

StreamBox

11:29:01 May 30, 2024

12:02:03 >> ALRIE: I hope you are all paying attention to the chat. There are great memories. Thanks for sharing everyone.

12:02:44 >> ALRIE: Good afternoon everyone. Thank you for being here today. Welcome, welcome to our webinar. We are glad to you have with us. I'm Alrie McNiff Daniels. I'm director of stake holder communications for Point32Health. And I'm here with Nora Moreno Cargie, the president of the foundation, Caitlin Sullivan and Allie Richards from the communications team. We're happy to spend time with you this afternoon and we appreciate you making time to be here with us. If you haven't already go ahead and drop your name, your organization, your pronouns and if you'd like the first concert you attended in the chat. We will go through a little bit of logistics before we get into the content this morning. So we'll move on to the next slide. Wanted to make sure everyone knows that the session will be recorded. And if you want to share it with colleagues or go back it to, it will be posted on the foundation website. We hope to have it up early next week. We have a couple of polls

12:03:46 coming your way. We ask you please participate in the polls. We're interested in knowing who is with us and getting information about you all. We are really pleased that we have captioning for today's event being provided by Kelli. Thank you for being with us. We're grateful to have a human captioner was. If you need to turn on the captioning, please select the link in the chat or you can go to the CC icon in the meeting console to turn the captions on. Questions are welcome. We reserved some time at that time end of the webinar to answer your questions. We'd like you to put them in the Q and A module please. The reason for that is that gives visibility to everyone to see the questions and it gives other folks on the webinar the opportunity to up vote them. It's likely that many of you will have the same question and that will help us when we have to prioritize when we know there are questions a lot of want us to get to, we'll be able to use that function. Thank you in

12:04:45 advance for that. Let's go on to the next slide please. We'll go over our plan. We're doing introductions in the chat so thank you for that. We will spend a couple of minutes talking about Point32Health foundation, give you an overview, talk about our focus and the guiding principles we use in grant making and relationships with you all and community partners. We're grate to feel have a couple of folks here with us from community organizations to share their work and equity in aging to put a face and some examples of what this looks like in community. And we'll go over more details about the process for funding and go on to the Q and A. We do have a survey and thank you in advance for responding to that survey and giving us feedback to make sure that if we do webinars or other outreach in the future we are answering your questions and doing it in a way that is meaningful to all of you. I think we have a poll coming up next. We're interested to know what brought you here

12:05:50 today. You can see here the choices are you are new to Point32Health Foundation

and you are curious to hear more. I know we have current or previous grantees who are here who would like to hear updates. Are you interested in funding, perhaps you are a current collaborator or stake holder or maybe coming from another perspective. Please do let us know why you are here. Caitlin will be monitoring the participation, so we try to get critical mass before we put up the results of the poll. I put my head back over to the chat for a moment and I saw hooty and the blow fish and Peter photographer on the and Bruce spring teen in one glance. That's an array of variety of concerts. Again, what brought you here today. You are new, you are current or previous grantee, you may be here because you are interested in getting funding, current collaborator.

12:06:56 >> CAITLIN: We're at 88%.

12:07:00 >> ALRIE: Thank you all. That's terrific. Look at this, we have a nice distribution. Interested in funding. With have folks here current and previous grantees and a number of people, almost 1/3 new to the foundation and curious to learn more. Welcome. We're happy to meet you and glad you can be here today. It is now my honor and very grate to feel work with this team. I'm going to introduce you to Nora Moreno Cargie, the president of the foundation. And she will take the next section of the slides.

12:08:11 >> We want to start by saying this is our foundation. We're excited about the amazing and wonderful strong team that makes up Point32Health. In my dual role as Vice President of citizenship and the Foundation, we leverage the great strength that is Point32Health on behalf of community and the work of the Foundation. We have a strong support team. You see some of them here with us today. And then we welcome our newest member, Beth chandler to the Foundation team. She will be leading the investment team and the community work and we're excited to have her join us on June 24th. So who is Point32Health Foundation? We are the combination of Harvard pilgrim healthcare foundation and Tufts health plan foundation. We were established in 2022 and we built on the strong legacy of these two amazing organizations. We serve the five states where our parent company has a footprint. And while we think about our commitments with these heritage organizations, we provided ourselves

12:09:34 a three-year transition from healthy food, healthy aging and mental health through this year to a deeper engagement and strategy around and age. That doesn't mean we won't be investing in these areas but we will be investing at that time intersection of aging and those essential determinants that addresser healthy aging and equity and aging. We plan in this current year to map out what we think is going to be a strong deeper dive into equity and aging. We want to assure you we have evolved. We have learned, we have discovered, adjusted. And while most strategic plans have this form that they take, we understand our strategic plan will be dynamic and change in order to ensure we stay relevant and responsive to the communities where we live and work. To get to this place equity and aging. We talked to focus groups to get a sense of what it is we should be doing in this combined form. And it was based on this notion and this idea that those who are most approximate

12:11:09 to the issues are best positioned to share the solution. This belief is at the heart of how we do our work. Listening to community and what was on their heart as well as what

we wanted to see accomplished in community was based on what we heard. And so I want to say that these are the headlines. We heard that community wanted us to address systemic racism, center community in decisions and activities, continue roles beyond that of funder and in this case, it was really emphasizing the importance of the Foundation's role in advocacy and convening and connecting advancing capacity building and become access to believe our parts partners. Most notably and something we're doing a deeper dive is in trust-based philanthropy.

