FY23
Mass in Motion

Guidance for Mass in Motion Municipal Wellness & Leadership Program

The Mass in Motion Municipal Wellness and Leadership Initiative is a movement to lower the risk of chronic disease by addressing root causes that impact opportunities for **active living** and **access to healthy and affordable foods** in cities and towns throughout Massachusetts. Working with a diverse network of partners, Mass in Motion Communities implement proven policies and practices to create environments that support healthy living.

Purpose of this Guidance

Welcome to Mass in Motion! Thank you for being part of the movement to provide opportunities for equitable access to healthy eating and active living in municipalities across the Commonwealth. This FY23 Mass in Motion Guidance was created by the Massachusetts Department of Public Health (MDPH) to help you as a grantee transition into your role with Mass in Motion and build your familiarity to start making effective and sustainable changes in your community. We want to provide a clear introduction to the Mass in Motion approach so you have a solid foundation to start from and know where to get further support. This Guidance is also meant to serve as a reference guide through the year and life of your grant.

Guidance is for Mass in Motion Coordinators, other local Mass in Motion staff, supervisors that oversee Mass in Motion staff, and municipal or organizational leadership involved in managing local Mass in Motion initiatives. Not all sections are relevant to each audience; each section can be read independently.

Congratulations and welcome to the Fiscal Year 2023 grantees

- Bay State Community Services (Quincy, Randolph, Milton, Weymouth)
- Boston Public Health Commission (Dorchester and Roxbury)
- City of Fall River
- City of Holyoke
- City of Lawrence
- City of Revere/City of Chelsea
- City of Springfield
- Collaborative for Educational Services (Amherst, Belchertown, Blandford, Chester, Chesterfield, Cummington, Easthampton, Goshen, Huntington, Middlefield, Northampton, Pelham, South Hadley, Southampton, Ware, Westhampton, Williamsburg, Worthington)
- Franklin Regional Council of Governments (Colrain, Deerfield, Erving, Gill, Greenfield, Leverett, Leyden, Montague, Orange, Sunderland, Whately)
- Heywood Hospital (Gardner, Winchendon)

Have questions?

Contact your MDPH Community Liaison Maria Evora with questions or for clarification related to information in this guidance: maria.evora@mass.gov.

Check out the **Mass in Motion Handbook Part 1: A Guide to Mass in Motion's Principles and Practices** to read more about our goals, underlying theories of change, and evidence-informed principles and practices

FY23 Guidance includes:

Overview of the Mass in Motion Approach

Health is shaped by the surroundings and conditions of people's everyday lives. The public health field calls these community conditions Social Determinants of Health. They exist where we live, learn, work, and play and influence our ability to make healthy choices. Mass in Motion changes community conditions by looking at long-term solutions to address root causes such as structural racism and poverty. Root cause solutions improve conditions for people so they can eat better and move more and have a chance to live their healthiest lives.

MDPH uses the Healthy Community Theory of Change (see image) to guide efforts to create equitable community conditions that support healthy living for everyone. This pathway shows that policies create the environments that in turn allow people to practice healthy behaviors and have positive health outcomes.

Mass in Motion makes community-level changes to support residents to achieve health. Funded communities go beyond providing programs and services. They create long-lasting conditions so residents can eat better and move more by making changes to laws, rules, and practices and shaping environments— known as policy, systems, and environmental (PSE) change.
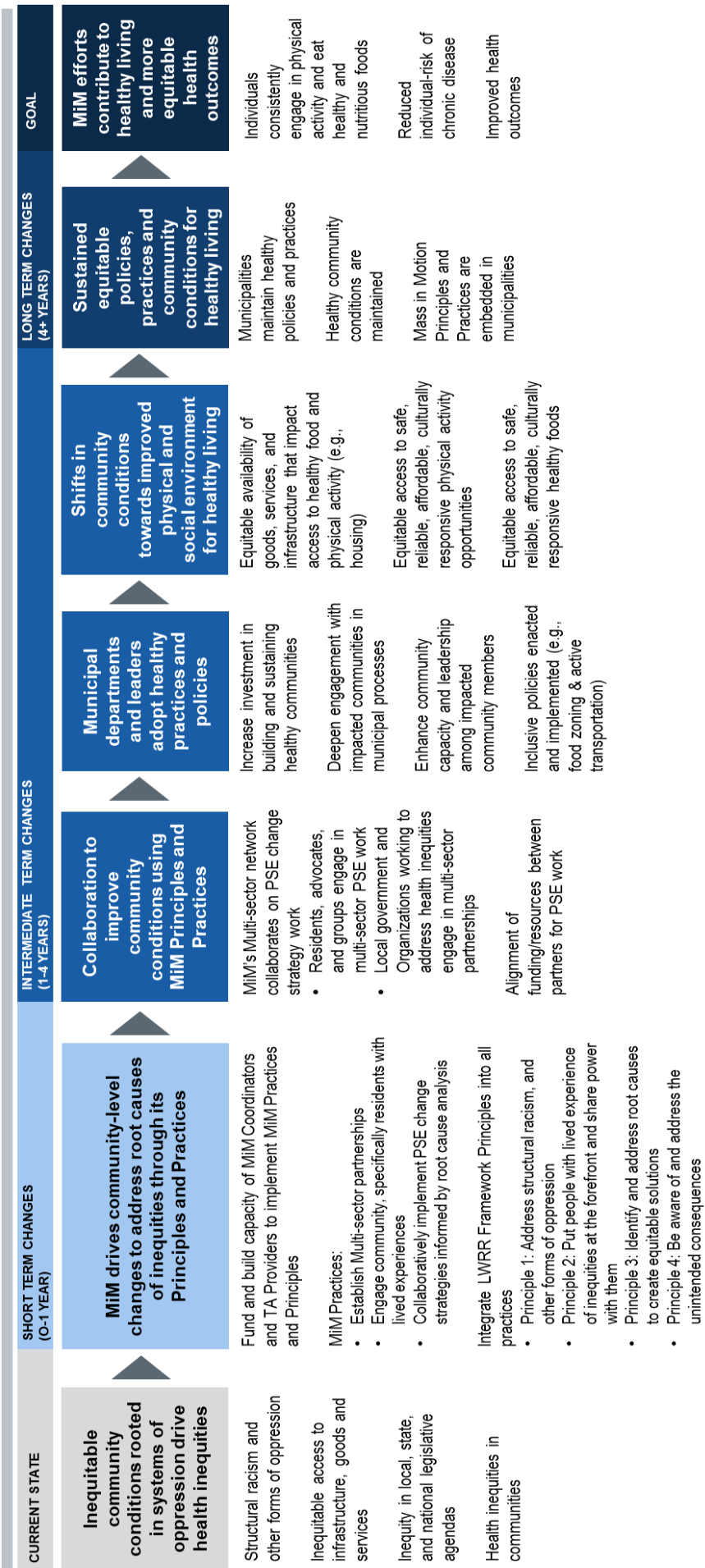
We know that changing community conditions takes time. Mass in Motion takes the long view that investment in better health for people experiencing health inequities is worth it even if it takes time to reap all the benefits.

Mission Statement

The Mass in Motion Municipal Wellness and Leadership Initiative is a movement to lower the risk of chronic disease by addressing root causes that impact opportunities for active living and access to healthy and affordable foods in cities and towns throughout Massachusetts. Working with a diverse network of partners, Mass in Motion Communities implement proven policies and practices to create environments that support healthy living.

Healthy Policies → **Healthy Environments** → **Healthy Behaviors** → **Healthy People**

Mass in Motion (MiM) Theory of Change

CURRENT STATE	SHORT TERM CHANGES (0-1 YEAR)	INTERMEDIATE TERM CHANGES (1-4 YEARS)		LONG TERM CHANGES (4+ YEARS)	GOAL
Inequitable community conditions rooted in systems of oppression drive health inequities	**MiM drives community-level changes to address root causes of inequities through its Principles and Practices**	**Collaboration to improve community conditions using MiM Principles and Practices**	**Municipal departments and leaders adopt healthy practices and policies** / **Shifts in community conditions towards improved physical and social environment for healthy living**	**Sustained equitable policies, practices and community conditions for healthy living**	**MiM efforts contribute to healthy living and more equitable health outcomes**

CURRENT STATE

- Structural racism and other forms of oppression
- Inequitable access to infrastructure, goods and services
- Inequity in local, state, and national legislative agendas
- Health inequities in communities

SHORT TERM CHANGES (0-1 YEAR)

Fund and build capacity of MiM Coordinators and TA Providers to implement MiM Practices and Principles

MiM Practices:
- Establish Multi-sector partnerships
- Engage community, specifically residents with lived experiences
- Collaboratively implement PSE change strategies informed by root cause analysis

Integrate LWRR Framework Principles into all practices
- Principle 1: Address structural racism, and other forms of oppression
- Principle 2: Put people with lived experience of inequities at the forefront and share power with them
- Principle 3: Identify and address root causes to create equitable solutions
- Principle 4: Be aware of and address the unintended consequences

INTERMEDIATE TERM CHANGES (1-4 YEARS)

Collaboration to improve community conditions using MiM Principles and Practices

MiM's Multi-sector network collaborates on PSE change strategy work
- Residents, advocates, and groups engage in multi-sector PSE work
- Local government and Organizations working to address health inequities engage in multi-sector partnerships

Alignment of funding/resources between partners for PSE work

Municipal departments and leaders adopt healthy practices and policies

Increase investment in building and sustaining healthy communities

Deepen engagement with impacted communities in municipal processes

Enhance community capacity and leadership among impacted community members

Inclusive policies enacted and implemented (e.g., food zoning & active transportation)

Shifts in community conditions towards improved physical and social environment for healthy living

Equitable availability of goods, services, and infrastructure that impact access to healthy food and physical activity (e.g., housing)

Equitable access to safe, reliable, affordable, culturally responsive physical activity opportunities

Equitable access to safe, reliable, affordable, culturally responsive healthy foods

LONG TERM CHANGES (4+ YEARS)

Municipalities maintain healthy policies and practices

Healthy community conditions are maintained

Mass in Motion Principles and Practices are embedded in municipalities

GOAL

Individuals consistently engage in physical activity and eat healthy and nutritious foods

Reduced individual-risk of chronic disease

Improved health outcomes

PSE change = policy, systems, and environmental change
LWRR Framework = Leading with Race and Addressing Structural Racism Framework

Program Administration

Grantees must maintain compliance with the conditions included in the Mass in Motion Contract Terms & Conditions. The Terms outline expectations on work plans, progress reporting, finance administration, and attendance at capacity building opportunities. For full Terms, see Appendix E. The following is a list of key dates for deliverables expected of/from grantees during FY23.

July 19-21, 2022	Orientation Week
Wednesday, August 10, 2022	Needs Assessment and Root Cause Analysis Training
Friday, August 12, 2022	Initial draft of FY23 work plan due
September 2022	Q1 Check-in with MDPH Community Liaison
September 2022 (date TBD)	Mass in Motion fall quarterly statewide meeting
Friday, September 30, 2022	FY23 Annual Work Plan and Budget due
Monday, October 3, 2022	FY23 1st quarter payment voucher due
Friday, October 28, 2022	FY23 1st quarter expenditure report due
Friday, November 18, 2022	Needs Assessment & Root Cause Analysis Deliverables Due
December 2022	Q2 Check-in with MDPH Community Liaison
January 2023 (date TBD)	Mass in Motion winter quarterly statewide meeting
Tuesday, January 3, 2023	FY23 2nd quarter payment voucher due
Friday, January 27, 2023	Final FY23 work plan due with changes based on Needs Assessment and Root Cause Analysis FY23 2nd quarter expenditure report due
Tuesday, January 31, 2023	FY23 Mid Year progress report due
March 2023	Q3 Check-in with MDPH Community Liaison
April 2023 (date TBD)	Mass in Motion spring quarterly statewide meeting
Monday, April 3, 2022	FY23 3rd quarter payment voucher due
Friday, April 28, 2023	FY23 3rd quarter expenditure report due

Program Administration

June 2023	Mass in Motion summer quarterly statewide meeting Q4 Check-in with MDPH Community Liaison
Monday, July 3, 2023	FY23 4th quarter payment voucher due
Friday, July 28, 2022	FY23 4th quarter expenditure report due
Friday, August 4, 2023	FY23 End of Year progress report due

Mass in Motion Contract Terms & Conditions

You have received the contract terms & conditions in your contract package. Below is a summary table of those contract terms and conditions. A copy of the full Standard Contract Terms & Conditions has also been included in Appendix E for your reference.

Program Area	A Mass in Motion grantee community ("vendor") is considered not in compliance with its contract with MDPH if any of the following conditions are met:
Evaluation	**Work plan and reporting** No final work plan submitted by end of 1st quarter of fiscal year and no mid-year and end-of-year reporting submitted by due date communicated by MDPH (1 full contract year of no work plan and reporting) AND MDPH has received no communication from vendor with reasonable explanation for no/late submission of final work plan, mid-year, or end-of-year reporting
Financial accounting	<u>Quarterly Payment/expense reporting</u> 2 or more months within 1 year where expense reporting is not completed within reporting period. These reports will be due at the end of each quarter on or before the last day of the following month (ex. Jan 31, Apr 30, Jul 31, etc.) <u>or</u> 2 or more months within 1 year where payment voucher is not received within 30 days of due date provided AND 2 or more instances within 1 year where MDPH has received no communication from vendor with explanation for late submission of expense reporting or payment voucher <u>Unspent Funds</u> If a vendor has unspent funds at end of year for any 2 years within 3 consecutive contract years <u>or</u> MDPH has not received payment of unspent funds back from vendor within 60 days of MDPH notifying vendor of amount and return process

Policy, systems, and environmental (PSE) change strategies	Work being implemented does not meet MDPH definition of PSE change strategies for 1 contract year AND MDPH has received no communication from or seen demonstration of vendor's plans to adjust strategies to meet MDPH definition (i.e., addition of new activities, starting a new strategy, using one-on-one technical assistance provided by MDPH)
Priority population/ resident engagement	Vendor shows no attempt to engage priority populations by mid-year progress reporting, has not demonstrated a plan to adjust by adding activities by mid-year progress reporting, and has executed no activities that engage priority populations by end-of-year reporting
Multi-sectoral partnership	No more than 1 community partner included in work plan (list of partners, partners named for strategy activities) or no more than 1 municipal department/office/official included in work plan or no new partners added during 2 years within 3 consecutive contract years
Staffing	Vendor has more than 2 quarters within one fiscal year without a dedicated local Mass in Motion coordinator AND Vendor does not show an active search or substantive steps to secure dedicated staff (i.e., posting job description, communicating about candidates and interview process, etc.) or if interim staff appointed, they show limited ability to advance Mass in Motion work for more than 2 quarters within one fiscal year and vendor does not show an active search to fill position
Municipal leadership	Vendor shows no active engagement by municipal leaders (mayor, town manager, city/town council) in implementation of change strategies and engagement of priority populations by mid-year progress reporting AND Vendor has not demonstrated a plan to actively engage municipal leaders in Mass in Motion activities (i.e., municipal leader listed as partner in implementing activities) by mid-year progress reporting

Role of the Local Mass in Motion Coordinator

Here are the general functions MDPH expects Mass in Motion Coordinators to address in their jobs, with help from other local Mass in Motion staff, supervisors, and leadership as appropriate.

- Implement the Mass in Motion framework through work plan development and execution
- Apply a health and racial equity lens to understand structural determinants of racial and ethnic inequities related to healthy eating and active living
- Identify, build, and sustain multi-sector partnerships to advance project goals
- Include residents with lived experience in partnership and work plan development; when necessary, provide incentives to ensure participation
- Convene and coordinate municipal agencies to implement PSE strategies that address root cause barriers to healthy eating and active living
- Attend statewide, regional, and local community meetings
- Utilize Technical Assistance through MDPH as needed
- Submit quarterly budgetary reports as required by the contract
- Participate in quarterly check-ins with liaison. Supervisor(s) must attend at least one quarterly check in per year.
- Attend webinars and trainings as required by MDPH
- Collaborate with MDPH to develop evaluation targets and tracking systems for all activities

MDPH Contacts

MDPH provides funding, grant management, and assistance to Mass in Motion grantees. The main point of contact for grantees is the Mass in Motion Community Liaison: Maria Evora (maria.evora@mass.gov)

Community grantees will also interact with other MDPH staff related to contract management, communications, and evaluation. The rest of the MDPH team includes:

- Program Coordinator: Felicia Heykoop (felicia.heykoop@mass.gov)
- Epidemiologist: Rebecca Han (rebecca.han@mass.gov)
- Fiscal and Contract Coordinator: Nelson Marquez (nelson.marquez@mass.gov)
- Healthy Community Initiatives Manager: To be hired

Leading with Race and Addressing Structural Racism Framework

Mass in Motion includes a Leading with Race and Racism framework in program operations and grantee expectations. The framework acknowledges the large part structural racism plays in determining people's health and shaping opportunities for health and wellbeing. It helps identify who experiences inequities in a community, why these inequities exist, and makes sure these voices are part of decisions. Recognizing the central role of structural racism in health, we also encourage you to consider other systems of oppression like sexism, homophobia, ableism, ageism, etc. that perpetuate health inequities.

Framework Principles

The Leading with Race and Addressing Structural Racism Framework includes the following four principles:

Principle 1: Address structural racism, in addition to other forms of oppression

Mass in Motion leads explicitly but not exclusively with race and racism. Structural racism is the public policies, institutional practices, and social norms that together maintain racial hierarchies. Structural racism may be overlooked or unacknowledged, yet it is everywhere and unmistakably harmful to everyone. Historic and ongoing policies of racial segregation and disinvestment have concentrated people of color and people with lower incomes into places that do not support healthy living. Mass in Motion is committed to naming and changing race-based conditions and policies that prevent people of color from the chance to make good health choices.

Principle 2: Center people with lived experience of inequities and share decision-making power

Centering and engaging residents with lived experience of inequities leads to better solutions specific to their communities. Mass in Motion is on a purposeful journey to do more to center residents with lived experiences and share decision-making power with the communities we work with.

Principle 3: Identify and address root causes of health to create equitable solutions

> Mass in Motion looks at root causes to change the conditions to make it possible for people to eat better and move more, so they have a chance to live their healthiest lives. We can't ignore urgent needs for things like food or housing, but at the same time, we need to fix the system that is creating those needs. Mass in Motion asks all funded communities to follow the data and engage with residents to identify the root causes of healthy eating and active living challenges in their community and act to improve them.

