MOVING MASSACHUSETTS UPSTREAM

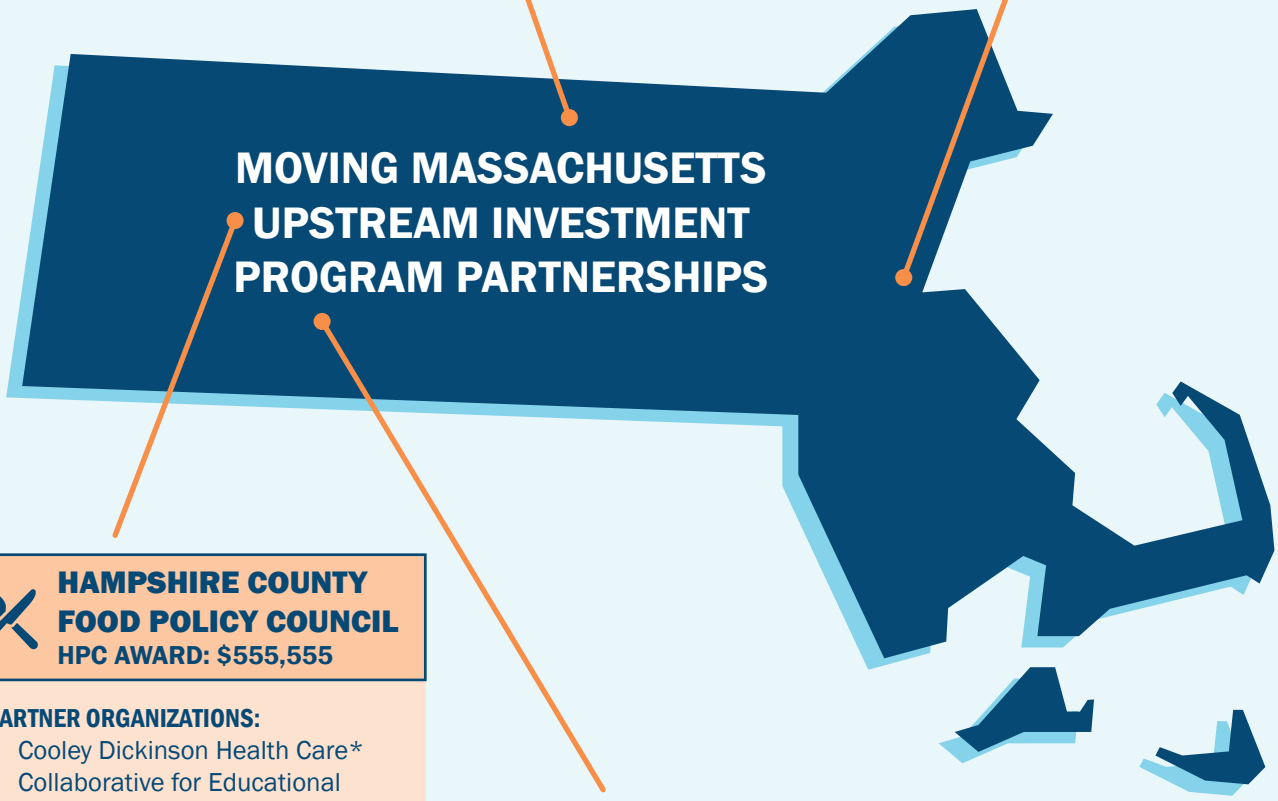
FINAL EVALUATION REPORT

JUNE 2026

MASSACHUSETTS HEALTH POLICY COMMISSION

Massachusetts Department of Public Health
DPH

MOVING MASSACHUSETTS UPSTREAM INVESTMENT PROGRAM PARTNERSHIPS



HEAL WINCHENDON
HPC AWARD: $649,546

PARTNER ORGANIZATIONS:
- Heywood Hospital*
- Community Health Network for North Central Massachusetts
- Growing Places
- The Winchendon School
- Three Pyramids
- Town of Winchendon
- Winchendon Community Action Council
- Winchendon Public Schools

