understanding about the relationship between substance use disorder and criminal behavior."*

## Strengths, Progress, and Challenges

Awardees were invited to participate in a SWOT analysis where they shared about the strengths, weaknesses, opportunities, and threats and challenges related to their program. Strengths included adapting to the changing demands of the current environment by adopting new areas of interest or program initiatives. For example, one awardee said, *"The ability to make a pivot as a larger team, was a shining moment for us. The pivot that we made from focusing on transportation to housing justice, was a shining moment."*

Challenges were discussed primarily in two ways. Firstly, the past year's continued transition to remote/virtual work was at times demanding and difficult, especially given the need to incorporate new technologies such as Zoom into daily workflows. Secondly, all funding streams noted challenges related to staff turnover and consequent staff recruitment.

Staff recruitment was additionally nuanced given that other remote organizations with more resources across the country were also vying for the same candidate pool, thereby providing noteworthy competition. Pandemic burnout was also mentioned as a challenge that required creativity and innovation. The pandemic's continuing impact will be covered in the subsequent social and environmental influences section.

*"One of our guiding principles is not to duplicate the works that already exists. We are looking at the data and the strong work that's already happening in the region...one accomplishment is that we have made people look differently and understand the concept of collaboration."*

## Project Activities

Project activities discussions incorporated programming initiatives, expenditures, underspending, and budget support needs. In this section, awardees primarily discussed community engagement efforts, along with reasons for why they may have struggled with underspending. Program pauses due to the pandemic were largely responsible for underspending across awardees and funding streams. *"For the first 2 years it felt like there was underspending because other than the cost for personnel, we were focused on COVID and dealing with the significant impact of the pandemic. The pandemic stunted the grant activities that would have allowed us to hold in-person meetings and gather in groups. As a result, there were dollars that were not spent."*

Underspending, however, did not apply to all awardees. Several awardees were able to successfully meet their spending targets. Awardees utilized their funding in several ways. One awardee described that they were able to use the funds during the pandemic to send a mailing to 5,300 households advertising their program, to which there was a sizeable response. They printed pamphlets about their program and put in libraries, stores, and town halls. The funding has also allowed them not to charge membership fees. This also allowed them to remove the cost barrier and encourage people to become members and participate. The funds they received went towards insurance, equipment, postage, copying, printing, books, some office supplies, PPE, COVID test kits, and computer tablets. Some of the funds also went towards program advertising and their new website. This example illustrates the ways in which these funds aid in project execution and programming.

Awardees described an awareness of the need to create initiatives to ameliorate the hardships that vulnerable populations face. One awardee described their recent efforts to invest in initiatives that target low-income communities: *"Not everyone struggles with grocery shopping who lives in a rich or higher income community, however, many people in [our city] do struggle. Because of that they can't make great choices for their family. The project we are building will build a healthy equitable neighborhood. Many of the families are not in those communities that have resources for them. We are trying to break people's assumptions about what we invest in when we invest in lower income communities."*

Table 3 provides an overview of Year 2 program activities across funding streams related to the built environment; community engagement and partnerships; policy change, advocacy and sustainability; healthy aging; equity progress, inclusion and diversity; and evaluation and data collection.

**Table 3. Highlighted Awardee Activities and Accomplishments from Year 2 (FY22)**

<b>Built Environment</b>
Coordinated Zero Fare, an advocacy group working towards efficient, frequent, convenient transit which operates without fares.
Transportation - Provided over 1000 rides per month to rural transportation service, and 60% of those rides are rides to work. 30% of the riders are seniors.
Partnered with Walk Boston to create 2 walk audits and walking maps. <ul style="list-style-type: none"> <li>- Created walking maps for nine towns.</li> <li>- Constructed traffic lights.</li> <li>- Obtained a grant for a town to construct 2-3 pedestrian crossings.</li> </ul>
<b>Community Engagement and Partnerships</b>
Administered annual reflective representation surveys.
Executed an attentional nomination process to nominate and recruit folks into leadership positions in the coalition and within the different structures.
Conducted trainings, taught residents how to share their stories, and worked with municipalities to engage in legislative work.
Purchased land and community spaces to grow organic produce for people in the community that are in need. Employed young people to work at the garden in an effort to show them that they are valued, and that they need to put that value back in the community.
Collaborated monthly with the local food bank.
Sponsored music jams at the Senior Center. Seniors from the community participated in the jam sessions which included dancing and playing instruments.
<b>Policy Change and Sustainability</b>
Obtained a five-year grant to continue their work.
Established relationship with legislative leader who will support their work.
Found housing for clients with public Criminal Offender Record Information (CORI).
<b>Healthy Aging</b>
Enrolled 19 new towns in Age-friendly Communities Network, with 10 more anticipated this year.
Established and convened advisory groups.
Built a deeper relationship with the state agency that serves their target client population.
Engaged in training and onboarding and offered guidance, materials, and technical assistance to the communities.
Hired 5 new Senior Planners who executed internal capacity building, researched the towns by gathering the information off their websites, and drafted action plans.
<b>Equity Progress, Inclusion, and Diversity</b>
Conducted various types of equity exercises: equity through education, language equity, technology equity, equity impact, equity through diversity and inclusion, equity in the built environment, equity through access to resources, and equity through engagement.
Conducted community outreach and initiatives that include non-English speaking populations.
Conducted staff recruitment aimed to increase diversity of staff and to include staff with relevant lived experience such as homelessness and blindness.
Increased land access for refugee and immigrant communities to grow their own food.

