Thriving in Place
Follow-Up Study

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1. Introduction

The Thriving in Place (TiP) grant program aimed to help older adults and people with chronic health conditions maintain or improve their health so they can remain independent and safe in their homes. MeHAF required grantees to develop partnerships, engage community members, and make community-level systemic changes to:

- Increase chronic condition self-management;
- Improve transitions in care;
- Integrate primary, mental health and specialty care with community supports; and
- Engage and support volunteer networks.

In two rounds of planning grants followed by three waves of implementation funding, nine (9) communities received three-year grants to implement programs that resulted from community planning processes. The table below lists grantees, implementation grant periods, and areas served by the grantee.

Exhibit 1: TiP Implementation Grantees

Grantee Organization and Project Title	Implementation Period	Service Area
Aroostook Area Agency on Aging: "Aroostook TiP"	11/1/14 – 10/31/17	Aroostook County
Bucksport Bay Healthy Communities Coalition: "Bucksport Bay TiP"		Bucksport Bay
Charlotte White Center (now Penquis): "Piscataquis TiP"		Piscataquis County
Washington-Hancock Community Agency: "Healthy Peninsula"		Hancock County – Blue Hill Peninsula, Deer Isle & Stonington
Eastern Area Agency on Aging: "MOOV Penobscot"	11/1/15 – 10/31/18	Milford, Old Town, Orono and Veazie (MOOV)
York County Community Action Corporation: "YCCAC TiP"		York County
Seniors Plus: "Franklin Co. Elders in Action"		Franklin County (Rangeley and Farmington)
Washington-Hancock Community Agency: "Washington Co. TiP"	11/1/16 – 10/31/19	Washington County
Millinocket Regional Hospital: "Thrive Penobscot"		Katahdin Region

Purpose and Methods

The purpose of this study was to follow up with TiP grantees after their grants ended to assess: a) the strategies they used to sustain project activities and functions; b) the extent to which various grant-funded activities had been sustained and how; c) the durability of system-level changes created as a result of grant activities; e) remaining system gaps; and f) feedback for MeHAF on its efforts to support grantees. The report is organized around these topical areas. In early 2020, the evaluation team reviewed final reports and conducted 30-60-minute phone interviews with one or more respondents per TiP grantee, depending on their level of involvement. Working with the MeHAF program officer, the team identified one or two contacts from each grantee organization for follow-up interviews.

Response

Eight out of nine grantees responded to requests for interviews. The team interviewed five original coordinators, two agency directors who had been involved in the project, and one grantee's coalition responded in writing to interview questions.

2. Sustainability Strategies

Respondents were asked what strategies were most effective in retaining key functions and grant activities after the TiP grant ended. Successful approaches included transferring ownership of functions or activities to partner organizations, applying for new funding, combining or "braiding" funding from various sources, shifting from staff-run to volunteer-run activities, and pursuing AARP Age-Friendly Community certification.

Partners take ownership: This was the most common strategy for sustaining TiP activities. In almost all of the TiP communities, partner organizations adopted demonstrably effective activities shortly before the grant period ended. In four communities (MOOV, York, Seniors Plus, and Bucksport Bay), new or expanded senior centers have taken on some TiP support activities such as senior lunches and educational activities. Area Agencies on Aging (AAAs) continue to support many TiP-related activities as well. In another community (Thrive Penobscot), the local library became a coordination and resource hub. The TiP grant initially supported some of the library's efforts, demonstrating the efficacy of using the library for this purpose; since then, the library leveraged its experience to obtain new grants to support the work. Some TiPs spoke about the importance of looking for leadership potential among one's partners, helping to support their development, and knowing their strengths in order to respond to new opportunities and challenges.