*Holds award contract with the HPC

CROSS-CITY COALITION
HPC AWARD: $649,498

PARTNER ORGANIZATIONS:
- Massachusetts General Hospital*
- The Neighborhood Developers
- CONNECT
- La Colaborativa
- City of Revere
- City of Chelsea
- MassHire Metro North Workforce Board
- Women Encouraging Empowerment

*Holds award contract with the HPC

HAMPSHIRE COUNTY FOOD POLICY COUNCIL
HPC AWARD: $555,555

PARTNER ORGANIZATIONS:
- Cooley Dickinson Health Care*
- Collaborative for Educational Services
- Hilltown Community Health Center
- Hilltown Community Development

*Holds award contract with the HPC

SPRINGFIELD EATS
HPC AWARD: $650,000

PARTNER ORGANIZATIONS:
- Mercy Medical Center*
- Springfield Food Policy Council
- Open Pantry Community Services
- Fertile Ground
- Gardening the Community
- Square One

*Holds award contract with the HPC

CONTENTS

EXECUTIVE SUMMARY

INTRODUCTION AND METHODOLOGY

In 2019, several Massachusetts state agencies, including the Massachusetts Health Policy Commission (HPC) and the Department of Public Health (DPH), partnered to design and implement the "Moving Massachusetts Upstream" (MassUP) investment program. MassUP sought to provide support to health care provider organizations working in collaborative and equitable partnerships with community organizations to address "upstream" drivers of poor health, health inequities, and higher spending on health care services.

The HPC and DPH provided a total of approximately $2.5 million over three years starting September 1, 2020, for those partnerships to implement strategies to address one social determinant of health (SDOH) known to adversely affect health in a specific geographic community in Massachusetts. Program requirements included establishing an equitable governance structure, identifying at least one full-time equivalent (FTE) staff person to support the partnership and its work, and developing and executing an implementation plan of specific activities to address the SDOH of focus in that community.

Through a competitive procurement process, the HPC issued awards to four partnerships, each comprising a health care provider organization and several partner organizations. Two of the four partnerships—Cross-City Coalition (CCC) and HEAL Winchendon—worked on economic stability and mobility. Their areas of focus were the cities of Chelsea and Revere, and Winchendon, respectively. The other two partnerships—Hampshire County Food Policy Council and Springfield EATS (Equity, Advocacy, Transformation, and Systems Change)—targeted food systems and security in Hampshire County and Springfield, respectively.

Over the course of the program, partnerships submitted both quantitative and qualitative data to support an evaluation of the program overall, including narrative reports and structured data collection tools describing their activities; a periodically administered partnership survey to assess trust, communication, decision-making, and alignment on vision and mission; interviews and focus group reports; and primary partnership documents such as governance charters. Using these data sources, the MassUP evaluation was designed to understand:

- The composition and governance structures of the partnerships, and their successes and challenges in achieving effectiveness, equity, and durability;
- The strategies implemented by the partnerships to change a SDOH, the results of those activities, and challenges encountered; and
- Lessons that might be learned from the MassUP experience regarding the opportunities and challenges in establishing, operating, and sustaining cross-sector partnerships to address SDOH.

It is important to note that the MassUP investment program and this evaluation occurred during a time of unprecedented challenge for Massachusetts health systems and communities, as the COVID-19 pandemic upended daily life and destabilized jobs, schooling, health care, social services, and many other institutions upon which individuals and families depend. While no two communities experienced COVID-19 in exactly the same way, the MassUP partnerships all had to adapt their strategies, navigate these challenges, and stay responsive to the changing circumstances in their communities. This report notes specific ways that the COVID-19 pandemic affected the partnerships and their work where applicable.

RESULTS: BUILDING PARTNERSHIPS

At the outset, the four MassUP partnerships included a total of 26 organizations spanning a variety of sectors, including health care, community service/non-profit, local government, and education. Most of the partnerships created a steering committee or similar central governing body that met at least quarterly to plan their activities and make decisions. The partnerships included the voices and perspectives of community residents in their decision-making in a variety of ways, with some having formal roles for residents on their governing bodies. The partnerships promoted equity in various formal ways—such as through the use of consensus-based decision-making, compensating residents for their partnership work, and creating and implementing accessibility policies—and in more intangible ways within their values and norms for working together.