### Evaluation and data collection

Conducted focus groups with collective impact initiatives to understand impact on youth.

Collected qualitative data on structural racism within the city and how partners felt that it could be addressed.

## Social and Environmental Influences

Social and environmental influences include the pandemic's continuing effect along with the impact of recent social and racial justice movements.

### COVID Pandemic Impacts

Every organization reported the continued effects of the COVID-19 pandemic. While the first year of the pandemic exposed the many inequities that residents face when accessing housing, food, and transportation, the second year of the pandemic triggered additional organizational shifts. Most notably, several organizations were deeply affected by challenges caused by staff turnover and difficulties to recruit and retain new talent. Awardees noted that staff turnover

*"The turnover at the leadership level is a weakness but it's also an opportunity because they can bring in new people with new ideas, ways of thinking, and it creates a greater opportunity for support from the city."*

occurred at all levels, especially and including leadership. One awardee described their awareness of the impact of pandemic burnout: *"We are trying hard to focus on systemic change. We made a commitment to helping people see how they can be influential and powerful in decision-making processes in their community and in the state legislature. The impact I have seen is there is a level of burnout in service providers and turnover that has reached a point that might be impossible to recover from. How can we make a system that doesn't burn people out so much?"*

Alongside these challenges, the pandemic also provided some opportunities, for example by increasing awareness in the community of the impact of the social determinants of health. One awardee described how this new awareness benefitted their work in housing: *"When we think about housing, and we particularly think about COVID, we think about the fact that if we were ever trying to make the connection between housing and health, unfortunately, COVID was the perfect example. When people didn't have somewhere to quarantine that was safe and out of the elements and not with other people, they were unable to get better themselves or keep other people from getting COVID. And so, the timing of all of this, as terrible as all of this is, we feel like it [COVID] has helped reinforce messages that we've been trying to make for a while. I wish it did not involve lots of people dying, to be perfectly blunt, in order for that to happen, but it's not lost on us that there's been these new opportunities. And we're trying to do as much as we can to make policy change while there's like this attention on these issues."*

### Impacts of Social and Racial Justice Movements

Awardees shared that recent social justice awareness has been generally beneficial for their programming initiatives. Some awardees shared that this social justice climate improved their organizational consciousness of the need to have related conversations at the leadership level. Awardees also shared that the community was more appreciative of the value of their work, particularly initiatives aimed at increasing equity for vulnerable populations such as seniors in need of transportation and CORI clients (Table 3) who were able to secure housing due to awardee efforts.

*“There is a real desire to make some connection between segregation, social impact, and the pandemic, especially within the past year. This has made our work a bit easier because people are seeing those connections. People are seeing how your zip code has an impact on your health outcomes and the schools you go to.”*

Awardees shared several stories related to the impact of the recent social justice movements upon their work. One initiative shared that equipping staff with equity sensitivity was their approach to increasing their capacity to achieve equity: *“The Worcester Trauma, Resiliency & Racial Equity Institute is a 4-day, 10-hour training that accommodates up to 60 people. The training seeks to develop shared language, skills, and practices around trauma and inform racial equity work. Our Coalition has had three 10-hour training thus far this year with about 150 people.”* Another awardee shared that the racial justice movement affected

how they run their organization: *“After the murder of George Floyd, we ended up having a good meeting with my board of directors and others. We didn't put out a statement. Everybody was putting out statements in support of Black Lives Matter. We were about to and then we said, you know what, what does that mean? Let's try to do something over the long haul instead and do some actions. I think that was a good decision, so in our monthly newsletter we'll sometimes talk about racial justice initiatives. We'll bring up the subject, but then other months we don't, so I think we need to get more consistent messaging, and actions.”* Similarly, another awardee shared that *“In terms of the social justice movement, conversations that have needed to be had like the communities of practice specifically, it brought that to the forefront because COVID also highlighted some huge health disparities among different races, so it was all compounding. Those movements, they helped with something that individuals have been dealing with for hundreds of years. It also caused people to start meeting and talking in depth about it.”*

