

ANNUAL REPORT

FY'2019

Website: www.chna15.org

Funding for CHNA 15 2018-2019 projects was provided by Lahey Hospital and Medical Center and Winchester Hospital Determination of Need (DoN) Funds

CHNA 15 activities and programs are membership driven and developed under the direction of the Steering Committee (SC) who meet six times during the year, including a full-day retreat each August to review the past year and plan for the upcoming year, and consult regularly via email. Feedback, input, and direction from members are the basis for all activities, opportunities, and efforts initiated and supported by the Steering Committee.

2018-2019 was a busy and productive year for CHNA 15. Activities included ever evolving response to community needs through new projects and member involvement as well as ongoing and expanded services and support to members.

Special CHNA-wide Projects

Healthy Communities Grants: A goal of CHNA 15 is to offer Healthy Communities Planning and Implementation grants to each of the twelve communities in our region. To date, the towns of Acton, Bedford, Concord, Lexington, Lincoln, Wilmington and Woburn completed their projects, and coalitions in all of these towns continue their work. The impact of Healthy Communities grants is long-reaching with greater community collaboration, projects developed to respond to identified community health concerns, and enhancement of citizen participation sustaining results. This year, Boxborough and Carlisle continued to work on the projects related to the Healthy Communities Implementation Grants awarded on April 1, 2018 and June 1, 2018, respectively. Projects will be completed during FY'20, and grantees will participate in Showcase 2020 to share information on the outcomes of their implementation project.

Facilitated Learning Community Symposiums: This year, CHNA 15 introduced one new Facilitated Learning Community Symposium on Elder Isolation. This represents the fourth Learning Community Symposium offered by CHNA 15. This was introduced as a direct result of member feedback that they would like follow-up and/or in-depth exploration of topics introduced at CHNA 15 forums and trainings, and/or issues that come about as a result of a CHNA 15 Grant. The goal of all Learning Community Symposiums is to bring together a group of 8-15 individuals interested in addressing a common issue within their community (ies) in order to strengthen healthy communities through facilitative leadership and continuous learning by adults and youth working together for sustainable change.

Our Learning Community Symposium focused on **Elder Isolation**. This Learning Community Symposium met four times for 2-hour interactive meetings in which participants reviewed and learned about issues older people face; assessed our culture's view of aging; reviewed data and assessed community need and readiness; completed assignments before and between sessions; prepared a proposal for potential projects to address elder isolation to present to peers for feedback and suggestions; learned and shared best practices; understood and explored how funding opportunities from CHNA 15 can support programs that could be implemented in communities. The *Facilitated Learning Community Symposium on Elder Isolation* was facilitated by Ellen Birchander, MS, Co-Director, Management of Aging Services, UMASS Boston Gerontology Department, McCormack School of Policy and Global Studies.

Trainings: Selection of special CHNA 15 trainings is a direct result of member suggestions/requests. This year training was selected, and was offered to each community served by CHNA 15.

Mental Health Training for individual library staffs in all 12 of the communities we serve with a goal of supporting library staff members to:

- Better understand the range of mental health issues, presented by patrons, that might affect a library setting;
- Discuss and identify ways to take action in a variety of scenarios to keep all patrons and staff safe; and
- Gather library staff together to share the training experience and support one another.

Trainings were facilitated by Jon Mattleman, MS. To date, eleven communities have conducted mental health trainings for library staff. Wilmington and Winchester have done so on their own, and nine have done so through CHNA 15.

This year, revisions to the Massachusetts Food Code were implemented, and resulted in communities having to engage in required training as well as created an increased need for technology and consultation services in some communities. CHNA 15 supported communities in their implementation these **New Food Code Trainings**, and allocated funds to support all 12 communities. To date, three communities have received CHNA 15 grants to support them in doing so.

CHNA 15 Healthy Community Resource Forums, formerly referred to as General Meetings, provide an opportunity for representatives from our member agencies to come together to network, share resources, discuss challenges, problem solve together, hear timely presentations, and plan. Members are encouraged to invite colleagues to general meetings.