All four MassUP partnerships reported feeling relatively successful in establishing trust, communicating effectively, making decisions as a group, and aligning around a common mission and vision. But their individual experiences across those four domains and over the course of MassUP varied considerably. CCC encountered challenges with staff turnover and conflict between partner organizations early on, before finding some success in collaborating toward the end of the program. Hampshire County maintained strength across all domains, despite struggling with limited resources and staff burnout. HEAL Winchendon responded effectively to some early turnover in the partnership membership and communication challenges, and achieved high levels of trust and effectiveness in decision-making during implementation. Springfield EATS reported strong interpersonal relationships, dedication to a shared vision, and unwavering commitment to upstream work despite significant community disruption and needs exacerbated by the COVID-19 pandemic. All four partnerships increased their potential for durability by identifying new funding sources and growing their network of connections to individuals and organizations over the course of MassUP.

RESULTS: ADDRESSING THE SDOH

The two partnerships that focused on economic stability and mobility, HEAL Winchendon and CCC, implemented strategies unique to their communities, populations, and history.

HEAL Winchendon pursued three key strategies: financial asset building, community wealth building, and human and social asset building. The partnership created a financial coaching program for Winchendon residents, with two coaches advising hundreds of families between July 2022 and August 2023. The partnership also collaborated with the Winchendon Community Action Committee (CAC) to purchase a building that became the "Winchendon Works Community Hub." The Hub became the site for an expanded set of social and financial services provided by the CAC; a youth-led business called the Sunshine Café; a "makerspace" to provide access to tools and resources for local makers; and a "Makers Alley" craft market where their products could be sold. HEAL Winchendon also hosted "skillshare" events among local business leaders and residents; a "Taste of Winchendon" food festival; and community conversations about the drivers of poverty. Involvement with the partnership also led to additional civic engagement by Winchendon residents in town governing bodies. At the conclusion of MassUP, HEAL Winchendon was planning to continue its efforts within Winchendon and expand into the town of Gardner.

CCC began with the goal of establishing a regional approach to improving economic opportunities for the residents of both Revere and Chelsea. The partnership encountered challenges in the first two years, including staffing shortages and unexpected misalignment between the two cities' economic development approaches and needs. In the final year of MassUP, CCC narrowed its scope to focus on two areas: employment policy and the early childhood education (ECE) sector. In the employment policy area, CCC established a working group to research and create a written framework defining a "good job," which the partnership used to identify areas of need for workforce education and training, and engage local employers in discussions about creating more job opportunities to match. CCC also helped convene and organize ECE teachers and business owners in Revere to advocate for changes to a town ordinance that imposed barriers to entry for home-based ECEs. The partnership engaged with more than 40 ECE providers and teachers in Revere to understand the challenges and subsequently worked with the Metropolitan Area Planning Council to develop a proposed new ordinance to take to the Revere City Council. The CCC elected not to

continue as a partnership beyond the term of the MassUP program, but reported having gained insights and valuable learning through the initiative.

The two partnerships that focused on food systems and security, Hampshire County Food Policy Council and Springfield EATS, similarly pursued distinct goals based on their local conditions.

The Hampshire County partnership dedicated its participation in MassUP to the goal of creating a resident-led food policy council. Under the sociocracy method, a framework for collaborative self-governance, the partnership supported an initial group of residents to develop the vision for a food policy council and recruit additional residents and professionals. This led to the launch of the Hampshire County Food Policy Council (HCFPC) in January 2022, followed closely by the issuance of the HCFPC's "Policy Guide," which described its structure and key operating principles and detailed the organization of the council into "Circles" within specific areas of focus: Food Action, Food Policy, Capacity-Building, and Vision. The number of Circles and participants grew over time; by August 2023, there were 49 individuals in Circle decision-making roles, including 22 residents. Two-thirds of the leadership positions were occupied by people who were BIPOC, rural, and/or low-income residents, or who had experienced food insecurity.

The Circles carried out a variety of projects over the course of MassUP, including launching a small grant program to support local organizations undertaking projects aligned with the HCFPC's food system transformation goals. As MassUP concluded, the HCFPC had become an established local institution with plans and funding to continue beyond the MassUP investment program term.