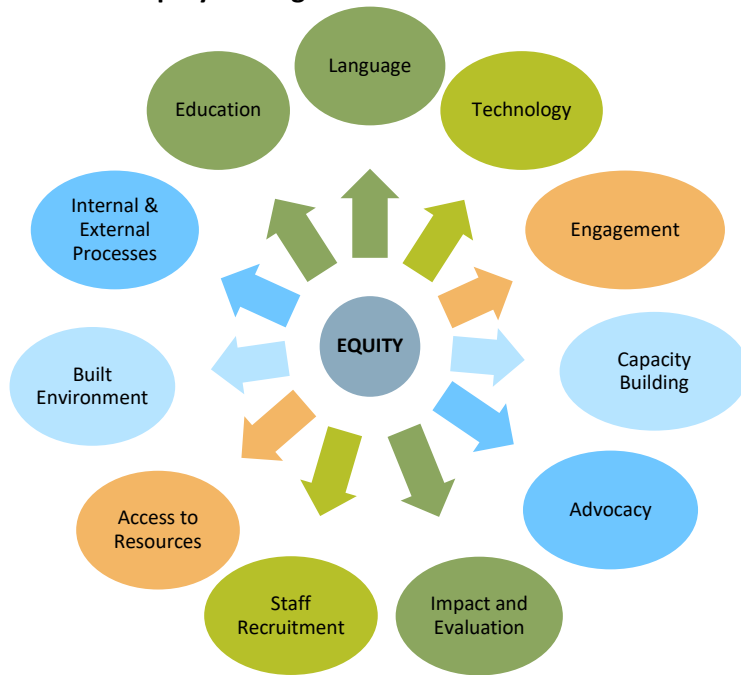
## Health and Racial Equity

Programmatically, increasing equity using the Funds means that awardees conducted programming and activities that disrupt institutional and structural racism while also serving marginalized populations. Awardees reported a variety of strategies and efforts to further equity by integrating social justice into their work.

These strategies towards achieving equity will be discussed in the following ways: equity through education, language equity, technology equity, equity impact, equity through diversity and inclusion, equity in the built environment, equity through access to resources, and equity through engagement.

Figure 4 summarizes the range of innovative strategies that awardees utilized to advance equity via the Funds.

**Figure 4. Awardee Equity Strategies**



Equity through education and capacity building was a pathway that some awardees traversed. One awardee reported equity training for staff that was well attended. Their racial equity capacity building was an ongoing effort through which their coalition worked with a racial discrimination subcommittee for a year, through another grant in 2018, in order to receive training and support with developing their own training institute, which is now known as the Worcester Trauma, Resiliency & Racial Equity Institute.

*“The other services that we provide, they’re small in some sense, but putting in an air conditioner can make the difference between staying in a home or not. We’ve seen that proved to be the case in one instance, where a 93-year-old stayed at least an extra year because we’re able to get her air conditioning before she had to leave the home for other reasons. But that was the small thing, but it made a big difference in that lady’s life.”*

Language equity was another way in which several awardees made progress by executing programs and interventions that include non-English speaking populations. One awardee integrated Spanish-speaking women, *Mujeres Promotoras*, into their work – this effort is an extension of their new health equity framework: *“We decided to utilize most of the funds for the community. An example of this was paying the Mujeres Promotoras to go out into the community and collect data. Some of the funds were also used to train the Mujeres Promotoras in collecting data, promotion, and health promotion advocacy.”* This awardee is currently *“trying to*

*create workforce development opportunities for the Promotoras and provide them with community health worker experience and other skills.”* Another awardee engaged larger audiences through activities that were language-inclusive: *“This is the first time we’ve had strong input from the non-English community on assessment... Groups of people we are hearing from for the first time. We are excited for*

*the ways that might open us to aging services in general for better serving those groups."* Another awardee who made progress in language equity described the value and impact of language equity: *"Language justice has been a huge guide. We make sure everybody understands and is able to contribute in their own language. People are excited to have interpreters in the meeting, and it's an important way to increase the meeting participation."* Another awardee ensures language equity through translational output: *"We translate our infographics in the different priority languages for the city."* Similarly, another awardee hired three community health workers that speak multiple languages.

