How Innovative Community Responses to COVID-19 Support Healthy Aging

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About FSG

FSG is a mission-driven consulting firm supporting leaders in creating large-scale, lasting social change. Through strategy, evaluation, and research we help many types of actors—individually and collectively—make progress against the world's toughest problems.

Our teams work across all sectors by partnering with leading foundations, businesses, nonprofits, and governments in every region of the globe. We seek to reimagine social change by identifying ways to maximize the impact of existing resources, amplifying the work of others to help advance knowledge and practice, and inspiring change agents around the world to achieve greater impact.

As part of our nonprofit mission, FSG also directly supports learning communities, such as the Collective Impact Forum, Shared Value Initiative, and Talent Rewire, to provide the tools and relationships that change agents need to be successful.

Learn more about FSG at **www.fsg.org**.

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Faced with the COVID-19 crisis, communities in Massachusetts have come together in inspiring ways to assess emerging needs, provide credible information, expand access to services, and provide opportunities for older adults and caregivers to connect with each other and with their neighbors.

Massachusetts' period of rebuilding can be a time of immense opportunity to create a more inclusive and equitable system to support older adults that leverages the momentum we have built over the last decade, communities' unique strengths, and all we have learned through this experience.

The Massachusetts Executive Office of Elder Affairs, Massachusetts Healthy Aging Collaborative, and Tufts Health Plan Foundation partnered with FSG to **conduct research and create a resource** that can be used to **understand older adults' experiences** of the pandemic; **learn from community adaptations** during the COVID-19 crisis response; and **act together** on the programs, policy and funding changes, relationship-building efforts, and other steps required to reach a desired future.

From March–July, 2020, FSG conducted interviews and secondary research to provide a snapshot of six communities that have been particularly affected by COVID-19: Chelsea, Lynn, Brockton, Lawrence, Cape Cod, and the Hilltowns region.

We hope this resource will support cross-sector collaborative efforts underway in many communities and across the state.

SUMMARY OF RECOMMENDATIONS

A critical question for many local organizations is how to sustain the flexibility and creativity that supported communities in responding to urgent and evolving challenges. Organizations of many types—but especially funders and policymakers—can continue removing barriers to action and participation; and everyone can learn from recent work to inform the future.

COVID-19 also brought attention to the stark disparities faced by communities of color. It has heightened the imperative for community partners, funders, and policymakers to explicitly support efforts led by and for communities of color and to shift their culture, practices, and policies so that their efforts go further in advancing equity and justice.

For organizations…

1. **Strengthen your organization's emergency response capacity** in preparation for new surges or other crises.

2. For social service organizations that have not traditionally served communities of color, **build stronger relationships and capacity to serve—and learn from—these communities.**

3. **Counter the ageism** reinforced by the public narrative around COVID-19.

4. **Support direct service providers and caregivers** for whom COVID-19 is taking a deepening toll.

5. **Increase access to broadband, devices, technology training, and virtual service offerings** for older adults.

For partnerships and collaborations…

1. **Transition from intensive crisis response to sustainable operations** that continue bridging short-term gaps while strengthening the community infrastructure for subsequent crises and addressing long-term priorities.

2. **Incorporate an explicit focus on equity and justice** into the work of your collaborations.

3. **Increase engagement in policy advocacy** to ensure policies at all levels meet the needs of communities, particularly communities of color and rural communities; use the crisis as a window of opportunity for addressing long-standing gaps in housing, transportation, environmental protection, and other issues.

4. **Pursue regional approaches** to overcome inefficiencies caused by town-by-town planning and to bridge service and capacity gaps through pooled resources and coordination, particularly in small, rural communities.

For funders and policymakers…

1. **Provide increased and flexible funding** to non-profits contending with the higher costs and declining funding caused by COVID-19.

2. **Incorporate an explicit focus on equity and justice** into your work; partner with communities of color and low-income communities in addressing structural gaps.

About this Report

CONTEXT

The age- and dementia-friendly movement has been building in the Commonwealth of Massachusetts for more than ten years. In Governor Charlie Baker's 2018 State of the Commonwealth Address, he announced Massachusetts would become one of the first states to join AARP's Age-Friendly network.[1] In the months that followed, the **ReiMAgine Aging state plan** was released "to amplify, align, and coordinate local, regional, and statewide efforts to create a welcoming and livable Commonwealth as residents grow up and grow older together."[2] Today, 191 of the state's 351 communities are engaged in age-friendly initiatives, and 165 are engaged in dementia-friendly initiatives, including most Gateway Cities* and a majority of rural areas. Leaders from the public, private, and nonprofit sectors are increasingly seeing their work through the lens of healthy aging. The **Year One Progress Report** highlights numerous efforts to advance the movement.

Of course, the world has changed dramatically since the start of the COVID-19 pandemic. Older adults, families, and caregivers have been dealing with the threat of COVID-19, as well as the many ways in which daily life has been upended. While necessary to protect people's health and lives, stay-at-home orders have diminished people's sense of social connection and hampered their ability to meet daily needs. The global economic recession has threatened their economic stability. Meanwhile, the public narrative around COVID-19 has included inaccurate blanket statements about the risks posed to older adults that have increased the stigma associated with aging and caregiving. In particular, the pandemic has highlighted and deepened disparities that affect racially and ethnically diverse communities, those with low income, people with limited English proficiency, and people living with disabilities.

Faced with these unprecedented challenges, communities in Massachusetts have come together in inspiring ways to assess emerging needs, provide credible information, expand access to services, and provide opportunities for older adults and caregivers to connect with each other and with their neighbors. This work has not been easy for commu-

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* The Massachusetts Gateway Cities are "midsize urban centers that anchor regional economies around the state…[They face] stubborn social and economic challenges, [but] retain "many assets with unrealized potential." Twenty-six cities have received Gateway City designation: Attleboro, Barnstable, Brockton, Chelsea, Chicopee, Everett, Fall River, Fitchburg, Haverhill, Holyoke, Lawrence, Leominster, Lowell, Lynn, Malden, Methuen, New Bedford, Peabody, Pittsfield, Quincy, Revere, Salem, Springfield, Taunton, Westfield, and Worcester. Source: "About the Gateway Cities." MassINC. **https://massinc.org/our-work/policy-center/gateway-cities/about-the-gateway-cities/** Accessed: September 15, 2020.

nities. It has required creativity, collaboration, and a tireless commitment to ensuring that all older adults—particularly those at greatest risk of infection, economic strain, and social isolation—have both support and opportunities to contribute to the wellbeing of others in the community in meaningful ways. While there is still more work to be done, this time has shown us what is possible when we work together.

Massachusetts' period of rebuilding includes many unknowns. But it can be a time of immense opportunity. Actors in communities, at the state level, and across the region can create **a more inclusive and equitable system to support older adults** that leverages the momentum we have built over the last decade, communities' unique strengths, and all we have learned through this experience.