Springfield EATS undertook activities within two core strategies: increasing access to food and benefits (the federal Supplemental Nutrition Assistance Program, or SNAP, and Massachusetts's HIP, the Healthy Incentives Program), and developing a culture of racial equity within Springfield's food system. With respect to SNAP and HIP, the partner organizations took steps individually and in coordination with one another to simplify enrollment, educate staff to identify and register eligible individuals, and provide greater access to locations where clients could both enroll in and use those benefits. The partnership organizations also coordinated multiple initiatives to expand access to fresh foods, including the establishment of new backyard garden plots, mobile farm markets, and distribution of community-supported agriculture shares to SNAP and HIP users. The partnership was less successful implementing its initial plans to engage local food retailers, many of whom were destabilized by the COVID-19 pandemic.

Springfield EATS also worked intentionally to promote racial justice within the local food system, including through federal and state policy advocacy and mentorship opportunities for Black and other youth of color. Springfield EATS expected to continue its work as a partnership after the end of MassUP, having secured funding and commitments from partner organizations to spearhead new projects.

LESSONS LEARNED

While the MassUP program established certain common requirements related to both partnership governance and activities to address SDOH, the four MassUP partnerships varied significantly in their implementation choices and experiences. Looking across the cohort, there are observations and potential lessons learned that may be informative to future programs or initiatives with similar designs and goals.

LESSON 1: Over the term of the investment program, the MassUP partnerships made an impact in their communities by enabling greater coordination and alignment across community organizations; increased civic participation of residents; and the development of new community institutions to bring both short- and longer-term change. While time would be needed beyond the investment program period to realize measurable changes in SDOH or health outcomes, the types of impacts the MassUP partnerships had on conditions in their communities show what cross-sector partnerships working to address SDOH can achieve within their first three years.

LESSON 2: Having a shared understanding of and commitment to an upstream vision and mission unified and propelled some MassUP partnerships, and provided a "north star" during challenges. Partnerships benefitted from collectively developing and routinely using their mission and vision statements to guide decisions about their work, particularly through the COVID-19 pandemic.

LESSON 3: Partnerships seeking to work upstream face many challenges, particularly when confronted with significant immediate community needs. Some MassUP partner organizations struggled to stay focused on upstream work, indicating how challenging longer-term, community-change oriented work can be amidst unrelenting, immediate, individual needs.

LESSON 4: MassUP partnerships showed that downstream work can further upstream goals when undertaken with a strategic vision toward changing community conditions. MassUP showed that downstream activities can help attract community participation in and support for a partnership and its work, and provide a foundation for building trust and generating interest among community residents and organizations for engaging in longer-term, more systemic efforts.

LESSON 5: Pre-existing relationships between partner organizations usually bolstered MassUP partnerships, but caused challenges in some cases. Pre-existing relationships created foundational trust within some partnerships. But partnerships with participating organizations that had more often been in competition for scarce resources like funding seemed to struggle with establishing functional working relationships, and experienced mistrust, which undermined their ability to collaborate.

LESSON 6: Building fruitful working relationships required intentional up-front investment, but became integral to the success of some partnerships' SDOH activities. Regardless of past experience, dedication to developing and maintaining a functional relationship required continual effort from the partner organizations. Successful partnerships invested significant time getting to know one another and building a shared commitment to their MassUP work. Such investment was strongly connected to the successful execution of their SDOH-focused activities.

LESSON 7: Collectively establishing, and then following, clear processes for strategic planning and decision-making helped MassUP partnerships build cohesion and effectively organize their work. MassUP partnerships in which the participating organizations and residents worked together to create an equitable governance structure and determine decision-making approaches at the outset seemed to benefit later from greater buy-in and shared investment in the partnership's work. Governance structures that employed smaller working groups to supplement a larger governing body were effective in organizing the work.