Principle 4: Be aware and address that our work may have unintended consequences that make inequities worse

> Mass in Motion recognizes that addressing root causes through PSE change could have unintended consequences. For example, improving a community's physical environment can encourage gentrification and not benefit the residents the change was meant to benefit. Mass in Motion uses the Racial Justice Reframing questions: "Who decides? Who influences? Who benefits? Who is harmed? What are the unintended consequences?" to address how harmful unintended consequences might be avoided.

What are Mass in Motion community grantees asked to do?

The Leading with Race and Addressing Structural Racism Framework is baked into the way that Mass in Motion operates. More guidance on the following is available in the rest of this document, but you will be using the framework when you:

- ❑ Conduct the Needs Assessment and Root Cause Analysis (see pg. 29)
- ❑ Select at least two PSE strategies to implement (see Appendix C)
- ❑ Answer the Racial Justice Reframing questions in your work plan narrative and use to structure strategy activities (see pg. 32)
- ❑ Schedule technical assistance with TA providers (see pg. 39)
- ❑ Attend Mass in Motion trainings on leading with race and racism
- ❑ Choose and engage priority populations (i.e. people experiencing inequities)
- ❑ Begin and deepen community engagement in all strategies (see Appendix B)

We recognize that practicing each one of these Leading with Race and Racism principles and related grant activities is challenging and always a work in progress. Grantees are expected to make an earnest effort to incorporate the framework into their Mass in Motion work, not to demonstrate complete "success." MDPH will continue to provide technical assistance and other resources to build capacity around Leading with Race and Addressing Structural Racism. You can expect to use the work plan and periodic check-ins to report on progress and get support. Other grantees are also great resources– consider asking for support from others and sharing your successes and best practices to build others' capacity.

Racial Justice Reframing Questions

Who benefits? • Who is harmed? • Who influences? Who decides? • What are the unintended consequences?

The five Racial Justice Reframing questions are useful to ask when you are deciding on local change strategies and every so often during strategy implementation. They are one way to consider who is helping to shape the strategy, consider and avoid unintended consequences of strategy work, and make sure Mass in Motion work is benefiting the people experiencing health inequities. Mass in Motion grantees ask these five questions, considering people of color along with other priority populations. The questions are included in the work plan narrative.

Unintended consequences to consider:

- Competing priorities between groups
- Costs of inauthentic engagement that alienates people
- Costs to people with more power
- Displacement of existing residents
- Economic loss
- Physical harm

Mass in Motion is guided by the principles of the Leading with Race and Addressing Structural Racism Framework in its **core practices: multi-sector collaboration, PSE change, and community engagement.**

Multi-sector collaboration: Engage partners across sectors that represent a range of perspectives and provide a fuller picture of the conditions people face when accessing healthy food and opportunities for physical activity

PSE change: Work on policy, systems, and environmental change strategies connected to healthy eating and active living

Community Engagement: Engage the community to learn the needs, opportunities, and barriers and inform selection and implementation of PSE change strategies.

We have found that these practices are an effective way to design healthy communities and lasting, high-impact change. The next section provides the evidence for why these are effective practices to change community conditions.
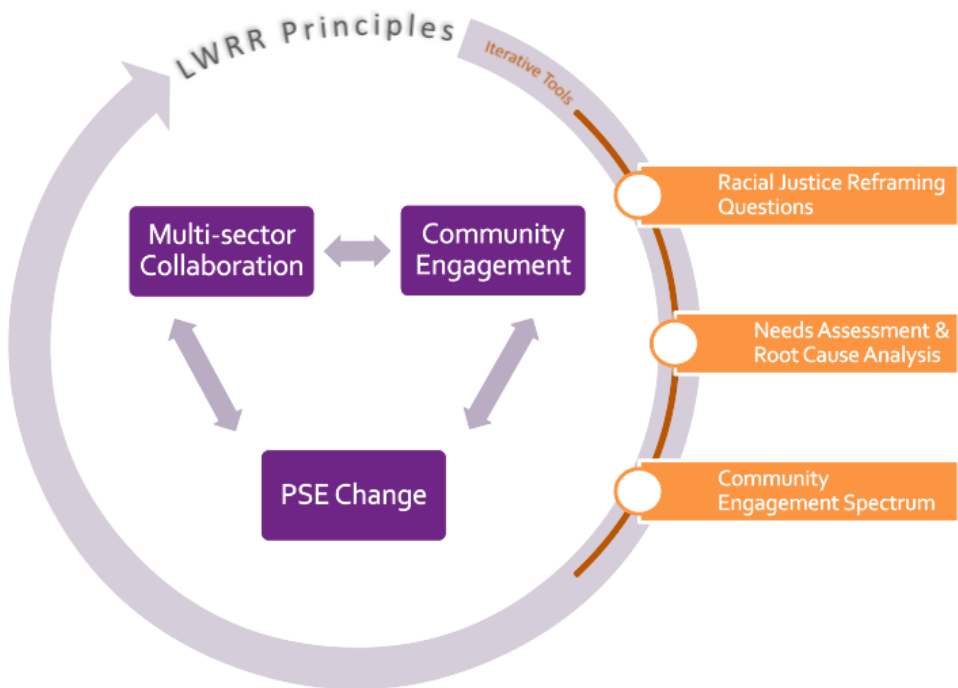
Multi-sector Collaboration
Mass in Motion Practice

A major focus of Mass in Motion is multi-sector collaboration: working across silos and bringing diverse sectors together to make community-wide changes in health. Individually, no one partner can solve community-wide problems alone. In partnership, we can paint a more complete picture and work to make changes together. Mass in Motion helps people not traditionally in the health sector see how their work impacts health and start changing their practices. For example, people in the transportation and public health sectors can influence each other's decision making and projects, increasing public transit use, bringing economic benefits to a community, and improving health.

Grantees will report their partners in work plan reporting. See "Reporting & Evaluation" on pg. 24 and Appendix D for more detail on indicators and how to report.

What are Mass in Motion community grantees asked to do?

Multi-sector partners

❑ Have at least five active partners across multiple sectors involved in Mass in Motion work, starting with those that participated in the RFR application process and including at least one municipal and one community-based partner. Many more may be required to effectively complete the Needs Assessment and Root Cause Analysis and plan and implement strategies.

❑ At a minimum, at least one partner representing each priority population involved in a strategy must be included in the work plan. Work toward at least 50% of partners representing priority populations. For example, as your partner network grows from 5 to 10 members, you would want the number of partners representing priority populations to increase from 1 to 3-5.

A core required approach of Mass in Motion is collaboration specifically between local municipalities and community-based organizations. Your lead agency may be a municipality or a community-based organization. Regardless, both municipal government and community-based organizations are important for Mass in Motion work. Community-based organizations fill a critical local advocacy role and often connect directly to priority populations. Municipal governments have the power to implement local policy, systems, and environmental changes on a wide scale in the community. Together, they can make needed changes.

See the image below for some ideas to get started on what sorts of sectors to include. Strategy summaries in Appendix D also offer some suggestions for partners to include in each strategy.

Partnership Structure

❑ Establish and coordinate a multi-sector partnership to identify, advance, and adopt community-level PSE strategies.

Your partnership may look like an overall steering committee, working groups for each strategy, a temporary coalition, etc. The exact format of the partnership can be based on what works best in your local context.

Whatever form it takes, the partnership should include municipal and community-based partners led by or reflecting the demographic diversity of your community, including people of color. It should be reflective of stakeholders that can impact the selected strategies and it should ensure inclusion and meaningful engagement of community members, particularly representatives of priority populations with lived experience. (See pg. 19 for more details on community engagement.)

Source: Health Resources in Action
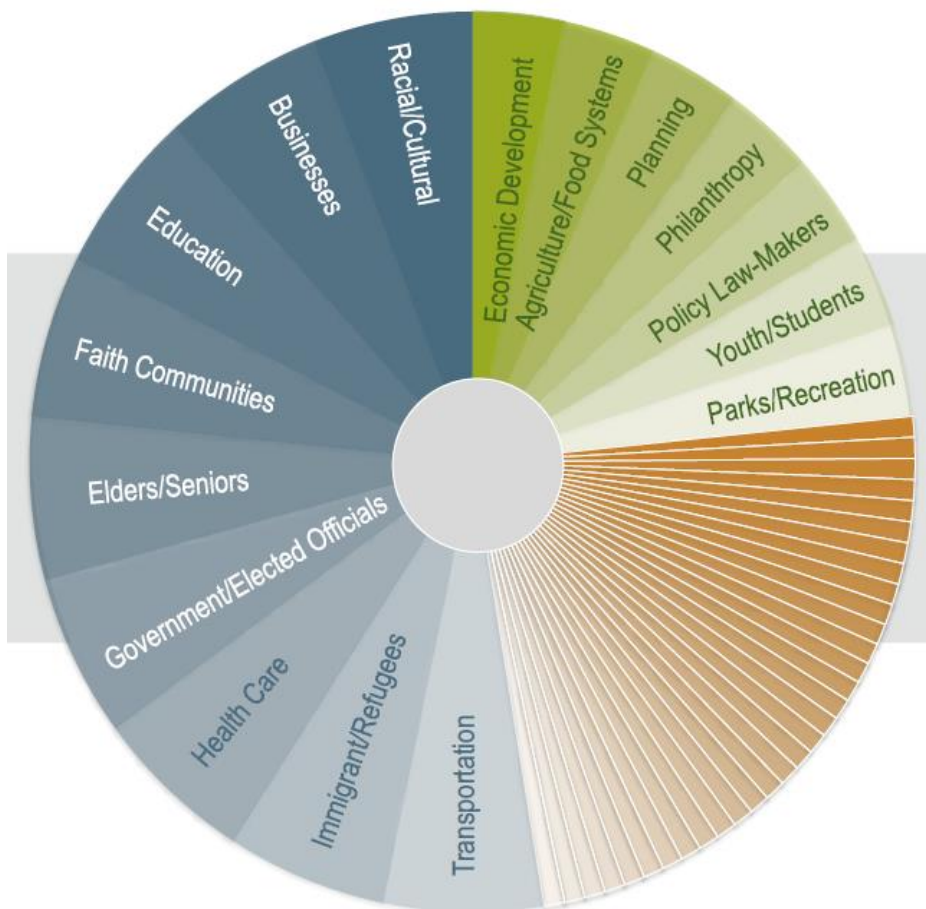
Policy, Systems, & Environmental (PSE) Change
Mass in Motion Practice

A Mass in Motion strategy is a specific policy, system, or environmental (PSE) change that reduces or eliminates a barrier to healthy food or opportunities for physical activity or eliminates a cause of why the limitation to healthy eating or active living exists.

What are Mass in Motion community grantees asked to do?

❑ Select a minimum of two PSE change strategies to pursue each fiscal year. You can take on more than two strategies if you have the capacity.

❑ Conduct a Needs Assessment and Root Cause Analysis in addition to the two strategies (see pg. 29).

❑ Strategies that have programmatic activities need to focus on the long-term PSE change and should have a plan to pivot to PSE. MDPH understands some programmatic work may be needed to build momentum toward PSE change.

> Grantees will report their PSE Change in work plan reporting. See "Reporting & Evaluation" on pg. 24 and Appendix D for more detail on indicators and how to report.

Appendix D has strategy summaries with basic information such as a description, suggested partners, and resources. Summaries are examples and are not meant to be prescriptive or exhaustive lists. As MDPH and Mass in Motion grantees learn more about additional Social Determinants of Health that affect healthy eating and active living, future versions of guidance may have revised strategy summaries.

MDPH has a list of suggested strategies that meet Mass in Motion criteria. Please see Appendix D for summaries of the strategies.

Active Transportation Planning
Community Economic Development
Food Planning
Housing
Park and Open Space Planning
School District Policy

Characteristics of a Mass in Motion strategy:

When deciding on strategies to implement, please consider the following list of what a Mass in Motion strategy should look like.

- **Local policy, systems, and/or environmental change** at the municipal or regional level

- **Evidence-informed or evidence-based** to improve outcomes related to healthy eating or active living, especially for residents with lived experience of inequities

- **Enables or reduces a root cause barrier** to healthy eating or active living for an identified priority population while also benefiting the whole community

- **Improves conditions and addresses Social Determinants of Health** such as housing, employment, safety/violence, economic development, etc., focusing on factors that restrict or enable opportunities for active living and access to healthy, affordable food

- Addresses the **history and effects of structural racism** and other systems of oppression, including how policies and local decisions have created barriers to healthy eating and active living

- Significant **progress can be made within 18 months** toward a long-term strategy goal that can be achieved within 4 years

- Has **support from decision-makers and advocates** to create change and benefit identified priority populations

- **Considers and mitigates unintended consequences** of implementing the strategy, especially for priority populations, using the Racial Justice Reframing questions as a tool

- Any **programmatic activities are aimed toward long-term sustainable PSE change**; some programmatic activities may be necessary to achieve buy-in or pilot an idea but should be a step toward achieving a PSE change

- **Engages residents** who experience health inequities so that the strategy is successful and equitable

- Involves **collaboration between partners** from a variety of sectors

- Is **sustainable**, so that local partners are responsible for maintaining the change or strategy over the long-term

The Prove It model and process

The Prove It model enables Mass in Motion community grantees to choose an innovative strategy that is not on the suggested strategy list. If you are interested, you will need to submit a proposal and draft work plan to the Community Liaison and receive approval from MDPH. The proposal includes information on describing the strategy, priority populations, existing evidence that may support the strategy, community engagement plans, partners involved, and how you will know you are successful. Please see Appendix D for the full proposal form.

Community Engagement
Mass in Motion Practice

Community engagement processes are ongoing relationships between municipalities, community-based organizations, residents, and other stakeholders. In the Mass in Motion context, community engagement relates to how the needs, opportunities, and barriers of priority populations are understood and used to inform selection and implementation of policy, systems, and environmental (PSE) change strategies.

Engaging residents with lived experience of inequities is important to achieve health equity. You'll make better decisions with support from residents if you start by building trust and sharing the decision making with them. When residents take the lead, you can create lasting changes to improve health. For example, understanding the nuances to how and why some people lack access to healthy food or opportunities for physical activity shapes initiatives so they are more likely to be successful. In addition, building connections between municipal leadership and residents enables residents to speak about their own experiences and offer solutions to increase healthy eating and active living opportunities, and builds support for long-term sustainability.

What are Mass in Motion community grantees asked to do?

❑ At a minimum, at least one partner representing each priority population involved in a strategy must be included in the work plan. Work toward at least 50% of partners representing priority populations.

❑ Go deeper with community engagement activities over time (i.e. farther to the right on the Continuum of Community Engagement). By the end of year 2, at least one activity should be at the Empower or Community-led level, or making progress toward that goal.

❑ Activities that involve decisions about strategies should include community engagement activities at least at the Collaborate level.

❑ Include priority populations in the Needs Assessment and Root Cause Analysis at least at the Collaborate level (see pg. 29)

Grantees will report their Community Engagement in work plan reporting. See "Reporting & Evaluation" on pg. 24 and Appendix D for more detail on indicators and how to report.

The Continuum of Community Engagement is the main tool Mass in Motion uses to frame community engagement activities. The Continuum shows the range of ways to engage residents and some examples for each level of engagement. See Appendix B for the full Continuum of Community Engagement.

Sample community engagement activities for your Mass in Motion work include but are not limited to partnering with residents for data collection through surveys, key informant interviews, focus groups, etc.; including community members in identifying strategies and setting goals; and including residents on working groups, steering committees, or advisory boards and ensuring they have decision-making power.

Community Engagement Costs

- ❑ Include community engagement costs in your budget and/or leverage other funds for community engagement.
- ❑ Include a specific budget line for language assistance services, which includes verbal and written interpretation, written translation, ASL, accessible materials like braille, plain language, and/or having bilingual/bicultural staff.

Engagement costs can include expenses for food and childcare for meetings or trainings, travel, entertainment, etc. Incentives can be expended in the form of vouchers. Because of Mass in Motion funding sources, grantees cannot use Mass in Motion funds for anything that can be converted to cash options. If you would like to explore possibilities for gift cards or other forms of incentives, please get in touch with the Mass in Motion Community Liaison.

As grantees continue to work virtually and use different technological platforms, they should ensure that the digital divide– access to and knowing how to use technology tools– is not a barrier to community engagement. For full participation, community members should have sufficient access to hardware, the internet, and digital literacy skills to navigate these platforms.

MDPH will provide more training and guidance on community engagement requirements during the fiscal year and will provide opportunities for grantees to learn from each other.

Sustainability

Sustainability is the process of integrating Mass in Motion goals into municipal and community practices and policies, maintaining the impact of and local commitment to Mass in Motion approaches. Sustainability efforts invest in partners, build community capacity, encourage finding new funding sources, and increase the effectiveness of Mass in Motion work.

What does sustainability look like?

Coalition and Partnership Building

Coalitions keep momentum going over long policy or practice change processes and weather changes in Mass in Motion capacity. Coalitions build community ownership. When a community feels ownership of a strategy, it is valued and advanced by a group of invested partners rather than one individual or organization. Everyone involved is accountable to one another, and if a partner is no longer able to play a specific role, the coalition determines how to fill that role.

Municipal involvement in coalitions is particularly important for long-term work. Finding a municipal ally or department that champions the work adds voices advocating to continue Mass in Motion work within the City or Town. Take advantage of every conversation with municipal leaders to introduce or advance policy and practice change.

Coalition and partnership building also demonstrates community support for projects to funders. A committee that guides a strategy can be a go-to resource for letters of support, site visits with funders, quotes, and stories.

Leadership and Capacity Building

Some members of a coalition may need training to realize their leadership. For example, residents who are unaffiliated with organizations can be valuable advocates but may need training and opportunities for practice. You can identify and meet training needs locally or regionally to convey important values, build skills, and develop subject matter expertise. You can also work one-on-one with highly motivated partners to build their roles as community leaders, identifying trainings they might need, groups they could take leadership of, other campaigns or organizations they can get involved with, etc.