TiP grantees reported that their partners were willing to adopt various activities because the activity aligned with their organizational mission and was financially viable and effective. Prior to the grant, larger agencies had located classes and educational series in larger towns and had sometimes been reluctant to test the idea of taking these activities to smaller, more rural communities. Demonstrating efficacy in small rural communities was a major contribution of the TiP grant. Washington County TiP was able to sustain most of its activities because it intentionally distributed leadership across partners from the outset, making the role of the coordinator less central to the survival of TiP-related activities: *"Engaging the contributions of multiple organizations makes the structure 'weather-resistant'."* (TiP Coordinator)

Additional funding: Some grantees applied for new funding from Federal and philanthropic sources with mixed results. One grantee (Healthy Peninsula) received a Rural Health grant from MeHAF for a community paramedicine program; a grant from the Elmina B. Sewall Foundation will enable Thrive Penobscot to maintain their collaborative structure, coordinator, and partnership activities. Both of these grantees attributed their success to

the infrastructure they had developed via TiP, which attracted additional funding. Healthy Peninsula reported that their Age-Friendly Framework community survey process identified needs and assets of isolated people in rural areas, which helped focus their application. Other communities received additional grants that support nutrition innovations, transportation, and volunteers but do not support the coordinator or collaborative activities; some noted that they had applied unsuccessfully for grants from Federal (e.g., Health Resources and Services Administration) and other sources. One former grantee expressed that they would have liked to see MeHAF and other funders coordinate their investments to provide long-term support to model programs for older adults, including those developed under TiP.

Braided funding to improve systems: Most organizations involved in TiP rely on a patchwork of grants and other funding sources. Thrive Penobscot has braided its funding *across organizational partners* to create a coordinated system that benefits vulnerable people in the Katahdin region. This is the direct result of partnerships that they developed over time with the MeHAF grant. For example, through the *Community-Driven Strategies to End Hunger Initiative,* Good Shepherd Food Bank (GSFB) helped the TiP create local Food Councils that created systems to deliver food to people who are unable to travel to a food cupboard. GSFB is now funding a transportation network run by Thrive Penobscot to distribute food to people who are isolated and/or home bound. The John T. Gorman Foundation and Maine Initiatives gave Millinocket Library funding for a transportation coordinator.

Shifting to volunteer models: Many of the TiP activities that were implemented by volunteers during the grant have been sustained, but Seniors Plus is experimenting with using volunteers to conduct activities that were previously staff-run. The former TiP project director, who is at Seniors Plus, is working with the Alzheimer's Association on a "lay leader volunteer model" for educational programming. The Association has limited staff capacity, but they can train volunteers in the curriculum who would then deliver the classes locally.

AARP age-friendly communities: Of the seven TiP grantees that were interviewed, five[1] pursued Age-Friendly Communities certification as a way to sustain the momentum gained from the TiP grant. The reasons they gave included continuing collaborative work to meet the needs of older adults, transitioning ownership to local leaders, and providing a framework from which to build a future strategy. The Age-Friendly community

> *"Without the TiP, there would not be an Age-Friendly Sanford."*
>
> (York project director)

1 Thrive Penobscot, Healthy Peninsula, York, Bucksport, and Franklin County (Rangeley). Several towns in Aroostook County (Presque Isle, Caribou, and Limestone) became Age-Friendly communities, but not related to TiP sustainability plans.

assessment process was seen as an opportunity to bring in new leaders, especially in municipal government, to take the reins from those who had served for up to five years on the TiP collaborative. For example, York gained its Age-Friendly status in August 2019 and will develop a work plan over the next few years with some of the same partners as TIP, focusing on the towns of Sanford and Springfield. Another eight towns in York's catchment area did not pursue Age-Friendly status but may reconsider in the future. Similarly, Thrive Penobscot's project director helped local government officials to carry out the planning process for Millinocket. In Bucksport, planners used TiP assessment information for their application. Bucksport's plan includes re-establishment of the TiP program, based on the Support and Services at Home[2] model. For them, the Age-Friendly process was a good mechanism for focusing the ongoing work of their TiP collaborative body. In the final year of Healthy Peninsula's grant, partners adopted the Age-Friendly Communities framework, traveling to at least five small communities to educate them on the process. They considered this the best way to maintain their structure and their outreach to local communities going forward. In Franklin County, Seniors Plus supports Age-Friendly assessment processes with resources and information; however, Farmington did not take up the Age-Friendly process.