The Massachusetts Executive Office of Elder Affairs, Massachusetts Healthy Aging Collaborative, and Tufts Health Plan Foundation partnered with FSG, a mission-driven consulting firm, to **conduct research and create a resource** that can be used to:

1. **Understand older adults' experiences** of the pandemic and the conditions that led to disproportionate impacts in communities of color.
2. **Learn from community adaptations** during the COVID-19 crisis response, particularly those that made access to information, services, and supplies more inclusive and equitable.
3. **Anticipate how rebuilding will impact older adults** and **identify adaptations to sustain and gaps to be bridged** in order to build back stronger.
4. **Act together** on the programs, policy and funding changes, relationship-building efforts, and other steps required to reach a desired future.

We hope this resource will support cross-sector collaborative efforts underway in many communities and across the state. This **document concludes with questions to prompt reflection, shared learning, and action planning** among nonprofit, public, and private sector actors at the local, regional, and state levels. We encourage you to discuss them with your teams and share them widely with current and potential partners. **We also want to continue learning from communities and share these learnings across the state and region.** To share what you are doing and learning, please contact Molly Evans, Executive Office of Elder Affairs Senior Policy Manager, at **molly.r.evans@mass.gov**.

FSG would like to express our gratitude to everyone in the Commonwealth who has been part of COVID-19 response efforts—many have made herculean efforts to save lives and livelihoods during this pandemic and we appreciate all you are doing. We would like to offer a special thank you to those who took the time to support our research. A list of interviewees can be found in Appendix D.

METHODOLOGY

This research was not intended to comprehensively list all the efforts taking place across Massachusetts, but rather to provide a snapshot of insights from March–July 2020 to share with the field. **The research focused on six communities that have been particularly affected by COVID-19**. Four of the six—Chelsea, Lynn, Brockton, and Lawrence—are diverse cities whose populations have had some of the highest COVID-19 infection rates in the state. Residents and community leaders in these urban settings have adapted significantly to save lives, provide services, and support families whose incomes have been severely disrupted. Two—Cape Cod and Hilltowns regions—are rural, geographically isolated, and have older populations. These two communities overcame distance and infrastructure challenges to provide access to services, supplies, and connection. All six communities have numerous assets including strong leadership, deep community knowledge, and relationships among residents and organizations that have borne them through this crisis.

FSG interviewed 35 people (5–7 in each community), representing community-based organizations (CBOs), elder services and other social service organizations, healthcare, municipal government, and faith leaders. FSG also conducted secondary research about community- and state-level policy and funding changes relevant to older adults. See Appendix D for more information about our sources.

Findings

1. Older adults have been particularly affected by COVID-19; some have borne a disproportionate burden

People over 65 have been at greater risk of hospitalization and death from COVID-19, although people of all ages have been profoundly affected by the pandemic. Some challenges have included difficulty accessing food and medicine safely and affordably; distance from family, friends, healthcare, and community supports; increased ageism; and constrained mobility.

COVID-19 has had disparate impacts. In Massachusetts, Black people are 7% of the population and 14% of COVID-19 cases, and Latinos are 12% of the population and 29% of cases.[3] Due to past and current discrimination, racially and ethnically diverse communities, those with low incomes, people with limited English proficiency, and people living with disabilities tend to experience conditions that carry higher risks of infection and exacerbate the effects of shutdowns.

The conditions experienced by older adults most impacted by COVID-19 are described in the table below. This section is organized using the World Health Organization's **8 Domains of Livability**,[4] which help highlight structural barriers people faced in these communities. We must emphasize that, while it is helpful to identify "who" is being most impacted for the purposes of focusing future efforts, these patterns are not about the people, but about inequitable conditions that persist in these and many communities.

DOMAIN	OLDER ADULTS DISPROPORTIONATELY AFFECTED BY COVID-19
RESPECT AND SOCIAL INCLUSION	• Some **communities of color** that are not served well by social service organizations (i.e., the organizations lack cultural competence or are unaware of structural barriers) • Those who are **undocumented,** excluded from public benefits and protections, and at risk of deportation
COMMUNICATION AND INFORMATION	• Those with **limited English proficiency** • Those with limited access to and/or proficiency with **technology**
SOCIAL PARTICIPATION	• Those who were **socially isolated** without close family, friends, or connections to community organizations
COMMUNITY AND HEALTH SERVICES	• Those with **physical or mental illnesses**
WORK AND CIVIC ENGAGEMENT	• Members of **working-class households** balancing economic stress with risk of infection • **Caretakers of grandchildren**, who face higher risks of infection and may also be navigating remote learning
HOUSING	• Those living in **large housing complexes** or **crowded homes** • Those **living on their own**, particularly in **older homes** or in **single rooms** • Those who are **chronically or temporarily experiencing homelessness**
MOBILITY	• Those who use **public transportation frequently** to travel to work, shop, or meet other daily needs • Those living in communities **without sufficient public transportation options** or **walkable neighborhoods**

2. A number of protective factors were in place to support older adults who were disproportionately impacted by COVID-19; these could be further leveraged in future efforts

Many older adults are members of families and communities that have established a number of protective factors to support them through COVID-19 and other crises. Public narratives about COVID-19 have often focused on the risk factors that have led some older adults to be disproportionately impacted by COVID-19, but have placed less attention on the protective factors that enabled many of these same older adults to obtain needed information and services and to meaningfully contribute their time and talent to assisting others.

Some individuals, organizations, and collaborative efforts noted that they had intentionally built on these protective factors to support older adults more deeply and comprehensively through the pandemic.

Protective factors for older adults disproportionately impacted by COVID-19

- **Intergenerational households and families with strong intergenerational ties** where members support one another in meeting daily needs and provide companionship to counter the threat of social isolation
- **Tight-knit networks of individuals** dedicated to the wellbeing of the community who disseminate information, keep an eye out for people who may have greater barriers to receiving services, and are willing to do whatever it takes to help their community
- **Skillful and nimble CBOs** that know community residents, have earned their trust, and are willing and able to pivot rapidly as needs arise
- **Leaders with a passion for the community**, a history of coming together through past crises, personal connections, and willingness to collaborate

3. Communities adapted in many ways to provide access to needed information and services

The following are examples of ways in which communities and state agencies adapted services and supports in response to the pandemic. Many of these adaptations could be continued to make information and services more accessible, convenient, and culturally competent; to reach more people (particularly those at higher risk); and to support resident voice, volunteerism, and leadership. Remaining gaps to be addressed are also noted.