Governance and Decision-Making

As you strengthen an existing partnership or build a new one, think about how you make decisions together. Clearly defining goals and decision-making methods make coalitions effective over the long term. Traditional strategic planning tools include setting a vision, developing a mission, and identifying objectives and outcomes. These tools are useful but can overlook the "how" in favor of the "what." It is just as important to identify core values that guide a process and how members of a network work together. The Interaction Institute for Social Change offers the Dimensions of Success, represented by an equilateral triangle (see image).
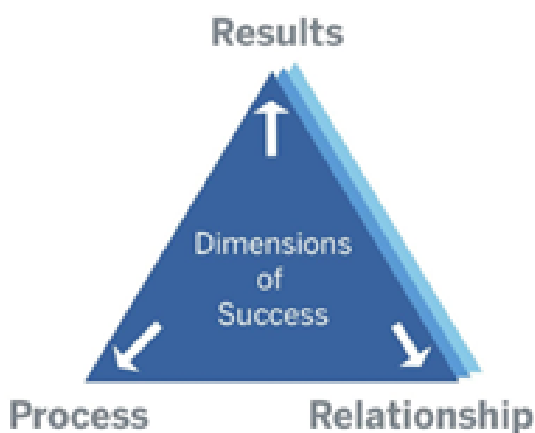
When you establish what results to achieve, what the process will look like, and how partners will relate to each other, you build dedication and accountability. One example of this is setting group agreements or shared norms, which are sometimes implied, but can be elevated to shared goals. Decision-making might also be unspoken rather than explicit. Intentionally naming and codifying methods for making decisions can help share power.

Funding Relationships

You can work with partners on funding opportunities to sustain Mass in Motion work. You might apply for a grant and include funds for Mass in Motion staff tie or subcontract out some work to partners while the agency where Mass in Motion is housed offers grant administration. You can also help partners write a grant application for work related to Mass in Motion, which may include a subcontract with Mass in Motion to support the partner through capacity building.

Policy Advocacy

Sustainability may mean identifying policies related to Mass in Motion strategies and supporting partners to become advocates. This may involve training and education about policy opportunities, campaign strategies, messaging, or communications efforts. For example, if you are improving local food distribution systems, you could connect with your Buy Local organization, which advocates for food policies such as improved access to farmland. The Buy Local may agree to meet with your partners to brief them on policy priorities and share tips about advocating.

What are Mass in Motion community grantees asked to do?

Sustainability should be embedded in the Mass in Motion work plan in multiple places. The continued goal of PSE change is sustainability beyond the fiscal year of funding so that you can create lasting, self-sustaining change and pass off maintenance work to partners as time goes on. Sustainability activities are closely related to the rest of guidance. You will be practicing sustainability when you:

TA Providers are here to help!

TA providers are content area experts and can help you with specific asks about community and partner engagement and PSE work with sustainability in mind. Pg. 39 has a list of TA providers and support available.

- ❑ Select at least two PSE strategies to implement (see Appendix C)
- ❑ Set long-term SMARTIE goals for each strategy
- ❑ Establish and coordinate a multi-sector partnership to identify, advance, and adopt community-level PSE strategies
- ❑ Ensure that municipal leaders are aware of and educated on their role as public health practitioners and the impact of the work
- ❑ Include and provide stipends to residents with lived experience to participate on municipal governance boards like advisory committees; planning councils; Diversity, Equity and Inclusion (DEI) committees, etc.
- ❑ Build community support for Mass in Motion through engagement activities
- ❑ Influence how the municipality and other partners use their resources
- ❑ Schedule technical assistance with TA providers (see pg. 39)
- ❑ Attend Mass in Motion trainings on sustainability and related activities

Reporting & Evaluation

What does reporting and evaluation look like?

FY23 Work Plan

You will fill out a work plan and report on progress twice a year. The work plan includes the following elements. Please see pg. 26 for details and further specific guidance on how to fill out the work plan in Smartsheet.

Strategy-Specific Elements	**Strategy Narrative**: Space to reflect with partners on how you choose changes to work on, how to implement changes, and how priority populations are involved. The narrative includes short- and long-term SMARTIE objectives, inequities being addressed, priority populations, and the five Racial Justice Reframing questions.
	Strategy Work Plan: Milestones and related activities advance PSE strategies to accomplish the short- and long-term goals listed in the Strategy Narrative. The milestones are: Strategic Planning, Working Group, Data Collection, Writing report/policy/plan, Distribution/Dissemination, Adoption or Implementation, Sustainability
	Tracking Strategy PSE Changes: This tracking sheet moves away from traditional performance measures and asks you to record when different types of PSE or practice change have taken place.
	Strategy Physical Environment Changes: Sites when specific locations have been identified related to strategy implementation.
Across Strategies	**Partner List**: All partners you work with, especially critical partners. A critical partner is one whose absence can stall or stop your work.
	Dollars Leveraged: A major Mass in Motion impact is influencing how municipal government, community-based organizations, and other stakeholders spend and distribute resources.
Other Non-Strategy Related Work	Some work related to Mass in Motion goals may not fall under a specific strategy, such as participating on a steering committee or planning an event. This part of the work plan offers space to connect your related strands of work to Mass in Motion.

FY23 Progress reporting

You will report on the progress of your Mass in Motion twice during the fiscal year, once mid-year and once at the end of the year. Progress reporting includes:
- Reporting status of Strategy Work Plan activities and entering progress notes
- Reporting PSE changes that occurred in Tracking Strategy PSE Changes
- Reporting physical site changes that occurred as a result of your strategy work in Strategy Physical Environment Changes
- Updating Partner List entries, if applicable
- Updating Dollars Leveraged entries, if applicable
- Reporting Other Non-Strategy Related Work, if applicable

What are Mass in Motion community grantees asked to do?

❑ Submit a complete work plan in Smartsheet. In FY23, a first draft is due August 12, 2022 and final draft informed by the Needs Assessment and Root Cause Analysis is due January 27, 2023

❑ A mid-year progress report due approximately 6 weeks after the end of Quarter 2 of the fiscal year. FY23 mid-year reporting is due January 31, 2023.

❑ An end-of-year report due approximately 6 weeks after the end of the fiscal year. FY23 end-of-year reporting is due August 4, 2023.

Smartsheet Guidance

Mass in Motion will be using the online collaborative tool Smartsheet to collect data, including Mass in Motion work plan data. Each grantee will be given access to a "Workspace" at the start of the grant. In the Workspace, you will find the necessary sheets to enter the previously referenced work plan elements, as well as other sheets that support grant-related activities. Smartsheet also allows you to "Share" sheets and workspaces so you can collaborate on Work plan elements with partners.

A quick reference guide to Smartsheet is on the next page. You will receive training on Smartsheet at the start of the grant period where additional guidance will be provided.

Smartsheet Quick Reference Guide

1. MDPH will send an invitation to your email address through Smartsheet that will grant you access to your workspace. Log in using the email address where you received the Smartsheet invitation.

smartsheet

Welcome back to Smartsheet

Don't have an account? Create one

Email

Enter your email

Password   Forgot your password?

Enter your password

☐ Remember me

Sign in

2. After you log in, you will see a menu bar on the left side that will let you navigate to your grantee "Workspace". See example menu bar with "Sample Grantee Workspace" highlighted.

smartsheet

Browse

⬙ WorkApps

▸ ☐ Sheets

▾ ⧉ Workspaces

    ▾ ⧉ Sample Grantee Workspace

        ▾ ☐ Grantee Work Plan

            ▸ ☐ Strategy Work Plan

3. If you click on your grantee "Workspace" you will see access to various sheets that you are expected to complete throughout the grant, including completing the Work Plan elements.

⧉ **Sample Grantee Workspace**

☐ Actions ▾   🗑

		Name
☐	☆	☐ Grantee Work Plan
☐	☆	🗋 Grant Checklist
☐	☆	🗋 Review Tool - the Analysis
☐	☆	🗋 Success Points Tracking
☐	☆	🗋 Work Plan Review Tool

Smartsheet Quick Reference Guide, cont.

4. Within the Work Plan folder, you will see the Strategy Work Plan folder that houses strategy-specific work plan elements (see step 5), across strategy elements, and a sheet to track "Other Non-strategy Related Work".

📁 **Grantee Work Plan**

			Name
☐	★	📁	Strategy Work Plan
☐	☆	📄	Dollars Leveraged
☐	☆	📄	Other Non-Strategy Related Work
☐	☆	📄	Partner List
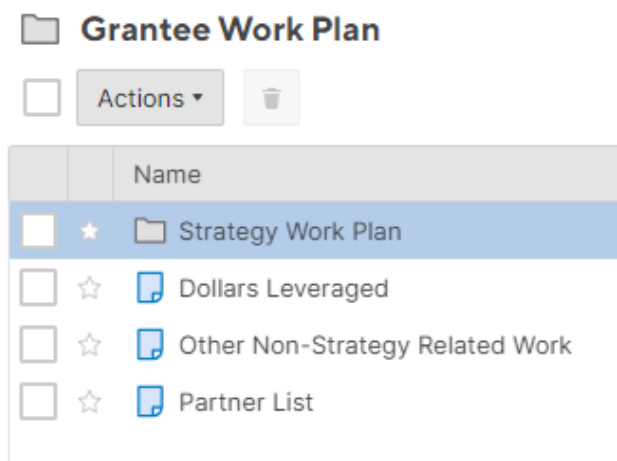
5. Within the Strategy Work Plan folder, you will find the four strategy-specific elements you need to complete: Narrative, Activities, Tracking PSE Change, and Physical Environment Changes.

📁 **Strategy Work Plan**

			Name
☐	★	📄	1/4 Narrative
☐	☆	📄	2/4 Activities
☐	☆	📄	3/4 Tracking PSE Change
☐	☆	📄	4/4 Physical Environment Changes
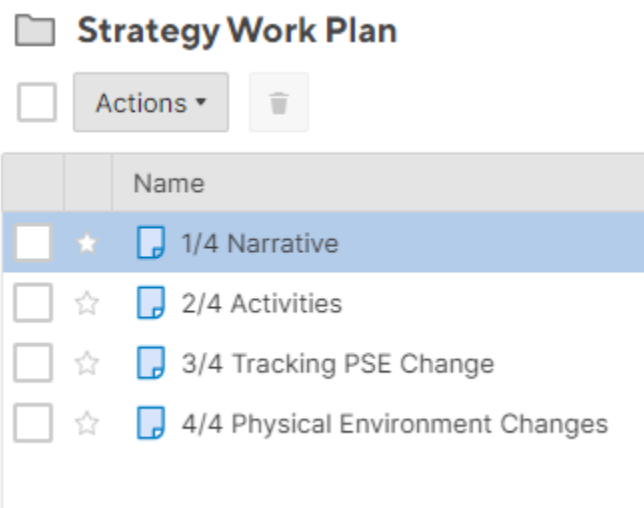
Below is an example of an element of the workplan: Activities

smartsheet

File   Automation   Forms   📄 2/4 Activities ☆

Community Name	Strategy	Activity Fiscal Year (YYYY format)	Milestone	If other, describe	Activity Description	Target Goal	Activity Start Date	Act

Success Points: Qualitative Reporting

The work and successes of Mass in Motion are not always easy to communicate, but stories about Mass in Motion work are key for showing progress and success, creating municipal buy-in, engaging partners, and connecting with residents. Successes include but are not limited to: policy and practice change, deepened community engagement, physical site changes, and dollars leveraged.

You are encouraged to share your successes during check-ins with the MDPH community liaison and by reporting it in various elements of work plan, such as in *Tracking Strategy PSE Changes, Strategy Physical Environment Changes, Other Non-Strategy Related Work*. The community liaison and evaluator will help you identify successes to report in the Success Points tracking system in Smartsheet. The Success Points tracking system documents details about success as it happens. MDPH will schedule a follow-up interview with you to develop the story of Mass in Motion's value and drive momentum for local and statewide support.

For FY23, grantees are asked to identify at least one Success Point to document in the Success Points tracking system in Smartsheet so that a follow-up interview can be conducted. A sample interview guide is below.

Success Points: Sample Interview Guide *interview conducted by MDPH

Community: *Submission Date*   *Interviewee:*

1. What was accomplished and when?

2. What was the role of the Mass in Motion coordinator?

3. Who were the involved partners and/or municipal officials?
   Please include any notable contributions of partners and/or municipal officials.

4. How did community members, and priority populations, in particular, contribute?
   Please include name of resident(s) who you think may have a powerful story or testimonial to share if applicable.

5. Which populations or community members will benefit from the focus of this effort?

6. How did you lead with race and racism in your efforts?

7. How will priority populations benefit from the change?

8. How will this contribute to support/enable behavior-related change for priority populations?
   Include specific numbers, if possible. A response is likely not possible for this question but may be if community has done an assessment such as a walk audit after an intersection has been changed/improved.

Needs Assessment and Root Cause Analysis

This analysis will help you identify fundamental causes and barriers to opportunities for healthy eating and physical activity that lead to health inequities in your community. The process will also help you identify community-specific strategies and necessary partners to address root causes and barriers.

The Needs Assessment and Root Cause Analysis is a key part of the Leading with Race and Addressing Structural Racism framework. It uncovers the history and trends of specific populations or neighborhoods, the role of racism, and related systemic factors. A clearer understanding of these causes means you can better identify policies, systems, and environmental changes that can eliminate or reduce barriers to healthy eating and active living particularly for priority populations.

What are Mass in Motion community grantees asked to do?

Task 1: Conduct Needs Assessment and Root Cause Analysis with partners and residents:
   A. Planning for the Data Analysis – Data Analysis & Participant Recruitment
   B. Conducting the Analysis with the Community
   Deliverables for Task 1:
   ❑ **Data brief** – a summary of historical and quantitative conclusions
   ❑ **Tree Exercise** – an attachment of the exercises completed during your community focus groups

Task 2: Assess the quality of the Analysis using the Review Tool
   Deliverable for Task 2:
   ❑ **Review Tool** – a template with a series of short answers assessing the quality and the comprehensiveness of the Analysis' results. You will receive feedback from MDPH that will inform Task 3.

Task 3: Revise your workplan based on results of the Analysis and Review Tool
   Deliverable for Task 3:
   ❑ **Updated workplan** – a revised version of your Smartsheet workplan for each strategy

TA Providers are here to help! TA providers will be offering trainings and one on one TA to you to conduct the Needs Assessment and Root Cause Analysis. MDPH will provide more information at the start of FY23.

Task 1: Conduct Needs Assessment and Root Cause Analysis

A. Planning for the Data Analysis

In this section, you will build on your institutional knowledge and current experience, along with the historical and quantitative information from your grant proposal. The purpose of this exercise is to confirm/identify the SDOH and root cause barriers to healthy eating and active living, examine if your current work's stakeholders are representative of those impacted by the disparities and involved in the inequities, to lay the groundwork for other residents/groups with lived experience of inequalities to engage in the work, and to ensure you and your partners (current and future) are on the same page about these critical pieces. Grantees will have support from TA providers and MDPH to a degree throughout this proves.

You can start with available data sources on the next page to dive into the following questions about your community. Please bring in any other data you would like:

1. <u>WHAT</u> are the health inequities in your community?
2. <u>WHO</u> is experiencing these inequities (i.e. priority populations)?

3. <u>WHY</u> do the inequities exist? What specific barriers and conditions need to be addressed? What local historical context shaped current barriers and conditions?

Begin to develop a Community Profile by gathering, reviewing, and analyzing existing data related to healthy eating and active living including, but not limited to:

- Health outcomes (Obesity, Type II diabetes, hypertension, heart disease)
- Demographics (race/ethnicity, age, gender, education)
- Behaviors (fruit and vegetable consumption, physical activity rates)
- Economic factors (income, poverty, cost, housing)
- Environmental factors (retail food access, park and open space access, safety)
- Social factors (isolation, discrimination, voter participation)
- Local historical context (redlining, land theft, highway construction, gentrification, immigration, colonization, etc.)

Identify gaps in the data and additional information you need, particularly for populations and communities where data may not be available due to small sample sizes or other limitations, as well as information you need to better understand social and environmental factors creating inequities.

❑ Deliverable: Data Brief – A summary of historical and quantitative conclusions with data sources cited. Please copy the summary into the Review Tool (see pg. 38)

Ensure your summary answers the questions above. Remember that your work plan asks you to name a minimum of 4 priority populations; these should be specific, such as race, age, ethnicity, geography, and other intersectional identities.

Helpful Data Sources

Massachusetts Population Health Information Tool (PHIT)
>How to Use – watch a video that walks you through the tool and get yourself familiar with how to access, download, and understand the data
>Data Directory – find the list of the datasets by topic (14 total), each dataset will allow you to choose to filter the data by category, subcategories, geography, sex, age, race/ethnicity, year

PHIT Community Reports
Data specific to community level and focuses on six social determinants of health
>How to Use – dive into the topics, the critical context used to analyze the issues raised, and other important information to consider

Covid-19 Community Impact Survey Data Dashboard
Interactive dashboard to explore Massachusetts community-level data

Massachusetts Environmental Public Health Tracking
Data specific to community level and organized by submenus and sections
>How to Use – learn to navigate with video, podcast, and web-based training

MAPC Massachusetts Food Systems Map
Community-level data and interactive map for food and public health planning

Massachusetts GeoDOT Open Data Portal
Data specific to roadways, boundaries, facilities, multimodal, accessibility observatory, highway assets, crashes

County Health Rankings & Roadmaps
Data specific to state, county, zip code level
>Tool Model – explore an interactive feature that explains the various measures available that create a community's profile
>2022 Measures – list of measures separated by health outcomes and factors

Census and American Community Survey
Data specific to state, county, zip code level from the US Census

Mass in Motion RFR Attachment H
Dataset with 2010 EJ data and various demographic, environmental, and health indicators from ACS 2014-2018. More current data is available on the ACS website. Attachment H is available for download on CommBuys in .zip form and will be sent as an email attachment to grantees.

PLACES: Local Data for Better Health
Data specific to state and county level
>About the Project – read about the purpose, geographic coverage, etc.

B. Performing the analysis with the community

This is an opportunity for you to gather qualitative information (e.g., feedback and questions from interviews, group discussions) about residents' barriers to healthy eating and active living, engage people with lived experience in identifying causes of inequities and what solutions they want to see, and build connections between municipal and community partners and residents.

MDPH recognizes that there are many ways grantees can successfully engage with their community and acknowledge this part may take different forms and combinations of formal and informal interactions. Here is a suggested general outline of your discussions, e.g. focus group or group discussion with community members, although you can design it to fit your own context:

1. **Present the summary of the data brief** you completed in preparation for the session. This will build your skills starting at the first step on the community engagement spectrum- informing. Ask for reactions from the group and transition into the next part.

2. **Conduct the Tree Exercise.** Optional: follow it up with the Fishbone Exercise (see pg. 34 for instructions on the exercises)

3. **Write a minimum of 4 cause and effect statements**. These should be specific to your final 4 priority populations and address the connection between health inequities, behaviors that contribute to health, and the root causes of inequities. (see pg. 37 for statement examples)

4. **Outline possible short- and long-term goals** for addressing the cause and effect statements.

5. **Select a minimum of 2 PSE strategies**. Consider which strategies the goals you brainstormed fall into.

REFLECT on the Racial Justice Reframing Questions
Who benefits? • Who is harmed? • Who influences?
Who decides? • What are the unintended consequences?