12:12:12 The sharing power, advancing equity, shifting our perspective as we build mutual accountability in our relationships to the funders and understand that trust goes both ways. We have adopted already many trust-based practices. We provide multiyear unrestricted support. We streamlined our paperwork. And we're rethinking how we think about measures and metrics centering what the community-based organizations are saying they are measuring and why they think those measures are important. And really thinking through how we can give more beyond the check to our grantees. We also really are centered in this idea of addressing the root causes of inequity. We have to acknowledge the fact that there are systems that were constructed with a lens of racism. And that we need to be really mindful of what is necessary for communities to thrive. This work is complex. It takes time and it requires longer term funding. So to address root causes, we understand we have to support things

12:13:33 like systems change, policy and advocacy, community organizing. And we are committed to equitable access in eliminating systemic racism and the barriers that have limited opportunities in our communities. Through all those conversations and discussions it led the Foundation to a north star and to really being clearer about our mission. And here you see where we landed. The north star really centers community and takes into account that in order for our communities to be strong, to be great places to grow up and grow old, we have to ensure that everyone is experiencing equitable health outcomes. Similarly that we understand we can't do this alone. We are better together and that with community we can advance equity and aging because we are trustworthy and working side by side with them. We've begun to support this work on in our grant making. And so we want to lift up two of the grantees that are doing this work who will also be sharing their stories later in this webinar. So

12:15:04 some people might say there are so many issues, social determinants of health, they encompass so many things. One thing we were talking before this webinar, where does health happen. There has been a lot of research done. But it's really practical. Most people don't spend most of their time in hospitals or in clinics or in places that are driven by health systems. They are at home. They are at school, they are at play, they are living in their neighborhoods. And so we really understand that in order to address the systematic causes of racism, we have to be deliberate. Here is why and as it relates to equity and aging. By 2034 there will be more people in this country over the age of 65 than under the age of 18. This is the first time in human history.

12:16:05 The country's population is more racially and ethnically diverse and they are older. Communities who have experienced inequities over time have experienced these

inequities in this accumulated effect. So when we think about people of color, people who are experiencing disabilities, LGBTQ plus people. People who are experiencing homelessness and people experiencing racism, those effects over time are exacerbated. And if I bring this closer to home, the public health commission conducted a study and they reside the disparities in our communities close to home are great. And so we look at the back bay residents who have a life expectancy of 92 and compare them to rocks berry residents who are just a few miles apart who live to 69. We understand that this 23 years age gap is just not right. And in fact, highlight the disparities that exist in our communities. So as we think about investing in communities as we move forward, we are centering equity and aging and identifying

12:17:40 the gaps that need to be addressed and addressed through conversations with community. And so with that, it is my pleasure to send it over to Christina Mathews who is one of our community investors.

12:18:00 >> CHRISTINA: Thank you for joining us today. Super happy to be with you. And grateful for all the time you are spending with us this afternoon. I'll talk a little bit about our principles of grant making. So our process of becoming this transition period, the community listening that we engaged in really reinforced core principles that guide how we engage with community, with all of you. And these principles are rooted in trust, humility, equity and a commitment to transparency and learning. They will continue to evolve as needed to stay relevant and responsive to what we learn from you. Through these community listening sessions, we heard about the importance of building trust, investing in relationships and this is what we are actively doing. Equity is centered in our relationships and in our commitment as a foundation to be antiracist and center community power. We also aim to use inclusive language and advance asset base add approaches in our work prioritizing

12:19:09 language that focuses on strengths rather than deficits. And humility is central in our approach. That means being grounded in and responsive to community context. It means being accessible, being a good listener and follow those who are doing the work. It involves trusting what people say and actually acting on what you share. It means community defines older people. We know that different populations age differently so we don't have an age limit when we talk about older people. We ask you to define that. We continue to learn about changing inequitable systems from community perspective. And we aim to be transparent. Anyone who is connected with us especially through our office hours or in community knows that we are always willing to share as much information as we can about our process and this evolution that we've been in. We continue to monitor our progress engaging in learning, increasing our understanding and identifying where we can continue supporting strong work.

12:20:22 We also identify where we can address gaps. And are always learning from community and sharing our lessons learned. At its core equity and aging is about communities that work well for everyone. Building healthier communities that advance equity and aging requires two approaches. We'll talk a little bit about the way we're investing in this work here. The equity and aging focus includes a deep commitment to

social and racial justice. Investments in community organizations that are trusted, that are proximate and truly for, by and about the communities of color and others who are experiencing systemic barriers. These organizations advance solutions that promote healthier communities today and nurture community power. We'll share a little more about this work anyway bit. Another part of this approach is supporting organizing policy advocacy and system change efforts that improve conditions for older people. This work involves coalitions and collaboratives and requires time.

12:21:33 Feedback from community emphasize the importance of supporting policy and systems change work. And that is what we are doing. Community leadership has been a powerful force in creating meaningful change in our communities. We've seen this through advocacy that resulted in improved access to snap benefits, coalitions, advocating for better access to supports and services in community, making transportation more accessible and affordable. This is the work that many of you on this call are doing. Now we'll explore deep commitment to social and racial justice as an approach to advance equity and aging. The Foundation shows commitment to racial and social justice by supporting organizations that are led by and center communities experiencing systemic barriers. The consequences of these barriers accumulate over time and communities that phase these inequities experience health disparities. Taking this into consideration, grants to organizations working to advance social and racial

12:22:38 justice are not limited to organizations working exclusively with older people. These grants support organizations that are truly trusted community leaders for advancing the work that their communities prioritize. We are already investing in this approach. We currently have \$4.3 million committed in multiyear grants to organizations advancing social and racial justice. We've identified about 40 nonprofit as cross the five states that we work in who are doing this work. We will partner with them in ways that they see fit. We'll deepen our engagement and intentionally learn from them. So resources in this category will be limited as we are deepening our relationships with these current grantees. We also acknowledge that we don't know everyone and are open to learning and growing in this space too as we move forward.?

12:23:39 In addition the foundation will continue investing in this work through gold funds and organizations that engage community in decision making.

12:23:47 >>> You can see some of our social and racial -- so you can see some of our social and racial justice organizations and funds we're investing in here. You can learn more about the organizations we're funding in this space on our website. We have all of our grants included under our grant history search page. So in 2025 we'll be making new investments to organizations doing organizing, policy, advocacy and systems change work to change conditions that affect older people in these key areas. It's not an exhaustive list but these are areas that we are prioritizing from what we have heard. It's access to nutritious affordable food, care giver support, civic engagement. Mental health and transportation.