LESSON 8: MassUP partnerships benefitted from having members and staff—including but not limited to the funded 1.0 FTE—with dedicated time to play many different functions or roles in support of the partnership's day-to-day operations and activities. Across all four MassUP partnerships, there were at least six distinct functions or roles the partnerships staffed to support their work: director, coordinator, communicator, facilitator, trainer, and evaluator. While some MassUP partnerships looked to the 1.0 FTE staff person to fill most of these roles and responsibilities, partnerships that had multiple staff providing dedicated support and that worked to spread responsibilities across multiple individuals were better able to mitigate the challenges of staff turnover.

- **LESSON 9: Hospitals were effective partners in MassUP, playing a variety of roles and providing tangible supports to the partnerships and their work.** In practice, the hospitals in each of the four MassUP partnerships played a variety of positive roles and made contributions to the work that fulfilled important needs. These included using their professional connections to promote the partnerships' work; providing organizational resources and capabilities; using their visibility and name recognition to bring attention and credibility to the partnership; and modeling a commitment to community empowerment.

- **LESSON 10: Partnerships engaged residents effectively by defining clear leadership opportunities, providing skill-building opportunities, and sharing decision-making power.** Sustaining this commitment to resident leadership, however, required significant resource and time investment from both partnerships and the residents.

- **LESSON 11: When they were effectively engaged, residents added important and unique perspectives and input to the partnerships, and contributed significantly to the work overall.** When residents were effectively engaged and supported in MassUP partnerships, they made a substantial impact—not only by advancing the immediate work of the partnership, but by becoming active participants in processes to change the underlying conditions in their communities. Residents proposed and spearheaded specific partnership projects; improved partnerships' understanding of community needs, thereby directly influencing MassUP work; and helped build connections and relationships between the partnerships and other people and organizations in the community to improve the prospects of sustaining the work.

- **LESSON 12: The MassUP experience underscores that the sustainability of upstream work is fostered by and depends on more than continued funding.** The partnerships that are continuing beyond the term of the investment program invested the most in maintaining a strong upstream vision and mission, engaging new individuals and organizations in the partnership's work, and prioritizing the development and empowerment of resident leaders. This experience indicates that focusing on these activities may foster the continuation of a community-based partnership, and that future partnerships may want to invest in these areas in the short-term to facilitate their sustainability over time.

CONCLUSION

Over the course of the MassUP investment program, each of the four partnerships established collaborative approaches and made progress toward changing conditions in their communities regarding food security and economic opportunities. They varied substantially in how they worked together and in the day-to-day activities that were their focus, while facing some common obstacles including the COVID-19 pandemic. All of the partnerships succeeded in at least some aspects of their work, and their experience provides some valuable insights into how cross-sector partnerships can effectively influence SDOH.

PART 1:
INTRODUCTION TO THE MOVING MASSACHUSETTS UPSTREAM INVESTMENT PROGRAM

BACKGROUND AND CONTEXT

This report is an evaluation of Moving Massachusetts Upstream, an investment program administered by the Massachusetts Health Policy Commission (HPC) and Department of Public Health (DPH). The program supported four partnerships composed of health care provider organizations and community-based organizations working to address social determinants of health (SDOH) in their communities. DPH defines SDOH as the community-wide social, economic, and physical conditions that we experience where we are born, work, live, play, and age, which are shaped by a wider set of forces, including power, policies, institutions, resources, and systems beyond an individual's control.[1] Much work has been done to try to quantify the relative impact of these different categories of health determinants. While precise estimates differ, there exists, "a large and compelling body of evidence" showing, "a powerful role for social factors—apart from medical care—in shaping health across a wide range of health indicators, settings, and populations."[2] In addition, SDOH are known to be driving factors in health inequities.[3]

The Commonwealth of Massachusetts has long recognized the critical contribution of SDOH to the health of individuals and communities, with many efforts led by DPH and other state agencies over decades to improve health and address persistent health inequities by focusing on SDOH in Massachusetts communities. Since 2017, DPH has prioritized six key areas of SDOH which have guided its Determination of Need (DoN) and related Community Health and Healthy Aging Funds program[4,5] and other work: built/physical environment, education, employment, socio-cultural environment, housing, and violence and trauma. These priorities were also incorporated by the Office of the Attorney General into its 2018 Community Benefits Guidelines for non-profit hospitals and health maintenance organizations (HMOs), which sought to encourage health system investments in SDOH, noting: "As the health care system shifts to a 'population health' framework for payment and delivery system reform, hospitals and HMOs are working hard to engage in new opportunities to keep patients healthy by addressing social and environmental factors. The role of effective Community Benefits programs in addressing such unmet public health needs and promoting health equity has never been more critical."[6]