Pause and reflect on the issue of racial justice as you progress through the exercises. Make sure you are referring to these questions as you facilitate the discussion and encourage community members to think about them as they construct their responses.

After facilitating discussions with community members, you will complete the Review Tool, which will help you document is to help assess the quality and comprehensiveness of the analysis' results.

❑ Deliverable: Attach finished Tree Exercise in Smartsheet
❑ Deliverable: Fill out the Review Tool (example on pg. 38)

Participant Recruitment

A critical part of Mass in Motion is directly engaging with community members and actively collaborating with them in every aspect of the work. In the Needs Assessment and Root Cause Analysis, you will hold group sessions where residents and other partners convene and partake in a discussion. When considering who to recruit as participants, think about the following:

1. What demographics make up the community?
    - Age
    - Race/ethnicity
    - Gender
    - Marital status
    - Residential status
    - Income
    - Education
    - Employment

2. What prominent social groups are influencing community behaviors?
    - Religious groups
    - Political parties
    - Volunteer organizations
    - Charities & foundations
    - Recreational activities & clubs

3. What methods are you using to diversify your participant pool?
    - Paper advertisement (flyers, brochures, newspaper ads)
    - Digital mediums (social media, TV, radio)
    - Snowball recruitment (open invitation, word of mouth)
    - Social networks (directories of community organizations)

4. What obstacles hinder people from participating? How can you accommodate for those situations?
    - Language barriers
    - Transportation
    - Childcare
    - Food
    - Compensation for missed work hours

Tree Exercise

The Tree Exercise illustrates how the Social Determinants of Health impact behaviors and helps introduce people you are engaging to the idea of the Needs Assessment and Root Cause Analysis Process.

Step 1: Draw a bare tree with roots, a trunk, and branches.

Step 2: Ask participants to list several disease outcomes prevalent in your community, such as asthma, diabetes, injury, heart attacks, and depression. List these diseases as the leaves on the tree.

Step 3: Ask people to list behaviors that contribute to the disease outcomes they identified, such as eating processed foods, lack of physical activity, and substance abuse. List these on the trunk of the tree.

Step 4: Ask people to list social, economic, and political determinants that influence the behaviors they described. These may include poverty, racism, unaffordable housing, lack of public transportation, lack of grocery stores, and air pollution. List these determinants at the roots of the tree.

Step 5: These determinants represent the "root causes of disease." Describe how some of the root causes impact health outcomes through behaviors (e.g., lack of a grocery store impacts diet and therefore diabetes) and others impact health outcomes directly (e.g., air pollution leads to respiratory disease).

Fish Bone Exercise (optional)

The Fish Bone Exercise promotes "systems thinking" with the intent of avoiding only treating symptoms or surface issues. It assists in identifying causes to specific issues – what is making (or made) something happen – and allows for further analysis and intervention. This can involve one or many people in problem identification and enables participants to assess impact of efforts. See next page for example fish bone diagrams. More information and examples can be found here.

Step 1: Agree on problem statement

- Be clear and specific

- Write at mouth of fish

- Beware of defining problem as a solution

Step 2: Identify Issues

- Use 5 Why's exercise

    - Ask first: Why (is this so/does this happen)?

    - Then ask again related to initial answer

    - Continue at least 3 more times

- Shift to new ideas when group runs out of ideas

Step 3: Categorize

Categories often include: People, Processes, Practices, Policies, Environment

Step 4: Build the Diagram

Step 5: Analyze

- Select causes that can be affected by PSE work

- Select through collaborative decision-making process (e.g., consensus)

- Identify if additional information and data is needed

©2012 QFD Institute
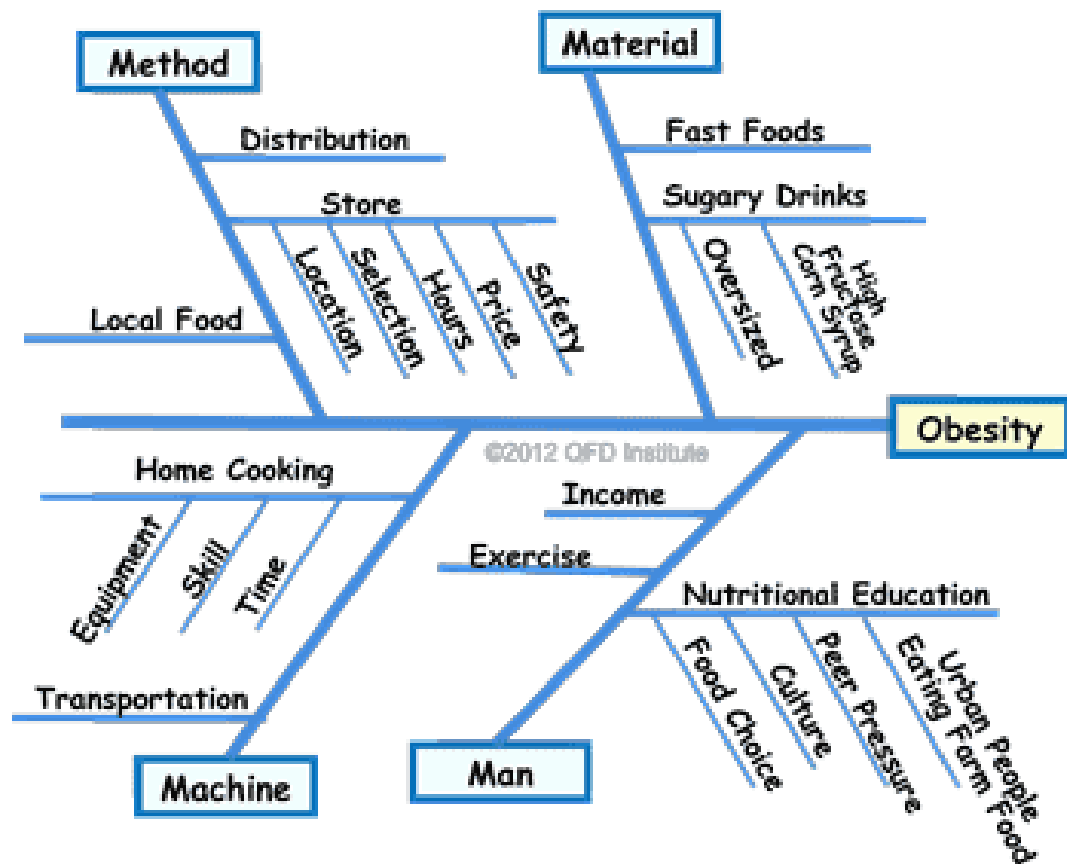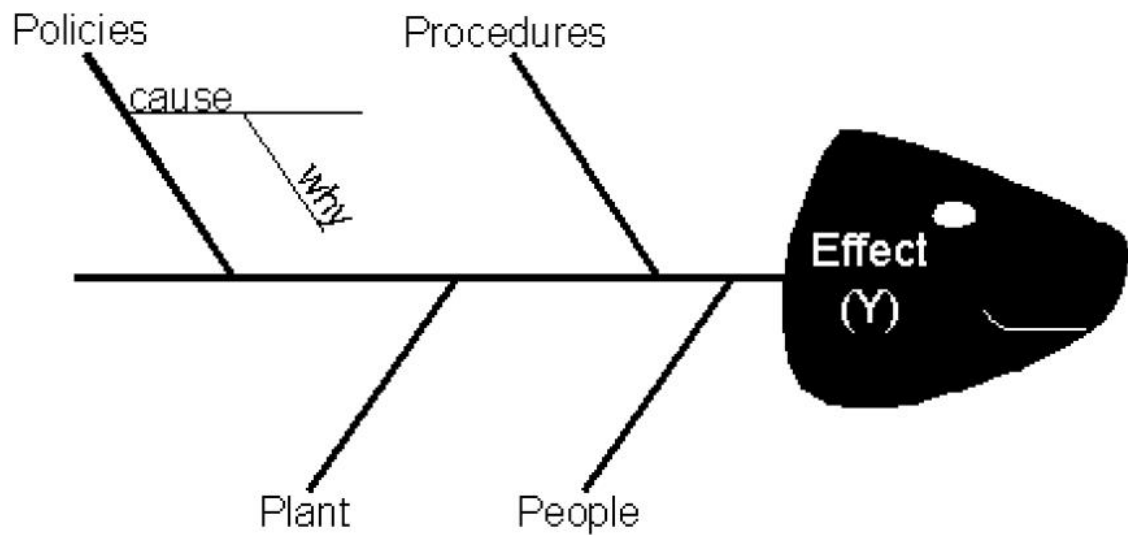
Cause and Effect Statements

Here are some examples of Cause and Effect Statements and how they may change as you go through the Needs Assessment and Root Cause Analysis process. These are examples and not prescriptive or exhaustive statements.

A Cause and Effect Statement will answer:

1. WHAT is the health outcome?

2. WHO is experiencing it?

3. WHY? What community condition is playing a role? What is the systemic/institutional reason?

REFLECT on Racial Justice Reframing Questions!

Initial draft (potentially from Tree Exercise)	Revised draft (potentially after a review of data)	Revised draft (potentially after focus groups)	Final Cause and Effect Statement
Low-income adults have higher rates of Type II Diabetes (health outcome) due to limited consumption of healthy foods (healthy behavior) due to living in neighborhoods that have less access to healthy foods (health inequity).	Low-income African American men have higher rates of Type II Diabetes due to limited consumption of healthy foods due to living in neighborhoods that have less access to grocery stores that sell healthy foods such as fruits and vegetables.	Low-income African American men living in the High Street neighborhood have higher rates of Type II Diabetes due to limited consumption of healthy foods because the neighborhood does not have a full-service grocery store that sells healthy foods such as fruits and vegetables.	Low-income African American men living in the High Street neighborhood have higher rates of Type II Diabetes due to limited consumption of healthy foods because the neighborhood does not have a full-service grocery store that sells healthy foods such as fruits and vegetables due to a lack of investment in business infrastructure.
Seniors have higher rates of hypertension (health outcome) due to limited physical activity (healthy behavior) because of a lack of safe recreation space in town (health inequity).	Immigrant seniors have higher rates of hypertension due to limited physical activity because of a lack of safe parks and open space in town and because the parks are not seen as welcoming to people of different backgrounds.	Immigrant seniors of Latinx descent have higher rates of hypertension due to limited physical activity because of a lack of safe parks and open space in the Cedar neighborhood and because the parks are not welcoming since they are managed by white volunteers who seem inhospitable to people of different backgrounds.	Immigrant seniors of Latinx descent have higher rates of hypertension due to limited physical activity because of a lack of safe parks and open space in the Cedar neighborhood and because the parks are not welcoming, are managed by white volunteers who seem inhospitable to people of different backgrounds, and there is a lack of culturally-relevant and age-friendly infrastructure.

Task 2: Assess the quality of the Analysis

Review Tool
The Review Tool is found in your Smartsheet workspace. Below is the list of the questions you will need to provide responses to in the Review Tool. The purpose of this tool is to assess the quality and comprehensiveness of your Needs Assessment and Root Cause Analysis results.
❑ Deliverable: Fill out the Review Tool in Smartsheet

Review Tool Questions

Uploaded Tree Exercise Image

Engagement & Participation
- How did you recruit participants to engage in this Analysis?
- List Partners who were engaged in the Analysis
- List Residents (including Priority Populations) who were engaged in the Analysis

Data Brief Exercise
Copy and paste a short overview of your community's health outcomes/behaviors, conditions, and inequities with data sources cited.

Analysis Results
- What are the identified inequities in your community?
- Who are your 4 Priority Populations?
- What are your cause and effect statements? At minimum, you should have 4 statements - one for each priority population. Use the statement template provided in the Analysis Guidance.

PSE Strategy Selection
- What PSE change strategies were identified as a result of the Analysis?
- How do the strategies selected benefit identified Priority Populations?

Using Results to Improve Workplan
- PARTNER LIST: Who else do you need to engage? (partner sectors, community members, priority population) Who are the organizations or community groups who represent identified priority populations?
- STRATEGY NARRATIVE: How can you deepen your responses to the racial justice reframing questions?
- STRATEGY ACTIVITIES: How can you deepen community engagement for your strategy activities?

Task 3: Revise your workplan based on results of the Analysis and Review Tool

❑ Deliverable: Updated workplan – a revised version of your Smartsheet workplan for each strategy (due 1/27/23)

Technical Assistance

A variety of technical assistance (TA) providers are available to you to identify and implement Mass in Motion efforts. Areas of technical assistance are:

- **Health and Racial Equity:** Mo Barbosa (mbarbosa@hria.org), *Health Resources in Action*

- **Healthy Community Design:** Barry Keppard (BKeppard@mapc.org), Sharon Ron (SRon@mapc.org), Heidi Stucker (HStucker@mapc.org), and Jessika Brenin (JBrenin@mapc.org), *Metropolitan Area Planning Council*

- **Municipal Engagement:** Matt Barron (barron@mahb.org), *Massachusetts Association of Health Boards*

- **Data and Evaluation**: Drew Koleros (DKoleros@mathematica-mpr.com), *Mathematica*

When Can I Request TA?

Anytime! TA providers are available to help you develop work plans, develop or strengthen partnerships or relationships with municipal leaders, problem solve specific challenges, conduct content area specific trainings and complete specific activities on your work plan. TA providers are generally available for support ranging from one-time phone calls to in-person meetings to facilitation and implementation of special projects. Contact each provider for specifics.

How Should I Request TA?

You can contact TA providers based on the support you need to advance a particular strategy. You may call or email them at any point. TA providers also generally attend quarterly statewide meetings. When appropriate, the liaison may request a TA provider to contact a Mass in Motion Coordinator to offer support or to assist in implementation. TA providers are responsible for informing grantees of contract hours and how much time is available to commit to the grantee.

Specific TA providers may change over time. Please use the Mass in Motion Smartsheet site for the most up-to-date names, contacts, and services provided by Technical Assistance providers.

Communications
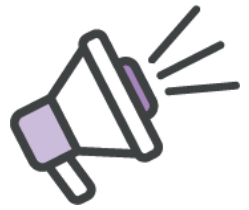
Communication about local Mass in Motion work and Mass in Motion approaches is key for creating municipal buy-in, engaging partners, connecting with residents, ensuring sustainability of efforts, and demonstrating progress and success.

MDPH plans to offer more guidance, training, and technical assistance related to local communications efforts during FY23. Topics are likely to focus on how to frame data with narratives and talking about Mass in Motion success.

Newsletter

MDPH offers a monthly newsletter with events, resources, and grant opportunities. Mass in Motion Coordinators and supervisors will be added to the distribution list. You may also want your local partners to receive the newsletter.

Materials

MDPH maintains a Clearinghouse for health promotion materials at https://massclearinghouse.ehs.state.ma.us/. Mass in Motion keeps a few materials in stock on the Clearinghouse and will work with grantees to assess the need and feasibility to restock or add to what's currently available.

Attribution for MDPH-funded activities on press releases, flyers, etc., should include the Mass in Motion logo and the following language: "*This program is funded by Mass in Motion, an initiative of the Massachusetts Department of Public Health.*"

MDPH also has a style guide that you will have access to, which offers guidance on using Mass in Motion colors, fonts, graphics, and logos.

Appendix A: Glossary

Built environment: The physical makeup of where we live, learn, work, and play, including homes, schools, businesses, streets and sidewalks, open spaces, and transportation options. (Adapted from the US Centers for Disease Control and Prevention Division of Nutrition, Physical Activity, and Obesity)

Community engagement: Community engagement is the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the wellbeing of those people. (US Centers for Disease Control and Prevention)

Environmental Justice criteria: In Massachusetts a neighborhood is defined as an Environmental Justice population if any of the following are true: Block group whose annual median household income is equal to or less than 65 percent of the statewide median ($62,072 in 2010); or 25% or more of the residents identify as a race other than white; or 25% or more of households have no one over the age of 14 who speaks English only or very well. (MA Executive Office of Energy and Environmental Affairs)

Health equity: The opportunity for everyone to attain their full health potential. No one is disadvantaged from achieving this potential because of their social position (e.g. class, socioeconomic status) or socially assigned circumstance (e.g. race, gender, ethnicity, religion, sexual orientation, geography, etc.).

Health inequities: Differences in health across populations that are systemic, avoidable, unfair, and unjust. These differences are rooted in social and economic injustice, and are a result of social, economic, and environmental conditions. For Mass in Motion, an inequity is also the cause of a barrier or limitation to healthy eating and active living. (Adapted from Margaret Whitehead)

Leading with race and addressing structural racism framework: A method to engage populations with lived experience of inequities by considering and understanding intended and unintended causes, effects, and consequences of racial inequities including history and trends of populations or neighborhoods; the role race and racism may have played in the existence of the cause; and related structural, institutional or systemic factors, including systemic and structural racism. (Developed by Mass in Motion)

Lived experience: Firsthand knowledge gained from actual participation in a program, system, neighborhood, or population group, which is an important refinement to community engagement practice. (Hogan et al. "Lived Experience: The Practice of Engagement in Policy," Nemours, 2020)

Network: Formal partnership created between three or more people or organizations to achieve mutually desired objectives (in this case, related to the goals of Mass in Motion). (Visible Network Labs)

Policies, systems, and environmental change strategies: A policy improvement may include a law, regulation, procedure, administrative action, incentive, or voluntary practice of governments and other institutions. A systems improvement may include a change that impacts all elements, including social norms of an organization, institution, or system. Environmental improvements may include changes to the physical, social, or economic environment. (Centers for Disease Control and Prevention, *A Practitioner's Guide for Advancing Health Equity: Community Strategies for Preventing Chronic Disease*)

Priority Populations: Specific populations experiencing health disparities associated with healthy eating and active living as demonstrated by quantitative and qualitative information.

Root cause barrier: An economic, environmental, or social factor that limits or causes a limitation to healthy eating and active living.