Partnering with state agencies: This strategy was only mentioned by one grantee, but several observed that since 2019, the state government environment has become much more amenable to working collaboratively on improving services and supports for older adults. Hoping to reestablish the health assessment and referral program started with the TiP grant, one grantee (Bucksport) has been working with the Maine Public Health Nursing program to design a less expensive approach to providing health assessment and case management functions for older adults. The hope is that the model could be adapted in other Age-Friendly Communities.

2 Cathedral Square, in Burlington VT, oversees the SASH (Support and Services at Home) program, a team-based care coordination program that helps improve the health of older adults so they can remain at home (https://cathedralsquare.org)

3. Components sustained/not sustained

The TiP grantees implemented diverse strategies, but shared key project components: grant-funded staff, a collaborative structure supporting partnerships, and community engagement and leadership development. Grantees were asked to comment on which of these components were and were not sustained, how, and for what reasons.

Grant positions: TiP grants supported coordinators, navigators, and/or community health workers. Most of the lead organizations still employed their former TiP directors or coordinators, but in the majority of cases, their roles had shifted to other, sometimes related activities due to loss of grant funding. Two coordinators who are still functioning in similar roles reported that their positions are funded by grants from a variety of sources. One former coordinator has been offered new aging-related opportunities that build on their TiP experience: an AARP challenge grant to take a traveling exhibit of gadgets for use by older people to libraries, the Maine Community Foundation supported a fellowship to help new communities initiate Age-Friendly Community planning, and the Maine Community Foundation provided a grant to participate in the Reframing Aging statewide learning community. Another coordinator received a large grant from the Elmina B. Sewall Foundation that began at the end of March 2020 to continue the TiP program's work. In two cases, another agency took on positions (a community health worker and a medical transportation coordinator) but were not able to support them over time.

Collaborative structures and partnerships: Five former grantees reported that their collaborative structures still exist. They attribute the ongoing viability of these groups to the following factors:

- Town and community culture, particularly in rural areas necessitating that people work collectively;
- Lack of other partner networks;
- The strength, reputation, and effectiveness of the collaborative to date;
- Previous experience in coalition building as a Healthy Maine Partnership coordinator, along with personal credibility;
- Having a home in a strong organization with an aligned mission; and
- A shared purpose that members find of value, such as ongoing Age-Friendly community planning, information sharing, strategizing, and community problem-solving.

These collaboratives continue to have impact in the community: the collective voice of their networks focused health care providers on aging; the infrastructure is a selling point for grant applications; the information they have collected can be used to secure funding; and partners can be tapped to respond to evolving needs. Based on its previous work in developing resource guides and its vast knowledge of resources across the County, the Washington County partnership has raised $30,000 toward a resource hotline and coordinator. In the Katahdin Region, Thrive Penobscot mounted a rapid response to the coronavirus pandemic, using its collaborative network:

Thrive Penobscot Pivots to Covid-19 Response

Thrive's umbrella network and e-mail list enabled the Katahdin region to respond rapidly to the current public health crisis. Within weeks of learning about Covid-19, they created "Mobilize Katahdin," a portal for people to donate, offer help, get help, and obtain information. Jane Danforth, the Project Director, reports that everyone is coming together around grocery delivery, setting up a payment system for groceries, and finding money for those who cannot pay. She attributes the community's rapid response to the TiP grant and skill-building MeHAF supported, such as website development, designers, coalition building, community engagement, a transportation system, food insecurity system change work, and experience helping the most vulnerable and isolated people in the region.

Some collaborative groups were discontinued at the end of the grant, attributable in part to the loss of the coordinating function. Even in communities now without the formal network, the TiP grant established strong relationships among partners which has enabled them to continue communicating. Some groups continued without the coordinator because partners stepped up, and previously established meeting procedures were relatively easy to maintain.

