

Cooley Dickinson Health Care (CDHC) Healthy Communities Grants
Final Report

Submitted by: Sue Cairn
Collaborative for Educational Services
December, 2018

I. Introduction:

In February 2016, Cooley Dickinson Health Care (CDHC) awarded multi-year Healthy Communities grants to community organizations working in areas related to access to health services, prevention efforts, and community health. This report covers Year 2 of the 3-year grants. Recognizing that some of these grantees could benefit from improved capacity in program planning and evaluation, CDHC awarded a contract to the Collaborative for Educational Services (CES) to provide technical support during the projects, support grantees in planning program evaluations, and writing a final summary report. CES structured their work with grantees around the following essential questions:

- What is your project trying to accomplish?
- What do you need to reach your goals?
- How will you know if you're successful?
- What data/information can you use to tell funders that you have been effective?

II. CHIP Priorities:

CDHC conducted a community health needs assessment in 2016 and identified the following priority areas:

Culturally sensitive care/health literacy/language barriers

Transportation for isolated rural seniors

Mental health access

Substance use disorders treatment and prevention

Chronic Disease Supports

Food Systems

In their Year 2 reports and through one-on-one interviews with the Evaluator, grantees reported addressing the CHIP priorities as follows:

CHIP Priorities/ Grantee	Activities Addressing CHIP Priorities
1. Culturally Sensitive Care	
- Casa Latina	- Provided a link between Latino communities and necessary services. -Provided opportunities for Latinos to feel more involved in their communities and feel successful in an unfamiliar culture.

- Julius Ford Healthy Living Conference/Earth dance	<p>-Through a year-long organizational reflection process with their intergenerational group of 15 organizers ranging from ages 11- 60 years, they have become a more internally integrous functioning body.</p> <p>-Facilitated gatherings for core organizer families to come together and learn new skills, especially outdoor camping and survival skills.</p>
Hilltown Community Health Center	<p>- The service area of the JPMHC is very culturally diverse yet few practices have providers and staff that speak more than one language.</p> <p>-Provides access to translation services for patients at the time of service, helping them overcome language barriers and providing culturally sensitive care.</p>
2.Transportation	
Hilltown CDC	<p>- Provided transportation for hilltown seniors and those with disabilities.</p> <p>-Gaps in services include those under 60 with mobility issues, distances traveled for medical care, and reoccurring medical appointments not covered under the existing FRTA contract</p>
Casa Latina	<p>- Partnered with Highland Valley Elder Services and Northampton Neighbors to recruit elders from the Latino community.</p> <p>-Met with the Puentes staff, NN reps and elders at Michael's House, Salvo House to promote transportation services.</p> <p>-Exploring idea of Spanish-speaking drivers (CORI certified) who can also serve as interpreters for hospital and other medical/dental services.</p>
3. Mental Health Access	
Safe Passage	-MotherWoman provided two scholarships for members of the Hampshire County Perinatal Support Coalition to be trained as postpartum support group facilitators
ServiceNet	<p>- WMVOP successfully increased their presence in Western Mass. resulting in more professionals being educated to better serve veterans.</p> <p>-WMVOP provided training for medical and mental health professionals in military culture, resources, and practices.</p>

4. Substance Use Prevention/Treatment	
Collaborative for Educational Services/SPIFFY	<p>-8th, 10th and 12th grade students from all public schools in Hampshire County were surveyed using the Prevention Needs Assessment tool, including Smith Vocational School and PVPA.</p> <p>-Countywide and District reports were created and shared.</p>
City of Northampton Public Health Department	-Trained Public Health Nurse as a Tobacco Treatment Specialist
5. Food Systems	
Easthampton Community Center	<p>- Served many new clients who are Muslim and require special foods.</p> <p>- Researched and provided types of foods some immigrant families need for their diet and religious practices.</p> <p>- Provided foods to those with chronic diseases such as celiac disease, diabetes, and food allergies.</p>
CES - Mobile Markets	<p>-Supported both local production of produce and access to that produce by populations experiencing food insecurity.</p> <p>-Mobile Market Working Group identified challenges related to the food system priority that could be addressed through the public or social service sector (see grant report for details.)</p>
Casa Latina	<p>-The Food Recovery program brought food from Big Y and the Survival Center that would otherwise have been discarded – and distributed it to residents at Hampshire Heights, with assistance from Casa Latina.</p> <p>- Casa staff distributed nutritional information, and let residents know they were available to translate, and assist in applying for Food Stamps, WIC, SNAP, and so on.</p>
Easthampton School Garden Program (School Sprouts Educational Gardens)	<p>-Provided locally grown produce to residents thereby increasing vegetable consumption while benefiting the local agricultural economy.</p> <p>-Gathered Easthampton’s food service director, school administrators and teachers, parents and students, garden educators, farmers and food business owners to create an ongoing support network for these efforts.</p>