Social Determinants of Health: The broad set of factors that influence health outcomes and that shape community environments. These factors reach far beyond the healthcare system, and include structural drivers (e.g., racism and the inequitable distribution of power, money, opportunity, and resources) and conditions of daily life (e.g., the environments in which people are born, live, work, play, worship, and age. (Adapted from the Prevention Institute)

Social environment: The sociodemographic composition of the neighborhood and its residents, as well as the relationships, groups, and social processes that exist among individuals living in the neighborhood (Kepper, Maura M et al. "The neighborhood social environment and physical activity: a systematic scoping review." *The international journal of behavioral nutrition and physical activity* vol. 16,1 124. 9 Dec. 2019)
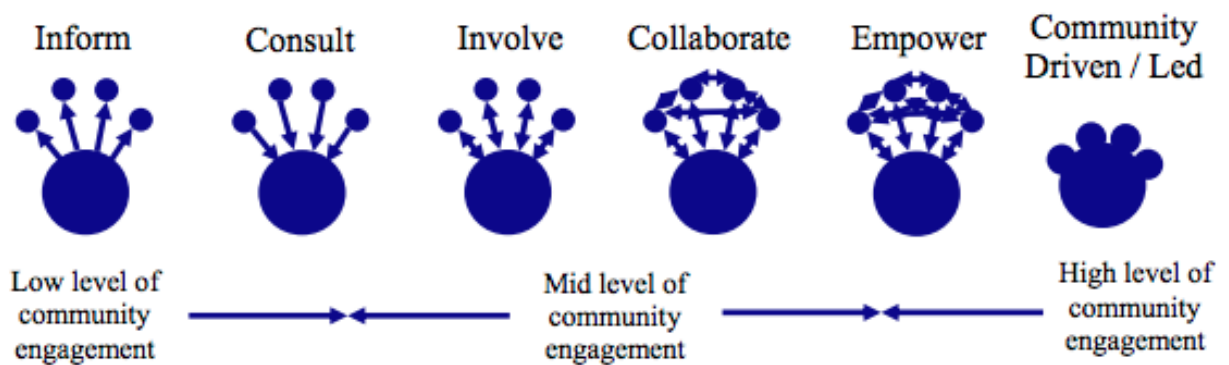
Structural racism: Racial bias across institutions and society over time; the cumulative and compounded effects of an array of factors such as public policies, institutional practices, cultural representations, and other norms that work in various, often reinforcing, ways to perpetuate racial inequity. **(**David Wellman)

Systems of oppression: The systematic subjugation of one social group by a more powerful social group for the social, economic, and political benefit of the more powerful social group. (Adapted from Racial Equity Tools)

Unintended consequences: Unforeseen impacts of a policy decision. (Adapted from Government Alliance for Racial Equity)

Appendix B: Continuum of Community Engagement

Community engagement processes are ongoing relationships between municipalities, community-based organizations, residents, and other stakeholders. In the Mass in Motion context, community engagement relates to how the needs, opportunities, and barriers of priority populations are understood and used to inform selection and implementation of policy, systems, and environmental (PSE) change strategies. Different levels of community engagement are appropriate for different projects and processes based on goals, needs, resources, and other important factors. This is why true community engagement is a continuum.

Inform — Consult — Involve — Collaborate — Empower — Community Driven / Led

Low level of community engagement — Mid level of community engagement — High level of community engagement

Source: Adapted from International Association for Public Participation, 2014

The Continuum of Community Engagement is a spectrum of community engagement methods from a low level (Inform) on the far left side to a high level (Community Driven/Led) on the far right side. As you move to the right side of the spectrum, methods build upon each other. For example, if residents are *involved* in an activity to advance a strategy, then they are also *informed* and *consulted*. The table on the next page provides a definition of each engagement method based on the goal of the engagement process, the promise being made to the community, and examples of what each method of engagement looks like.

Mass in Motion expects grantees to deepen engagement of priority populations over time. This includes expanding partnerships to support community engagement and implementation of PSE changes. Deep community engagement takes time. Some partnerships with priority populations may be new or aspirational, relationship building and collaboration take time, and grantees may need to learn more about how to meaningfully engage priority populations and bring their perspectives into municipal and regional work.

[1] MA Department of Public Health's Determination of Need Community Engagement Standards for Community Health Planning Guidance: https://www.mass.gov/doc/community-engagement-guidelines-for-community-health-planning-pdf/download

	Community Participation Goal	Promise to the community	Examples
Inform	To provide the community with balanced and objective information to assist them in understanding the problem, alternatives, opportunities, and/or solutions	We will keep you informed	- Fact sheets - Web sites - Open houses
Consult	To obtain community feedback on analysis, alternatives, and/or solutions	We will keep you informed, listen to and acknowledge concerns, aspirations, and provide feedback on how community input influenced decisions	- Public comments - Focus groups - Surveys - Community meetings
Involve	To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	We will work with you to ensure that your concerns and aspirations are directly reflected in the alternative developed and provide feedback on how that input influenced decisions	- Workshops - Deliberative polling - Advisory bodies
Collaborate	To partner with the community in each aspect of the decision including the development of alternatives and identification of the preferred solution	We will look to you for advice and innovation in formulating solutions and incorporate your advice and recommendations into the decision to the maximum extent possible	- Advisory groups - Consensus building - Participatory decision making
Empower	To place the decision-making in the hands of the community	We will implement what you decide, or follow your lead generally on the way forward	- Advisor bodies - Volunteer stipends - Ballots - Delegated decisions
Community Driven/-led	To support the actions of community initiated, driven, and/or led initiatives	We will provide the needed support to see your ideas succeed	- Community supported processes - Advisory bodies - Stipend roles for community - Funding for community

Appendix C: PSE Strategy Guidance

This appendix contains strategy overview sheets that provide a list of suggested Mass in Motion strategies and some introductory guidance on how to implement them. The overviews are a place for you to begin your work and can be used to explore new strategies and start thinking about work plans. Strategy overviews are not meant to be definitive guides or step-by-step instructions for how to do strategies. For more resources, reach out to TA providers or MDPH staff for more advice and to point you in the direction of further reading, tools, or people to contact.

Mass in Motion PSE Strategies:

- Active Transportation Planning
- Community Economic Development
- Food Planning
- Housing
- Park and Open Space Planning
- School District Policy
- Prove-It model

Active Transportation Planning

What is Active Transportation Planning?

Active Transportation Planning shapes opportunities for walking, biking, the use of public transit, and other forms of physical activity. It also shapes access to the things that keep people healthy, like work, school, food, childcare, parks, and health care. Active transportation can improve food access, reduce chronic disease rates, create safer environments, and reduce social isolation.[1,2] One way to approach this strategy to take advantage of local conversations is aligning and framing active transportation as a climate change resilience opportunity.

This strategy adds active transportation considerations into municipal planning processes and policies to identify community needs and build related infrastructure. Major activities related to this strategy include but are not limited to:

- Creating or updating a **municipal planning document dedicated to active transportation**, such as a Bicycle and Pedestrian Master Plan, that recommends policy and infrastructure changes.
- Building **active transportation language into other municipal plans**, such as Housing Plans, Food Plans, or Master Plans.
- Participation in MassDOT's **Complete Streets** Funding Program, which offers technical assistance and project funding to build a safer and healthier travel network for residents, benefiting a community's health, safety, economic climate, and quality of life.[3]
- **Passing policies** related to walking, biking, transit, etc. including better maintenance of the built environment and access to active transportation opportunities for people with disabilities.

Many plans and planning processes have historically created racial segregation and poor health outcomes for people of color. Equitable strategy work should include an understanding of this context and address issues of structural racism.

Planning activities should also be rooted in a review of existing municipal policies and plans to accurately reflect community needs. Some Mass in Motion grantees may already have municipal plans that include active transportation, which are good guides for PSE changes to work on.

Sample Short-term SMARTIE Objective: By the end of FY23, Anytown will have updated our Complete Streets prioritization plan with the direct input of at least 50 residents, including 25 immigrants.

Sample Long-term SMARTIE Objective: By the end of FY25, Anytown will have implemented at least two projects from the updated prioritization plan with MassDOT Complete Streets funding.

1 "Transportation and Health," APHA (2020)
2 "Mind the Gap," Safe Routes to School National Partnership (2017)
3 MassDOT Complete Streets Funding Program Guidance (2021)

Active Transportation Planning Sample PSE Activities

- Form a Bike/Pedestrian Advisory Committee or Transit Committee with partners
- Conduct walk and bike audits with residents in priority neighborhoods to get a fuller picture of the municipality's needs
- Support becoming an Age Friendly Community through the AARP/WHO and work on PSE strategies identified in the planning process related to active transportation
- Incorporate physical alterations to roadway elements such as shoulders, sidewalks, crosswalks or curb ramps to ensure streetscape access for people with disabilities
- Join a transit authority if your community isn't already a member or work with your existing transit authority to expand services
- Work with transit authorities to change routes or add stops for food access points, open spaces, or other major locations and make transit routes to them free
- Explore funding opportunities to create safer infrastructure, such as the MassTrails Grant, Complete Streets, or the Municipal Vulnerability Preparedness Program
- Update a municipal Complete Streets prioritization plan, including community engagement to inform the update and align with the needs of priority populations
- Conduct a Built Environment Regulatory Review to identify regulations, policies, and plans that can improve opportunities for physical activity
- Make sure your community is actively participating in transit authority governance (such as attending board meetings)

Potential Partners

This is not a complete or prescriptive list. Consider partners that represent stakeholders who have not been historically included in planning decisions, such as people of color, and who will be impacted by this strategy.

Department of Public Works	Residents affected by lack of safe
Planning Department	active transportation
Transportation Department	Councils on Aging
Elected officials, councils, and boards	Disability Commission
Bike/pedestrian advisory committees	Human Rights Commission
Public safety agencies	Transit Authorities
Schools	Regional Planning Agencies

Resources Available

- Healthy Community Design Toolkit
- WalkBoston
- MassBike
- MassDOT Complete Streets Program
- Massachusetts Healthy Aging Collaborative

- MassDOT Municipal Resource Guide for Bikeability & Walkability
- MassDOT IMPACT crash data portal
- Smart Growth America
- MVP Program
- MassTrails

- MassDOT Shared Streets and Spaces
- Age Friendly bus stops
- RWJF What Works for Health: Bike and Pedestrian Master Plans, Complete Streets, Zoning Regulations

Community Economic Development

What is Community Economic Development?

Community economic development is an "approach to local economic development that is driven by a community's social, environmental and economic priorities. It is shaped by those who live, work and run businesses and public services within that community….A CED approach is for those with an interest in making a local economy function better for groups it doesn't serve well."[1]

Evidence suggests that strategies related to community and economic development can increase food security and increase physical activity by providing job security and enough income and assets for healthy food and participate in active living. [2, 3]

This is a new Mass in Motion strategy. MDPH will provide capacity building opportunities related to community economic development and will look to grantees to try new things and inform Mass in Motion practice. To start working on this strategy, you may need to spend time building knowledge and relationships. You may want to start with some preliminary activities such as a Health Impact Assessment to better understand things like how low wages or certain policies such as bank lending affect health in your community. Major activities related to this strategy might include but are not limited to:

- Supporting access **to good jobs**, including good food jobs: "jobs that pay a living wage, offer safe working conditions, promote sustainable economic development, and make healthier food more accessible for all residents."[4] Access includes links between jobs, transportation, and housing.
- **Policies and improvements to municipal, community development, and business practices** to create better access to financial resources, wealth building opportunities, and infrastructure, including internet.
- Creating or updating an **Economic Development plan** and connecting community economic development to health, including food security.

Sample Short-term SMARTIE Objective: By the end of FY23, Anytown will have convened a community economic development working group that includes the municipality, local businesses, and at least 4 representatives of priority populations.

Sample Long-term SMARTIE Objective: By the end of FY25, Anytown will have identified and passed one policy related to municipal procurement that will distribute more resources to priority populations.

1 Introduction to Community Economic Development, NEF Consulting, (2022).
2 "Food Insecurity Research in the United States," Gundersen and Ziliak (2018)
3 "Psychosocial work conditions, unemployment, and leisure-time physical activity," Mohammad Ali and Lindström (2006)
4 "New Approaches for Moving Upstream," Freudenberg, et al. (2015).

Community Economic Development Sample PSE Activities

- Pass a municipal or institutional policy that supports good working conditions and protections for employees, including paid sick and family leave, occupational safety, guaranteed and predictable shift scheduling, whistleblower protections, collective bargaining protections, unemployment insurance, childcare, etc.
- Support efforts that increase employment eligibility and feasibility (e.g., practicing open hiring, instituting a "ban the box" policy, foregoing credit checks in the hiring process, etc.)
- Assess the financial impact of potential changes to organizational systems to support building sustainable financial structures
- Change municipal procurement practice through inclusive contracting policies that preference minority- and women-owned businesses
- Establish a legal definition for worker cooperatives and provide financial incentives
- Push local initiatives related to living wages and/or universal basic income
- Protect small local businesses against displacement by mandating affordable retail space in city-funded developments or quotas of retail space for local businesses
- Provide broadband services to the community, especially in areas without existing access
- Increase funding for Small Business Technical assistance and small business loans

Potential Partners

This is not a complete or prescriptive list. Consider partners that represent stakeholders who have not been historically included in planning decisions, such as people of color, and who will be impacted by this strategy.

Economic Development Department
Community Development Corporations
Community Development Finance Institutions
Residents who are affected by lack of income and wealth

Local banks
Local businesses
Chamber of Commerce
Regional Planning Agencies
Real estate developers
MassHire Workforce Investment Boards

Resources Available

- Massachusetts Association of Community Development Corporations
- MassDevelopment

- Healthy Neighborhood Investments Policy Scan
- Opportunity Finance Network
- Framingham Beautification Program
- RWJF What Works for

Health:, Broadband Initiatives, CDFIs, Living Wage Laws, Reparations, Universal Basic Income, Paid Sick Leave, Paid Family Leave

Food Planning

What is Food Planning?

Food planning helps municipalities build infrastructure and create processes that promote access to healthy, affordable foods. Major activities related to this strategy include but are not limited to:

- **Community Food Assessments** to build understanding of a community's food system and inform decisions about future action.[1] CFAs lead to food plans or directly to recommended actions.
- Creating or updating a **Food Plan** dedicated to food access within municipal operations. Food plans may be comprehensive or focus on a particular component of the food system, such as production.[2]
- Setting up a **Food Policy Council** to guide food planning activities.
- Building **food language into other types of municipal plans**, such as Open Space and Recreation Plans, Master Plans, Housing Plans, Economic Development Plans, Climate Resiliency Plans, or Bike/Pedestrian Plans.
- Working on **food zoning**, which physically shapes a community and affects where food retail goes, where people can grow food, and land use patterns that shape housing's proximity to food.[3] Zoning can directly impact food access (e.g., where retail is allowed) and have upstream impacts (e.g., zoning prohibitions that limit housing production).
- Passing **community agriculture bylaws/ordinances** to create spaces for growing produce, raising chickens or bees, and allowing on-site farm stand sales. Community agriculture increases food access and food security, creates safety, and encourages physical activity and social interactions.[4]
- Healthy **food distribution and retail** work to support the development, location, and success of healthy food retail. This can focus on procurement, distribution, retail siting, and other non-programmatic initiatives.

Planning and zoning have historically led to segregation, low food access, and poor health outcomes for people of color, so strategies should address issues of structural racism wherever possible. New food zoning can make neighborhoods more desirable places and lead to gentrification and displacement. Connect with housing partners to create a mitigation plan that includes affordable housing measures prior to zoning and development changes.

Sample Short-term SMARTIE Objective: By the end of FY23, Anytown will have welcomed two residents with lived experience to the Food Policy Council and will have assessed municipal policies for impact on community agriculture activities.

Sample Long-term SMARTIE Objective: By FY25, Anytown will have passed a community agriculture ordinance that allows commercial agriculture in all residential and commercial zones.

1 Community Food Assessments," Johns Hopkins Center for a Livable Future (2022)
2 Municipal Strategies to Increase Food Access, PVPC and MAPC (2016), pp 2-3
3 Ibid, p 31
4 "Vacant Lots to Vibrant Plots," Santo, et al. (2016)

Food Planning Sample PSE Activities

- Use an existing Community Food Assessment to help identify and guide Mass in Motion PSE strategies, including developing a food plan
- Identify and assess municipally-owned land that can be used for agriculture; develop a process to connect growers to these sites, such as a land database
- Revise zoning to require that residential developments provide open spaces for food production
- Limit fast food establishments or venues for sugar sweetened beverage sales through zoning ordinances/bylaws and health regulations
- Support a community land trust to preserve livable communities and opportunities for food access, including community agriculture
- Build municipal support for a food hub to aggregate local produce and distribute to regional institutions
- Support becoming an Age Friendly Community through the AARP/WHO and work on PSE strategies identified in the planning process related to food access
- Streamline the process for mobile or temporary food vendors (like farmers markets) to utilize open spaces
- Engage in regional community health needs assessment and improvement planning efforts to include food access needs; connect the resulting recommendations to local PSE change and seek funding for implementation

Potential Partners

This is not a complete or prescriptive list. Consider partners that represent stakeholders who have not been historically included in planning decisions, such as people of color, and who will be impacted by this strategy.

Food access/justice organizations
Food retail representatives
Farmers
Residents affected by food insecurity
Health care systems
Municipal planners
Economic Development Department
Parks and Recreation Department

Housing Department
Community Development Corporations
Community Development Finance Institutions
Board of Health
Chamber of Commerce

Resources Available

- Municipal Strategies to Increase Food Access toolkit
- MAPC Healthy Food Access resources

- MA Food Trust Program
- Farm to Institution New England
- Massachusetts Healthy Aging Collaborative

- RWJF What Works for Health: Community Gardens, Community Kitchens, Food Hubs, Land Banking, Urban Agriculture, Zoning

Housing

What is Housing?

Safe and attainable housing is foundational to a stable and healthy life. Because housing intersects with social networks, climate, food, transportation, and other issues, addressing housing needs can impact many aspects of health. [1, 2, 3] The long history of denying people of color affordable and safe housing in the US and in Massachusetts through practices such as redlining and restrictive covenants in deeds also points to direct ties between housing and racial equity.

This is a new Mass in Motion strategy. MDPH will provide capacity building opportunities related to housing and look to grantees to try new things and inform Mass in Motion practice. To start working on this strategy, you may need to spend time building knowledge and relationships. Some activities to start with are:
- Talking to local decision-makers about the health impacts of housing.
- Supporting efforts that engage the community around affordable housing issues to build trust and respond to residents' needs.
- Conducting a housing policy scan for your community. Housing policies may be located in comprehensive plans, zoning codes, landlord/tenant laws, rent stabilization laws, public housing agencies' annual plans, etc.

Major activities related to this strategy might include but are not limited to:

- **Policies that increase the amount of affordable housing**, such as zoning
- Using municipal or other local resources to **develop or preserve affordable housing** in perpetuity
- Policies that connect residents to **long-term housing opportunities**
- **Improving the quality of existing affordable housing** for residents so that it is clean, safe, adequately maintained, ventilated, and free from pests and contaminants such as lead
- **Eviction or foreclosure prevention**, to keep people in their homes

Pairing an Affordable Housing strategy with another strategy, such as Park and Open Space Planning, Transportation, or Food Planning is a good opportunity to address concerns related to gentrification and displacement as neighborhoods become desirable places to live and residents with less income and wealth are unable to stay.