> *"We are true partners now... and can more easily identify unmet needs...because before TiP we did not know each other."*
>
> (Former TiP coordinator)

Community member engagement and leadership:

Grantees were less likely to sustain deep relationships with community members than with their organizational partners. All of the TiP grantees reported that they continue to engage caregivers and community members in some way. However, most of the engagement mechanisms they described were episodic and opportunistic rather than consistent, such as recruiting community members to participate in forums to inform the new State Plan on Aging, collecting satisfaction surveys, or conducting focus groups to inform future programming.

Two TiP grantees[3] reported that they still have community-member run groups. One community group conducted a transportation study this year that led to improved messaging around a local organization's rides program and supported grant writing. The Senior Resource Committee has taken a leadership role in town efforts to improve and expand services to older adults. They also created a "Show You Care" campaign to improve accessibility throughout the community, which has been recognized nationally by AARP. Some active community member groups merged with partner networks. One community member who had been deeply involved in Healthy Peninsula organized her own Age-Friendly committee in her town, and became so well known that she ran for Select Board.

3 Thrive Penobscot and Bucksport

4. Systems Improvements

System Changes are Durable

The interviews suggest that many system improvements initiated by the TiP grants have endured; in particular:

- Coordination of services and supports for older adults;
- Communication and collaboration across organizations across sectors;
- Systems to identify and respond to food insecurity (including hospital and primary care-based screening, meals delivery post-hospital discharge, and Food Councils);
- In-home supports to help keep older adults in their homes and avoid hospitalization and long-term care in a residential setting;
- Access to low-cost, low-barrier transportation;
- Cross-organization case conferences to meet individual needs;
- Supports for caregivers (via family-centered team meetings, educational sessions, and support groups);
- Access to educational and wellness programs in rural communities.

We did not hear any examples of policy change or significant changes in organizational policies.

Systems Thinking Takes Hold

Grantees reported that as a result of their TiP experience, they are creating new norms for how they respond to the needs of older adults. They have embraced the ideas that achieving health and wellness requires a complex system-level response in which communities work together to sustain the changes they make, and that having input from community members enhances the quality and sustainability of their strategies. Grantees provided several examples of how they are putting these norms into practice from a systems perspective:

- Partnering with a broader array of partners beyond health care such as colleges and universities, high schools, libraries, businesses, and municipal governments. Grantees

attribute sustainable change to close partnerships, a willingness to share resources, and an infrastructure such as a network that enables them to rapidly respond to new issues as they arise;

- Meaningfully engaging community members in assessment, design, and implementation of project activities;
- Holding educational programs and group activities in new settings. The old way of thinking meant that programming took place in typical places such as assisted living and nursing facilities. Now, programs are being held at granges, health centers, and fitness centers;
- Recruiting and training local residents to provide programming—these individuals become local leaders, and their programs are more affordable and more likely to be attended than those sponsored by an outside agency;
- Addressing root causes of poor health outcomes such as food insecurity and social isolation.

TiP grantees sustained activities that were robust and had the support of participants and organizational partners at the end of the grant period. Rural programming was often sponsored by partners but carried out by trained local volunteers. Inability to sustain some activities was attributed most often to the loss of dedicated funding to support the coordinator position, as well as inability to identify new funding sources. The table below provides updates on various TiP activities. This is not an exhaustive list, as we did not ask each grantee to systematically address each activity that was in place at the end of the grant period. The TiP grantees also engaged in different strategies, dependent on the needs of their communities, so we cannot draw inferences as to the relative sustainability of any one activity across grantees.