September 2018 Healthy Community Resource Forum:

In September, CHNA 15 invited Emily Bhargava to introduce CHNA 15's new Demographics Fact Sheet that she helped to develop. *Emily Bhargava is Director of Connection Lab LLC. Connection Lab brings people together to make communities healthier, provides organizational development and community development consulting. Emily believes that community members have the power and the incentive to make change in their own homes, neighborhoods, towns, states, and countries.* The Fact Sheet can be found on the CHNA 15 website at www.chna15.org.

Emily facilitated our panel discussion on *Our Changing Communities: Strategies and Resources for Serving Our Increasingly Diverse Population*.

- **Peishan Bartley:** Originally from Taiwan, Peishan began her career in software marketing before realizing her love of books and community involvement through the pursuit of librarianship. She obtained a M.S. in library and information science from Simmons College, and eventually a PhD with research on bilingual speakers' information seeking process. She is a Boxborough resident, and worked as a technical services librarian before stepping into the role of director this past July. Her goal is to make the library an active participant of the community in addition to being the center of it. She is also a mother of three children.
- **Chief Mark Corr:** Chief Corr has been with the Lexington Police Department for 35 years. He progressed through the ranks and has served as Chief for 9-years.
- **David Crowley:** David is the President & Founder of Social Capital Inc. (SCI), a nonprofit organization based in Woburn dedicated to engaging diverse residents to make a difference in the community. Over the past 15 years, SCI has grown to serve 20 communities in the region while continuing to make a difference in Woburn. Prior to SCI, David was the Executive Director of Boston-based Generations Inc. David graduated from Harvard University in 1991 with a degree in Government. In his free time, David enjoys cooking for his family, walking nearby Horn Pond and coaching his son's baseball team.
- **Elaine Dougherty:** A graduate of Lesley University, Elaine has been working in Adult Basic Education for 32 years, she started in ABE as a GED teacher at the Woburn Adult Evening School. In 1998, Elaine became the director of the YMCA International Learning Center in Woburn, which provides ESOL classes at no charge through a grant from the Massachusetts Department of Elementary and Secondary Education. As the director, Elaine has grown the ILC into a top performing program which serves adults from a variety of countries, who live in the greater Woburn area.

Panelists were asked to share:

1. Challenges you feel changing populations face,

Peishan: Boxborough is an old proud town and the population is changing. Increasing foreign born residents. "What kind of name is that? Why are you my librarian? Us vs. them mentality. I want it to be our community – no segregation between residents. We try to offer programs that celebrate diversity. For example, we celebrate Black History Month, celebrate other holidays. We try to broaden and start a conversation. It can be scary because we don't know what reaction/push back will be? How do we serve elders – we are trying to offer things like transportation, Bookmobiles, delivery systems as ways to help in getting to library.

Elaine: Issues come about because of a "Them vs Us" attitude. Immigrants are nervous integrating, feel more comfortable with like individuals. Others that won't recognize or embrace changes. Difficult to reach out and try to bring them into larger community. A lot of seniors coming to programs because they need help, but the DOE only funds us to help people who are going to go to work. Some seniors are helping to take care of grandchildren, but not going to work. That population tends to be severely underserved.

David: In Woburn, access to services is a challenge. There are barriers to accessing health care providers. People with status issues face additional challenges – for example, families have trouble getting immunizations and physicals so they can't get their kids into school. In Woburn, 1 in 4 students is considered economically disadvantaged. A lot of folks would be reticent to admit that Woburn is not as affluent as their neighbors. The political context has increased fear in communities, but it has opened up opportunity for conversations. We are trying to embrace the opportunity to make community more just and inclusive.

Mark: Statistics are behind. Lexington is much more significantly Asian than it was. Much more affluent than it was, but older residents are not. It is a challenge to identify how to connect because each Asian community is different. 40% of kids in schools are Asian – stress on students is high yet there is a resistance from residents who don't want to lower the stress level on students. A lot of folks from other countries don't think police are their friends so it is a challenge for us to connect with residents.

2. Strategies you use to assist individuals and families in your community, what do you draw from to serve families? Where do you look? How do you look for resources?

Peishan: Having a diverse staff is helpful. I'm also reaching out to people in community that I know to start the conversation.