12:24:54 Just to recap, summarize what our 2025 grant make willing look like, we'll firmly be in our equity and aging focus. We'll make new investments to organizations doing policy

advocacy systems change work that advances equity for older people. We will discuss our grant making process in a little bit. First Caitlin will share about how we're defining systems change.

12:25:27 >> CAITLIN: Hi everyone. Why systems change as Nora describes earlier we know systemic barriers to support are in place creating inequities. We have heard from community to prioritize upstream solutions that will ultimately benefit everyone. Folks often ask us what we mean when we say systems change. We're going to share here just the concept as it's defined in our working definition continue to learn from you all on how this manifest in communities. These definitions as well as others are available in greater detail on our website. And that will be linked in the chat. So we support systems change efforts that advance solutions prioritized by community. These efforts must include diverse people with lived experience impacted by the issues. And people affected should be informing the plans, impact and it should increase equity. Systems can include ideas intended to create change across multiple organizations. These strategies may include efforts to alter status

12:26:42 quo by shifting the function or structure of an identified system. They are purposeful interventions and designed to impact policies, routine, relationships, resources, power structures and values. This does not include changing systems of an individual organization. Sometimes we get this question not changing systems of internal policies or HR procedures of an individual organization. So here are working definitions of organizing policy advocacy. Community organizing is an essential element and the ability to create policy change includes deliberate community actions and strategies that build engagement in all processes and promote local community interest. Organizing may include relationship building, organizing community members, educating the public in decision makers, forming networks and coalitions as well as communication campaigns. Advocacy can include a range of activities ideally coordinated within a strategy to influence change at a policy level. Some of these

12:27:57 strategies may include forming coalitions and other networks, educating and informing the public, decision makers as well as the media. Generating solutions, often times there is collaboration with government and then as well as effective implementation of policy changes. We know implementation can be forever. And then lastly policy. This is administrative as well as legislative solutions prioritized by community that include diverse people with relevant lived experience in forming the issues.

12:28:36 >> CHRISTINA: To provide clarity we have two community partners here today who will share about their work. First we'll hear from Samantha Hamilton who is the director of coalition building and community edge engagement at the public institute of western mass. Samantha managing the live well Springfield coalition.

12:29:05 >> Welcome everyone. Happy to be here to talk about the work that we're doing at the public health institute. As the director of coalition building, I lead the Springfield initiative. There is a lot of work that we do so I can summarize the relationship that we've had with Point32Health Foundation to do this great work. We started off with doing housing and transportation assessment. So Livewell Springfield coalition of 30 plus

community base partner organizations that work with us to understand the equity and health disparity impacts in Springfield. We work from a policy systems and environmental change framework to address change so that upward stream work is what we do. So in this work that assessment that we conducted with funding from the organization led us to understanding the housing and transportation disparities in Springfield and we provided recommendations on what could impact our older adults and improve our overall well being. Recommendations for transportation was

12:30:20 for example free transit and how many communities are working on free transit right now as an equity issue. From that work as an example working with our partners pioneer valley transit partners they piloted senior ride Tuesdays initiative which then led to during our winter session free transit during the winter session, free transit during COVID and now free summer transit for all during our summer session. So from that relationship space of understanding the transportation needs of our community, we then kind of built out a space where we advocated and the institution -- the transit authorities are taking the lead in making it accessible. Other inequities we found in our housing assessment led to us looking at folks living alone in isolation, folks living with issues of remodeling home, having too much home and they've down sized. One of our real ground truth stories came out of conversations around housing. One man in a room full of others shared that he has access barriers

12:31:34 to access housing because of his. And another man said if it wasn't for my wife I wouldn't have somewhere to live. That led to us doing a health impact assessment to understand what are the health indicators for having access to housing. That led to recommendations around for the housing authority around regarding prioritizing practices around denials for housing. And some of that findings found that you can use the federal guideline standards instead of just having additional standards. You can incorporate mitigating circumstances that helps us understand why people. You can allow folks to live with family members and you can change the look back period when it comes to your folks' criminal history. I want to weave the web from the beginning of our relationship and conversation to funding, it has led to another discovery. It has led to more understanding of the equitable impacts for aging. From that assessment around housing we've launched our statewide efforts around clean

12:32:58 slate which is legislation we're asking for cleaning up Cory records for folks and expunging expunging records that have been on a waiting list docket to be sealed. This again will impact our access for all as well as older adults in our community. So I just want to highlight that most of our work and our partnership and relationship with Point32Health Foundation and working with community has led to us kind of finding these ground truth and real lived experiences of what is really happening when it comes to -- when we talk about disparity access. We say the words but what does it really look like. I would highlight this work has been successful because we have community voices at the table. Because we have folks with lived experience as framed by the foundation is planning to focus on. That because of that, we can really understand how does the problem show up and we are also working with residents with lived experience on the solution. So again, that

has been the

12:34:06 primary reasonings for how our work continues. Going forward, we did spend some time during COVID supporting food needs but also learning about social isolation. And also we spent time working on issues around healthcare and access. But going forward we really want to tackle what does social isolation look like through the intergenerational lens, not just our older but the community as a whole. Because we all deal with it.

12:34:38 The phrase I've heard be in a room full of people and still feel isolated. Isolation is not a perspective of just being alone. It's a mindset practice of feeling alone. So our goal going forward with our funding and possible funding and resources is to really find out more about what is happening in that area and find out how as our city? Springfield would respond with community voices, with partners that are working with the folks most impacted at the table. And we've had our residents that have lived experience around the clean slate initiative testify at the state level giving testimony about how this impacts their life and how they are advocating for change. This is how we've kind of taken the learnings, turn it into systems change and policy action and advocacy. I'll stop there. Because I know we have other partners that want to share. That's what we're doing at the public health institute.