This section is organized according to the World Health Organization's 8 Domains of Livability. In each community, we found that strong **communication** was critical to understand the needs of older adults and their families and to provide **information** about safety measures and services. Communities also focused their initial efforts on meeting basic needs for **food, medicine, personal care**, and **healthcare and home-based services among the older adults**. Then communities shifted their focus to **social connection, stable housing, mobility**, and other conditions that affect wellbeing and the ability to navigate daily life. **Technology was a critical part of all these responses**. Older adults and their families who had access to technology were able to seek out a wider array of information, services, and social connections more quickly, and organizations were able to reach them more effectively. A lack of technology was a significant barrier.

Although these examples of adaptations focus on the six communities and state-level policies, many communities across the Commonwealth have taken similar steps. **We hope these examples reflect your efforts and provide inspiration for your work going forward.**

COMMUNICATION AND INFORMATION

Adaptations
- **Increase direct outreach** via calls, surveys, hotlines, and door-to-door check-ins—several communities **coordinated across partners to call every older adult** on their pooled lists.

- **Curate information** that is accurate and usable and provide it in the **full range of languages spoken in the community and in as many mediums as possible** (e.g., social media, websites, TV, radio, word of mouth).

- **Use all touchpoints** (e.g., food delivery, home care, wellness check calls) as an opportunity to learn about needs holistically and **connect older adults with a wide range of services**.

Examples
- **GreenRoots** conducted daily calls to residents and utilized a Google Voice number as well as an email address that was checked and responded to daily. They also created flyers in eight languages and reached out to Somali Bantu community leaders to share information in a non-written language.[5]

- **Alzheimer's Family Support Center of Cape Cod** became a communication hub for Cape Cod families. They conducted wellness calls to assess needs and provided a social connection to older adults and caregivers. They disseminated information from the state via email and created dementia-friendly PSA videos.[6]

- The **MA Department of Public Health's 2-1-1** program provided real-time COVID-19 information, resources, and referrals in multiple languages. Features expanded to include 24/7/365 access and chat functionality. Over 90,000 calls were answered over 18.5 weeks.[7]

Remaining Gaps
- Organizational and community leaders have found it **challenging to reach older adults** who live alone without family, friends, or organizational connections.

- **Many messages were coming from the state and other sources**, which could be overwhelming and not well-designed from the perspective of residents—creating unanticipated work for local agencies to make the information usable for residents (for example, by highlighting key phone numbers and links and specifying action steps to take advantage of state programs and services).

- **Not all agencies were equipped to translate information into every language spoken by community residents**, causing delays while important information was translated.

- A subset of older adults—those over 80 years-old, those with lower incomes, and those with high school educations or less—tend to use **non-internet communication channels (e.g., TV) to receive information at home**,[8] limiting their access to real-time updates.

FOOD, MEDICINE, AND PERSONAL CARE

Adaptations
- **Dramatically expand or adapt services** to meet surging demand and so people can either grab-and-go or receive items at their door.

- **Make the process of providing food and supplies more flexible and respectful** by removing proof of eligibility requirements, permitting people to take as much as they need, and providing more choices and culturally appropriate options.

Examples
- **My Brother's Table** removed restrictions so visitors could take as much food as they needed. This flexibility allowed visitors to bring food to their older neighbors.[9]

- **Hilltown Community Development** purchased a cargo van outfitted with refrigeration to deliver food.[10]

- The Massachusetts Department of Transitional Assistance issued **Emergency Supplemental Nutrition Assistance Program (SNAP) supplements**. All eligible applicants received the maximum benefit and all applications were treated as urgent. SNAP began allowing residents to purchase groceries online with electronic benefit transfer cards.[11]

- **MA insurers** expanded medication access by allowing early prescription refills, lifting limits on refills, and waiving most signature requirements.[12]

Remaining Gaps

- Food services have been needed at a **high volume** and have involved **costly new logistics** (purchase, storage, preparation, and distribution). Communities are still figuring out how to support high demand over the long term.

- Congregate meals provided before the pandemic not only provided nutrition, they also provided opportunities for **connection**. While communities have been able to provide socially-distanced food services, they have not offered the same degree of social connection.

HEALTHCARE AND HOME-BASED SERVICES

Adaptations

- **Screen for additional needs** (e.g., food, medicine, income, housing) when providing home-based healthcare and caregiver services and have a system and network in place for making referrals.

- Expand **telehealth** and combine with in-person visits.

- Continue in-home services with **additional safety measures** and **shift scheduling/ allocation of providers** to reduce the number of client-provider contacts.

Examples

- **Brockton Neighborhood Health Center** expanded its telehealth services, making it more convenient to access care and decreasing the no-show rate from 20% to 7%.[13]

- **Elder Services of Merrimack Valley** quickly shifted staff to remote work while ensuring smooth continuation of case management. When personal care and other essential staff visited older adults, they did so with safety precautions and moderate scheduling so the same worker did not visit many people's homes at once.[14]

- **Blue Cross Blue Shield of Massachusetts** recorded 770,000 telehealth visits in May, up from 5,000 visits in February.[15] The majority of visits during COVID-19 have been for behavioral health.[16]

Remaining Gaps

- Due to a fear of infection and the closure of some facilities, older adults are not receiving the same level of **preventative care or management of chronic conditions** as before the pandemic—either in clinics or at home—which may affect long-term health outcomes.

- There has been insufficient **reimbursement** for the higher costs of providing services (e.g., personal protective equipment (PPE), COVID-19 surcharges), threatening the sustainability of services.

- **Home care aides** face additional health risks, stigma, and increased economic pressure in addition to long-standing issues of low compensation.

- These issues have added more pressure to an already **strained service delivery model**, creating challenges with staff recruitment and retention.

STRESS, SOCIAL ISOLATION, AND MENTAL HEALTH

Adaptations

- Establish or expand **virtual offerings** (e.g., gatherings, classes) and support **older adults in accessing and using technology**.

- Provide a range of options for social connection that consider **individual preference, culture, and technology familiarity and access** (e.g., individual phone calls, Zoom groups).

- Use virtual offerings to expand opportunities for **caregivers to connect** (e.g., at more convenient times).

Examples

- **Greater Lynn Senior Services** is offering programs on Lynn Community TV and over Zoom. Zoom has been used to host community conversations, bingo games, virtual exercise classes and more.[17]

- **Old Colony Elder Services** transitioned recreational activities, including a book club, tours of local museums, and tai chi/yoga/and aerobics courses, to virtual settings.[18]

Remaining Gaps

- Many older adults who might want to connect virtually **lack devices, broadband connections, and/or training**.

- Although organizations have been able to provide some training on technology, additional attention, models, and resources are needed to offer support to **older adults who are less familiar with technology**.

WORK AND CIVIC ENGAGEMENT

Adaptations
- Create **cash assistance programs** that give residents agency and flexibility over how to spend resources and meet needs.

- **Maintain a volunteer workforce** that meets community needs while providing opportunities for older adults and other community members to contribute; make opportunities virtual or add safety precautions to limit risk of infection.

- Offer cash assistance and tax relief to **businesses** so they can retain workers of all ages, including older adults.