Technology equity also emerged as a new potential social determinant of health, largely on account of service delivery shifts catalyzed by the pandemic. One awardee described this awareness and its impact on their initiatives: *"Technology is a cross-cutting social determinant of health, and we continue to talk about all the ways that if older adults aren't connected or aren't aware of these opportunities, they just can't be part of community life with whether it's public meetings and civic engagement, or continuing to work, or volunteer opportunities, or food access and transportation access."*

Equity impact encapsulated progress related to equity that includes new facets of community impact and dialogue that blossomed as a result of awardee initiatives. One awardee proudly described this unfurling community consciousness in the following manner: *"The fact that you can see that folks are pointed in a positive direction with this work and talking about things they may not have otherwise talked about... That's progress."* Another awardee described the impact of their work on workforce development, using the example of one client: *"We had identified a lot of new people and one of our consumers who came to us basically sobbing uncontrollably most of the time and wanting to deny her visual impairment, has now started to use a cane. She was totally isolated where she lives, has now started going into Boston. She has now returned to work part time and she has taken advantage of some of the other opportunities, so that her skillset is better, and she's much more hopeful than she once was."*

Equity through diversity and inclusion was another innovative way in which awardees tackled the need to be the change they wish to catalyze in their communities. Several awardees described efforts to increase staff diversity through recent and ongoing recruitment efforts. Others described efforts to hire staff with lived experiences similar to their clients, such as homelessness and blindness. One awardee described the impact of staff lived experience upon the quality of their service delivery: *"We saw a 59% increase in the total number of people we serve. This includes new clients and the overall number that were served in those Age Friendly Communities. 50% of the people we serve in those communities are people of color and 25 to 30% have a primary language that is not English. We have found that a lot of our population prefers to and is excited about, working with people who also have lived experience with blindness or visual impairment, and so that's been our model. All of our clinicians are blind or visually impaired and so we provide the combination of clinical experience and lived experience."*

Another awardee who works with youth and food insecurity described the combined, amplified impact of hiring youth with adverse life experiences to be part of their work in the community: *"We are intentional in our hiring practices and a lot of youth are newcomers. We accepted a group of students from a life skills program. The youth who have significant disabilities and are working with a career coach. It's amazing to see our partnership. This leads us to see the health center and things like veggie prescriptions and projects like the demo kitchen to happen. To know that piece is still real and we're still building on these visions that were created jointly with community."*

Equity in the built environment was another way in which awardees described their equity progress. These achievements related primarily to transportation (Table 3) and environmental inclusivity to create age-friendly communities, such as through traffic lights, pedestrian crosswalks (Table 3), and signage. One awardee described signage efforts in this way: *"...even minor health issues or temporary kinds of impacts can substantially lower the quality of life if the community's not more accessible, more equitable, and has that stronger more vibrant life in it, which the age-friendly community kind of helps promote and generate. Even if it's just making the signage throughout the town accessible and visible it can reduce accidents and if traffic is much less of a problem, the streets are more walkable. All of that stuff is in line with age-friendly, but it also makes the community just a better place to live in general."*

Equity through access to resources was an additional avenue of progress that awardees shared. One awardee described the impact of their work on increasing equity among immigrants and refugees so that they could grow their own cultural foods: *"The project itself is a lot about transferring resources. A lot of funding typically goes to benefit White communities. We are working to make this project to redirect these resources to benefit our community. Land access has been the biggest thing preventing local refugee and immigrant communities from growing their own food and maintaining cultural diets food access."*

Equity through engagement presented an additional opportunity for awardees to advance awareness of the need for social justice. One awardee described engaging the school system to advocate for Black History Month: *"One of the biggest challenges with doing this work surrounding advancing racial justice, is that we are in a community that is predominantly White. At the time when this grant started there was a majority of the schools who weren't even celebrating Black History Month. That became a contingency between me and other people of color, doing the work within the schools, because we've always understood the importance of Black History Month and that was something that wasn't being expressed or reiterated in the schools... the step back for me was before we started advancing racial justice, we really had to talk about the racial contribution of People of Color to the community, to the country as a whole, and then we can talk about why it's important to actually advance racial justice."*

### Community Engagement and Partnerships

Awardees were asked to describe the organizations with which they have collaborations and partnerships. 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. Others reported that these funds allowed them to hire new staff to increase their community engagement. Notably, the community engagement that multiple awardees described took place at all levels of the community engagement spectrum that drives the Funds.

*"We regularly engage our constituents at all levels of the community engagement rubric...As the pandemic continued, we made a deliberate choice to use the partners as a way of outreach and engaging their populations instead of using the planned public engagement process."*

*“We have three community health workers that speak multiple languages and we are collecting a lot of qualitative data on structural racism within the city and how partners feel that it could be changed or improved upon. The partnerships through COVID have really brought the city together to get everyone talking about these issues. It also helped cement relationships that weren’t as strong.”*

Awardees regularly and consistently engaged diverse stakeholders throughout the community, across a wide spectrum of leadership from legislative leaders to individuals who represented marginalized populations. Awardees additionally shared innovative methods of community engagement that involved data collection.