12:35:49 >> Thanks so much for taking the time to share your work. When we think about community informed and community led work that is changing dismantling unjust systems , this is just the kind of work we're so excited to support. Thank you for leading. This work clearly with your connection to community the way you have worked in coalition to get input was directly prioritized by the community. We see the impact of the carceral system on communities of color, systemic racism continues to impact the lives of those who have been incarcerated long after they've served and impacts the entire communities. On some of your advocacy materials at that time top it says criminal records should not mean a lifetime of blocked opportunities. I think for too long it has been that. We're grateful to you in leading this work and humble to support it. Thank you.

12:36:56 >> CAITLIN: Now it's my pleasure to welcome Ann, executive director of healthy peninsula, a organization in the blue hill peninsula area of Hancock county in Maine which has a focus on healthy aging to share about your work. Ann.

12:37:19 >> Thank you so much. I'm so excited to be here and hear about that amazing work of Samantha's. And thanks to the foundation team. So yes, I am the director of healthy peninsula. We're a grassroots community health organization serving nine rural Towns in the corner of Hancock county, Maine. We have three initiative areas, healthy aging, healthy eating and healthy families. And while our area is often seen as a vacation destination, there is also significant economic diversity in this area and social determinants that have historically caused inequitable health outcomes for everyone but significantly older adults as well. In our healthy aging work we have since 2016 been the convener of age friendly coastal communities which is a regional age friendly initiative affiliated with the AARP network of states and communities. And our project is each of our nine Towns is a member of the network but we operate as a regional approach because we're such a small

area. And have

12:38:36 overlapping services and many services that don't even exist in our area but come from outside. So many of the partners in our efforts are social service community based organizations that work together to break down silo, avoid duplication and stretch resources as far as they can go because there aren't that many. We're currently in our second round of the age friendly process so in our second action plan. During our process back in 2016 and 17 when we did our first community assessments there were three identified action areas around community supports and health services, home repairs and social inclusion and participation. And within that first three year period we did another more focused survey trying to reach the harder to reach people who don't answer online surveys and whatnot and solicited feedback from older adults and found that navigation barriers to access healthcare and social service resources were especially difficult. And there were many barriers and challenges

12:39:46 there. So we then in 2022, early 22 we did another assessment interview based and focus group based not so much focused on written surveys, but talked directly with a lot of older adults in our various Towns about their needs especially considering disruptions of COVID. And again, found that access to resources related to food, housing, ding Cal equity, transportation and follow up care were priorities and that social isolation and loneliness were universal recurring challenges that had been exacerbated by the pandemic. These recurring themes in all of our community assessments that we need better collaboration, communication and connection as well as the persistent social isolation among our rural older adult who is often lose transportation and family connections over the years. To address these themes we have several of the partners in our age friendly project have created what we are calling bridging neighbors which is a community health outreach project that is volunteer

12:40:59 based. So by itself design the volunteer provides a friendly visitor who can visit someone in their home and assess for resource needs and navigation and advocacy needs. We piloting bridging neighbor this is year. We're in the planning stages for many months because it's a big step to offer this kind of one on one service to the community. And we wanted to create something that was sustainable and realistic. And we wanted to create a core of volunteers who were trained and competent in visiting and providing services to older adults in their homes. And helping them connect with resource providers throughout the community. I guess I would say that we started taking clients in October. We're only taking limited number of clients because we didn't want to be overwhelmed so right now our limited referral sources are coming from our local critical access hospital and their primary care clinics. We thought they might send us between 15-20 clients in the first year. In the first

12:42:15 few months we've already gotten 42 referrals. And an array of different issues. We have ten trained volunteers, most of whom are also older adults themselves. We have a five-person advisory committee which is made up of recipients of services in the community who meet on a regular basis to talk about the project, how it's evolving because it's evolving a lots' go as we discover different needs and issues that are arising. The goal is

to create sustainable change through the direct client services understanding what people need and helping them realistically connect to it but using the framework of the age friendly communities where we have partnerships and trusted relationships with the providers to make realistic changes in their services. When we have a client who can't reach the organization that provides hearing assist answer and the volunteer can't reach them either around the volunteer goes there in person and finds the person and sits down and says it's impossible to

12:43:24 reach you and how can we solve that. There is that direct advocacy. And then at the table of the leadership of the organization we can talk about ways to solve those kinds of barriers and hopefully create permanent change not just for that client but for other people trying to get change. And so we're also hoping and it's been incredibly successful over the last few months and we're hoping as our next year goes forward, we're going to expand the referral sources so that anyone can make a referral, town office, town governments, people themselves or family members and we can hopefully reach more people in the community that way, not just people who get their healthcare from local practices. The evolution over time of our relationship with the Foundation has been incredible because of their flexibility. Listening to our community means that what we need to spend our money on and how we need to focus our services changes. So food security is an important piece, almost every client

12:44:36 we've seen so far for example. Needing to direct money that way when we got funding for the specific healthy aging project was something Caitlin was generous and the Foundation was great about. That is one of the key things we've found is that having a really flexible grassroots approach is made possible when you have a Foundation that trusts the work that you are doing. I'll stop there.

12:45:07 >> CAITLIN: Thank you for sharing. It's an incredible example of the proximity that you and the age friendly coastal communities regional approach play in both targeting how folks age in place by providing social connection supports in a really systemic way of providing opportunity for folks to really drive what this looks like and being able to remain nimble is something that is incredibly important that we value. But your flex and being able to take community input, provide the feedback, have community advisory council along the way that is driving and shaping what this looks like to be both the connector between the health system, the providers as well as the community based organizations and the individuals and volunteers themselves that have uplifted social isolation as not just providing food but being able to provide connection and support and mutual accountability throughout the way is just incredibly important and inspiring. And I think a really good Dr. overall

12:46:20 perspective on how this manifest and how systems change manifests. So thank you for sharing. Now we're going to dive deeper into the grant making logistics. Just want to before jump into 2025 I want to provide just highlight what we've been doing in this final transition year of our three-year transition towards no equity in aging. So this year we worked to get resources out into community quickly. We provided transition grants to organizations that have previously received foundation funding and are not currently

aligned with the future focus of the foundation honoring relationships and leadership in community during a time of transition has been critically important. We have begun multiyear support to organizations that align with equity in aging. And funding for has been allocated for 2024, most grant commitments for 2024 have been made and want to be transparent about this. So organizations that we're speaking with now will be in consideration for grant funding next year.