Sample Short-term SMARTIE Objective: By the end of FY23, Anytown will have completed an affordable housing policy scan with at least 5 partners, including 3 who represent priority populations.

Sample Long-term SMARTIE Objective: By the end of FY25, Anytown will have identified one municipal policy related to affordable housing to create language for and pass.

1 "Preserving, Protecting, and Expanding Affordable Housing," Johnson, et al. (2015)
2 "A Warm Meal and a Bed," Miewald and Ostry (2014)
3 Healthy Neighborhood Investments, pp 56-62 (2021)

Housing Sample PSE Activities

- Build inclusive neighborhoods by adopting policies that require developments to meet the needs of different income levels, such as Inclusionary Zoning
- Support the inclusion of deed-restricted affordable housing into market-rate housing developments through a Community Benefit Agreement
- Adopt zoning to support a range of housing types, such as accessory dwelling units, smaller minimum lot sizes, multi-family housing, infill development, mixed-use, etc.
- Adopt a condominium conversion ordinance to provide tenant protection
- Collaborate with partners to incentivize the development of long-term affordable housing through density bonuses, expedited permitting, and fee reductions, though inclusionary zoning
- Establish local tools dedicated to the production of affordable housing, such as Community Land Trusts, Municipal Affordable Housing Trusts, Community Preservation Act, etc.
- Incorporate an analysis of housing affordability needs into community health assessments and community health improvement plans as an independent section or as an addendum

Potential Partners

This is not a complete or prescriptive list. Consider partners that represent stakeholders who have not been historically included in planning decisions, such as people of color, and who will be impacted by this strategy.

Planning Department
Economic Development Department
Housing Authorities
Affordable housing coalitions
Boards of Health
Regional Planning Agencies

Community Development Corporations
Real estate developers
Residents who are affected by housing insecurity
Health care systems

Resources Available

- Healthy Community Design Toolkit
- MA Association of Community Development Corporations
- Massachusetts Housing Partnership

- Affordable Housing Policy Toolkit
- Healthy Neighborhood Investments Policy Scan
- Housing and Health: A Review of the Literature
- Metro Mayors Coalition

Regional Housing Task Force
- RWJF What Works for Health: Land Trusts, Housing Trust Funds, Inclusionary Zoning

Park and Open Space Planning

What is Park and Open Space Planning?

Park and open space plans frame and guide the ways municipalities provide green space and places for physical activity. Open spaces create opportunities for physical activity, connecting with neighbors, and growing food, and enhance overall well-being and community vitality. They support environmental health and mitigate climate change concerns by managing flooding, keeping drinking water clean, and providing refuges from extreme heat. [1, 2, 3] Supporting efforts for visual improvements related to open spaces also encourages social and economic investments and has the potential to reduce crime and safety concerns.

Mass in Motion communities likely already have an Open Space and Recreation Plan or other plans that incorporate parks and open space. These plans are good guides for determining what PSE change strategies to work on. Take advantage of local conversations by aligning and framing open space as a climate change resilience opportunity. Major activities related to this strategy include but are not limited to:

- Developing an **Open Space and Recreation Plan**, which has a standardized format set by the Commonwealth.
- Building **open space and recreation language into other municipal plans**. For example, master plans include a chapter on open space.
- **Creating, renovating, or expanding access** to parks/open spaces, playgrounds, and other recreational facilities in ways that enable food access and physical activity, connect to multiple modes of transportation, and are easily accessed by all residents.

Park and Open Space planning should incorporate the needs of priority populations and an understanding of how structural racism has limited access to open space for people of color. For example, you may learn from residents that parks in a primarily Black neighborhoods have the most deteriorating playgrounds. Work to understand and fix the systems that cause and perpetuate this problem, such as an inadequate municipal maintenance policy. Include these fixes in Open Space and Recreation plans or directly address the policy. Consider pairing this strategy with anti-displacement Affordable Housing or Community Economic Development actions to mitigate the potential for "green gentrification" from open space investments.

Sample Short-term SMARTIE Objective: By the end of FY23, Anytown will have an open space steering committee. At least 25% of members will be residents and the committee will have met at least 4 times.

Sample Long-term SMARTIE Objective: By the end of FY24, the steering committee will have updated the Open Space and Recreation Plan, which will contain a stated commitment to health and racial equity.

1 How Cities Use Parks to Improve Public Health," APA (2017)
2 "Green space and parks," Robert Wood Johnson Foundation What Works for Health (2022)
3 MVP Program (2022)

Park and Open Space Planning Sample PSE Activities

- Assess who owns and has access to land in your community and tell the history of taking land and access away from Indigenous people and other people of color
- Support or create a park and open space steering committee to guide planning
- Include public health evidence, social and economic co-benefits, and strategies related to parks and open spaces in municipal plans or development projects
- Join a Safe Routes to Parks coalition to assess and improve conditions near open space and implement infrastructure changes to improve accessibility.
- Participate in EEA's Municipal Vulnerability Preparedness (MVP) program and work on PSE strategies related to climate resiliency and open space and recreation
- Include environmental considerations into design features such as swales and rain gardens that channel overflow from heavy rainstorms into plantings that absorb it
- Assess the need for open space as heat refuges, considering neighborhood availability and who is most vulnerable, such as seniors and those without air conditioning
- Design park maintenance plans that considers equity and includes steps such as lighting, repairs, and removal of invasive plants that produce allergenic pollen
- Create open spaces that are specifically welcoming or culturally resonant to priority populations, such as using public art to foster a sense of belonging
- Support efforts to transform properties such as vacant lots and abandoned buildings in poor condition, including environmental contamination.

Potential Partners

This is not a complete or prescriptive list. Consider partners that represent stakeholders who have not been historically included in planning decisions, such as people of color, and who will be impacted by this strategy.

Parks and Recreation Departments
Public Works Departments
Recreation programs (YMCAs, etc.)
Landscape architects and civil engineers
Farmers

Land trusts
Neighborhood associations
Community development corporations
Residents affected by lack of access to parks and open space

Resources Available

- Healthy Community Design Toolkit
- MassTrails
- MVP Program
- Safe Routes Partnership Safe Routes to Parks

- MA Environmental Public Health Tracking climate change tools
- Climate and Health website
- Climate Change Vulnerability map

- Parks and Playgrounds as Green Infrastructure
- RWJF What Works for Health: Green Spaces and Parks, Land Banking, Places for Physical Activity

School District Policy

What is School District Policy?

Changing a school district policy is an effective way to reach a large portion of residents in a community, since schools provide access to healthy food and opportunities for physical activity for kids and families. Mass in Motion strategies should focus on community-wide policy, systems, and environmental changes around schools rather than programming, which benefit both students and the community at large. Major activities related to this strategy include but are not limited to:

- Working with a school wellness advisory committee to modify a **School Wellness Policy**. Local school wellness policies can include goals for nutritional guidelines for foods available at school; prohibit marketing of unhealthy foods in schools; promote physical activity through recess, classroom physical activity breaks, and before and after school activities; and support walking and biking to school.
- Passing values-based **school food procurement policies** and working on farm to institution initiatives, which influence the food served and sold in schools, support local farmers and others involved in the food supply chain, and provide healthy school food options.[1]
- Work with MassDOT on the MA **Safe Routes to School** (SRTS) initiative to increase biking and walking among elementary and middle school students by promoting safer routes for elementary and middle school students to get to school.
- Passing and activating **Community Use Policies or Agreements** to open school buildings and grounds to the public at times when they are usually closed so that children and other community residents can access opportunities for safe physical activity.

When considering policy changes, research root causes for walking and biking behavior that may point to inequities. Ask why some students walk to school while others do not, and look for systemic answers including structural racism, such as lack of access to a vehicle, interactions with police, or language barriers.

Sample Short-term SMARTIE Objective: By the end of FY23, Anytown will have an active school wellness advisory committee that includes parents of students with disabilities and meets at least twice a year.

Sample Long-term SMARTIE Objective: By the end of FY24, Anytown will have a district wide policy requiring that schools implement the nationally recommended amount of physical activity for students.

1 MA Farm to School website, MA Farm to School (2019)

School District Policy Sample PSE Activities

- Update the school wellness policy to include a focus on healthy food access, active living, and transportation. For example, establish a mandatory daily active recess policy.
- Pass a Community Use Agreement opening up a school playground to the public during weekends and summers.
- Release a Request for Proposals for a new school food vendor explicitly seeking a food service manager that provides healthy foods from local producers.
- Establish a SRTS Task Force that meets regularly to promote walking to school and address community infrastructure issues and transportation policies.
- Adopt SRTS 2nd grade Pedestrian Safety Curriculum into the school district curriculum.
- Work with MassDOT Safe Routes to School coordinators to conduct assessments to inform further Safe Routes to School activities, including arrival/dismissal assessments and student walking route maps.

Potential Partners

This is not a complete or prescriptive list. Consider partners that represent stakeholders who have not been historically included in planning decisions, such as people of color, and who will be impacted by this strategy.

Transportation Department	Outreach Coordinators
Public Works Department	Parents and students
School departments	Bike/pedestrian advisory boards
School administration	Food Policy Councils
Teachers	Police and crossing guards
School champions and leaders	Regional Planning Agencies
Massachusetts Safe Routes to School	

Resources Available

- Massachusetts Farm to School
- CDC Local School Wellness Policy
- MassDOT Safe Routes to School

- Safe Routes National Partnership
- Center for Health Law and Policy MA Community Use Toolkit
- ChangeLab Solutions Shared Use Playbook

- RWJF What Works for Health: Advertising Restrictions, Farm to School, Safe Routes to School, School Nutrition Standards

The "Prove It" Model

MDPH introduced the Prove It" model to enable Mass in Motion grantees to choose a strategy that is not currently one of the suggested healthy eating and active living strategies. Interested communities need to submit a proposal to the MDPH Community Liaison and receive approval from MDPH. The proposal must include a narrative of no more than 3 pages and a draft strategy narrative and work plan for the proposed strategy.

The following is a template for the required narrative:

1. Briefly describe the change that is needed to improve healthy food access and/or increase opportunities for active living.

2. State the specific policy, systems, or environmental change strategy you would like to pursue. Include how this PSE change will reduce or eliminate an inequity or root cause barrier related to healthy eating or active living.

3. Summarize any evidence that shows this strategy can (or has the potential to) create the conditions to increase opportunities for healthy eating and/or active living. Evidence can be based on research and/or drawn from your community's experience.

4. Briefly describe how the PSE change would affect identified priority populations and if the change can be replicated across the community.

5. Describe how priority populations were engaged in the identification of the needed change and specific strategy. Include who was engaged and how you will continue to involve them in the strategy.

6. Describe the municipal leadership who are active partners or champions of the strategy. If none, describe the plan for how you will get support.

7. Describe the measures you will track to demonstrate if and how the strategy improves conditions that increase opportunities for healthy eating and active living. Include who is tracking this information, the timeline for collection and monitoring, and anticipated short-, intermediate-, and long-term impacts.

Note: Submission of a draft work plan related to the narrative is also needed to seek approval for a "Prove It" Model strategy.

Potential Strategies to consider for a Prove It model

MDPH has carried out various waves of research around the Social Determinants of Health (SDOH). Two fairly new ideas the team has explored are crime and safety and civic engagement. The evidence suggests that the strategies related to these topics are connected to health improvements but there is not yet a direct connection between them and food access or physical activity. Consider if your community has narratives or needs around these issues and could benefit from trying out PSE strategies related to them. For example:

Civic Engagement

Civic engagement is a range of formal and informal activities conducted by individuals or within a group that benefits society or the group members.[1] Some examples are voting, volunteering, and recreational sports. Increases in civic engagement have been associated with increases in physical and mental health and well-being.[2] One prominent way it does so is through the improvement of social capital.[3] Participation in these activities presents opportunities for social interactions and facilitates relationship building. People expand and diversify social networks and consequently, may expand their knowledge of resources related to physical activity and healthy eating.

1.https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/civic-participation
2.Nelson, C., Sloan, J., & Chandra, A. (2019). Examining civic engagement links to health: Findings from the literature and implications for a culture of health. RAND Corporation. https://doi.org/10.7249/rr3163
3.Marquez, B., Gonzalez, P., Gallo, L., & Ji, M. (2016). Latino civic group participation, social networks, and physical activity. American Journal of Health Behavior, 40(4), 437–445. https://doi.org/10.5993/ajhb.40.4.5

Crime, Safety, and Violence Prevention

Local PSE change has the potential to address crime rates, actual and perceived safety, and violence prevention. In addition to changes that may reduce violence, such as addressing economic opportunity or the built environment, there may be other strategies opportunities. For example, a community policing framework comprises three main components: community partnerships, organizational transformation, and problem solving. It operates on the premise that community members and police officers should collaborate as co-producers of public safety. Research has shown that community-oriented policing has the potential to increase overall satisfaction with law enforcement, encourage cooperation and collaboration among communities, and improve citizen perceptions of disorder.[1,2]

1.https://cops.usdoj.gov/RIC/Publications/cops-p157-pub.pdf
2.Gill, C., Weisburd, D., Telep, C. W., Vitter, Z., Bennett, T. (2014). Community-oriented policing to reduce crime, disorder and fear and increase satisfaction and legitimacy among citizens: A systematic review. Journal of Experimental Criminology, 10(4), 399–428. https://doi.org/10.1007/s11292-014-9210-y

Appendix D: Work Plan Guidance

The Mass in Motion work plan is found in Smartsheet and contains a few different elements. The following pages give detailed instructions on how to fill out each section. The community liaison and rest of the MDPH team will provide further support on work plan development and abbreviated guidance is also available in Smartsheet when you hover over/click on the "information" icon under each column name.

Strategy-Specific Elements: Strategy Narrative

Fill out one narrative per each FY23 strategy in Smartsheet.

The Strategy Narrative qualitatively captures your strategy's short-term and long-term PSE goals and how it addresses root causes of health inequities in your community. It includes questions that ask you to refer to findings of the FY23 Needs Assessment & Root Cause Analysis. Questions such as "What inequity is the strategy trying to address?" asks you to reflect on what priority populations say is driving a lack of healthy eating and active living opportunities. Responses are meant to be expansive and not squarely in the "health" sector, including things like low-wage work, housing instability, lack of adequate childcare, concerns about violence and lack of safety, systemic racism in health care, etc.

Please engage MDPH staff and TA providers about how to reflect on these questions with partners and change practices to be more inclusive of priority populations.

Fields	*Guidance*	Example
Community Name	*Community Name should be filled. If not, copy and paste from another cell or fill in your community name.*	Anytown
Strategy	*Strategy should be filled. If not, copy and paste from another cell or fill in the strategy.*	Active Transportation Planning
Municipalities Involved	*Enter municipalities that are involved in this strategy. For regional communities, enter only those municipalities that are actively participating in this strategy.*	Anytown
Fiscal Year (YYYY Format)	*Enter the fiscal year (format YYYY) for this strategy work.*	2023

PSE Long-term (4-year) SMARTIE Objective *SMART = Specific, Measurable, Attainable, Relevant, Time-Oriented, Inclusive, Equitable*	*What is the 4-year PSE SMARTIE objective for this strategy? (i.e., What PSE change or practice change will be accomplished in 4 years?)* *Long-term SMARTIE Objective is the **ULTIMATE goal of a strategy and will likely be achieved in longer than 1 year.***	By the end of FY25, Anytown will be in the process of implementing our approved Complete Streets policy, a prioritization planning process will have been completed with the input of all 3 priority populations, and ground will have been broken on at least 2 Complete Streets infrastructure projects.
PSE Short-term (1-year) SMARTIE Objective *SMART = Specific, Measurable, Attainable, Relevant, Time-Oriented, Inclusive, Equitable*	*What is the 1-year SMARTIE objective for this strategy? (i.e. What PSE or practice change will be accomplished this fiscal year to move toward your 4-year PSE objective?)* *Short-term SMARTIE Objective is a realistic goal to achieve **WITHIN the work plan's fiscal year.** See the Strategy Overviews in Appendix D for more examples of Long- and Short-Term SMARTIE objectives.*	By the end of FY23, Anytown will have an approved Complete Streets prioritization plan that has taken the needs of our 3 priority populations into account, and has prioritized 3 infrastructure projects that improve walking and biking infrastructure in Environmental Justice (EJ) neighborhoods where at least 50% of people are members of one or more of the priority populations identified: foreign-born immigrants from Latin America, American-born Black people, and residents of the public housing authority.
What is the inequity being addressed?	*Brief description of barrier to healthy eating or active living or the cause of a barrier you are trying to reduce. Don't limit yourself to the "health" sector; include things like low-wage work, housing instability, lack of adequate childcare, concerns about violence and lack of safety, systemic racism in health care.* *What is the Inequity being addressed by this strategy? This should be informed by your FY23 Needs Assessment & Root Cause Analysis.*	Anytown's streets are not safe for pedestrians and bikers, especially in neighborhoods with more people belonging to our priority populations. Most of the street improvements Anytown has made in the last 20 years have been in higher-income neighborhoods with more white people.

Which priority populations are impacted?	*Who is impacted by this strategy and how are they impacted? How does the inequity listed above relate to your priority populations?* *The priority populations and inequities included here should reflect those identified in FY23 Needs Assessment and Root Cause Analysis. Include a brief description of connection between the priority population and the inequity strategy is trying to address.*	This strategy addresses all 3 priority populations: foreign-born immigrants from Latin America, American-born Black people, and residents of the public housing authority. All 3 of these populations are more likely to live in neighborhoods with poor walking and biking infrastructure, and higher rates of accidents.
Cause & Effect Statement	*Copy the strategy-related Cause & Effect Statement from your FY23 Needs Assessment & Root Cause Analysis. Every FY23 strategy should be connected to at least one cause & effect statement from the analysis.*	Foreign-born immigrants from Latin America and African American seniors have higher rates of obesity, heart disease, and pedestrian accidents than other populations because they are less likely to walk or bike in the neighborhoods they live due to unsafe street infrastructure and limited historical investment by Anytown and the state in maintaining or improving sidewalks and streets. Residents of public housing are more likely to have obesity than non-public housing residents because they do not get as much physical activity due to having lower rates of car ownership and a lack of walking and biking infrastructure near their homes.