Exhibit 2: Key TiP Activities and Current Status

Sustained	Not sustained
Financial Support	
Healthy Peninsula: still provides limited financial support for special projects, stipends for volunteer paramedicine visitors, special pill dispensers for people with dementia, or to help small organizations cover expenses associated with coming to meetings.	
Education and evidence-based programs	
Several TiP grantees: educational workshops on life transition planning, dementia, chronic disease self-management, and falls prevention. **Healthy Peninsula:** group wellness classes. With TiP support, a local community member was trained in Tai Chi for Health and Balance[4] who now travels to several towns and an island in their region.	Franklin County: some education programs not sustained after they lost their coordinator. Seniors Plus (Franklin) is partnering with MaineHealth to bring REACH (Resources for Advancing Alzheimer's Community Health) to Western Maine[5]. York County: could not sustain in-home fall risk assessments by UNECOM[6] social work students; partnership with UNECOM was discontinued.
Building Social Connection	
Many TiP grantees: sustained activities to reduce social isolation including: lunches, neighbor-to-neighbor telephone check-ins, and senior dances. **Healthy Peninsula:** recently piloted "creativity circles" supported by the Foundation for Art and Healing. **York County:** weekly knitting groups continue; senior center continues to hold annual Healthy Living Expo and the senior dance.	Washington County: Could not hold Senior Prom due to Covid-19, but will reinstitute. Still brings together activities directors from residential settings to share ideas for virtual social gatherings.
Caregiver Supports	
Three TiP grantees: caregiver support. **Aroostook:** the AAA provides outreach and support (i.e. financial, adult day, and education on what to expect) related to dementia, including outreach/education of physicians and caregiver support groups. Result of physician collaboration: earlier support for caregivers. Franklin Co (Rangeley) and MOOV: respite services (e.g., so caregiver can attend larger support group further away in Bangor).	MOOV: tried to offer support groups in a new town, but concluded that people preferred the larger Bangor group, especially since respite care enabled them to take more time to travel to Bangor). Washington Co.: Has capacity to continue training and support on caregiver-defined topics but priorities shifting due to Covid-19.

4 Tai Chi, they have found, is very popular, flexible to meet the needs of older people, and more interesting than Matter of Balance, which people sometimes think is "boring and old." (Project Director).

5 An evidence-based program that is similar to SAAVY Caregiver, but with more 1:1 time with the caregiver.

6 University of New England College of Osteopathic Medicine, Biddeford, Maine.

Sustained	Not sustained
Food Insecurity	
MOOV: opened up a new commodity supplemental food program in two towns with the help of a new partner with volunteer capacity. **Thrive Penobscot:** Food Councils are still active; their food delivery system is well funded and efficient. **Washington Co.:** Food delivery (commodities boxes) continues; food pantries have mobilized and adapted practices in response to Covid-19.	
Transitions in Care from one Level to Another	
Aroostook: meals after hospital discharge program[7] reduced readmission rates by half at the Northern Maine Medical Center (NMMC) pilot site and has expanded to Cary Medical Center in Caribou. NMMC in Fort Kent, paid for their staff to continue the program and pays for meals delivered by the local AAA (TiP provided resources under the grant). The program may further expand to additional hospitals in Presque Isle and Houlton. **York County:** the health center's social work case manager continues to conduct home-based assessments to help with transitions, help people apply for fuel assistance, and improve coordination and information sharing between the individual and health care providers.	
Intergenerational Programs	
MOOV: Project Generations paired University of Maine students with older adults. As the TiP grant phased out, the college students at U. Maine formed a club and obtained support for it. Interest has since declined and the program is struggling to get the minimum of 10 students. **Franklin County:** social dining for older adults is held at a recreation center that primarily serves younger people, encouraging intergenerational interaction.	**Bucksport:** Age-Friendly Action Plan cites need for more intergenerational programs through the schools but does not currently have one in place.
Resource Directories	
MOOV: continued to update its Senior Yellow Pages and website with help from partners. Long-term plan is to discontinue print copies while continuing on-line version. **Thrive Penobscot:** maintains resource directory on its website; library also has resources. **Washington Co.:** Through TiP partners, received $30K to develop comprehensive resource connection and volunteer system	**Franklin:** does not have a resource directory, but Seniors Plus is piloting (w/MaineHealth and Eastern Area Agency on Aging) a resource database[8] that allows for direct referrals to social services from health care

7 A nurse conducts a home visit, reconciles medications, ensures that the patient has meals delivered, and established the "nutrition as medicine" idea in the community.