12:47:42 And I'm going to dive into what that looks like for 2025 in the next slide. Feedback from community continues to really inform what our grant make progress says looks like. And so we want to remain accessible, reduce administrative barriers as we operational trust based philanthropy and want to value your time and be transparent about the kind of work we're funding as well as the work we're not funding. And so we as we have been describing equity in aging begins in earnest in 2025 and we're continuing to invest in policy advocacy and systems change advancing equity for older people. So I'll level set that our grant making budget renews on the calendar year. January to December. That is how our budget runs on the calendar year.

12:48:43 The Foundation has an annual allocation from endowment and the health plan \$8 million annual allocation and that is funding across the five states that we serve. This includes multiyear investments so we are continuing to make grants up to three years. And so we typically have about 50% of our grant making budget committed to multiyear supports. When we think about funding for 2025, we're looking at about \$4 million in new grants across the five states. Grants totaling over \$100,000 in total have to be approved by our board. And request go to our board in 2025 in June as well as in December. The Foundation staff do have of the authority up to \$100,000 to remain nimble and responsive outside of our scheduled board approval time. We have an inquiry form that is just been place intoed the chat that is available on our website. So using this form we want to learn about your work. And that is the best place to inquire about potential funding from the foundation. And so

12:49:56 it's a relatively short format luckily on our end we can see how long folks have spent on it. So we're trying to on our end make sure we're not creating a huge burden on folks. It's an opportunity for us to understand potential alignment with all that we've shared today around our approach to equity and aging. Within that form it asked how do you engage in systems change work, how is equity in aging present in our work. How do you connect to the community start as well as opportunity to share any other relevant information you think would be helpful for the team to review. And so we will follow within three weeks of submission of that form. So follow up can really include scheduling a conversation with Christina or myself to discuss your work and priorities. Clarifying there might be clarifying questions we might ask by email at first. Or there might be if there is not clear alignment at this time we'll share that through email. That is on our website and placed into the

12:51:06 chat and folks are welcome to submit that as available. And so what is shared in 2024 will be carried over into 2025 grant making. Folks often ask us for criteria and so these are the common themes when we think about the types of organizations that we

support. So really thinking about working with historically disinvested communities, especially communities of colors, those others that have experienced systemic barriers. Organizations that deeply understand and connect to those that they serve. Work that is happening around community based interventions as Nora mentioned health happens where people live, work, play. Organizations that are working in collaboration. You heard that from Ann and Samantha. We know that in order to dismantle and change systems, you have to work in collaboration. It takes incredible partnership. So organizations that are looking to collaborate to expand impact. Initiatives that have potential to dismantle racist systems. Work that is

12:52:25 destructive that is supporting work beyond a single organization. And then finally work that is promising change and ideas that have risk. We see risk as a positive. We know that being able to try new ideas, learn from those is something that has to happen in order to create social change. So we want to be intentional about directing funding towards historically disinvested older adults and communities that have faced systemic barriers. On this slide you see priority populations within equity in aging. This includes intersection of race, disability and social injustice to advance this work. I draw your eyes to the bottom right with that question mark which leads me to the next slide. Intersectionality, and we also really want to acknowledge intersection identities and this idea of intersectionality which was first coined by American civil rights advocate and scholar Kimberly Crenshaw and it's this idea and understanding of overlapping identities intersecting social identities 12:53:38 and systems that are related when we think about systems of oppression and discrimination. And so we really want to work at the intersection of all of these identities understanding that someone holds one identity, it's how they show up in all of their being. Those compounding forms of oppression when you think about age, gender, race, class, sexual orientation all has to come how we think about advancing equity. We want to hear from you all to just take a minute or so. Who else are we missing? What sells important? How are you seeing intersectional identity show up in your work? Want to take a moment up to lift some of the themes that come out of the chat because this is a really important topic in understanding. Who else are we missing here? Feel free to share in the chat. Culture care giving, thank you. Trauma. We think about mental health and generational trauma.

12:54:48 >> Native Americans.

12:54:59 >> Thank you absolutely native Americans. Folks experienced incarceration, military status, asylum seekers, thank you.

12:55:11 >> Older adults with HIV, aids and long term survivors.

12:55:15 >> Thank you. Unpaid workers. Just above the poverty line.

12:55:22 >> Formerly incarcerated people.

12:55:35 >> Vision is working with grass roots elders and some are they can't help themselves at home who can't help themselves. And we bring them -- we bring some of them to the office so that they don't stay home and so that they can join the community. And since they have different language to communicate with, we try to teach them English so that they can communicate that they say good morning to each other. And they also do

learn some skills like knitting. And they also learn what basic things around. And the most important thing is we have transportation problem.

12:56:43 >> CAITLIN: Thank you. That's an important point around folks that English is not their first language.

12:56:53 >> Another is when they come they come with needs. They come with needs and then with the help we apply for them for basic things like clothes for seasons and begged and.

12:57:13 >> CAITLIN: Thank you. All of your what you are share, yeah thank you so much. Thank you so much. I think it's really important to understand that. Absolutely.

12:57:23 >> That's what we are doing. And those people who cannot come and join us are at home. And also -- all right.

