

# COMMUNITY HEALTH NETWORK AREA 27

## MEMBERSHIP DIRECTORY FORM

Community Health Network Area 27 is a local coalition of public, non-profit, and private sectors working together to build healthier communities in Barnstable, Dukes and Nantucket Counties through community-based prevention planning and health promotion.

The Massachusetts Department of Public Health established the Community Health Network Area (CHNA) effort in 1992. Today this initiative involves all 351 towns and cities through 27 Community Health Networks.

### Purpose of CHNA 27:

- ◆ To learn about agencies and services and other members of the continuum of care
- ◆ To pursue improvements in the health status indicators pursuant to the mandate from DPH
- ◆ To support and collaborate with members around issues and problems
- ◆ To make recommendations to County, State and Federal governments on policy and legislation
- ◆ To acquire new information and skills

### As a Community Health Network member, you will have the opportunity to:

- ◆ Network and share ideas with people with similar interest in building healthier communities.
- ◆ Gain knowledge about a range of health related issues and topics.
- ◆ Participate in designing and implementing health improvement projects.
- ◆ Advise the Department of Public Health on programs and the funding process.
- ◆ Advocate for health issues that are important to your community.

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**CHNA meetings are open to the public on the second Thursday of each month from 9:00 – 11:00 AM at the Barnstable County Superior Courthouse, Rms 11/12.**

If you would like to be listed in a directory of CHNA members please complete and return the form by mail to Barnstable County Department of Human Services, P.O. Box 427, Barnstable, MA 02630. By fax 508-362-0290 or by email to [kcallahan@barnstablecounty.org](mailto:kcallahan@barnstablecounty.org).

Name: \_\_\_\_\_

Org./Agency/Company (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Organization/Agency mission: (if applicable) \_\_\_\_\_

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Is Organization/Agency DPH funded? \_\_\_\_\_

Why are you interested in being a member? \_\_\_\_\_

Do you want to receive notification of CHNA meetings and DPH information by e-mail? Yes No