Elaine: Most people come to us because they have heard about us. We make sure that people get into the community. We bring people to places to make the places in the community more familiar. Have them practice conversations. (Introducing them to neighbors, etc.) We work to bring the two communities (old and new population) together.

David: We held a series of race and diversity forums to get people engaged in conversations. They evolved into dialogue and action planning with a focus on schools. More diversity in schools than in population as a whole. A lot more buy in there. Food brings people together. Now a club at school getting kids together to talk about issues of race and diversity in school.

Mark: Diversifying police department is important, but Asian population is not interested in joining police force. Diversifying by hiring through the cadet program. Have a program in the high school: Explorer Program. Offer a camp and a youth academy in summer that is free and 2-weeks long and includes field trips. The communication that takes place between re: what they know and what they have learned is amazing. Effort from the department to start early to get people interested in learning about civil service and taking the civil service test to think about the pipeline.

Sheryl: We seem to find that staff are really willing to help in other departments. That is so helpful.

3. Resources you use to assist families and children.

Elaine: We are trying to get parents to go to school to talk to teachers at Parent Teacher nights. A lot are afraid to go! Working upstream – getting children involved in order to get parents involved.

Mark: Community centers help to blend community. Some elders feel like they have lost their senior center, but involving everyone is helpful.

Peishan: Services for children are often a gateway to bring people to libraries. This is why we try to focus on elders – they don't have kids to bring them in and need other ways to do so. Certain families expect certain services which can lead to stereotyping.

David: Families with kids in schools are more cognizant of the changing demographics. Others don't know as much and are resistant to serving more diverse populations.

Q & A

Q: Do you develop relationships with other communities?

A: (David): There are logistical issues to doing that. Can't put kids in Ubers to get a vaccine. A CHNA grant helped us fund some solutions. We're trying to move in the right direction, maybe a monthly health clinic at the high school.

Suggestion: offer resources (including vaccines) at library nights. If you can you have food, that's a way of making connections.

A: Great idea to connect with libraries. Our agency is also interested in that. There is also a program for family caregivers, like grandparents. It is so rare for us to connect to grandparents. We'd be interested in connecting to them through libraries.

Q: Was there anything in fact sheet that surprised you? How might your organization change based on what you saw in fact sheet or heard here? How are you tracking demographics?

A: Surprised at the number of residents in Bedford with disabilities and number 65 over living alone.

A: We find that DOE has the most up to date data you can find. However, it's just families with children that you can find out about.

A: I was surprised that all of our communities increased in diversity not just a few of them. Would be interested to know if there are cultural groups that are regional and not community based. It might be interesting to compare things regionally – particularly regional cultural resources.

A: We have to think about the increase in the population of students with a disability diagnosis that are going to leave the public schools and be in the communities.

A: Disability services appear to be lacking in our communities. We would like to know more about resources that exist.

A: A Concord disability group has been developed so it's heartening to see that communities are starting to think about this.

A: Elder affairs talks about healthy aging communities that are also friendly to the disabled – maybe we can think about this.

A: Purple Table communities are those that identify restaurants that are open to people with disabilities.

Q: I'm part of a group at Salem State that helps integrate international students. How can I help people join in?

Be culturally sensitive. Provide structure, guidance, giving lists of questions, etc. If you want someone to talk, ask them about themselves! Bring foods from their ethnicity and ask people to talk about the food and what it means for their family. Be patient. Continue to include international students, they become more comfortable after a few years. Keep asking what they think. Conversation, time, patience, inclusivity.

November 2018 Healthy Community Resource Forum:

The November Forum featured a presentation on ***Our Aging Communities*** led by Ellen Birchander. Ellen Birchander is the Graduate Program Director of the Management of Aging Services Master's program in the Gerontology Department of the McCormack Graduate School of Global and Policy Studies at UMASS Boston. Lillian Glickman and Ellen Birchander were the co-founders of the program in 2003. The award winning program has grown to the second largest in the country. Previously, she served as Assistant Secretary for Program Management at the Massachusetts Executive Office of Elder Affairs where she was responsible programs and services for older people in the commonwealth of Massachusetts including the state Home Care Program, assisted living, nutrition and protective services. She has worked in the areas of program and policy development of community supports and care management for older people. She received a BA from Simmons College, an MSW from Boston College, and an MS from Tufts University.