Who will benefit from this strategy?		All 3 of our priority populations (foreign-born immigrants from Latin America, African American seniors, and residents of the public housing authority), along with everyone else in Anytown who uses streets for walking or biking.
Who could be harmed by this strategy? What will you do to avoid this?	*These are the **Racial Justice Reframing** questions.* *Grantees should respond to every question when completing an initial FY23 work plan and talk through responses with their MDPH Community Liaison. Grantees will have opportunities to modify responses in the future. You may get fuller answers when you engage with partners and priority populations while planning the strategy.*	In a few years, better walking and biking infrastructure could attract more people who have more money to Anytown, displacing current residents. We have started to engage with the Planning and Economic Development director on this issue and have invited the public housing authority and an immigrant-rights group to be on our steering committee to think about displacement.
Who influences how this strategy is implemented?		Members of the bike/ped committee, the Mass in Motion Coordinator, the Mass in Motion steering committee, DPW, and residents who participate in focus groups and other community engagement activities.
Who decides how the strategy is implemented?		Ultimately, the Transportation Director has the final say in submitting a prioritization plan. MassDOT decides whether the plan is approved.
What are/could be the unintended consequences of this strategy? What will you do to avoid this?		In addition to the response in "Who could be harmed", unintended consequences include prolonged construction getting in the way of people getting around Anytown. We have started to engage with the Transportation and Planning divisions on this issue.
How has the priority population been involved in deciding on and implementing this strategy?	*If priority populations were involved in deciding on and implementing strategy, briefly describe. If not, consider how priority populations can be involved. It might not make sense for priority populations to be engaged in every activity but think through whether they should. There will be opportunities to reflect on this question and consider how to take action.*	We heard from focus groups during the Needs Assessment that lack of sidewalks, poor sidewalks, unsafe cross walks, and lack of biking infrastructure were major barriers to people feeling safe walking and biking and getting physical activity in their daily lives. Data and talking to priority populations demonstrated that Latinos, Black residents, and public housing residents would benefit the most from Complete Streets projects.

Strategy-Specific Elements: Strategy Activities

Fill out activities for each FY23 strategy in Smartsheet

Activities should advance PSE strategy work to accomplish short- and long-term goals listed in the Strategy Narrative. Any programmatic activities are aimed toward long-term sustainable PSE change. Each activity should be categorized into a milestone, which are best practices for advancing PSE work. More information on milestones is provided below the Activity guidance table.

Please enter how you plan to engage the community and priority populations for each of your activities. When answering "Plan for Priority Population Engagement," refer to FY23 Guidance Appendix B: MA Continuum of Community Engagement and the definitions for terms such as "inform," "consult," "involve," "collaborate," "empower," and "community-driven/-led".

Column Name	Guidance	Example Activity 1	Example Activity 2	Example Activity 3
Community Name	*Community Name should be filled. If not, copy and paste from another column cell or fill in your community name.*	Anytown	Anytown	Anytown
Strategy	*Strategy should be filled. If not, copy and paste from another column cell or fill in the strategy.*	Active Transportation Planning	Active Transportation Planning	Active Transportation Planning
Activity Fiscal Year (YYYY Format)	*Enter fiscal year this activity will be completed. Format as YYYY.*	2023	2023	2023
Milestone	Select the most appropriate Milestone for this activity. Activities largely fall into the categories, or the "milestones" below and these milestones were identified to be best practices for the arc of most Mass in Motion strategy work.

Milestones: Strategic Planning, Working Group, Data Collection, Writing report/policy/plan, Distribution/Dissemination, Adoption or Implementation, Sustainability, Other

More Milestone Guidance is provided in the next table. | Strategic Planning | Strategic Planning | Data Collection |

Activity Description	*Provide a brief description of activity. Activities listed below a milestone should relate to the milestone. In this example, activities below should all relate to "convene & engage work group".*	Meet with Anytown's officials to discuss prioritization plan	Identify key opportunities for engagement (large festivals, meetings, etc.) where listening sessions could be added to the agenda	Conduct listening sessions with all 3 priority populations in format identified during planning period and select ideas to include in prioritization plan
Target Goal	*What is the goal of this activity? How will it help to accomplish your short-term SMARTIE objective? Enter a short phrase of goal, try to be as specific as possible.*	Establish agreement on inclusive process for creating a prioritization plan	Identify at least 3 opportunities for priority populations to have input on prioritization plan	Collect ideas from priority population to incorporate into final plan
If other, describe	*If "Other" milestone is selected, please provide a brief description.*			
Activity Start Date	*Enter the start date for this activity. Dates should be within the fiscal year, July 1 - June 30.*	7/11/22	9/15/22	10/15/22
Activity End Date	*Enter the end date for this activity. Dates should be within the fiscal year, July 1 - June 30.*	9/15/22	10/15/23	1/15/23
Contributing Partners	*List partners contributing to this activity, including priority population partners. Partners listed here should be listed in your Partner List.*	Planning and Economic Dev. Director, Transportation Director, DPW Director, public health staff	Steering committee, reach out to other organizations as needed	Community partners as identified

Plan for Priority Population Engagement	*How do you plan to engage Priority Populations for this activity?* *Choose from list. Options from MA Continuum of Community Engagement; see in Partnership Development & Engagement section of Guidance for definitions.*	Not Engage	Involve	Involve
Actual Priority Population Engagement	*Once the activity is completed, indicate how the priority population was actually engaged.* *Choose from list. Options from MA Continuum of Community Engagement; see in Partnership Development & Engagement section of Guidance for definitions.*	*To be filled during reporting period*	*To be filled during reporting period*	*To be filled during reporting period*
Activity Status	*Fill at reporting timepoint. What is the status of this activity? Select status from drop down.*	*To be filled during reporting period*	*To be filled during reporting period*	*To be filled during reporting period*
Progress Notes	*Fill at reporting timepoint. Enter progress notes for each reporting period for statuses that are not "Complete" or "Dropped".*	*To be filled during reporting period*	*To be filled during reporting period*	*To be filled during reporting period*

Milestones Guidance:

What are Milestones?

MDPH created milestones categories by looking across existing Mass in Motion work plan activities in FY19 and literature to identify best practices of community work. Activities largely fell into the categories, or the "milestones," below and these milestones were identified to be best practices for most Mass in Motion strategy work.

What do I do with Milestones?

As you start planning your FY23 activities for each strategy, you are encouraged to think through each of these milestones and if you have activities that fall under most, if not all, of these milestones.

Milestone Categories	Description
Strategic Planning	This milestone encompasses strategy planning activities, such as meeting with your supervisor to discuss realistic work plan goals, engaging TA vendors to map out next steps, etc.
Working Group	You most likely will have a working group you convene regularly to move the strategy work forward. This can be either a general Mass in Motion steering committee or a strategy-specific group. A working group should be representative of stakeholders and meet regularly throughout the fiscal year. Activities that relate to your working group fall under this milestone. This includes convening your work group, building relationships to bring new members to your work group, making decisions with a work group, etc.
Data collection	Your short-term and long-term SMART objectives will guide what the types of data collection, syntheses, and analyses you want to do. Data collection can include analyzing secondary, or existing, sources such as literature reviews, past reports, datasets, maps, etc. It can also include primary data collection through surveys, observation, walk audits, interviews, focus groups and other forms of data collection. Activities related to data, such as survey development or data analysis would fall under this milestone This milestone includes both qualitative and quantitative data.

Writing report/policy/plan	The writing of a report, policy, or plan usually is done after data synthesis is completed and utilizes the results from the synthesis. This milestone includes engaging with various stakeholders (including priority populations, residents, municipal leaders, working groups) to draft the multiple iterations or drafts of the report, policy, or plan. Depending on the deliverable (i.e. report, policy, or plan), data-informed recommendations might be made and/or action items or next steps will be provided.
Distribution	The report, policy, or plan from above should be distributed to community stakeholders for shared understanding and commitment. Distribution (or dissemination) also serves to keep players accountable for implementing action items agreed upon.
Adoption or Implementation	This milestone is a place to record activities related to adoption/implementation as outlined in the report, policy, or plan above. Some examples might be policy passage, adoption of a plan, breaking ground for building, etc.
Sustainability	PSE changes should be sustainable. Sustainability is the process of integrating Mass in Motion goals into municipal and community practices and policies, maintaining the impact of and local commitment to Mass in Motion approaches. Sustainability efforts invest in partners, build community capacity, encourage finding new funding sources, and increase the effectiveness of Mass in Motion work. What activities are you working on that ensures sustainability of your work?
Other	This is a space to categorize activities that do not fall under one of the milestones above.

Strategy-Specific Elements: Tracking Strategy PSE Change

This tracking sheet moves away from traditional performance measures and asks you to record when policy or practice changes have taken place, such as a written report to advance strategy work, a plan or policy that has been passed, or a systems change that has occurred. Environmental changes, or physical site changes, should be recorded in the Physical Environment Changes sheet. The measures listed help evaluate, and report success within each community and across all Mass in Motion communities to various stakeholders, including funders.

Column Name	Guidance	Example
Community Name	*Community Name should be filled. If not, copy and paste from another column cell or fill in.*	Anytown
Strategy	*Strategy should be filled. If not, copy and paste from another column cell or fill in.*	Active Transportation Planning
PSE Change Type	*Choose from drop-down list below PSE Change Type. Physical site change recorded in Physical Sites sheet, not this sheet.* *Report Written (No Authority)* *Plan or Policy Passed (Has Authority)* *System/Practice Change* *Other*	Report Written (No Authority)
PSE Change Description	*Describe in detail the report, plan, policy, or practice change.*	Anytown contracted with a planning organization to produce a feasibility report on repurposing sliver parcels as community gardens. The final report was shared at stakeholder meeting, distributed via email to community orgs and academic institutions, made publicly available on municipal website, and coordinator presented report to City Council. Link to report is: (insert link)
Date of PSE Change	*Enter the date of PSE Change.*	June 10, 2023
What is the impact of this change?	*Describe the impact of this PSE Change.*	This feasibility report identifies parcels that can be converted into community gardens. The results from this report will be used to inform plan development.
Uploaded document to this row?	*Checkbox – Check if the report/plan/policy has been uploaded using the "paperclip icon"*	(Checked – The feasibility report has been uploaded to the row)

Strategy-Specific Elements: Strategy Physical Environment Changes

Fill out one sheet for each strategy as each has its own Site tab on Smartsheet.

Please include sites when specific locations have been identified related to strategy implementation. This can take many forms and may include the identification of a site to conduct a pilot project, locations to be included in a Complete Streets prioritization plan, or all schools in a district for a district-wide school strategy.

"Stages"	Enter date for phase if:	Purpose: To visualize sites on a map
Would Be	"Would-be" are sites that have the potential to be affected or covered by a policy or practice change	By tracking all the "would-be" sites, you will have the ability to show stakeholders the possible physical and environmental impact of a policy passage or practice change. The data recorded in the other stages will also be used for site visualization on a map. Site addresses provided will be used to geo-code locations by stage and/or by date on a map so that one can visualize change in sites by stage and over time.

Note: Stages are not on a continuum. Sites do not have to go through each "stage." For example, it is possible of a site to be an actual site without being a pilot site. |
Pilot	"Pilot" sites are those being used to prove/learn about a concept or demonstrate the effect a policy or practice change could have.	
Actual	"Actual" sites are those in-use/implemented because of a policy or practice change.	
Dropped	"Dropped" are sites that were previously listed in another stage but are no longer affected or covered by a policy or practice change.	

Walking through an example of sites for Community Agriculture Strategy:

A policy was passed on 7/1/22 to survey all sliver parcels within a town to identify potential agriculture sites. Because the policy language includes all sliver parcels, ALL sliver parcels within the town are considered "would-be" sites. Each parcel should be entered separately with a site address for possible mapping. The date for the "would-be" stage is the date that the policy was passed. The policy also included different phases. First, there would be a pilot phase at Parcel #19 on Washington St. to test the idea. This specific site is considered both a would-be site and a pilot site on the date of the policy passage on 7/1/22. The site proved to be effective and became an "actual" site on 9/1/22 once the pilot was over. Parcels #5 & #33 were also marked in-use, or "actual" sites, on the dates indicated. Parcel #47 was a "would-be" site covered by the policy, but once the site was surveyed on 9/30/22 to see if it could be used, it was dropped due to contaminants.

Sites can only be geo-coded as **point** locations, not **polygons.** For the purposes of mapping, if the site does not have an exact address, find and enter the nearest available address.

Site Type
- ☐ Community Center
- ☐ Food Retail
- ☐ Garden
- ☐ Gov't Building
- ☐ Healthcare
- ☐ Intersections
- ☐ Parks
- ☐ Road
- ☐ Schools
- ☐ Trail (head)
- ☐ Transport Hub
- ☐ Other

Community Name	Strategy	Site Description	Address - Street	Address – City	Address – State	Address – Zip Code	Stages (Enter date stage was reached)				Notes
							Would-Be	Pilot	Actual	Dropped	
Anytown	Food Planning	Parcel #19 (Washington Street)	250 Washington Street	Boston	MA	02108	7/1/22	7/1/22	9/1/22		
Anytown	Food Planning	Parcel #5 (Milk Street)	1 Milk Street	Boston	MA	02108	7/1/22		9/1/22		
Anytown	Food Planning	Parcel #47 (School Street)	1 School Street	Boston	MA	02108	7/1/22			8/1/22	not feasible due to contaminants found in area
Anytown	Food Planning	Parcel #33 (State Street)	1 State Street	Boston	MA	02108	7/1/22		11/1/22		

Across Strategies: Partner List

Partners are organizations or individuals engaged in current Mass in Motion strategy work and are vital to moving the strategy work forward. If residents are partners but not engaged through an organization, please list these residents as a "partner" in the work plan.

Column Name	Guidance	Example
Community Name	*Community Name should be filled. If not, copy and paste from another column cell or fill in your community name.*	Anytown
Partner Name	*Enter Partner Name with no acronyms.* *List full name of organization or indicate individual you are partnering with. If partnering with individual(s), please note the larger group individual is a part of, even if he/she does not directly represent the group (e.g., Resident of Neighborhood Housing Authority). If organization has multiple departments, list organization and department partnering with. If working with more than one department in an organization, list each on separate lines.*	Department of Public Works

Primary Function	*Select Primary Org Function of this partner as part of the partnership from drop-down list that best fits:*
	    Advocacy (local) /Civic Engagement
	    Agriculture
	    Business
	    Community Coalition
	    Community Service Organization
	    Economic Development
	    Education: K-12 Education
	    Education: Higher Ed
	    Elected/Appointed Officials
	    Faith-based
	    Healthcare/Clinical
	    Housing
	    Media
	    Parks and Recreation
	    Planning
	    Public Health
	    Public Safety
	    Public Works
	    Resident(s)
	    Transitional Services
	    Transportation
	    Other
		Planning

Sector	*Select Sector from drop-down list that best fits:*
	     Nonprofit
	     Private
	     Public - Federal
	     Public - Local
	     Public - State
	     Other
		Public – Local

Year Partnership Started (YYYY Format)	*Enter the year (format YYYY) this partnership started*	2022
Year Partnership Ended, if applicable (YYYY Format)	*Enter the year this partnership ended (format YYYY), if applicable*	
Mass in Motion Strategies	*Select all Strategies this partner supports*	Active Transportation Planning, Parks and Open Space Planning
Does this partner represent a priority population?	*Checkbox - Grantees should check only if the partner listed is a resident from their priority population or an organization that works directly with/for these residents. MDPH recognizes city or town officials also represent priority populations but the purpose of this question in the Mass in Motion work plan is to identify partners that are residents or an organization that works specifically and directly with priority populations. Accurate responses are important for tracking change and success overtime.*	Not Checked (this partner does not represent a specific priority population but serves all residents)
Description of priority population represented	*Describe which priority population this partner represents.*	n/a

Across Strategies: Dollars Leveraged (Additional Funding to Support Mass in Motion Strategies)

A major impact Mass in Motion has is influencing how others spend and distribute resources. By supporting others like the local department of public works or a local hospital or health center to use their resources with community health in mind, Mass in Motion achieves one of its aims. Grantees are asked to use an expansive view when adding the dollars Mass in Motion has influenced and are now being spent with health in mind.

Column Name	Guidance	Example
Community Name	*Community Name should be filled. If not, copy and paste from another column cell or fill in your community name.*	Anytown
Funding Organization Name	*Enter Funding Org Name with no acronyms*	MA Department of Transportation
Organization Type	*Select Sector from drop-down list that best fits:* *Nonprofit* *Private* *Public - Federal* *Public - Local* *Public - State* *Other*	Public – State
Type of Funding	*Select from this list the type of funding leveraged:* *Cash Donation* *Grant Funding* *Municipal Dollars Influenced* *Space, materials, supplies* *Staff time/salary* *Other*	Grant Funding
Total Amount	*Enter the total funding amount*	$20,000
% of Funds directly supporting Mass in Motion (0-100%)	*How much of these funds directly support Mass in Motion work? Enter the percent best estimate.* *Example: If $5,000 of $20,000 received funds a Mass in Motion strategy, response is 25%. If all $20,000 received funds Mass in Motion strategies, response is 100%.*	50%
Calculation (Automated)	*No data entry. This is a calculation of Total Amount x % Best Estimate*	$10,000 (automated calculation)

Describe what these funds will be used for	How will these funds be used for your Mass in Motion strategies?	Complete Streets Tier 2 funding, stipends for resident engagement
Funds which Mass in Motion Strategies?	Select all strategies these funds support	Active Transportation Planning
Benefits Priority Population (PP)?	Checkbox – Check if these funds benefit a priority population	Check yes
Which PP (Priority Population) do these funds benefit? How?	Which priority population do these funds benefit? Be specific as possible on how these funds will directly benefit this priority population.	A portion of these funds will be used to provide stipends to community members who participate in community engagement meetings to provide input on prioritization plan
Start Date Funds Available	When are these funds available?	10/1/2022
End Date Funds Available	When do these funds end?	6/30/2023

"Type of Funding"	Mark if:
Cash donation:	Mass in Motion work influences cash donation given by funder *Example: Donation from a benefactor was used for park revitalization*
Grant funding:	Mass in Motion work influenced or received grant funding *Example: Community applied for a grant that fund safe site designs, allowing safe access for pedestrians and bicyclists to healthy food sites*
Muni $ influence:	Mass in Motion work influenced how municipal dollars are spent *Example: Mass in Motion worked with Town Parks Department to use resources in way that enabled residents to access parks, select Municipal dollars influenced*
Space/materials /Supplies:	Mass in Motion receives space, materials, or supplies to work without paying direct costs *Example: Town Department of Economic Development (not fiscal agent of Mass in Motion grant) provides space and supplies for Mass in Motion coalition meetings.*
Staff time/salary:	Percentage of staff time/salary is covered by Funds outside of MDPH grant *Example: Stipend for intern supporting Mass in Motion work is covered by a local university*
Other:	Type of funding does not fall within the categories above and describe in "Description" column how funding was leveraged for Mass in Motion work

Other Non-strategy Related Work

MDPH has learned from previous grantees that Mass in Motion coordinators often use their time and expertise on community PSE work in other spaces that are not directly related to their strategy work. For example, a Mass in Motion coordinator may not be working on the Housing strategy for Mass in Motion, but they are invited to and contribute their time and expertise to another partner's work around affordable housing in the community. The coordinator can influence the housing work by applying Mass in Motion principles and practices and impact how the partner is thinking about and working on housing.