Grow Food Northampton	-Expanded access to healthy, local food for low-income families using the Red Bag Family Share model, which delivers a small share of local produce to low-income families at elementary schools.
-----------------------	---

III. Activities:

CES began by completing an analysis of assigned grantee goals and determining how they aligned with CDHC priorities. CES also developed a standardized technical assistance process to use over the grant period:

1. Initial/early contacts:
 - a. Review grant goals, objectives, activities
 - b. Determine data collection capacity
 - c. Begin to determine what type of help each grantee might need. Some grantees needed only an initial check-in phone call while others needed face to face consultation.
2. Implementation phase:
 - a. Assess how implementation is going
 - b. Check in about data collection and provide assistance as needed
 - c. Check in about barriers and help with revisions
3. Reflection/Reporting:
 - a. Reflect about grant sustainability through one-on-one phone calls
 - b. Review reporting template
 - c. Provide support in developing the final report

CES staff members supported grantees through telephone, email and in-person consultations.

IV. Findings: Interviews and Meetings

Individual grantee reports describe the outcomes for each project. To supplement the reports, we conducted one-on-one interviews with a subgroup of grantees. These findings are described below:

A. Additional resources leveraged because of the CDHC grant

1. Grow Food Northampton: Awarded \$2,000 grant from Rotary to supplement CDHC grant. Rotary organized a chowder and wine festival, with proceeds funding the project.
2. Easthampton Community Center: Applied for grant with Fallon Health Systems to pay for gluten free and speciality foods for youth with special needs.
3. Earthdance: Plans to leverage CDHC grant to get additional funds.
4. Easthampton Public Schools/Community Gardens: Leveraged funds from Easthampton Learning Foundation to support project. Project is much more embedded in school district because of this grant. More potential funding coming from District.
5. CES/Healthy Hampshire: Leveraged grant to get additional funding from Community Foundation of Western MA and United Way.
6. CES/SPIFFY: Data brings schools and community agencies to the table to further the

prevention work of the coalition.

B. New partnerships formed because of CDHC grant

1. Grow Food Northampton: Partnering with district wellness committee to help update wellness policy, procurement policies, and physical education requirements. Also partnered with River Valley Coop to procure produce at cost.
2. Easthampton Public Schools: Partnering with District Curriculum Director to embed healthy foods curriculum into classroom. Also partnering with Mountain View Farm for farm shares.
3. Easthampton Community Center: Partnering with Food Bank Farm volunteer nutritionists to create low sugar, low salt recipes for families that are appealing to children. Volunteers hand out free samples at the center.
4. Earthdance: Jeff Harness has been a terrific mentor, helping them build new ideas and address challenges.
5. Casa Latina: Partnered with Amherst College to get two interns. Partnered with the Smith College food rescue program, Community ACTION! and Northampton Survival Center to support their work at Hampshire Heights.
6. Hilltown Community Health Center: Partnered with Pioneer Valley Workers Center and Casa Latina.
7. CES/Healthy Hampshire: Strengthened partnership with Amherst Food Coop and River Valley Market, Meadowbrook Apartment management, and Wayfinders which owns Olympia Oaks and Butternut Farms in Amherst.