Highlights of Ellen's presentation:

- Ellen thanked CHNA 15 for having her, and shared that this presentation will take a very broad brush at the topic of aging. The Facilitated Learning Community Symposium, beginning in January, will be more in depth.
- Gerontology is the study of aging - a field not a discipline. It is research, teaching, policy development, and delivery of services. It is very broad, and very young field.
- WHEN is someone old?
 - o AARP 50
 - o Over 55 communities
 - o Commonwealth of MA 60
 - o Medicare 65
 - o Social Security – over 65
 - o When they start needing services
- People are old when they start to feel like they can no longer contribute or no longer be a vibrant member of the community.
- Could be the result of a disability, isolation, or when someone is not able to care for themselves for an extended period of time. An overwhelming inability to care for themselves or others.
- Basic changes that are a result of aging – wrinkles, grey hair, weight gain, muscle loss, bone marrow decreases, cardiac function changes, cognition changes, retirement. None of these things are life threatening!
- Disease processes and aging are separate, and a lot of times we don't treat them as such.
- Aging can include:
 - o Retirement: Unless you have a plan for growth and contribution it can be dangerous.
 - o Empty nest: can provide some serious psychological issues for people. Responsibilities have been fulfilled and it's often a hard transition.
 - o Loss: As we age there is a greater risk for losing people we love. Loss is a normal part of aging, but it's really hard and can contribute to aging. It changes dynamics, and creates caregiving and logistical issues.
 - o Economics (see below)
- How does aging impact society?
 - o Aging is expensive because the issues elders face are expensive.
 - o Health care – cost and access and long-term services. Our healthcare system is structured in a complicated way. We have a Geriatrician shortage in this country.
 - o Long-term services and supports: Aging services access points are mostly funded though state, but state funding is not an entitlement. It is impossible to navigate without a care manager.
 - o 4.7 percent of people over 65 are in nursing homes. That means most are at home.
 - o Retirees have a skill set and institutional knowledge that are lost.
- Productive aging includes things like:
 - o Continuing to work
 - o A second career
 - o Volunteering
 - o serve on boards
 - o Caring for others
- As society changes, we have to change with it.
- Economics:
 - o What is Long-term Care?
 - What you need to stay in your home and community. Amazing how providing supports to keep people at home is so positive. Not always easy, but that's the goal. That's what most people want.
- About 85% of services are provided by families.

- Homecare assistance is essential in keeping people at home – but can be expensive – over \$25/hour.
- It costs \$9,000 - \$12,000 per month for a nursing home

Ellen asked the group what would be useful to them in their work/daily lives that they'd like to see included in the upcoming Facilitated Learning Community Symposium on Social Isolation?

- Mental health
- Best practices
- New experiments in how to reduce isolation – how do we reduce it? Review current literature and other experiments happening.
- Other agencies working to reduce isolation
- People want to talk – connecting people to a person to talk to
- The villages!
- Intergenerational supports – pros and cons
- How do you even assess the level of social isolation in people when people are socially isolated
- Pet therapy – training the owner not just the pet
- Training issues in general in working with elders that may be isolated and may have mental health challenges
- How do we find resources – and how we become advocates and game changers in the system
- Advocacy!
- Governor's commission on aging was doing some outreach – going on now.
- Artificial intelligence
- Social isolation and technology is growing
- Fear – makes matters worse. Fear is a barrier. (like spam)
- Venue for families to communicate about a loved one.
- Caregiver communication and support
- Transportation
- Support services
- Medical issues – alternative uses of medication.

Ellen recommended the book *Being Mortal* by Atul Gawande.