Concurrently, the Massachusetts Medicaid program, known as MassHealth, has also been a driver of health system engagement in addressing factors beyond medical care that affect patient health. The state's 2017 1115 Demonstration Waiver authorized the establishment of accountable care organizations to serve MassHealth members, and provided the architecture for new requirements related to screening and referral to community-based social service organizations to address members' health-related social needs (HRSNs), in addition to establishing the Flexible Services program to provide intensive, individualized support for certain MassHealth members in the areas of housing and nutrition supports.

In this context, in 2019 several Massachusetts state agencies partnered to design a new opportunity to bring focus and resources to SDOH: the "Moving Massachusetts Upstream" (MassUP) investment program. These state agencies—including the HPC, DPH, MassHealth, the Office of the Attorney General, the Executive Office of Elder Affairs, and the Executive Office of Health and Human Services—developed MassUP with the long-term vision of promoting better health, lower costs, and reduced health inequities across communities and populations in Massachusetts through effective collaboration among government, health care systems, and community organizations to address SDOH.

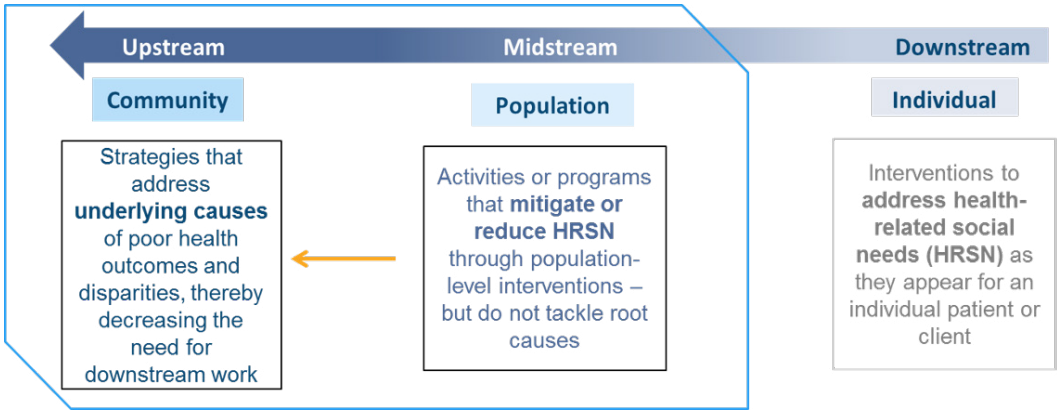
The HPC was established in 2012 through Massachusetts' landmark health care cost containment law, Chapter 224: "An Act Improving the Quality of Health Care and Reducing Costs through Increased Transparency, Efficiency and Innovation." The HPC is an independent state agency charged with monitoring health care cost trends and making

policy recommendations to improve the affordability of health care for all residents of the Commonwealth. Through data-driven analysis, actionable policy insights, public accountability, and innovative investments, the HPC seeks to improve health care delivery, lower costs, and reduce health disparities.

As a health care cost- and quality-focused agency, the HPC's prior investment programs—including Community Hospital Acceleration, Revitalization, and Transformation (CHART), Health Care Innovation Investment (HCII), and Sustaining Healthcare Innovation and Fostering Transformation (SHIFT-Care)—were oriented toward supporting health care provider organizations to undertake specific care delivery innovation efforts with the goal of achieving measurable quality and/or cost improvements. This included supporting health care providers to attend not only to patients' medical needs but also health-related social needs. One overarching theme that emerged across those programs was the recognition that individual patient-focused "downstream" interventions are not designed to address the broader SDOH that impact health outcomes and spending at systemic level.