C. Additional Needs Identified by Grantees

1. Grow Food Northampton: Would like to expand to all elementary schools, which would leverage more support from the school district around food access/food insecurity.
2. Easthampton Community Center: Need culturally relevant foods for rising Middle Eastern population.
3. Hilltown Community Health Center: Need to make translation a billable cost through health insurance. Also need more bilingual staff. Grant fund is helpful but not sustainable.
4. Hilltown Community Health Center and Healthy Hampshire: In Amherst there are many non english speaking people (esp restaurant workers) who work many hours with no time to take english classes. They are very isolated and don't know about or take advantage of resources.
5. CES/Healthy Hampshire: They need funding to develop an implementation plan for Northampton. Also need funding to compensate residents (seniors, etc) for involvement in advisory committee and local assessments.
6. CES/Healthy Hampshire: Need to build connections with other agencies including Amherst Family Center. Urgency of need is there.
7. Easthampton Public Schools: Stigma in middle school around picking up free food and riding bus. Gardens are built into the landscape plan for new school, will need funds and volunteers to build gardens in those spaces.

IV. Findings: Process

Data collection/Analysis Skills.

As grantees ended their second or third year of funding, they felt more prepared to implement a data collection system, and analyze resulting data. Several grantees collected baseline data that can be compared in future years as they track changes in behavior and trends. We reviewed the participant surveys from Easthampton Community Center and Grow Food Northampton, sharing best practices from each survey with the other coordinators.

Grant Application

- CDHC has a solid idea of their grantmaking priorities, and knowledge of which community organizations are doing effective work in each of these areas. The grant awards correlated strongly with the issues identified in the community health assessment conducted by the hospital.
- Grantees appreciated the multi-year grants, allowing them time to assess what is working and what needs to be changed.

Program implementation

- Jeff Harness of CDHC was very accessible to the project teams and to CES staff. He provided suggestions, helped project teams make connections with each other and with community resources, and was able to clarify CDHC's expectations as questions arose.
- Grantees appreciated that CDHC was willing to work with them to adjust project expectations as they developed their implementation plans. In some cases, unexpected barriers caused grantees to adjust their original expectations, and CDHC was understanding and accommodating of these shifts.

Documentation/Reporting

- Expectations from CDHC and CES concerning documentation and reporting were clear and attainable.
- Report length was realistic and doable.
- Some grantees said they missed sharing their results at the CDHCC meeting, and hearing reports from the other grantees. They hope to be asked back in Year 3.

IV. Quotes and Stories:

Easthampton Community Center Director tells other health care providers “*Cooley Dickinson Hospital values this work, you should too!*”

Healthy Hampshire Participant: “*My daughter lives at Meadowbrook. I am guardian to 5 of my grandchildren and due to my income, I don't qualify for any services so this opportunity was great! Loving it!*”

Healthy Hampshire’s low-income and Latino participants shared comments about their struggles with food insecurity, including:

“*I would like more information about healthy food for adults and children.*”

“*We need a market in my neighborhood with healthy, affordable food*” (primarily near the South

Point apartments, and in downtown Amherst)

“We need alternatives to the bus to access food—particularly alternatives that don’t require too much carrying of large quantities of groceries”

Hilltown Community Development Corporation:

“Seniors are enjoying the comfort, socialization and convenience of Easy Ride. The current driver is receiving kudos for his professionalism, understanding and kindness!”

“I use Easy Ride because I don’t have a car. I don’t have to bother relatives, or my friends. I think it’s good to have something like Easy Ride. The people are friendly and helpful. The fare is good.”

Casa Latina Story:

A Puerto Rican couple with two young children, displaced by Hurricane Maria, were the last family to be moved out of the Quality Inn in Northampton after living in one room for five months. Our Puentes staff person helped them get vouchers from the Salvation Army to furnish their new home. The couple had maintained a high level of optimism, although the children seemed quite stressed by the experience. After working with the family translating materials, filling out application forms, making follow-up phone calls and visits – they were able to access Medicaid and Public Assistance. The father wanted to apply for jobs, but had no money or appropriate clothes. Our Puentes staff person helped get the family clothing through the Salvation Army and Survival Center, – which gave the father enough confidence to begin applying for employment. Although the man did not speak English well, he did understand well, and landed a job as a machine operator at a local plant, where he was quite happy and earning a good wage. The children have been in public school now for a few months, and are doing much better. School system interpreters and tutors work with them in and out of the classroom.

VII. Conclusion:

The CDHC Healthy Communities grants are indicative of a long-term commitment, by the hospital and community organizations, to improving health care outcomes for all throughout the hospital’s service area. Future grantmaking cycles can build on lessons learned during this process and provide even greater support toward increasing healthcare access and healthy behavioral choices throughout CDHC's service area.