Examples
- **The One Chelsea Fund** raised $1.2 million to be distributed as $250 checks to residents.[19]

- Many Meals on Wheels program volunteers are older adults. To protect them and their clients, all Massachusetts Aging Service Access Points, including **Elder Services of Cape Cod and the Islands**, adopted guidance from the Massachusetts Executive Office of Elder Affairs for adapting their model so volunteers do not enter clients' homes, use PPE, and socially distance.[20]

- The **Administrative Tax Relief Measures for Businesses** announced by the state includes postponing the collection of regular sales tax, meals tax, and room occupancy taxes for small businesses.[21]

Remaining Gaps
- The deepening recession is **threatening families' financial stability**, especially for undocumented immigrants, who form an essential part of the workforce but are excluded from many public benefits. Communities are calling for greater action by policymakers and employers and for greater investment of public and philanthropic resources to shore up families' economic security.

HOUSING

Adaptations
- **Consider converting hotels** being used as short-term social-distancing or quarantine housing into **long-term housing solutions**.

- **Reorganize homeless shelters** and **create alternate shelter locations** to provide social distancing while retaining as much capacity as possible.

- Enhance the availability of **case management** and site-based support services to people living in affordable senior housing.

- Implement **policies** aimed at providing **housing stability** for people at risk of home-lessness, a group that has grown significantly as a result of COVID-19.

Examples
- **Father Bill's & MainSpring** partnered with local officials to operate satellite shelter sites at hotels in Quincy and Brockton.[22]

- The **Massachusetts Department of Public Health** and **Fallon Company** conducted COVID-19 testing at all of the Chelsea Housing Authority's older adult buildings and found few cases at each site.[23] The partners involved credit the low number of cases to cleaning their facilities twice a day and encouraging social distancing by limiting the use of public spaces.[24]

- **Massachusetts passed a moratorium on all non-essential evictions (House, No. H.4647)** for residential and small-business tenants who cannot pay rent due to COVID-19-related hardship. An estimated 30,000 evictions have been delayed due to the moratorium.[25]

Remaining Gaps
- Social distancing and safety have, at times, **reduced shelter capacity** and halted new intakes.

- Communities lack long-term **affordable housing** plans.

MOBILITY

Adaptations
- Deliver a **wider range of services directly to the door**, and to an expanded clientele, since concerns about the safety of public transportation and shopping indoors mean fewer people are comfortable going out.

- Bring important services and supplies into **closer proximity** to residents (e.g., open additional grocery stores, create mobile markets that bring groceries to individuals or to additional community sites).

- Continue **ride services safely** using PPE and reduced capacity.

Examples
- **Hilltown Community Development's Easy Ride** van service for adults over 60 and veterans in five towns continued providing transportation in a rural area with no public

transportation options by adding safety measures, including plexiglass between drivers and riders and social distancing, to their vans.[26]

- The **Council on Aging in Sandwich** continued transportation to essential medical appointments.[27]

- During the pandemic, a **grocery store opened in Chesterfield**. In addition to contributing to the local food pantry, the store saved locals a 25-minute drive to Northampton, which had the next nearest grocery store.[28]

Remaining Gaps
- Areas **without walkable paths** offer few opportunities for mobility or recreation, with consequences for physical fitness and mental health.

- Some areas still lack safe and widely available transit options; in **rural areas**, restricted funding for van services has meant that ride services can serve some towns but not others.

- In many buildings (e.g., high-rises, congregate facilities), public spaces are limited and **not well ventilated**, making them less safe for older adults who are at higher risk.

4. Communities have learned lessons for the future

Responding effectively to this crisis has required thinking and working differently. This section highlights key actions that enabled communities to adapt in the face of unprecedented challenges and uncertainty. A common theme here is the importance of **questioning established norms and perceived risks**—whether this meant relaxing policies and requirements, expanding an organization's scope, or collaborating to serve people outside of organizations' focus populations—and working more deeply with partners. In particular, when government and philanthropy relaxed rules, they created the conditions for communities to unleash their creativity in meeting the needs of the moment.

Key adaptations are organized into three sections to provide a concrete lens through which to understand them: (1) organizations, (2) collaboratives and partnerships, and (3) funders and policymakers. However, the greatest impact came from working together. In communities or regions that had previously established age-friendly coalitions or other collaborative groups, these networks facilitated a coordinated and multi-faceted response to the crisis.

We hope many of these lessons resonate and spark new ideas for your organization and for your partnerships:

Lessons

- **Respond to specific needs** expressed by residents and partners when possible rather than adhering to predetermined strategies.

- **Stretch the organization's model and approaches** to address residents' priorities.

- **Loosen as many rules and restrictions as possible** if they create barriers to receiving services and supports for residents; consider which can be permanently removed.

> *"I stepped up knowing we could figure it out. Being small, we can be nimbler. I have a board willing to take the steps. Even though it's a bit of mission creep, it's in the role that we've built to be serving as backbone. There aren't that many in the city."*
> — Nonprofit Leader in Lawrence, MA

- **Adopt multi-generational approaches** to serving older adults and their families.

- **Design short-term solutions so that they contribute to long-term improvements** in the system of support for older adults (e.g., increase stock of low-income housing and increase momentum for Housing First approaches, make referrals more comprehensive).

- **Enhance internal communication** to ensure leadership is closely aligned and staff receive key information to support the community through their professional position and personal networks.

- **Expand the volunteer base or temporarily replace volunteers** who must stay at home; create **temporary positions and/or reallocate staff** when volunteers are unavailable. Be creative.

> *"Before this, we were in a strong financial position. Now we're using reserves. We got reimbursed through the first round of CARES. We're spending money that won't be reimbursed. I'm hoping we'll get reimbursed again."*
> — Government Leader in Chelsea, MA

- **Build technological infrastructure** to allow employees to work remotely, manage cases, access data, and provide services virtually, as well as to troubleshoot with older adults.

Examples

- **Chelsea Senior Center** quickly transitioned from primarily offering recreational activities to focusing almost entirely on food distribution to meet the needs of older adults facing food insecurity.

- **Brockton Neighbohood Health Center** hosted staff town halls to ensure there was internal alignment about their COVID-19 response efforts, hold space to discuss the killing of George Floyd, and allow staff to ask questions. About 70% of staff members are part of Brockton's communities of color, and equipping them with information has supported them in acting as conduits to the community.

FOR PARTNERSHIPS AND COLLABORATIONS…

Lessons

- Leverage existing networks to **create community-wide collaborative "tables"** that meet regularly to assess and fill gaps in service offerings, coordinate resources, and learn from previous activities to develop next steps. **Temporarily set aside pre-existing agendas** to focus on holistic needs.