Community engagement also took the form of advisory committee and stakeholder interaction. One awardee described how their advisory committee guides their decision-making: *“We have a group centered around transportation, but the topic’s generally wider than that. We meet monthly with community members,*

*including those who receive stipends and people who are paid by their employer. We hope to establish some subcommittees and have different members represent and use the shared decision-making model.”*

Another awardee described similar community advisory engagement: *“We developed what we call a Community of Practice where we bring community organizations together and have discussions on structural racism and how it presents itself in [our city]. We have been leading this work with the YWCA, HRiA, and Partners in Health.”* Another awardee plans to activate a community coalition of residents, organizations, municipal partners, and regional partners to work together. Similarly, another awardee described how their steering committee’s decision-making authority: *“We’ve mostly lived between Consulting and Empower. From the beginning of our work, we brought in the Steering Committee to review what’s going on, since there are many ways to approach this. There are different ways to do the work. We did not initially decide what it is we want to do. We invited the steering committee for decision making authority - regionally and hybridly...including marketing and how we present ourselves. We are very proud of the community engagement at every stage in the process. We are pulling the rope of the wagon and we are being clear with people that these are the steps we are taking. We are giving them autonomy to make those decisions and then they send us to do this work.”* Another described their committee’s role as a catalyst of clinical resources: *“We have an interdepartmental group called the Participant Access Committee where they can discuss as a sounding board. They can also bring cases that have represented specific barriers to care or access issues. The goal of this is to then document those cases and resources and responses that we come up with, in order to build a better resource casebook for all of our staff.”*

Community engagement in the form of partnerships was an additional avenue of stakeholder interface that awardees described. One awardee shared: *“We have been thinking about different community organizations that they should be doing outreach with, developing relationships with, and trying to build trust and learn from, in an effort to create services that are culturally appropriate and make sense to people.”* Trust-building within communities was entwined with this effort: *“We’re really trying to focus our efforts in communities and in neighborhoods and by using staff that we do have available, to really get into and build trust and relationships in those communities.”* For others, partnering with the community meant data collection to get their perspective on health issues: *“We have done a couple of Community Health Needs Assessments, so we have done focus groups with several different diverse groups in the community to get their perspective on health in the region.”* Other awardees described equity-focused community engagement, which was covered previously.

## Evaluation Work

Awardees discussed their evaluation work for the past year, along with their evaluation needs and plans for the coming year. Several mentioned that they would appreciate support related to developing an evaluation plan. One awardee decided to compile a PowerPoint slide deck to document moments of community engagement and to illustrate their community impact in future endeavors.

Generally, awardees described either qualitative or quantitative methods of data collection related to their evaluation plan. The Funds assisted them in hiring consultants or expert staff to manage and analyze these data collection processes. One awardee described a pilot school-based survey to collect data regarding racism in this setting. Another awardee is collecting qualitative data to measure their progress. Similarly, yet another described an *“annual coalition survey for anyone who’s participating in working groups or steering committee.”* As a bridge between equity work and evaluation efforts, another awardee mentioned that they are *“doing qualitative data collection, using Airtable an organizing tool to measure the progress that we’re making on implementation in the community.”* Another awardee described similar intentions using quantitative data: *“The Coalition is trying to ensure that they are measuring the equitable CHIP impact with the baseline data with the CHIP.”* Similarly, another awardee used a step-wise process to review all collected data and determine priorities ranks based on CHIP criteria (size, seriousness, urgency, trends, equity, effectiveness, values, root cause). People voted using Survey Monkey. They then decided to shift focus from the survey and concentrate on dismantling systems and barriers instead. A fellow awardee described similar efforts to revise their evaluation plan *“Much of what we envisioned upon submitting our evaluation plan has changed because of our partnerships and getting on their cycles. Therefore, we would like to revisit our evaluation plan.”* Another awardee hired a consultant to facilitate evaluation activities: *“We recruited an outside evaluator who also helped us prep for our virtual site visit with HRiA and the evaluation workplan that HRiA helped guide them through.”* The variety of evaluation activities shows that awardees were creative, innovative, and inclusive of the community as they considered their evaluation activities.

*“Under some of our substance use prevention work, we do a pretty comprehensive survey of middle and high schoolers every couple of years. This past spring, we piloted another survey...to get a better handle on what is the students’ perception the amount of bias, racism, what they were feeling on a day to day, weekly basis between peers within the school setting. We are learning from our data.”*

## Future Vision and Next Steps

Awardees were asked about their future vision and possible next steps for their organization. Most organizations across the cohorts reported community engagement, data collection, evaluation, and strategy development as their goals for the upcoming year. Awardees with an advocacy focus proudly mentioned developing partnerships with legislative leaders and plans to continue leveraging these relationships. One awardee described their interest in expanding outreach to youth in the community while another mentioned data dissemination, prioritization, and racial equity coaching. Outreach expansion was also described as a goal for several awardees, such as this one who listed the following goals: *“To continue to take on more communities. To broaden technical assistance as much as possible. To create more housing opportunities for our communities. To deepen support of their coalitions over time. To build up the capacity of their older coalitions to support their newer coalitions and bring together that community of practice and that peer-to-peer support network.”*