12:57:36 >> CAITLIN: I'd love to continue the conversation Mary. Thank you so much. Thank you so much everyone for sharing in the chat. Really important those that experiencing homelessness, children as care givers, grandparents raising grandchildren. All of this we'll be saving the chat so we can take this information back to the team. So thank you so much for sharing. I want to spend some time on some of the most common requests for areas that we do not fund. I want to name moving forward it will be highly unlikely we'll fund directly services explicitly moving forward. This is not an exhaustive list. We have a list on our website. But these are the most common requests that we receive for support for areas that we do not fund at this time. So the first is research. We don't fund research except for healthy aging data reports which will be available in each of the states that we serve which look at health indicators to really give a big picture about health for older
12:58:52 adults in each of the states. These are cocreated with leaders in each of the states we serve. We'll put information in the chat on those. At this time research is not something that we fund. Underwriting of medical expenses. Anything that is billable to insurance we do not fund. Initiatives addressing specific diseases. At this time we do not fund that. But we do there is one exception here around systems change related to community supports related to dementia and Alzheimer's disease because of its wide impact on older adults as well as those who care for people living with dementia and related Alzheimer's. So that is one exception there.

12:59:40 Capital we do not fund as well as events specific to development activities. I'm going to touch on sponsorship at the end here. But we do not fund through our grant making dollars event sponsorship. For the full list that will be in the chat.

13:00:08 >> ALRIE: Thank you all for all that you have shared so far. We're heading into the last slide. And the Q and A. Before we do that, we're interested in know based on what you've heard today where does your organization fit? Caitlin will pop up the poll. Do you think your work would fit into organizing, advocacy or policy, are you doing systems change work? Perhaps you think you are more in social and racial justice? Maybe you are not sure. Take a moment please and let us know where you think you fit. We're trying to get a sense of what we can learn from the community that is here with us today. And reminder we do have questions time set aside for questions we have shared a lot of information with you today and people absorb information at different rates. Want to let you know this

recording will be posted on the website and we will send a link out to everyone who registered for the event. We have your email so we will do that next week. We'll also post a PDF.

13:01:27 slide so you can refer back and look at the slides separately that is helpful. I encourage folks to explore the website. Look at the looking forward to 2025 section. Take a look at how we fund and what we fund. You'll find a lot of information there. We really do appreciate your time for being here today. But we know that absorbing information in webinar setting is not ideal for everyone. So we wanted to point out the other resources that might be helpful to you as you learn more about the Foundation. Caitlin, why don't we look at the results of the poll please. Look at that. Strong representation for advocacy and systems change. And really look at this organizing, policy, social and racial justice, few folks maybe aren't sure where they fit. Thank you all for sharing. It's really helpful to know who is on the call and what is being prioritized in communities. Sew thank you all for sharing that.

13:02:45 >> CAITLIN: Some key take aways. Equity in aging will be the primary focus in 2025 and this includes a continued commitment to social and racial justice. New investments beginning in 2025 to organizations doing policy, advocacy and systems change work to change conditions affecting older people will begin. We have inquiry form on our website and we will also be continuing to do outreach to organizations to learn about their work. We are continuing to strengthen trust based philanthropy practices and will continue to respond to what you share. Of course there will be a survey after this and so we're excited to take that feedback back to the team. Please stay informed and connected. We have a newsletter that goes out monthly and you are welcome to join that via this QR code here. We try to keep our website up to date thank you Alrie and Allie for keeping you are website up to date with new grant information as well as grantee stories as well as information about the

13:04:01 foundation. Please attend future webinar, we'll always record and put that on our website as well. A friendly reminder that the foundation citizenship team provides support into community through volunteerism, sponsorship as well as board service. Again the link is in the chat. For more information for those that may have interacted before with Stacy or Ann, that is the team that leads that work. And so I do want to before we jump into questions we'll have plenty of time for I want to provide information around sponsorship because we get this question a whole bunch. So I want to share that through event sponsorship Point32Health continues to invest in organizations. If you have a gala or opportunity for corporate sponsorship, they welcome applications on a rolling basis through the link that I'll repeat into the chat. Sponsorship does not interfere directly with our grant making.

13:05:10 It's managed by our corporate Citizenship team but there are multiple departments within Point32Health that hold sponsorship dollars so those decisions are made at the department level. You can apply for sponsorship and not have it directly interfere with grant making. It's a question we get a whole bunch. Thank you all so much for your attentiveness and questions and engagement into the chat. Thank you again

Samantha and Ann for sharing your incredible work. We have plenty of time for questions. We are happy to answer any and all questions. Which states are most sponsorships awarded?

13:06:00 >> I can answer that question around sponsorship. I want to point to a clarification. Stacy does an incredible job in terms of managing that cross departmental table so we can see where the requests are coming in and we can perhaps co-fund an event where there is a level that is high and is being requested. But I want to clarify one thing from the Foundation's small bucket of sponsorship dollars. If you are getting a grant from the Foundation, we will send that over to the larger table but we will not fund. We will not fund a sponsorship unless it's a special anniversary or there are extenuating circumstances. But we will send that request to the larger table. And just because of our footprint, remember that we are a supporting organization of our parent. And we are the combined organization of Harvard pilgrim health plan and tufts health plan. We look at our footprint. Because most of the business happens in Massachusetts, a lot of the sponsorship happens in

13:07:16 Massachusetts. A good example is the participation here today. We have the vast majority of participants from Massachusetts. And scores from other states where we do business, but we have to acknowledge where it is that the vast majority of our not only employee base but our business base is.

13:07:39 >> Let me also just say because there was a question that came up about where we fund. So we follow the same footprint that the company does. We work in a five state region that is Massachusetts, Rhode Island, New Hampshire, Maine, Connecticut.

13:08:02 >> There was a question about national organization and if national organizations are available for funding. We follow the same footprint that the company does and want to ensure the work you are doing is inclusive of communities in this region.

13:08:22 >> Thanks for that. I'm going to dive into the Q and A and make sure that we have time to get to folks' questions. I see a question for Ann. I'll hold that. Hopefully we'll have time to come back to her at the end. I'm going to ask the foundation team questions first. Does it make sense for current grantees who have grants under former areas of focus but do work in the future areas of focus should we submit the form or should we reach out directly?

13:09:03 >> You are already in relationship with us. Please do reach out. We do want to talk to you about your work.