> *"We have a group of community-based organizations with excellent leadership…They had a history of collaborating before COVID. It was easy to bring them together in a productive way."*
> — Government Leader in Chelsea, MA

- **Establish frequent contact** (e.g., daily or weekly calls) and use regular touchpoints to **continually learn** across organizations and update efforts.

- Ensure collaborative efforts are **fully inclusive, particularly of leaders with deep, trusting relationships with communities of color**; continue identifying community leaders to participate beyond initial "core groups" based on pre-existing relationships.

- **Tighten linkages between work focused on older adults and work with other community groups (e.g., neighborhoods, racial and ethnic groups, LGBTQ+ people, citywide).** This involves organizations focused on older adults stretching beyond how they commonly define their focus populations and role in the community. It also involves other organizations more deeply considering the unique circumstances, wishes, and needs of older adults.

> *"The crisis gave us permission to find positive spaces in partnerships. The idea of turf doesn't make sense. There was no 'this is my referral.' It was like, 'I have masks; do you need any?'"*
> — Nonprofit Leader in Lynn, MA

- **Establish a central communication hub and referral network to assist older adults holistically**—with food, PPE, medicine, economic assistance, etc.

- **Coordinate resource acquisition**. Consider how larger, higher-resourced organizations can assist smaller organizations with writing grants or otherwise pursue resources on behalf of partners.

> *"In February, the emergency command center was already in place. Anyone could call or email us and we could connect them to the right resources. A local restaurant had made gallons of soup. We connected them to the Housing Authority and Bridgewell [a CBO that works with people with disabilities]. Having a central hub was so helpful for allocating resources."*
> — Emergency Services Leader in Lynn, MA

- **Identify partners that can coordinate long-term emergency response efforts** when some partners must return to their regular programming. In some cases, municipal agencies will play this long-term role, and in others they played a stop-gap role but must now step back and be replaced by others.

- **Seek opportunities to partner in pairs and clusters to accomplish specific goals**, particularly in communities without a pre-existing structure for collaboration.

- **Community leaders in the Merrimack Valley** developed deep relationships during the recovery from the devastating gas explosions of 2018. When COVID-19 proved to be a threat to Lawrence, those same leaders came together to collaboratively respond to the emerging challenges of the pandemic.

- **Lynn** has a base of leaders who developed collaborative skills and relationships during HIV response efforts in the 1990s. This network has come together during subsequent times of need and is working together collaboratively to respond to the pandemic.

- **The Mayor's office in Brockton** held daily calls with the city's healthcare providers to plan for contact tracing and respond to emerging needs.

- **GreenRoots** initiated and developed the infrastructure for what became the Chelsea Pandemic Response Team, holding daily calls for 65 days to coordinate response efforts across ten working groups including food insecurity, housing, businesses, elders, and neighborhood wellness. These calls were helpful for identifying and aligning each members' strengths and resources and ensuring coverage across Chelsea neighborhoods.

- Early in the pandemic, grocery stores had stock shortages. Faced with sudden scarcity**, food pantries all over the state partnered with the Greater Boston Food Bank** for reliable, long-term food sourcing.

FOR FUNDERS AND POLICYMAKERS…

Lessons

- **Proactively offer flexibility for organizations** in using existing and new grant dollars to meet emerging needs.

- **Increase giving levels significantly**; private foundations should strongly consider increasing giving beyond the 5% annual charitable expenditure requirement.

- **Support organizations that coordinate collaborative efforts** among several partners (**not just direct services**).

- In addition to making funds available to organizations, **consider funding cash assistance** programs that give residents agency over how dollars are spent.

"The philanthropic community in Cape Cod has been coming together with more money than people have been asking for."
— Government leader in Cape Cod

"[Changes to services] added $400K a month to our budget. Everyone made a decision that this is what has to be done. We are doing what we can to raise the money…We did what we had to, and asked for help later."
— Nonprofit leader in Brockton

- **Offer in-kind support** in addition to dollars in the form of services, knowledge, and supplies.

- **Facilitate introductions between organizations** that might be able to complement one another's work.

- **Collect and disseminate information** needed to understand policy changes and best practices.

- **Ask partners** about their biggest priorities and needs as they move forward.

Examples
- **The Essex County Community Foundation provided My Brother's Table** with a $10,000 grant without requiring an application. This funded the soup kitchen's transition to to-go containers, which was necessary for them to continue offering food services and not previously included in their budget.

- **The COVID-19 Response Fund, hosted by the Boston Foundation**, awards one-time operating grants on a rolling basis to nonprofits whose operations support older adults, communities of color, immigrants, and other populations that have been stressed by the outbreak.[29]

- **Tufts Health Plan Foundation** gave its grantees flexibility in the use of grant funds previously awarded. The Foundation also gave $1.9 million in general operating support grants to help nonprofits respond to the COVID-19 pandemic.[30,31]

- **The New Balance Foundation** rapidly disbursed $2 million in nonprofit grants to help communities respond to the COVID-19 pandemic.[32]

- **Massachusetts' state government** played an essential role in engaging residents, communicating safety guidelines, setting protective policies, collecting and sharing data, and scaling government programs to meet the growing needs of the state's residents.

Recommendations

The current period of "stabilizing" and rebuilding involves immense uncertainty. As of the completion of this report in mid-September 2020, the state has designated 17 cities and towns at the highest risk level, including Chelsea, Lawrence, and Lynn.[33] An uncoordinated national response has hampered state and local responses, and the recession means concerns for families' and communities' stability continue alongside health concerns.

Communities anticipate a continued need for crisis response and/or socially-distanced services, while recognizing the urgent need to resume long-term work to address systemic gaps in housing, transportation, built environment, employee protections, and other areas that have contributed to the virus's disproportionate impacts. Their hope is not to return to the same conditions that existed before, but rather to build back stronger.

A critical question for many local organizations is how to sustain the flexibility and creativity that supported communities in responding to urgent and evolving challenges. Because the initial surge of COVID-19 cases presented an extreme emergency, people did what was needed without asking for permission and without safeguarding their financial sustainability. Organizations of many types—but especially funders and policymakers—can continue removing barriers to action and participation, and everyone can learn from recent work to inform the future.

COVID-19 also brought widespread attention to the stark disparities faced by communities of color. It has heightened the imperative for community partners, funders, and policymakers to explicitly support efforts led by and for communities of color and to shift their culture, practices, and policies so that their efforts go further in advancing equity and justice.

This section provides recommendations for the future based on conversations with community and state leaders and **FSG's experience with collaboration**.

FOR ORGANIZATIONS…

1. Strengthen your organization's emergency response capacity in preparation for new surges or other crises

Specific Recommendations
- Take time to **pause, learn** from the crisis response, and establish **emergency plans** ahead of any future surge.
- Provide **crisis response training** for staff and volunteers.