*“I’m really looking forward to how some of this work can translate into young people. How do we raise the next generation of workers that are ready to put forth the efforts that it’s going to take to move the needle? **Racist systems were not created in a year or two, and they’re not going to be taken down in a year or two**, but it is something where steps can be made and I’m just excited about seeing that next generation and how they can be a part of it.”*

Another awardee described business stakeholder engagement as an extension of their advocacy goals: *“Next year, we hope to have worked with at least four or five businesses around policy and process and get those businesses to pull out language, phrases, and terms that they use on a day-to-day basis that maybe harmful or racist, whether it’s in job descriptions or communication on their website.”* A fellow awardee described strategic partnerships as a vital next step: *“We want to partner with Pioneer Valley Policy Commission to learn from their experience which will be really helpful. We are also looking at some of the processes and other parts of nearby regions are helpful too, but also making sure we are not duplicating our colleague.”* Recruitment was top of mind for another awardee, who expressed enthusiasm about plans to create a new position of Intake Coordinator and Resource

Navigator. Another awardee was ready to move into strategic planning with the community given their increased internal capacity: *“We would like to use the material that has been developed to create an action plan with the community as quickly as possible, and then keep that going whether it is informational, a sit-down meeting with the working group, or doing a public information meeting after the survey has been developed. Now that we have built an internal capacity, we would like to engage with the communities especially since they now have more staff.”* This broad spectrum of future visions and next steps demonstrates the ways in which these funds have provided a catalyst platform for awardees to continue and magnify their current community impact.

## Summary and Conclusion

In the second year of funding for the inaugural cohort of Massachusetts Community Health and Healthy Aging Funds awardees, project activities of both the Funds Team and the awardees continued to progress, while still actively dealing with the ongoing effects of the COVID-19 pandemic. While the Funds Team continued to provide one-on-one technical assistance to awardees to support them through initiating their projects during COVID, we also expanded our capacity building and evaluation efforts, to establish stronger systems of support and partnership. This included creating Learning Communities for Awardees to learn from each other, as well as an Evaluation Workgroup to ensure transparency, accountability, and community engagement during the over-arching evaluation of this work.

For the awardees, the ongoing pandemic continued to provide major challenges, but also some opportunities. For a second year, challenges included technological barriers to community engagement, developing new strategies for authentic community engagement in the virtual world, workforce challenges related to staff recruitment and turnover, and general burnout and burden among both service providers and marginalized community members. Nevertheless, the pandemic and arising movement for social and racial justice also provided opportunities for awardees to make inroads in their work in the service of policy, systems, and environmental change towards health and racial equity.

Awardees noted the benefits of increased community awareness about the social determinants of health, and structural racism and racial injustice.

Due to the size and length of most grants received through the Funds, awardees were grateful for the ability to build deep and trusting relationships with community partners to drive long-term changes in their communities. Awardees remained motivated to embody the principles of the Funds in their ongoing efforts.

## Appendix A

### Advisory Committee Members

**Table 4. 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 5. 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

#### *Policy, Systems, Environmental Change Awardees*

Organization	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
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

\* Indicates funded project completed in FY 2022

#### *Community Health Improvement Planning Awardees*

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 Awardees*

<b>Organizations</b>	<b>Project Title</b>
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

\* Indicates funded project completed in FY 2022

Policy, Systems, Environmental Change Awardees

*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.

<b>Project Title</b>	Immigrant Farms for Holistic Community Health
<b>Agency Type</b>	Nonprofit
<b>Fiscal Sponsor</b>	Community Involved in Sustaining Agriculture, Inc.
<b>Key Partners</b>	
<b>Funding Amount</b>	\$382,577.20
<b>EOHHS Region</b>	Western
<b>Geographic Scope</b>	Springfield, West Springfield
<b>Social Determinant of Health (SDoH) Focus</b>	Built Environment

<b>Health Outcome Focus</b>	Mental health (PTSD and depression, refugees), chronic disease, nutrition and exercise
<b>Length (Yrs)</b>	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.

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

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

<b>Health Outcome Focus</b>	Housing stability/homelessness
<b>Length (Yrs)</b>	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.

<b>Project Title</b>	Redesigning Power Structures to Promote Community-based Leadership
<b>Agency Type</b>	Nonprofit
<b>Fiscal Sponsor</b>	N/A
<b>Key Partners</b>	N/A
<b>Funding Amount</b>	\$1,003,000.00
<b>EOHHS Region</b>	Western
<b>Geographic Scope</b>	Hampshire County - Amherst, Belchertown, Chesterfield, Cummington, Easthampton, Goshen, Granby, Hadley, Hartfield, Huntington, Middlefield, Northampton, Pelham, Plainfield, South Hadley, Southampton, Ware, Westhampton, Williamsburg, Worthington
<b>Social Determinant of Health (SDoH) Focus</b>	Social Environment (increasing community capacity and community empowerment)
<b>Health Outcome Focus</b>	Chronic disease, mental health, substance use
<b>Length (Yrs)</b>	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.