8 Aunt Bertha (https://www.auntbertha.com) is an online platform that helps people find social services. Maine Health has linked it to their EPIC electronic health record system to help increase referrals to community-based services. Maine Health, along with Seniors Plus and Eastern Area Agency on Aging, will conduct a statewide audit of referral flows between social service and health, and will meet with stakeholders to interpret results and identify solutions

Sustained	Not sustained
Transportation	
MOOV: continued events to promote and utilize existing public transportation and resources. **Thrive Penobscot:** continues to maintain a viable transportation system with a transportation coordinator located at Millinocket Library. **York:** added a bus route for shopping between 2 towns that was fairly well utilized; they have sustained some services via a local grant. **Franklin Co.:** Rangeley continues to coordinate formal and informal transportation options. **Washington Co.:** Continued local transportation projects via partner	**Aroostook:** transportation coordinator that had been supported by TiP grant funds initially was laid off by transportation partner. Medical transportation depended on volunteers; state regulations (background checks, limits on amount of driving, insurance, and need for training) make this a challenging model.
Volunteers	
York: former Senior Center took over the volunteer program. Volunteer shortage resulted in a waiting list of those who need help with yardwork, housekeeping, snow removal, and handyman repairs. TiP grantee's marketing and word of mouth helped recruit volunteers; without that outreach, recruitment has decreased. **Franklin:** is working to sustain educational programs with trained volunteers rather than staff.	**Bucksport:** Wellness Guide program trained volunteers to assist older adults with ADLs. Program discontinued, but the model worked well and could be revised and reestablished with new funding. **York:** Day of Service volunteer program not sustained due to lack of dedicated coordinator **Challenges re:** volunteers include recruitment, older volunteers aging out, transportation regulations; younger volunteers need to work full time, parent children and take care of parents/other older family members.
Care Coordination/Navigation	
Washington Co.: sustained elder services Navigator position via Downeast Community Partners (CAP agency). She is valued for the number of people she reaches and ability to garner financial and other supports for people who are isolated.	

5. Current system gaps and recommendations

Respondents were asked to comment on how systems serving older adults and people with chronic conditions are currently functioning and what recommendations they have for system improvements to address gaps that still remain despite progress made under the TiP grants. Most frequently mentioned was the health care system and its relationship to community-based organizations. Although most TiP grantees experimented with new approaches to expanding transportation options, none of the respondents mentioned transportation as a critical system gap.

Relationship with health care: Rural hospitals sometimes lack the resources to connect people to the services they need in the community. Hospital mergers have caused a disconnect between regional health systems and the reality on the ground; for example, a TiP director attending a distance-based learning community about dementia in which caregivers were told to engage a "dementia specialist," not understanding that there is a dearth of specialists in rural Maine. There is still a lack of awareness among health care providers of community-based services, resulting in missed opportunities for support. Respondents made several recommendations:

- A more cohesive, locally controlled health system is needed to fund services like community health outreach, food insecurity screening, and community paramedicine;
- More education for physicians and families is needed to raise awareness about community supports, TiP-like programs, and early support for people with cognitive impairment and their caregivers.
- More collaboration is needed between health care providers and community-based agencies. TiP-funded community networks supported communication and collaborative projects with health care providers, with positive effects such increased ability to identify and respond to people experiencing hunger and reducing hospital readmissions.

Lack of state funding for critical services and support: TiP grantees were unable to sustainably fill gaps in home health, and only one sustained care management via a navigator. Many TiP grantees built volunteer networks but learned that using volunteers as a stopgap measure to fill gaps in state services is not sustainable. Poor pay for home health providers creates worker shortages that disproportionately affect people with low incomes.