2. For social service organizations that have not traditionally served communities of color, build stronger relationships and capacity to serve—and learn from—these communities

Specific Recommendations

- **Increase cultural competence**—recruit and advance staff of color and build a culture that enables staff to leverage community experience and relationships.
- **Listen**—develop an understanding of communities' values, assets, wishes, and trusted leadership.
- **Move beyond transactional relationships and authentically partner with community leaders** who have trusted relationships with communities.

Examples

- Local initiatives, such as the **Natick Senior Center's "A Welcoming Place for All,"** prompted aging services providers to reflect on the role of culture in older adults' lives and create more welcoming places.[34]
- Massachusetts became the first state in the Northeast to recognize **Memory Sunday** in churches serving African American congregations. In 2019, 17 congregations participated, compared to 1 in 2018.[35]

3. Counter the ageism reinforced by the public narrative around COVID-19

Specific Recommendations

- **Highlight and appreciate** the roles older adults play as volunteers, caregivers, and community members.
- **Create virtual volunteering opportunities** for older adults.
- **If your organization paused in-person volunteering, consider resuming volunteer opportunities** with additional safety measures.

Examples

- Campaigns such as **Boston Age Strong Commission's How Do You Age Strong?,** the **Osher Lifelong Learning Institutes' Creative Aging: 65 and Better in the Berkshires**, and the **Worcester Senior Center's No Evil Project** have challenged ageism and encouraged helpful conversations about aging.[36]
- The **Senior Corps ABC** program has continued recruiting volunteer tutors for students in schools from Bourne to Wellfleet; volunteers work with students remotely.[37]
- **Chelsea Council on Aging organized volunteers to do food distribution**. The COA offered older volunteers additional masks and gloves and limited the number of houses to which each older adult delivered.[38]

4. Support direct service providers and caregivers for whom COVID-19 is taking a deepening toll

Specific Recommendations

- **Create supports for service providers and caregivers** to share experiences and deal with grief (e.g., support groups, time off, enhanced compensation).

- Reinforce public narratives that **recognize, appreciate, and address stigma** directed toward service providers and caretakers via **public awareness campaigns** and **card drives**.

- **Improve working conditions**, including compensation, benefits, time off, employment protections, opportunities for **professional development**, and COVID-19 safety measures and PPE access; support **unionization efforts** so that direct service providers can effectively advocate for sustainable and safe working conditions.[39]

Examples

- **Alzheimer's Family Support Center of Cape Cod** offered **virtual support groups** for caregivers.

- **Elder Services of the Merrimac Valley** ran virtual family caregiver support groups and hosted Savvy Caregiver trainings via Zoom.

- The **Massachusetts Caregiver Coalition** launched in November 2019 to raise awareness of family caregiving as a workforce priority among employers. The Massachusetts Business Roundtable spearheaded this initiative.[40]

- November was proclaimed as **Family Caregivers Month** by Governor Baker, with **many cities and towns hosting their own events related to caregiving**.[41]

- Massachusetts Executive Office of Labor and Workforce Development implemented **paid family and medical leave (PFMLA)** in 2019. Benefits will be available starting January 1, 2021.[42]

- A Spanish-language version of **Savvy Caregiver, an evidence-based training for individuals caring for someone living with Alzheimer's or dementia**, was implemented in 2019.[43]

5. Increase access to broadband, devices, technology training, and virtual service offerings for older adults

Specific Recommendations

- **Expand broadband access, device access, training, and virtual offerings**—each of these is important, but all are necessary for developing a successful system of virtual programming and supports.

- **Provide and advocate for broadband access in public spaces** (e.g., school and library parking lots), publicize the availability of broadband, and make these spaces hospitable for spending time safely.

Examples
- **Visiting Nurse Association of Cape Cod is experimenting with distributing GrandPads**, a tablet-based technology specialized for older adults.
- **Alzheimer's Family Support Center of Cape Cod provides technical support** for older adults navigating Zoom and other technological tools.
- The Massachusetts Broadband Institute at MassTech and KCST have worked with local internet service providers to offer **new Wi-Fi hotspots to municipalities that lack broadband access**.[44]

FOR PARTNERSHIPS AND COLLABORATIONS...

1. Transition from intensive crisis response to sustainable operations that continues bridging short-term gaps while strengthening the community infrastructure for subsequent crises and addressing long-term priorities.

Specific Recommendations
- **Maintain momentum in existing collaborations**; move slowly in loosening "surge" networks until it is clear that longer-term collaboration will not be needed.
- **Identify which crisis-response activities should be sustained** (including any central coordination function that may be in place), and **which organization is best positioned to lead them over the long-term**—this may or may not be the organization that led during the immediate crisis.
- **Identify and include critical partners** for communications (e.g., TV stations) and **logistics** (e.g., the Greater Boston Food Bank) in emergency plans.
- Consider how to **leverage relationships** strengthened during the crisis to **accomplish longer-term community goals**.
- **Connect with other communities** to identify opportunities for **greater efficiency through cross-community consistency and coordination**.

Examples
- **Greater Boston Food Bank** supplies around 550 soup kitchens and food pantries throughout the region.[45]

2. Incorporate an explicit focus on equity and justice in the work of your collaborations

Specific Recommendations

- **Prompt discussions with partners about incorporating an explicit equity focus** in outcomes, strategies, operations, and culture of the collaborative. An **evaluation of 25 collective impact efforts** found that collaboratives are more effective at addressing disparities when they take an explicit equity focus.

Examples

- The **W.K. Kellogg Foundation's Catalyzing Community Giving initiative** supports communities of color by allowing them to drive philanthropy to positively impact children and families in their communities.

3. Increase engagement in policy advocacy to ensure policies at all levels meet the needs of communities, particularly communities of color and rural communities; use the crisis as a window of opportunity for addressing long-standing gaps in housing, transportation, environmental protection, and other issues

Specific Recommendations

- **Understand the full range of permitted advocacy activities** for 501c3 organizations and **develop plans for collaborative advocacy efforts**.

- Build your board, staff, and leadership's **comfort engaging in the full range of legally permitted advocacy activities**, so your organization can participate in collaborative advocacy efforts.

- **Leverage the Massachusetts Healthy Aging Collaborative and the age-friendly movement** to build relationships with policymakers to ensure policy is aligned with realities on the ground.

- **Support older adults in voting and engaging in civic matters**—use outreach networks established during COVID-19 to provide resources related to civic engagement.

Examples

- The **Alzheimer's Advisory Council** advises the Executive Office and the legislature on the state's Alzheimer's disease policy.[46]

- **Boston Mayor Martin Walsh** declared racism a public health crisis in June 2020.[47]

- In 2020, Boston convened the second **Senior Civic Academy**. The curriculum includes **aging policy, advocacy training, and meetings** with local, state, and federal administrators and elected officials.[48]

4. Particularly for small, rural communities, pursue regional approaches to overcome inefficiencies caused by town-by-town planning and to bridge service and capacity gaps through pooled resources and coordination

Specific Recommendations

- **Establish more regional collaborations** (e.g., among organizations focused on healthy aging).