<b>Project Title</b>	Addressing Racial Justice in Schools
<b>Agency Type</b>	Quasi-Governmental
<b>Fiscal Sponsor</b>	Franklin Regional Council of Governments
<b>Key Partners</b>	N/A
<b>Funding Amount</b>	\$350,000.00
<b>EOHHS Region</b>	Western

<b>Geographic Scope</b>	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
<b>Social Determinant of Health (SDoH) Focus</b>	Social Environment, Education
<b>Health Outcome Focus</b>	Mental health and substance use disorders
<b>Length (Yrs)</b>	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.

<b>Project Title</b>	From Planning to Implementation: Commercial Urban Agriculture to Lift Up Our Green Economy
<b>Agency Type</b>	Nonprofit
<b>Fiscal Sponsor</b>	N/A
<b>Key Partners</b>	N/A
<b>Funding Amount</b>	\$599,191.48
<b>EOHHS Region</b>	Northeast
<b>Geographic Scope</b>	Everett
<b>Social Determinant of Health (SDoH) Focus</b>	Access to Services (Food Security)
<b>Health Outcome Focus</b>	Nutrition & exercise, chronic disease
<b>Length (Yrs)</b>	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.

<b>Project Title</b>	Increase and Support Workplace Diversity to Overcome Health Inequities in Franklin County/North Quabbin
<b>Agency Type</b>	Nonprofit
<b>Fiscal Sponsor</b>	N/A
<b>Key Partners</b>	N/A

<b>Funding Amount</b>	\$807,740.40
<b>EOHHS Region</b>	Western
<b>Geographic Scope</b>	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
<b>Social Determinant of Health (SDoH) Focus</b>	Employment (White dominant culture in the workplace), Social Environment
<b>Health Outcome Focus</b>	Mental health and wellbeing
<b>Length (Yrs)</b>	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.

<b>Project Title</b>	Policy and System Change for Rural Housing Access
<b>Agency Type</b>	Quasi-Governmental
<b>Fiscal Sponsor</b>	N/A
<b>Key Partners</b>	N/A
<b>Funding Amount</b>	\$1,032,468.06
<b>EOHHS Region</b>	Western
<b>Geographic Scope</b>	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
<b>Social Determinant of Health (SDoH) Focus</b>	Housing, Social Environment
<b>Health Outcome Focus</b>	Mental health, substance use disorders
<b>Length (Yrs)</b>	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.

<b>Project Title</b>	From the Inside Out: Igniting Transformative Change in Racial and Economic Access to Affordable Housing in Essex County
<b>Agency Type</b>	Nonprofit
<b>Fiscal Sponsor</b>	N/A
<b>Key Partners</b>	N/A
<b>Funding Amount</b>	\$381,246.29
<b>EOHHS Region</b>	Northeast
<b>Geographic Scope</b>	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
<b>Social Determinant of Health (SDoH) Focus</b>	Housing
<b>Health Outcome Focus</b>	Housing stability/homelessness
<b>Length (Yrs)</b>	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.

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

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

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

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

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

## Community Health Improvement Planning Awardees

### *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.

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

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

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

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

<b>Project Title</b>	North Central Mass CHIP 2025: Planning for Sustained Growth
<b>Agency Type</b>	Nonprofit
<b>Fiscal Sponsor</b>	N/A
<b>Key Partners</b>	N/A
<b>Funding Amount</b>	\$356,896.70
<b>EOHHS Region</b>	Central
<b>Geographic Scope</b>	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.
<b>Social Determinant of Health (SDoH) Focus</b>	Built Environment, Social Environment, Violence and Trauma, Employment, Education
<b>Health Outcome Focus</b>	Chronic disease, mental illness and mental health, substance use disorders
<b>Length (Yrs)</b>	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.

<b>Project Title</b>	Franklin County/North Quabbin Community Health Improvement Plan Network
<b>Agency Type</b>	Quasi-Governmental
<b>Fiscal Sponsor</b>	N/A
<b>Key Partners</b>	N/A
<b>Funding Amount</b>	\$280,000.00
<b>EOHHS Region</b>	Central and Western
<b>Geographic Scope</b>	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
<b>Social Determinant of Health (SDoH) Focus</b>	
<b>Health Outcome Focus</b>	

<b>Length (Yrs)</b>	5 Years
---------------------	---------

*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.