January 2019 Healthy Community Resource Forum:

The January Forum featured a presentation on ***Best Practices on Prevention of E-Cigarettes and Tobacco Prevention*** led by Mary Cole - Coordinator of MA Tobacco Free Community Partnership. *Mary Cole is the Program Coordinator of the Greater Boston Tobacco-Free Community Partnership. Funded by the Massachusetts Tobacco Cessation and Prevention Program (MTCP), Mary is a free resource for local communities on tobacco intervention efforts. MTCP is dedicated to educating residents and decision makers in cities and towns across the Commonwealth, updating them on the most effective strategies to reduce tobacco use and its impacts. Mary has her Master's in Public Health from Boston University and is a Certified Health Education Specialist (CHES). During her time at BU, she developed an evidence-based intervention to reduce youth initiation of e-cigarettes which included a school curriculum, peer education, and Photo-Voice project. In her current position she spends most of her time educating parents, teachers, coalitions, and Boards of Health about e-cigarettes and emerging tobacco products, municipal tobacco policies, and the tobacco and vaping industries tactics to hook another generation of kids on nicotine.*

Highlights of Mary's presentation:

- Vaping is a huge problem. Kids are getting suspended, and people don't know what to do.
- One in five youth report that they have vaped in past 30 days according to 2017 YRBS data.
- Cigarette use is at an all-time low – kids don't see e-cigarettes as harmful, but they are.

VAPING 101

A battery operated device that heats liquid/oils into an aerosol that is inhaled through a mouth piece

- There are many different names
- Liquid in e-cigarettes are not regulated by FDA
- Labels are misleading – liquids that say they don't have nicotine often do, and those that say they do often have more than they say
- E-Cigarettes started as a device to help reduce smoking
- One Juul pod has as much nicotine as one pack of cigarettes
- According to THE TRUTH INITIATIVE: 15-17 year olds are 16x more likely to use a Juul compared to those 25-34.
- Kids have no idea that Juuls have nicotine in them.

- Vapor vs. Aerosol – it's not water vapor it's aerosol that is inhaled and it goes straight to your lungs. The aerosol includes cancer causing chemicals, volatile organic compounds, plastic and metals that are being inhaled (ultrafine particles). They also include a flavoring called diacetyl that causes POPCORN Lung.
- Don't have long term studies on the health consequences, but there are serious concerns about lung disease as a result of e-cigarette use.
- Nicotine effects a young person's developing brain. Effects of nicotine exposure include:
 - Lower impulse control
 - Depression or mood disorders
 - Disruption of brain circuits that control learning
 - Possibility of priming young brains for future drug addiction
 - Users are more likely to go on to smoke other combustible things like cigarettes and marijuana
 - 9 out of 10 adults who smoke started before 18 – The younger a teen starts the more likely they are to be hooked for life.
- E-Cigarettes are not safe and secondhand vape is also unsafe!
- E-cigarettes can cause unintended injuries – like an explosion, for example.
- E-cigarettes can be used to vape other substances

How do we know someone is vaping? Some signs include:

- Unexplained sweet scent
- Unfamiliar products laying around

Where are kids getting them?

- Retailers
- Friends and social sources
- Visa gift cards – accepted by vendors and not traceable
- Data from the Monitoring the Future Survey says that 45% of 8th graders, 66% of 10th graders, and 80% of 12th graders said e-cigarettes are easy to get.

Tactics

- Companies are marketing to teens because they know that when smoking begins in teen years users are often hooked for life
- E-cigarettes are sweet, cheap and easy to get (teens are exposed to them everywhere)
- Blunt wraps are \$1.00

Other Info:

- In 2009, the FDA banned flavored cigarettes because they are hooking kids, targeting kids, masking the flavor
- Price increases are effective – taxing of cigarettes have made them so expensive that people can't afford them.
- E-cigarettes are easy to get!
- Convenience stores are beginning to look more like vape shops. Convenience store owners are resistant to restricting sales because it has become so much of their income and they fear losing this and other business to convenience stores in neighboring towns.
- There is a correlation between e-cigarette marketing to youth and youth usage
- FDA says they want to ban menthol and take away flavored cigarettes from convenience stores. JUUL voluntarily took them away from convenience stores

Educate Yourself! Good places to start are websites including:

- Get outraged.org
- Surgeon General
- CDC

Talk with kids as a trusted adult

- Provide them with facts
- Dispel the myths
- Tell them tobacco and vaping industries are targeting them to make money and hook them on their products – they don't like being conned/falling for being misled
- Ask them what they see and what they think
- The less harsh and judgmental and the more curious you are, the more you will learn