Similarly, there is inadequate access to care management for older people who are frail or at risk for hospitalization or nursing home placement. One former director commented on workforce issues for people who care for older adults in her area:

> *"There was a home health agency that had a state contract that's shutting their doors and a nursing home is closing because they can't sustain paying people what they need to pay them."*

Care coordination supports individuals, but is seen as a critical function in helping older adults work around intractable system issues, particularly regarding government-administered health, food insecurity, and housing benefits that are difficult to influence from the community level.

Challenges reaching the most vulnerable people: Reflecting back on the grant, several TiP grantees said that they felt that their outreach efforts had not been as effective as they could have been. There is still a lack of awareness of services among those who are underserved and most isolated. Moreover, there is still a perception among respondents that many older Mainers are proud, are loathe to ask for help, and get by on very little.

> *"People line up at 7 am to get food at 10 am. Seniors won't tell you they are hungry but there is huge need. There are resources that are underutilized so it would be easy to have big impact."*

Addressing stigma remains a challenge: One TiP director observed that people experiencing food insecurity continue to be stigmatized, particularly at food pantries, where one bad experience can send people away for good.

Expanding evidence-based programs: There is a need to scale up programs like Healthy Living for ME[9] to expand access to evidence-based health and wellness programs to rural areas. Its goal is to develop a sustainable model with a network of providers and volunteers. The program is effective but needs more spread in rural areas.

9 Healthy Living for ME is a joint partnership between Spectrum Generations, Seniors Plus, and Aroostook Agency on Aging to increase the availability of evidence-based programs in more communities by building infrastructure and raising awareness of the importance of these programs for people with chronic conditions and at risk for falls (https://healthlivingforme.org/About).

6. MeHAF feedback

TiP staff shared their observations on MeHAF's support for them over the course of the grant. Comments on MeHAF's overall approach to grantmaking and grantee support were overwhelmingly positive. Commonly used descriptors for MeHAF included "flexible," "enthusiastic," "interested in making change," and "supportive." Staff was described by one grantee as "smart, helpful, and understanding." Grantees spoke most positively about MeHAF's overall approach to grantmaking and learning opportunities.

MeHAF's approach to grantmaking:

- **Flexibility:** Grantees said that they had leeway to use their funding to meet community needs, and they were able to adjust their workplans or get extensions if necessary. MeHAF's trust in grantees was expressed as follows: *"Once you get the grant, they know you're competent and they let you rearrange the budget."* (TiP coordinator)
- **Long funding period:** long-term funding enabled grantees to carefully plan, experiment with new ideas, and learn from failure and success. MeHAF seemed to understand that the experimentation, even when things didn't work, was a great launching point for innovative thinking.
- **Progressive thinking about health:** One grantee observed that MeHAF is ahead of other funders in terms of understanding social determinants of health.
- **Reporting requirements:** MeHAF's reporting requirements were more meaningful than some other funders' requirements, which focus on "counting pamphlets," paperwork, and bureaucracy. Measuring progress at the system level was more appropriate than measuring success in numbers. MeHAF's diligence in reading reports and providing feedback made the process useful and worthwhile. Respondents reported that some other funders do not seem to read grantee reports or only contact the grantee if something is not going well.
- Grant requirements were reasonable given the amount of funding;
- As the grants were ending, program officers did a good job of pointing grantees to other opportunities.
- There were mixed reviews on the sequencing of the TiP initiative. For some, rolling cohorts made it challenging for newer grantees to form relationships with earlier

grantees. With regard to planning and implementation phases, some grantees would have liked to fold planning and implementation into one long-term grant, as it was problematic for network facilitators to keep people interested when they weren't sure if they would get an implementation grant, while others liked the distinct planning phase with an option to apply for implementation.