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

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

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

#### Healthy Aging Awardees

##### *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.

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

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

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

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

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

<b>Project Title</b>	Montachusett Age-Friendly Project
<b>Agency Type</b>	Healthy Aging
<b>Fiscal Sponsor</b>	Quasi-Governmental
<b>Key Partners</b>	N/A

<b>Funding Amount</b>	\$75,000
<b>EOHHS Region</b>	Central
<b>Geographic Scope</b>	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
<b>Social Determinant of Health (SDoH) Focus</b>	Social Environment
<b>Health Outcome Focus</b>	Chronic disease
<b>Length (Yrs)</b>	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.

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

<b>Project Title</b>	Valley Neighbors
<b>Agency Type</b>	Healthy Aging
<b>Fiscal Sponsor</b>	Nonprofit
<b>Key Partners</b>	N/A

<b>Funding Amount</b>	\$12,121
<b>EOHHS Region</b>	Western
<b>Geographic Scope</b>	Whately, Deerfield, surrounding area
<b>Social Determinant of Health (SDoH) Focus</b>	Access to Services
<b>Health Outcome Focus</b>	Chronic disease (diabetes, hypertension), mental health (depression, isolation), social cohesion (create community)
<b>Length (Yrs)</b>	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.

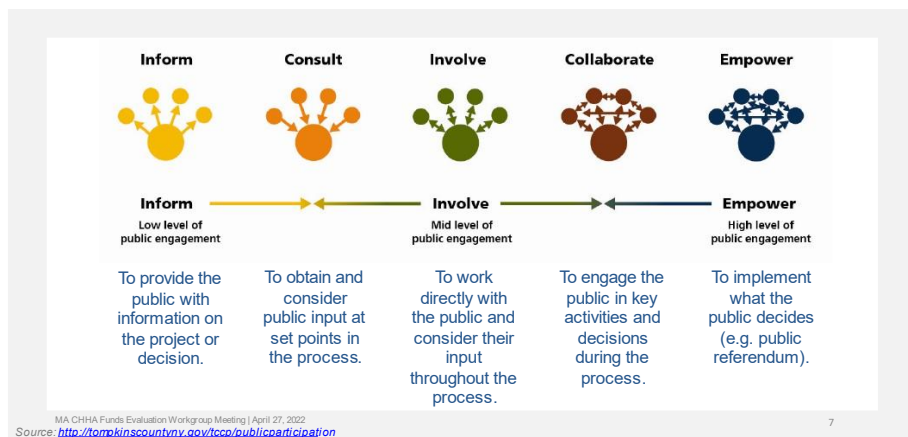
<b>Project Title</b>	
<b>Agency Type</b>	Nonprofit
<b>Fiscal Sponsor</b>	N/A
<b>Key Partners</b>	N/A
<b>Funding Amount</b>	\$24,998
<b>EOHHS Region</b>	Boston
<b>Geographic Scope</b>	Dorchester
<b>Social Determinant of Health (SDoH) Focus</b>	Social Cohesion and Political Involvement (advocacy), Built environment (long-term)
<b>Health Outcome Focus</b>	Chronic disease (depression)
<b>Length (Yrs)</b>	1

## Appendix C

### Virtual Site Visit Guiding Questions

- **Strengths, Progress & Challenges**
  - What are your highlights from this past year? What are you most proud of accomplishing?
  - What challenges or opportunities came up?
  - Does your theory of change still reflect your approach and vision for this initiative?
- **Project Activities**
  - Overview of budget spending (and under-spending); opportunities and challenges?
  - The Funds' Learning Communities and capacity building: value of shared language (e.g. participatory democracy, accountability, shifting power), suggestions for future topics?
- **Social and Environmental Influences**
  - How has the COVID pandemic (and related economic effects) continued to impact your work?
  - How has the larger social and political context of these times impacted your work, especially re: health and racial equity?
- **Health and Racial Equity**
  - What progress have you made towards advancing equity? How do you know?
  - [Community Health Funds]: What progress have you made towards disrupting structural racism? How do you know?
  - [Healthy Aging Funds]: What progress have you made towards furthering age-friendly communities? How do you know?
- **Community Engagement and Partnerships**

#### Community Engagement Spectrum



- What strategies have you been using to move up the Community Engagement Spectrum?
- What have been the opportunities and challenges with engaging community? What support do you need?

- Tell us about your partnerships with other groups and organizations. What are your goals for the coming year?
- **Evaluation Work**
  - Review of Evaluation Plan and discussion of updates for the coming year.
  - What kinds of monitoring, quality improvement processes, or data collection activities are you conducting?
  - Are you experiencing any challenges in your evaluation work for this project? What support do you need?
- **Looking Back on the Past Year**
  - How have The Funds been valuable to your community in the past year?
  - Stories of highlights and challenges of the past year?
- **Future Vision & Next Steps**
  - What are your priorities and vision for the coming year?
  - What support do you need?