13:09:11 >> Question about the meeting recording, yes, slides will be made available. We'll post those on the website and send the link next week. For \$100,000 or more grant requests for 2025, are there specific dates in June and December for the proposals to be turned in? I think that's related to the fact we have board meetings in June and December. If folks want to be considered at the board meetings, when would they need to get the materials in and what does that process look like is the better way to ask it?

13:09:47 >> NORA: Board meetings 2025 are to be determined. We back time it. So we usually meet four times a year. But for the June board meeting we have to have the team review and consider those larger grants before they advance it to the full board for their

consideration. I will say that on average I would plan for submitting and having your conversations with team members at least two months in advance if not more. But then I defer to the team. I think that detail is stuff that we have to finalize once we know when the boards will meet in 2025.

13:10:36 >> CAITLIN: Typically six weeks in advance of the board meeting.

13:10:41 >> Thank you for. That I see questions are also in the chat. I'm trying to bounce between the two places. Did I hear you say that you are not looking to fund direct services? Can you please expand on that.

13:10:56 >> CHRISTINA: It is unlikely that we will fund direct services. We know the great need and also acknowledge that we can't do it all. This was something that we heard from our community listening that we should address inequity through systemic change. That is what we're trying to do in this approach. Really prioritizing support for upstream solutions to these inequities and disparities that we're seeing. Prioritizing support for organizing and policy advocacy systems change to get at the root causes. -T.

13:11:33 >> Thank you. Given the commitment to social and racial justice, would grant requests related to supporting recent newcomers, immigrants to gain meaningful employment in human services jobs be appropriate? Does it make a difference if these jobs in particular serve older people and people who are disabled?

13:11:56 >> NORA: The one thing -- great question. I think that the one thing we have said about social and racial justice grants is that they are not bound by age. So we think that again as we look at that, we're trying to consider a systemic approach. I defer to the community investors to add on to that.

13:12:25 >> CHRISTINA: We have several grantees across our states who are serving populations that are new Americans. So we are happy to have a conversation with you and learn more about the work that you are doing.

13:12:40 >> While we're on the subject happy to have a conversation. I saw this in the chat and I can't scroll back far enough. What we want folks to know is please fill out that inquiry form to have the conversation, conversations now. We'll start the process for the grant making in 2025 but there is no need for folks to hold off and wait to fill out that inquiry form. The team is really eager to have those conversations and get to know more about the work. Just a reminder and clarification from what I saw in the chat earlier. Another question from the Q and A. I'm curious if a community needs assessment would fall into your research bucket? I think that question there is we say we don't fund research. Would we fund a community needs assessment?

13:13:29 >> CHRISTINA: We are open to funding planning resources for work that would have a more systemic impact. So I would say yes let's talk and learn more about what exactly it is that you are looking to do.

13:13:45 >> CAITLIN: We fund planning resources.

13:13:47 >> Are organizations limited to one inquiry submission in 2025?

13:13:58 >> NORA: I would say. This I think it's really interesting we got this question a lot in our old hat. I think as an organization you need to prioritize what you want to ask us for. But we accept as many submissions as you want. That will be part of a conversation follow

up. What are your priorities. When you think about the most important work that you want to us support, which is that?

13:14:24 >> CAITLIN: That's a great point. In these conversations what Christina and Nora is asking when you think about your work over the next three years what is at the top. We want to understand that context and really coming with that curiosity hat. We understand six months later something might have changed and you are coming to us. I wouldn't say it's one and done.

13:14:51 >> NORA: I want to lift that up Caitlin because one of the things we have found and this goes to that concept in the notion of a trust based approach. Things change. I love the saying planning is planning and life is life. So if something changes within your grant, just let us know.

13:15:09 It's not about us taking money back it's about us readjusting and being relevant to what you are experiencing. And so that means that you need to stay in close connection with the team and that's another thing about trust-based philanthropy we want to go deep we are the relationships that we have.

13:15:28 >> Thank you. So we have a question about medical expenses. while you do not fund medical expenses per say, would you support demonstrations of programs that would provide new models for Medicaid reimbursement.

13:15:54 >> CHRISTINA: It sounds like some type of systemic change you are interested in maybe talking about and I think that would be yes, something we could talk about.

13:16:06 >> CAITLIN: I think we need to learn more. I think about the food is medicine movement and the work that many folks are doing around Medicaid reimbursement for food as it relates to healthcare.

13:16:23 >> NORA: I want to add. It was a question that came up earlier from the chat. The idea of national organizations. We have to understand the impact locally in those five states where we do business. While it might be a national organization you have to make a really clear connection to those place where is we live and work. I want to emphasize. We have funded national organization that are doing work in Connecticut as an example or in Massachusetts when we think about food is medicine and or medically tailored meals. It really has to as you think about your proposal demonstrate the impact locally in those places where we do business.

13:17:06 >> We have a question here about senior care centers. The questioner has a number of care centers across the state. And is interested to know if our application would be more compelling if focused on one site or all of them?

13:17:28 >> NORA: You have to talk about what the systemic impact is going to be and what it is that you are trying to achieve. If it's one site, I think we probably will view it as beneficial to that one site versus a systemic approach to the work and how you then are using whatever your findings are or whatever you are asking for funding for, how that investment impacts the larger system.

13:17:59 >> This is a very general question, will you fund new initiatives focused on elder housing, food, health equity?

13:18:13 >> CAITLIN: Christina shared the slide that showed six determinants of health

when we think of systems change related to the conditions of older people which calls out housing, access to healthy food which I would say is related to health equity.

13:18:30 >>> So whether it's new or evolving, it doesn't necessarily have to be new. I also am pretty cognizant that many funders want to fund something new and novel and innovative and that is not something that we have to have. We want to understand the community context. Generally, the answer is yes but doesn't necessarily have to be new.

13:18:55 >> NORA: I would add to the idea of the community context is the how do you know that this is a thing that the community needs and wants. It's identifying and providing the evidence.