With the MassUP investment program opportunity, the HPC sought to provide support to health care provider organizations—working in collaborative and equitable partnerships with other organizations with deep understanding of the social factors at play in Massachusetts communities—to address the underlying, community-level SDOH that are the "upstream" drivers of poor health, health inequities, and higher spending on health care services. In particular, the HPC intended to provide funding to partnerships to undertake activities that would improve community- or population-level conditions, such as community organizing and policy advocacy (see **Exhibit 1**). While the time needed to realize measurable changes in the SDOH or health outcomes would extend beyond the investment program period, the HPC intended MassUP to set cross-sector partnerships on a pathway toward these long-term goals (see **Part 2**, MassUP Theory of Change).

Exhibit 1: Description of the Upstream-Downstream Continuum



In December 2019, the HPC issued a Request for Proposals (RFP) for the MassUP investment program, the stated purpose of which was to build on existing partnerships between health care provider organizations and community-based organizations (CBOs)[i]—such as those already established to fulfill MassHealth ACO, DoN, or Community Benefits requirements—to implement a program of activities to address SDOH and the root causes of health inequities in Massachusetts communities.

The HPC and DPH provided a total of approximately $2.5 million in funding over three years through the Healthcare Payment Reform Trust Fund (PRTF) (M.G.L. c.6D, §7) and the Prevention and Wellness Trust Fund, respectively. Health care provider organizations submitted proposals to build new or expand existing partnerships with CBOs to

i The MassUP Request for Proposals (RFP) defined a CBO as, "A nonprofit organization that works at a local level to improve life for residents through advocacy and/or direct service delivery. CBOs may include social service providers, community advocate organizations, civic organizations, and faith-based organizations."

implement community-based strategies to address one SDOH known to adversely affect health in a specific geographic community (i.e., city, town, or region) in Massachusetts.

Intrinsic to the design of the MassUP investment program was the belief that change in SDOH would require authentic, durable collaborations among provider organizations, CBOs, and members of the local communities. This came from the understanding that SDOH are, as one researcher put it, "multi-faceted phenomena with multiple causes" that "necessitate policy action across different organizations and sectors."[7] Given that there are many factors leading to the social conditions in a given community and many potential pathways to improving them, collaboration across sectors, organizations, and individuals would enable coordinated and sustained action, under a common set of priorities and with the benefit of being able to share specific assets and strengths. While the requirements of the PRTF dictated that the health care provider organization had to be the contracted recipient of MassUP funding, the stated intent of the program was to support collaborative partnerships in which all partner organizations would contribute their unique perspectives, resources, and skills to the design and execution of a specific plan of upstream strategies and activities (an "implementation plan") to influence the partnership's SDOH of focus.

The investment program offered funding of up to $650,000 per partnership for a six-month planning period beginning September 1, 2020, followed by 30 months of implementation; the implementation period was later supplemented by an optional, four-month, no-cost extension period (ending December 31, 2023). Applicants had flexibility in defining the SDOH they would address and the community in which they would do so. Through a competitive procurement process, the HPC issued awards to four partnerships each comprising a health care provider organization and several partner organizations. The HPC administered the investment program, with technical assistance and evaluation services provided by DPH.

THE MASSUP PARTNERSHIPS

Each of the four partnerships funded by MassUP chose to focus their efforts on one of two major categories of SDOH: (1) economic stability and mobility, and (2) food systems and security. While formal definitions of those SDOH were not established by the HPC, in general the economic stability and mobility partnerships sought to expand income- and wealth-building opportunities for residents of their communities, while the food systems and security partnerships worked toward increasing access to healthy, fresh food and promoting resident involvement in shaping the local food system. A brief overview of each of the partnerships and their core strategies to address their SDOH of focus is provided below.

Economic Stability and Mobility

CROSS-CITY COALITION The Cross-City Coalition (CCC) was a partnership between Massachusetts General Hospital, The Neighborhood Developers (TND), CONNECT, La Colaborativa, City of Revere, City of Chelsea, MassHire Metro North, and Women Encouraging Empowerment (WEE). They were awarded $694,498 to focus on aligning workforce development efforts in Chelsea and Revere for work readiness and job training programs to increase full-time, benefited employment for residents of both cities.