Recommendations to further enhance MeHAF's effectiveness:

- Fund education for physicians on community-based services and supports;
- Provide general operating funds;
- For future TiP-like initiatives, increase the annual funding amount to support more staff positions--the project is difficult to manage with just a coordinator;
- Continue to fund coordinators to sustain TiP project activities. Sustainability requires a dedicated staff position;
- Convene discussions across funders on how to sustain programs on aging that work long-term; and
- Increase MeHAF's voice in policy.

> *"Continue what you are doing...your ability to listen to communities is wonderful."*
>
> (TiP Director)

Learning opportunities: Grantees expressed appreciation for all of their opportunities MeHAF provided for learning, growth, and development. Some liked the program officers' efforts to connect them with each other. For example, if one grantee was struggling with an activity, the program officer would connect them to another project that had succeeded. For some, the learning community was a highlight of their experience, from the speakers to Carole Martin's facilitation, to the exchange of ideas among peers and the tools they were given. One grantee expressed gratitude for their invitation to co-present at a rural health conference.

Recommendations for learning communities:

- Combining all three community-based grant initiatives[10] worked well, especially since TiP grantees convened together at the end of each session. As the number of TiP grantees diminished by the final year, some said that the learning communities were less beneficial. For future multi-initiative meetings, consider alternating the focus of meetings between TiP-specific and combined gatherings;

10 The Learning Community included not only TiP grantees, but also grantees from MeHAF's Healthy Communities and Access to Quality Care programs.

- Consider half day or remote meetings so more partners could have participated. Many partners and community members could not take the time away from home or the office to travel to and attend full-day sessions;
- Increase emphasis on training participants on leadership, community work, and communications.

Recommendations to support peer collaboration and learning:

- TiP grantee networking calls were more useful once the cohort was separated into newer vs. older groups. However, newer grantees benefited from hearing from others about sustainability planning and considerations before they reached their final year of implementation
- These initiatives were very isolating to execute alone, so speaking to other coordinators was very helpful.

7. Discussion

These interviews suggest that many of the TiP activities and system changes were sustained over time. They also confirmed the critical contribution of cross-organizational partnerships to sustaining activities and system improvements over time. During the grant period, the evaluation documented many examples of community members whose research and feedback led to more acceptable, successful approaches to wellness programs, transportation, and other activities. Sustaining meaningful community member engagement was more challenging for grantees than maintaining organizational partnerships, attributable in part to the outreach required to support their involvement. We learned from the evaluation that this component was more difficult to implement and for some grantees, did not occur until later in the implementation period, which may explain why some community member groups did not continue to meet once the grant was over, and some organizations reverted back to episodic feedback from their stakeholders.

TiP's contributions go beyond specific activities. One of the most striking findings from the interviews was that this initiative helped to instill novel ways of approaching complex systemic barriers to health and wellness for older adults. Grantees spoke eloquently about approaching problems from a collective perspective rather than from the lens of their own organizations in isolation. They also commented on the limitations of their ability to effect change and called for increased state funding for home health and care management, and better integration of health care providers with community-based organizations. It appears that there are some efforts to enhance connections, such as food insecurity screening and food distribution, as well as efforts by health care systems to increase referrals to community-based supports, for example by using online platforms like Aunt Bertha, but grantees stress that more needs to be done in this area.

Also emphasized in the interviews was the importance of the coordinator role for weaving together all of the complex aspects of these projects such as facilitation, outreach, and management. While a coordinator, or network weaver, is an important function, it appears that planned distribution of leadership or collaborative leadership as part of an overall sustainability plan has been beneficial to several communities. For example, when partners assumed ownership of specific activities, or when local constituents adopted the Age-Friendly process in their communities, TiP-generated practices and holistic thinking about the health of their community members endured.

Feedback for MeHAF was overwhelmingly positive, from its progressive thinking about health to the flexibility of its grantmaking and monitoring approach, to its emphasis on learning and growth for all grantee team members. These grantees felt cared for and trusted to do the best for their communities, even when that meant changing course. Constructive feedback focused on enhancing or improving what MeHAF is already doing; the strong message from grantees was for MeHAF to stay the course, and keep listening to communities.