- Attend a school toolkit presentation presented to adults and parents
- Mary is a free resource to talk to parents
- Share facts! There is so much misinformation – let’s get the correct facts out
- Visit Make Smoking History social media sight on Facebook and Twitter
- Use best practices, evidence based curriculums
- Catch My Breath is a good curriculum for high school and middle school populations
- Survey kids! Ask about their use
- The 84 is a peer to peer education program of youth fighting tobacco use in MA
- Support city and town tobacco regulations
- Visit “my community” on makesmokinghistory.org to learn more
- Not a lot of quitting resources because it’s so new – working to get more resources
 - MA Quit Line! 1-800-quit-now (accepts kids as young as 12)
- New MA state law says you can’t vape where you can’t smoke
- The Education Reform Act
- Contact Mary with questions mcole@baystatecs.org

March, 2019 Healthy Community Resource Forum:

In March, CHNA 15 hosted a Community Listening Session facilitated by John Snow, Inc. This forum also featured presentations by Lahey Hospital and Emerson Hospital Community Benefits Staffs. Some highlights from the breakout sessions:

Question 1: What do you think are the most pressing barriers to good health and why?

- Child care – both access and cost
- Not knowing what resources are available in a community
- Domestic Violence
- Language barriers
- Access to mental health services
- Immigration – fear of deportation, reporting, etc.
- Understanding what insurance does and doesn’t cover – and therefore what services are available to you.
- Lack of effective homebased services
- Discharge from hospitals for substance use issues without having immediate access to services
- Lack of reliable transportation
- Interim age population – lack of community attention in Bedford! Especially mental health (18-64)
- Transportation in Woburn and Burlington
- Immigrant population not letting us in their home for fear of being reported
- Health inequity
- Health literacy – many individuals don’t understand prevention and disease
- Socio-economic issues
- Lack of adequate health insurance coverage
- Mental health issues
- Stigma of AND cultural resistance to acknowledging mental health issues
- Language barriers
- Lack of step down programs for people with substance use disorder
- Lack of availability of mental health professionals
- Lack of availability of geriatric health professionals
- Mental health
- Lack of resources
- Stigma
- Language isolation
- Lack of reliable transportation – for elders and youth to get to both doctor’s appointments and activities
- Barriers to healthy to food – inability to pay for and lack of access
- Gap between residents in wealthy communities with pockets of poverty
- Downsizing of housing – for older adults. Seniors want to remain in their community but can’t afford to.

Question 2: CLINCIAL HEALTH ISSUES: Think of your community, what health issues do you think people struggle with the most?

- Childhood obesity
- Geriatric mental health
- Chronic falls
- Self-care deficit for adult caregivers
- Chronic alcohol use issues for adults

- Youth substance use
- Alcohol use in seniors
- Food insecurity – numbers up in usage at all food pantries
- Vaping
- Youth substance use
- Cancer – rates are high in Burlington
- Stress issues in both youth and seniors
- Social isolation
- Social media – kids are sedentary partially because of electronics and therefore obesity is increasing
- Food allergies
- Obesity – not just with elderly. An issue for younger population too.
- Flu shots
- Disease prevention
- Serious mental illness – how many town departments can be involved. Thinking about how to streamline services and address these serious needs.
- Financial constraints for medication
- Postpartum issues
- Impact of social media – social connections, decreased ability to connect with peers
- Opioid issue – grandparents raising grandchildren
- Youth – work life balance – lack of sleep

Question 3: - What resources are available in your community to help address these issues?

- Local and municipal services and CHNA 15
- Local television station
- Need a YMCA (Bedford)
- Lahey Farmer’s Market in Burlington
- Food pantries in Woburn and Burlington
- People helping people
- Burlington COA
- Tanner’s Closet at Burlington High School (Katy’s Closet – clothes for those in need - they have food and school supplies too)
- Fixed route busses
- GoGo Grandparent – transportation for those without a smart phone – they arrange Uber type rides for user
- Open table
- Clothing distribution
- Eliot community health services
- Cross Town Connect
- Steinberg Wellness Center
- AB Cares
- Jail Diversion Coordinator at Eliot
- MMS
- William James Interface
- VA Hospital in Bedford
- Neighborhood brigade
- Wilmington library
- Burlington and Wilmington Rec Departments
- Pregnancy resources
- Ivy child international
- First Connections – connections and support groups and R&R
- Collaboration with each other
- DVSN
- Local community hospitals
- Towns social workers
- CHNA 15
- Al anon
- Hypnotherapy for children at Center for Healthy Living

CHNA 15 Funding

Funding from local hospitals is the primary source of income for CHNA15. The Steering Committee is judicious in its responsibility as fiscal managers for CHNA 15. Their focus is on due diligence, thoughtful allocation of funds, and careful long-term planning.