- Advocate for a **regional approach to planning and public resource allocation**.

- **Facilitate the work of trusted intermediaries** who can complement the capacity of very small local governments in applying for funding and advocating at the state level for policy changes.

Examples

- The **Rural Policy Advisory Commission** was created by the legislature in 2015 to serve as a research body focused on issues critical to the welfare and vitality of rural communities.[49]

- The **Northern Hilltowns Consortium of Councils on Aging** is comprised of Councils on Aging from Chesterfield, Cummington, Goshen, Plainfield, Westhampton, Williamsburg, and Worthington.[50]

FOR FUNDERS AND POLICYMAKERS…

1. Provide increased and flexible funding to nonprofits contending with the higher costs and declining funding caused by COVID-19

Specific Recommendations

- **Increase philanthropic support**, and make funds flexible.

- **Increase reimbursement and include a wider range of services** so providers can cover the costs of enhanced communication, PPE, hiring additional staff and/or consolidating services for safety purposes.

- **Consider community-specific needs in allocating public funding**—provide funding to those hardest hit and/or facing the biggest challenges.

Examples

- **778 funders, including Tufts Health Plan Foundation, have signed the Council on Foundation's pledge** to loosen restrictions and reporting requirements, contribute to community emergency funds, communicate about decision-making, listen to historically marginalized partners, support advocacy, and share their learnings from the pandemic.[51]

2. Incorporate an explicit focus on equity and justice in your work and partner with communities of color and low-income communities in addressing structural gaps

Specific Recommendations

- **Provide increased financial and in-kind resources for organizations addressing long-term structural gaps** even as they continue a heightened level of crisis response.

- **Intensify voting and other civic engagement support** to ensure communities receive an appropriate level of investment, and residents have a say in policy and funding decisions.

Examples

- The **Philanthropic Initiative for Racial Equity** issued a call to action to increase the percentage of funding with an *explicit racial justice focus*.

Appendix A: Reflection Questions

To enable your use of this resource to support your organization's efforts and the cross-sector collaborative efforts underway in many communities and across the state, we offer questions to prompt reflection, shared learning, and action planning. We encourage you to discuss them with your teams and with current and potential partners.

Understanding the community

- **Who** in your community is most affected by the pandemic? If you are unsure, how can you ask those you serve about their most significant concerns?

- **To what extent** are you and others in your community reaching individuals living in conditions that heighten the threat of the pandemic (see page 5)? **What opportunities are there to deepen or expand your work** with these individuals?

- Protective factors offer opportunities to provide older adults with the resources to navigate the pandemic (see page 6). To what extent are you **currently building on protective factors** in the way you do your work? How might you work differently with partners to **further incorporate them into your work?**

- What **other protective factors** have you observed in your community? How could you help **create more** of these protective factors or ensure older adults and **others benefit?**

Learning from recent adaptations to services and supports

- What **adaptations** have you, your organization, and/or your community made to support older adults more inclusively and equitably? Who else have they benefitted?

- Which adaptations do you think will be **most important to sustain** going forward? What might you need to change in your **operational, staffing, or financial model** to make these adaptations sustainable?

- What **additional ideas** do you have for new or adapted services to better meet the needs of older adults?

- What outstanding **needs or gaps** are you facing? How might you **overcome** them? Consider using a scenario planning tool such as Liberating Structures' "**Critical Uncertainties**."

Applying lessons learned for organizations, collaboratives, funders, and policymakers

FOR ORGANIZATIONS

- What **organizational norms or risks** did you think about differently during COVID-19? How did shifting the status quo allow your organization to adapt, create greater impact, and/or provide more equitable services?

- How can you **further embed a culture of questioning organizational norms or perceived risks** in your organization? Consider using Liberating Structures' "**TRIZ**" tool and "**What I Need From You (WINFY)**" to facilitate discussions on how to support different norms, policies, and practices.

- If you primarily serve older adults: how can you **deepen your connections** to organizations that benefit other age groups, define their population around neighborhood, race/ethnicity, sexuality, ability, and/or meet specific needs?

- If you do not typically serve older adults: how can you **deepen your connections** to organizations that understand the needs of and are connected to older adults?

FOR PARTNERSHIPS AND COLLABORATIONS

What did you learn about existing relationships and connections during the crisis response? For example:

- Where were relationships strongest, and why? What did these relationships allow you to accomplish?

- Where were relationships weakest or perspectives missing from collaborative efforts at the beginning of the crisis? What, if anything, was effective in building or strengthening relationships where needed?

- Which relationships and perspectives are still missing?

- How did the crisis inspire people to work together differently?

What steps can your collaborative/partnership take to:

- Ensure all perspectives are present and included at collaborative tables?

- Ensure the needs of older adults are considered at the forefront of "rebuilding" plans?

- Forge linkages among organizations that serve differently-defined populations?

- Embed positive lessons learned into the collaborative's way of operating moving forward?

FOR FUNDERS AND POLICYMAKERS

- How can you embed **greater flexibility** into ongoing programs, policies, and operations?

- What have you learned about **navigating perceived risk** when seeking to provide increased flexibility? How can you use this learning to influence others?

Appendix B: Next Steps—Making Commitments and Taking Action

To use this report for informing your work, we recommend prioritizing one to two recommendations for action. This stepped approach will be particularly helpful for individuals, organizations, and communities with limited time for reflection and planning.

Consider using the worksheet below to foster dialogue with your teams, collaborations, and partners. Following the worksheet are related resources and ideas for getting started.

1. **Prioritizing recommendations:** What are one to two recommendations that you believe are most important for your organization/community to implement? Write them below, including why you chose each one. Share across your group and choose one recommendation to continue working on.

1	2

Recommendations

Why you chose it

2. **Developing action steps:** What are the initial **three to five steps** you could take, or activities you'd need to complete, to move forward with this recommendation? **Who** could "own" these activities (e.g., individuals in your organization/collaboration, external partners)? What is the **timeline** to complete the activity?

STEP	ACTIVITY	OWNER	TIMELINE/DEADLINE
1			
2			
3			
4			
5			

3. **Plan for learning:** How will you learn with members of your organization and/or collaborative partners as you move forward? *Consider using* **FSG's Guide to Intentional Group Learning** *for creative ways to facilitate learning conversations*.

   a. What **questions will you need** to answer to understand whether your action steps are progressing and producing the desired results?

   b. What **time can you dedicate** to regular reflection and learning to inform action?

   c. What **information will you need** (e.g., data, key perspectives) in order to understand progress and results?

Key questions

Time dedicated to reflection and learning

Information needed

Appendix C: Resources and Ideas for Getting Started

FOR ORGANIZATIONS…

1. **Strengthen your organization's emergency response capacity** in preparation for new surges or other crises.
   - Conduct an After Action Review with staff and volunteers using the **World Health Organization's guide**.