13:19:12 >> Would the foundation consider funding a news organization that might work on equity in transportation aging.

13:19:23 >> NORA: I want to say I used to work in national public radio in Washington, D.C. My knee jerk reaction is absolutely. I think part of it is and we see this in shrinking news organizations, we see this in terms of the need for stronger newsrooms and have been talking actually to other potential funders around the idea of supporting a reporter to cover a particular issue that we want to see. I think that we would just need more information. Part of it is a question of sustainability over time and a genuine commitment to covering the issue. I think that again we see shrinking newsrooms all the time. And so what would be that compelling argument to either add this to a current reporter's beat or to expand what we're trying to learn from coverage on a particular issue. Would need to know more. Happy to have you submit that inquiry form. But I would say sure because that could have systemic impact, absolutely.

13:20:47 >> CHRISTINA: I would also add we want to ensure that the story, the work that is being covered is really something that is community informed, work that the community is prioritizing.

13:21:10 >> I said at the on set there was a question for Ann. It looks like Ann commented on it in the Q and A but I will lift it up on here. Because there may be benefit for others. Liz was asking about whether she has a broader network of organizations doing referral work with the community of practice to help improve the program. Liz, said that the work sound similar to the food assistance navigational in Massachusetts which uses a platform for referral services between community based organizations and healthcare. Sounds like at the minimum Van opportunity for connection. But I wanted to give Ann an opportunity to respond. Again in the spirit of learning from each other, this might be something others on the call might be interested in.

13:21:58 >> Thank you. As I said in my response, the local health system started using fund health.org for their referral. Mostly because it provides a HIPPA safe environment. It's not very functional to be honest our area. They are do make referrals to us through that system because it was the only acceptable root they would accept. But there aren't enough local community based organizations participating yet for it to be that functional for our local community at this point. But they are still trying to get people to enroll. It's facing the same problems that 211, a lot of information online resource systems have that the local grass roots organizations don't participate. So it makes it hard for rural people to access

resources nearby.

13:23:05 >> I see the shrink 413 cares. I think this is the last question. We will remain on the line because we told you we would run until 2:30 so if folks have questions do continue to drop them in. This is the last unanswered question at the moment. Will you fund intergenerational focus that relates to climate change effects on social disease and mental health factors.

13:23:37 >> CAITLIN: Want to learn more. I think that climate resilience when we think about age friendly communities pops up quite a bit in thinking about zoning and sort of systemic change approaches. I think the intergenerational piece is understanding how older adults are a part of the work too. I need to learn more. Don't want to say yes or no. But I think need to learn more.

13:24:09 >> We have a question here would the focus on older adults -- while the focus is older adults, would advocacy for systems change for care givers who might be younger fall within the scope?

13:24:25 >> CAITLIN: Yes.

13:24:26 >> NORA: Absolutely. I think that one of the things that one of the pieces of language that was included in the slide presentation as you think about systems is you think about these processes and how they affect an older person. We understand just so intimately how care giving is at the center of some of the most needed changes and resources. We think about care giver who identify as family members, we think about access to the services just generally. Absolutely we see that as a related topic and one that we absolutely are learning more about at a national level through our affinity which is grant makers in aging, a national organization with which we belong.

13:25:19 >> CHRISTINA: I love that quote about care givers that Ross Lynn Carter said there are four kinds of people in the world, been care givers, currently care givers, will be care givers and those who need care givers. It's such an important part of what we're trying to do.

13:25:39 >> Thank you for that. We're at 2:25. We have five more minutes. I don't see anymore questions in the Q and A. I did scan the chat. But if there is something else in the chat that you noticed, please let me know. I think I caught all the questions.

13:26:09 >> NORA: I just want to call out what we had mentioned at the beginning. We know your time is valuable. And we want to be helpful so that you feel connected to us so that you feel free to ask any questions that you have. And to acknowledge. We are a relatively smalltown foundation but we tell this to our C.E.O. all the time. We punch above our weight class. And so we wanted to just call that out. And just thank you all for taking the time to be was to learn was. And to journey, take this journey was as well as we move forward in equity in aging. And acknowledge that in this work there are multiple intersections and multiple sectors that we need to engage. And so really want to say thank you for continuing with us in this exciting phase of our foundation.

13:27:14 >> We have two more questions. One is quick and easy. Will the video be available? Yes, it will be posted on the website. Look for it early next week. We can also send the link out to folks registered. The other question for the team. What is the best way

to present a proposal that involves a multiorganization collaboration? We love those by the way. Do it inquiry form is available right on our website. Hopefully that is the best place.

13:27:49 >> NORA: A nuanced addition to that is just as you think about collaborations, it's just in particular we fund the Massachusetts healthy aging collaborative. And that particular collaboration has one point. So just make sure that you are coordinated and all in agreement. Then when you submit and respond to that inquiry form maybe there is a place where there is additional information. Identify the members of the collaborative and what their roles are.

13:28:20 >> CHRISTINA: I notice that question is from one of our current grantees. Reach out to me. You know my email.

13:28:31 >> I did not flag the names as I was asking the questions. But yes that is Deb. We are at 2:28. We're getting a lot of thank yous in the chat. I didn't hear my question about direct service programs. Can you explain more about whether you are open to funding those sorts of programs. I don't have a perfect connection so I may have missed it. I think we asked that at the beginning. Caitlin I think you answered the question about funding for direct service programs. Samantha if you are on can you drop it in the chat again if there is more to the question?

13:29:28 >> CAITLIN: Moving forward we're prioritizing policy advocacy and systems change level support. So it's rare we'll be funding direct services. And we understand that we can't do it all. We understand we can't do it all.

13:29:48 >> I think we need to wish everybody a good afternoon. Thank you for your time. And appreciate more importantly than your time today the time and the energy and the work that you put into communities. We know that it's the nonprofit organizations that are making our communities healthy and thriving and we're grateful to be in a position to support your work. Want to acknowledge it's what you are doing that is the important work. So thank you. Have a great day everyone.