Column Name	Guidance	Example
Community Name	*Community Name should be filled. If not, copy and paste from another column cell or fill in your community name.*	Anytown
What is your role in related work?	*Describe the role you have in the non-strategy related work and what type of capacity you provide.*	Member of Anytown's housing working group – attend bi-monthly meetings
Describe Other Related Work	*Describe the non-strategy related work.*	The housing department in Anytown has gathered various stakeholders to form a working group with the goal of forming a strategic plan on how to build more affordable housing in the town center.
What change has occurred as a result of this work?	*Describe what PSE and/or practice change has occurred as a result of this work.*	I introduced the Racial Justice Reframing questions to the workgroup so that we could consider who is not at the table but should be invited, specifically residents who have been affected by high rent in the town. The workgroup has used the Racial Justice Reframing questions along the process of creating the strategic plan and other workgroup members have shared with me that they have taken it back to their own organizations and incorporated into their work.

Appendix E: FY23 Standard Contract Terms & Conditions

Mass in Motion Municipal Wellness and Leadership Initiative
Contract Terms and Conditions – Fiscal Year 2023

Project Overview

The Mass in Motion Municipal Wellness and Leadership Initiative (Mass in Motion) is an effort by the Massachusetts Department of Public Health (DPH) to implement municipal and regional practices to address root causes that impact opportunities for active living and access to healthy and affordable food (HEAL). During Fiscal Year 2023, grantees will engage in interventions that focus on changes that reduce and remove barriers to healthy eating and active living and promote healthy and safe built and social environments. The aim of the interventions is to improve community conditions that affect health outcomes overall and particularly where and for whom inequities in health outcomes exist by addressing the root causes (or determinants) of the inequities related to HEAL.

Mass in Motion is a multi-faceted effort, and all local strategies under the initiative must be in-line with statewide, DPH-led Mass in Motion efforts. Additionally, strategies must be consistent with best practices from the Centers for Disease Control and Prevention (CDC) and evidence-based practices, such as recommendations from the Institute of Medicine and the Robert Wood Johnson Foundation[1].

 Funded community grantees will support Mass in Motion goals of:

- increasing and aligning local spending, specifically by municipal governments and community organizations, in ways that improve conditions and address issues such as housing, employment, safety, violence reduction, economic development, etc. – influences known as the Social Determinants of Health (SDOH) – that restrict or enable opportunities for active living and access to healthy and affordable food,

- sustaining the day-to-day practices of municipal governments, organizations, and collaborative partners to address structural and systemic racism and other root cause barriers to good health, and

- ensuring everyone has access to healthy foods, opportunities for safe, physical activity, and the things that keep us healthy.

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[1] Centers for Disease Control and Prevention. State, tribal, local, and territorial public health professionals' gateway: policy at CDC. http://www.cdc.gov/stltpublichealth/Policy/index.html. Accessed June 8, 2012.

Mass in Motion leads explicitly but not exclusively with race and recognizes both that there are other identities that have led to marginalization and that racial inequities also exist in communities that are largely White. The Leading with Race and Addressing Structural Racism Framework is broadly applicable to identify who experiences inequities in a community and why inequities exist, and ensuring these voices are part of decisions that are made. This framework also encourages communities with mostly White populations to understand and question why this is the case. Mass in Motion helps funded community grantees and their partners build capacity to implement the Leading with Race and Addressing Structural Racism Framework and sustain use of the practices through;

- identifying residents who experience inequities (those with lived experience) and engaging with these priority populations to determine how they are impacted and what solutions would work in their communities,

- prioritizing policy and practice solutions based on these lived experiences,

- collaborating with residents with lived experience and people working in a variety of sectors and across municipal government and community-based organizations, and

- implementing policy and practice change strategies with partners in ways that consider and address unintended consequences.

Scope of Work

DPH will provide funded community grantees with a list and information about existing evidence-based and evidence-informed policy, systems, and environmental change strategies. With DPH approval, funded grantees and their partners can implement a change strategy that is needed though may not be fully evidence-based/-informed yet. All strategies must aim to improve built and social environments and residents' SDOH, with a focus on determinants that restrict or enable opportunities for HEAL.

Community-level HEAL strategies are specific municipal or regional-level improvements of a policy, system, and/or environment (PSE changes) that eliminate or reduce a *barrier* that limits access to healthy food and/or opportunities for physical activity or eliminates the *cause* of that limitation and promotes healthy and safe built and social environments. Strategies specifically focus on identified populations facing inequities in health outcomes, while also having benefits for other residents, a neighborhood as a whole or replicated across the community.

Community-level HEAL strategies include:

1. A specific municipal or regional-level improvements of a PSE change as follows:

    a. A **policy improvement** may include "a law, regulation, procedure, administrative action, incentive, or voluntary practice of governments and other institutions."[2]

    b. A **systems improvement** may include a "change that impacts all elements, including social norms of an organization, institution, or system."[3]

    c. **An environmental improvement** may include a "change to the built, social, or economic environment."[4]

2. Multi-sector collaboration, including the partnership with municipal government officials and department staff, community-based organizations, and residents with lived experience of inequities: Engage partners across sectors that represent a range of perspectives and provide a fuller picture of the conditions people face when accessing healthy food and opportunities for physical activity.

3. Community Engagement:
Community engagement processes are ongoing relationships between municipalities, community-based organizations, residents, and other stakeholders. In the Mass in Motion context, community engagement relates to how the needs, opportunities, and barriers of priority populations are understood and used to inform the selection and implementation of policy, systems, and environmental PSE change strategies. Different levels of community engagement are appropriate for different projects and processes based on goals, needs, resources, and other important factors (refer to Continuum of Engagement)
Funded grantees are expected to achieve outputs and outcomes summarized in the Mass in Motion Logic Model noting that there are three types of outcomes expected: processes, relationships, and results, and with repetition and iteration, it is expected that funded grantees will achieve greater impact over the life of the contract.

Deliverables

1. <u>Signed Contract Package</u>
Due: Friday, July 1, 2022

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[2] Centers for Disease Control and Prevention. Community Health Assessment and Group Evaluation (CHANGE) action guide: building a foundation of knowledge to prioritize community needs. http://www.cdc.gov/healthycommunitiesprogram/tools/change.htm. Accessed May 22, 2013.
[3] Ibid.
[4] Ibid.

With the Award Notice Email, Grantees will be provided with a contract package for signature. The contract package will include the following documents:

a. Contract Processing Form
b. Mass in Motion Request for Response (RFR)
c. Grantee Response to RFR
d. CommBuys Bid Solicitation Printout
e. Contractor Authorized Signatory Listing (Requires Signature)
f. These Contract Terms and Conditions (requires signature)
g. Supplier Diversity Plan
h. Budget Form

The signed package should be returned to DPH on/or before June 30th, 2022 by email to nelson.marquez@mass.gov or by ordinary mail at:

>   Attn: Jessica del Rosario
>   MA Department of Public Health
>   250 Washington St., 4th Floor
>   Boston, MA 01208

Please note that at the moment, DPH only accepts *wet signatures*. Contract packages executed with digital signatures will not be considered submitted.

2. Annual Workplan
    Due: Friday, September 30, 2022

    Grantees must submit a Comprehensive Annual Work Plan (Work plan) with identified activities related to 1) conducting a *needs assessment and analysis of root cause barriers* to HEAL, 2) identifying *PSE change objectives, 3*) related reportable activities and milestones marking progress towards the stated objective *and 4) reporting of performance measures.* Furthermore, the Work plan must also include the following initiative components:

    a. Apply a *health equity lens* to local efforts. Engage community coalitions and members of priority populations and residents of areas experiencing health inequities or at higher risk for overweight, obesity, chronic disease, and related adverse health outcomes when gathering and analyzing information and data, identifying limitations to HEAL and the causes (or determinants) of these limitations, and when selecting strategies to implement. Municipal government officials and staff must lead and support local partners to

advance and abide by the Principles for Promoting Racial Equity included as part of the Mass in Motion RFR #211330.

b. Establish and coordinate a *multi-sector partnership* to identify, advance, and adopt community-level PSE change strategies. The partnership should:

    i. Include municipal and community-based partners led by or reflecting the demographic diversity of the communities, such as Black, Indigenous, and People of Color (BIPOC).

    ii. Be reflective of stakeholders that can impact the selected strategies including municipal government officials and staff from various municipal government departments and community-based organizations.

    iii. Ensure inclusion and meaningful engagement of community members, particularly representatives of populations or neighborhoods facing inequities in health outcomes using tools such as the Continuum of Community Engagement to achieve the most collaborative forms of decision-making as possible. As grantees continue to work virtually, and use different technological platforms, they should ensure that the d*igital divide,* access to and knowledge of use of technology tools, is not a barrier to resident engagement and participation. The digital divide encompasses the ability, both technical and financial, to make full use of the technology available, taking into consideration access, or lack of access, to the internet as well as inequity between those who have more or less bandwidth and more or less digital literacy skills to navigate these platforms. (Language?)

    iv. Use quantitative and qualitative data as a point of conversation for shared priorities and to inform decision-making.

c. *Collaborate with other DPH-funded programs and partners* identified by the grantee and DPH to strengthen local policy promotion and create healthier communities.

d. Implement a *minimum number of community-level strategies* identified annually by DPH that address HEAL objectives. Grantees must implement approaches that are broad-based PSE change strategies aimed at creating conditions to support and reinforce healthful behaviors for people of all ages and abilities and for populations experiencing inequities. Grantees must take a comprehensive approach and include HEAL strategies in their Work plan.

3. Progress Reports

   Grantees will submit one mid-year progress report and one end-of-year final report on Work plan activities and participate in Mass in Motion evaluation and data collection activities as requested. These reports cover periods and due dates are as follows:

   a. Mid-Year Report
      Due: Tuesday, January 31, 2023

      The mid-year progress report will cover the first six months of the Fiscal Year, from July 1, 2022, through December 31, 2022, and is due on January 31, 2023 (six weeks after the end of the second quarter).

   b. End-of-Year Report:
      Due: Friday, August 4, 2023

      The end-of-year report will cover the last six months of the Fiscal Year and is due August 4, 2023 (six weeks after the close of the fiscal year).

   Failure to submit any reports by the required deadline may result in subsequent withheld payments.

4. Budget
   Due: Friday, September 30, 2022

   Alongside the annual Work plan, grantees must provide a budget for the awarded funds on a Budget Form to be provided by DPH. Some Budget Cost categories include:

   a. Payroll: In this cost category, every grantee should include at least one individual *Program Coordinator* with a recommended Full Time Equivalent (FTE) of 0.75+ (minimum FTE of 0.5).

   b. Payroll Taxes

   c. Fringe

   d. Contractual Costs

   e. Utilities

f. Travel within the state or out-of-state with prior approval from DPH

g. Operating expenses of up to 15% for the lead grantee.

h. Community Engagement and Capacity Costs: These include expenses for food and childcare for meetings or training, travel, and entertainment, and can be expended in the form of vouchers, as long as any of these do not offer cashback options.

i. Language Assistance: Grantees are required to include a specific budget line in their proposed budgets for language assistance services which include both verbal and written interpretation, written translation, ASL, accessible materials like braille, plain language, and have bilingual/bicultural staff to engage diverse EJ communities.

All allowable costs under the program must meet the following general criteria:

a. Be necessary and reasonable for proper and efficient operation of the initiative.

b. Be permissible under applicable state and federal laws and regulations.

c. Be the net amount after applying all applicable credits, such as purchase discounts, project-generated income, and adjustments of overpayments.

d. Must not be included as a cost in any other project or grant.

Without prior written approval, Mass in Motion Funds cannot be used for:

a. Gifts cards or stipends that can be converted to cash options

b. Paid Media

c. Development of materials or promotional items
d. Capital Investment, unless pre-approved by the DPH

5. Quarterly Expenditure Reports
   Due: Last Friday of the month following the quarter.

   After award, grantees will be provided with access to Smartsheets, a web-based platform through which grantees will be able to report expenditure, and request changes. Through this tool, grantees will submit Quarterly Expenditure Reports (QER). These will be due at the end of each quarter on or before the

last Friday of the following month and submitted. Failure to submit QER by the required deadline may result in subsequent payments being withheld. QER covered periods and due dates are as follows:

a. First Quarter (July 1, 2022 – September 30, 2022) *Due: Friday, October 28, 2022*

b. Second Quarter (October 1, 2022 – December 31, 2022) *Due: Friday, January 27, 2023*

c. Third Quarter (January 1, 2023 – March 31, 2023) *Due: Friday, April 28, 2023*

d. Fourth Quarter (April 1, 2023 – June 30, 2023) Due: Friday, *July 28, 2023*

6. <u>On-Site Visits and Backup Documentation</u>

Grantees will be required to participate in on-site visits and fiscal audits deemed necessary by DPH. For this, and other state and federal compliance purposes, backup documentation on all expenses such as invoices, receipts, and timesheets must be kept and made available for review until the end of the grant and archived for seven years after the contract ends.

Performance

1. Fiscal Performance

Vouchers, Payments, and Unspent Funds

Payment vouchers will be sent by DPH to grantees for certification on the day after a quarter period ends, as follows:

a. First Quarter Payment Voucher: Monday, *October 3, 2022*

First-quarter funds will be released to the lead municipality upon 1) DPH signed contract and initial Fiscal Year 2023 budget and 2) signatures by authorized signatory and project manager accepting these Contract Terms and Conditions.

b. Second Quarter Payment Voucher: Tuesday, *January 3, 2023*

c. Third Quarter Payment Voucher: Monday, *April 3, 2023*

d. Fourth Quarter Payment Voucher: Monday, *July 3, 2023*

Payments will be issued after the end of each Quarter, after receipt of grantee payment voucher certification and submission of QERs.

Any unspent funds at the end of any Fiscal Year must be returned to DPH and cannot be carried over into subsequent year(s).

Amendments

During the engagement, grantees may request changes to their budget. These should be requested through the DPH Community Liaison for review. Revised budgets with a change in key personnel, deviance of more than 15%, or significant change of scope will require a budget change request.

2. Administrative Performance

   a. Each grantee should have at least one individual *Program Coordinator* with a recommended FTE of 0.75+ with a minimum FTE of 0.5. The Program Coordinator must be able to coordinate local Mass in Motion activities, including the gathering and analysis of data about needs and causes related to HEAL, PSE change strategies, multi-sector partnership and collaborations, grant requirements, development of the Work plan, progress reporting, record management, and examinations.

   b. Grantees are required to attend statewide meetings, regional meetings, training, (in-person, virtual), and webinars. If local Program Coordinator is unable to attend any training programs, notice must be provided to DPH staff, and every effort should be made to send a substitute. Supervisor(s) must participate in at least one meeting with DPH's Mass in Motion staff each fiscal year. An annual calendar of required meetings, training, and webinars will be provided.

   c. Coordinators and their supervisors are/will be required to participate in quarterly check-ins with the DPH Community Liaison.

   d. Grantees are/will be required to participate in site visits and fiscal audits deemed necessary by DPH.

   e. Grantees are/will be required to receive technical assistance as deemed necessary by DPH to implement strategies successfully.

   f. To ensure consistent Mass in Motion messaging, grantees could be required to work with communications technical assistance providers when seeking earned media opportunities.

g. Attribution for DPH-funded activities on press releases, flyers, etc., should include the Mass in Motion logo and the following language:

    "*This program is funded by Mass in Motion, an initiative of the Massachusetts Department of Public Health.*"

h. Grantees should adopt the DPH Healthy Meetings and Events Guide for all grant-funded meetings and activities, which can be found at http://www.mass.gov/eohhs/docs/dph/com-health/nutrition-phys-activity/healthy-meeting-event-guide.pdf

i. Grantees will use available resources such as the Massachusetts Healthy Community Design Toolkit to inform strategies aimed at improving the built environment to advance opportunities for healthy living by encouraging walking/bicycling (for transportation and recreation), increasing access to public transportation, and improving access to healthy food for people of all ages and abilities. Please visit http://www.pvpc.org/sites/default/files/files/HCDT_2ndEdition_140624_01.pdf

Review

Submitted Workplans and performance will be reviewed on the following criteria:

1. It is complete and adheres to all the requirements outlined in the Contract Package.

2. All contracting documents have been submitted satisfactorily.

3. Identification of residents who experience inequities (those with lived experience) and engaging with them to determine how they are impacted and what solutions would work in their communities.

4. Prioritization of policy and practice solutions based on these lived experiences.

5. Collaboration with residents with lived experience and people working in a variety of sectors and across municipal government and community-based organizations.

6. Commitment to residents with lived experiences of inequities having leadership and decision-making roles.

7. Implementation of policy and practice change strategies with partners in ways that consider and address unintended consequences.

8. The commitment of critical partners to ensure program success.

9. The elimination or reduction of barriers that limit access to healthy food and opportunities for physical activity or eliminate a cause of why the limitation to healthy eating or active living exists and promote healthy and safe built and social environments, specifically for an identified population facing inequities in health outcomes, while also having benefits for other populations or a neighborhood or is a change that can be replicated across the community.

10. The ability to achieve the strategy improvement or change within 12-18 months or show significant progress towards achieving key milestones in this period.

11. Evidence that demonstrates the likelihood of a strategy to improve short-, intermediate- and long-term healthy eating or active living related outcomes, particularly for identified populations.

12. Community-level support from decision-makers, advocates, and representatives of populations or neighborhoods experiencing inequities in health outcomes to advance, implement and provide accountability to ensure execution and benefit for identified populations and the community.

13. Completion and timeliness of deliverables.

Acceptance

We have read, understood, and accept the contract conditions for the Mass in Motion grant.

1. Municipality Authorized Signatory:

Print Name_____
Title_____

Sign: _____
Date_____

2. Mass in Motion Coordinator/Grant Manager:

Print Name: <u>Jessica del Rosario   </u>   Title: <u>Division Director,</u>
<u>DHPCE</u>

Sign: _____

Date_____