2. **For social service organizations that have not traditionally served communities of color, build stronger relationships** and capacity to serve—and learn from—these communities.
   - Engage a Diversity, Equity, and Inclusion consultant to coach your organization; consider using **The Boston Foundation's Racial Equity Capacity Builders Directory** to find a consulting partner.

3. **Counter the ageism** reinforced by the public narrative around COVID-19.
   - Recruit older adults for virtual volunteer opportunities.
   - Use strategies for framing aging and addressing ageism developed by the **Frameworks Institute** and the **American Psychological Association**

4. **Support direct service providers and caregivers**, for whom COVID-19 is taking a deepening toll.
   - Conduct individual outreach to caregivers by phone and host virtual caregiver support group meetings.
   - Reach out to caregivers to share COVID-19 support resources, such as those compiled by the **Alzheimer's Association** and by the **Caregiver Action Network**
   - Consider using the **Massachusetts Employer Toolkit to Support Working Caregivers** to identify ways you can support staff who are caregivers

5. **Increase access to broadband, devices, technology training, and virtual service offerings** for older adults.
   - Establish a technology device lending or exchange program for older adults.
   - Create opportunities for intergenerational technology training.

FOR PARTNERSHIPS AND COLLABORATIONS…

1. **Transition from intensive crisis response to sustainable operations** that continues bridging short-term gaps while strengthening the community infrastructure for subsequent crises and addressing long-term priorities.
   - Participate in any community-wide after-action review organized by emergency management, or conduct one with members of your collaborative to learn from the crisis response and identify structures, roles, and activities needed in a future crisis.

2. **Incorporate an explicit focus on equity and justice** in the work of your collaborations.
   - Read and reflect on **Collective Impact in Emergency Response: A Case Study of Milwaukee's COVID-19 Civic Response Team** and identify relevant lessons for centering equity and taking a targeted universalism approach to collaborative work.
   - Consider using **Racial Equity Tools' COVID-19 – Racial Equity & Social Justice Resources**.
   - Consider using the **Healthy Aging for All: A Guide for Promoting Inclusion in Age- and Dementia-Friendly Communities**, by the Massachusetts Healthy Aging Collaborative.

3. **Increase engagement in policy advocacy** to ensure that policies at all levels meet the needs of communities, particularly communities of color and rural communities; use the crisis as a window of opportunity for addressing long-standing gaps in housing, transportation, environmental protection, and other issues.
   - Suggested reading: **This Is the Wake-up Call for Nonprofits and Foundations to Get Political** by Vu Le; **Yes, You Can – and Should! Nonprofit Advocacy as a Core Competency** by Dyana P. Mason.

4. **Particularly for small, rural communities, pursue regional approaches** to overcome inefficiencies caused by town-by-town planning and to bridge service and capacity gaps through pooled resources and coordination.
   - Advocate for a regional and collaborative approach to broadband connectivity.

FOR FUNDERS AND POLICYMAKERS…

1. **Provide increased and flexible funding** to nonprofits contending with the higher costs and declining funding caused by COVID-19.
   - Engage with grantees about emerging needs by using the Center for Effective Philanthropy's **COVID-19 rapid response survey**.

2. **Incorporate an explicit focus on racial justice** in your work; partner with communities of color and low-income communities in addressing structural gaps.
   - Suggested reading: **This Moment Shows Us Why Philanthropy Should Reinvent Itself** by Gislaine Ngounou; **Racial Equity Resources for Philanthropy** by The Philanthropic Initiative; **Trust-Based Philanthropy: An Approach** by the Trust-Based Philanthropy Project.

Appendix D: Interviewees

Brockton
- **Lauren Bartell**, Executive Director of Healthy Living, Old Colony YMCA
- **Manny Daphnis**, Pastor, Restoration Community Church
- **Linda Gabruk**, COO, Brockton Neighborhood Health Center
- **Jimmy Pereira**, Community/ Transportation Planner, Old Colony Planning Council
- **Liz Rogers**, Program Development Director, Father Bill's & MainSpring
- **Leah Serafin**, Healthy Living Community Outreach Director, Old Colony YMCA
- **Dottie Slack**, Wellness Programs Manager, Old Colony Elder Services

Cape Cod
- **Melanie Braverman**, Co-founder and Cultural Director, Alzheimer's Family Support Center of Cape Cod
- **Vaira Harik**, Senior Project Manager, Barnstable County Human Services
- **Susan Marancik**, Senior and Community Services Director, Sandwich, MA Council on Aging
- **Ellen McDonough**, Director of Clinical Services, Elder Services of Cape Cod and the Islands
- **Christine Menard**, Executive Director, Family Pantry of Cape Cod
- **Ann-Marie Peckham**, President/CEO, Visiting Nurse Association of Cape Cod
- **Molly Perdue**, Co-founder and executive director, Alzheimer's Family Support Center of Cape Cod

Chelsea
- **Tom Ambrosino**, City Manager, City of Chelsea
- **Roseann Bongiovanni**, Executive Director, GreenRoots
- **Mimi Graney**, Civic Design & Engagment Strategist, City of Chelsea
- **Tracy Nowicki**, Director of Elder Services and Council on Elder Affairs, City of Chelsea
- **Audrey Provenzano**, Unit Chief, Adult Medicine, MGH Chelsea HealthCare Center
- **Sylvia Ramirez**, Special Projects Manager, Chelsea Collaborative

The Hilltowns Region
- **Dave Christopolis**, Executive Director, Hilltown Community Development
- **Janice Gibeau**, Director, Chesterfield Council on Aging
- **Silvia Lapinski**, Deacon
- **Diane Meehan**, Hilltown Pantry Director, Northampton Survival Center
- **Judy Terry**, Executive Committee, Pioneer Valley Planning Commission

Lawrence

- **Joan Hatem-Roy**, CEO, Elder Services of the Merrimack Valley

- **Vilma Martinez-Dominguez**, Community Development Director, City of Lawrence

- **Heather McMann**, Executive Director, Groundwork Lawrence

- **Sabrina Noel**, Director for Community Engagment, Center for Population Health at UMass Lowell

- **Jennifer Raymond**, Chief Strategy Officer, Elder Services of Merrimack Valley

Lynn

- **Liz Agnes**, Director of Site Operations, Element Care

- **Kathryn Burns**, CEO, Greater Lynn Senior Services

- **Dianne Kuzia Hills**, Executive Director, My Brother's Table

- **Thomas Hines**, Engine Captain/Deputy Director of Emergency Management, Lynn Fire Department

- **Marilyn Long**, Director of Community Programs, Greater Lynn Senior Services

- **Valerie Parker Callahan**, Director of Planning and Development/Silver Otter Strategies, Greater Lynn Senior Services

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