- **DoN Funding to CHNA 15:** Grants from Lahey Hospital and Medical Center, and Winchester Hospital. We are appreciative of all of these grants as they enable CHNA 15 to continue its work in the twelve communities we serve.

CHNA 15 funding provided/allocated to agencies and individuals in FY'19 (as of May 10, 2019)

- **Collaborative Grants:** \$25,000 awarded for one Collaborative Grant Concord Health Division
- **Multi-Year Grants:** \$20,000 awarded for one Multiyear Grants to Minuteman Senior Services.
- **MiniGrants:** \$87,754 was awarded for ten (10) MiniGrants to: Acton Health Department, Bedford High School, Brio Integrated Theatre, Center for Parents and Teachers, Grow a Strong Family, Minuteman Senior Services, Saheli, Social Capital, Inc. for Fiscal Year Projects and Hagar's Sisters and Littleton Police Department for Calendar Year Projects.
- **Training and Capacity Building Grants:** Training and Capacity Building Grants were combined this year to provide additional opportunities for organizations. Awards of up to \$500 were made available for individuals attend trainings or conferences. Awards of up to \$2,000 were made available to agencies to train their staffs, provide community trainings or to build capacity or to respond to a community health need. The broad definition of capacity building may include development of small projects, marketing, fund raising, consultant support, etc. Capacity Building Grantees are now eligible to apply annually. Communities/organizations are eligible to receive up to \$2,500 per year. Thus far this year 17 Training and Capacity Building Grants totaling \$21,294.44 have been awarded. Training and Capacity Building Grant funds remain available through June 30, 2019.

Action Teams, Special Projects

In an effort to respond to member and community needs and to strengthen and enhance the effectiveness of administration and leadership, CHNA 15 has undertaken several new projects and organizational tasks this year. Appreciation is expressed to all those who participated and gave their time to make these efforts possible. Their work has created a better, more well-managed and painful CHNA 15.

- **Training, Outreach and Education Team:** A Training Outreach and Education Committee worked to help plan Healthy Community Resource Forums, Community Trainings, Showcase and Annual Meeting. The team strives to develop CHNA programming that is relevant, educational and that engages additional members.
- **Grants Action Team:** As part of our continued effort to support members in the development of proposals re projects that will succeed as well as to improve grant writing skills, a Grants Action Team worked throughout the year. Their work included a review of the MiniGrant RFPs and score sheets, Collaborative Grant RFP and score sheet, Multi Year Impact Grant RFP and Scoresheet, revision of the Training AND Capacity Building application and score sheet, advisement on grant review processes, and more.
- **Messaging and Marketing Action Team:** The Messaging and Marketing Action Team continues to help develop messaging for CHNA 15. This year the Messaging and Marketing Action Team also worked on outreach efforts to increase CHNA 15 membership and to support the work of the Nominating Committee.

Ongoing Networking and Member Agency Support

Regularly published ListServ emails and the CHNA 15 website, www.CHNA15.org, promote a wide variety of CHNA 15 and member agency activities.

CHNA 15 work is supported by a variety of people and organizations important to our success. They provide us with many valuable resources, meeting spaces, and collaborative opportunities. We appreciate all their support. They include the following:

- Our funders: Lahey Hospital and Medical Center and Winchester Hospital
- Our fiscal sponsor, Minuteman Senior Services
- Lahey Hospital Community Relations Department
- Grant reviewers
- Providers of Meeting Space: Concord Children's Center, Concord Health Department, Minuteman Senior Services, Town of Acton Health Department, Town of Acton Police Department, Town of Burlington: Grandview Farm, and Town of Lincoln
- ROMP Web Services
- Staff at the Massachusetts Department of Public Health