At the outset of the program, CCC focused on three core strategies: alignment of the communities' job training efforts to identified growth sectors that support upward economic mobility; advancement of community-driven economic opportunity policies and programs at private organizations and local municipalities, with a focus on supporting women and minority-owned business enterprises; and development of a definition of "good jobs," implementation of that definition by employers in their hiring practices, and creation of a system that facilitates "on-ramps" to those opportunities for residents.

HEAL WINCHENDON HEAL Winchendon was a partnership between Heywood Hospital, Health Equity Partnership (formerly CHNA9), Growing Places, The Winchendon School, Three Pyramids, Town of Winchendon, Winchendon Public Schools, and Winchendon Community Action Committee. They were awarded $649,546 to work toward their

mission of empowering the residents of the town of Winchendon to promote economic stability, diversify community leadership, and create a robust local food system.

The partnership's core strategies at the start of the MassUP program were:

1. Human and Social Asset Building: To increase social capital through resident and youth leadership, civic participation, community driven solutions, and implementing municipal and institutional policy and system change to support equity, diversity, and inclusion;
2. Financial Asset Building: To change the local environment and develop equitable systems to support financial capability and inclusion through a financial empowerment hub at the Winchendon Community Action Committee; and
3. Community Wealth Building: To lay the foundation for an equitable, diverse, and inclusive community food system as a critical community economic driver with healthy food first as the foundation.

Food Systems and Security

HAMPSHIRE COUNTY FOOD POLICY COUNCIL The Hampshire County partnership, a collaboration between Cooley Dickinson Health Care, Collaborative for Educational Services (CES), Hilltown Community Development Corporation, and Hilltown Community Health Center, was awarded $555,555 to fulfill their goal of establishing a resident-led food policy council. In particular, the partnership sought to cultivate a shared governance and a county-wide network that would build the power of community voice to make food policies more equitable, honor diverse cultures, and help local food economies to flourish.

The partnership identified three core strategies for their efforts during the MassUP investment program: design and establish a resident-driven food policy council for Hampshire County; enable skill-building and leadership development for residents; and develop programming to improve the food system in Hampshire County.

SPRINGFIELD EATS (EQUITY, ADVOCACY, TRANSFORMATION, AND SYSTEMS CHANGE) Springfield EATS was a partnership comprising Mercy Medical Center, Fertile Ground, Gardening the Community, Open Pantry, Springfield Food Policy Council, and Square One. They identified the North and South End neighborhoods of Springfield as the geographic areas of focus for their work, dedicating their $650,000 MassUP award to creating a more effective food system in Springfield to help residents lead healthier lives.

For the time frame of the MassUP investment program, Springfield EATS identified two core strategies and several embedded approaches for achieving their aims. First, they sought to increase partner organization clients' access to food assistance benefits by: using policy and advocacy work to fund public benefits programs, expanding and gaining recognition for urban agriculture, supporting food entrepreneurs and promoting client choice models in food pantries; and training staff at partner organizations to effectively engage clients in learning about food security opportunities and enrolling in benefits. Second, the partnership sought to develop a culture of racial equity within the Springfield food system by building a shared language among partner organizations about race, systems change, and equity through ongoing, honest conversations; and engaging neighborhood residents in leadership development activities in food justice, racial equity, and health equity.

PREVIEW OF THIS REPORT

Over the course of the MassUP investment program, each of the four partnerships established collaborative approaches and made progress toward changing conditions in their communities regarding food security and economic opportunities. They faced some common obstacles, including the COVID-19 pandemic, which began just as they were starting the MassUP planning period. While no two communities experienced COVID-19 in exactly the same way, the MassUP partnerships all had to adapt their strategies, navigate these challenges, and stay responsive to the changing

circumstances in their communities. The partnerships also all faced the real challenge of maintaining consistent staffing, organizing their efforts, and making tangible progress on the complex work they undertook.

The partnerships were quite varied in how they worked together and in the day-to-day activities that were their focus, with some leaning heavily into community organizing for political advocacy, others deeply engaged in developing resident leadership skills or building social cohesion in their community, and some blending many different strategies into a multi-pronged agenda. They all succeeded in at least some aspects of their work, and their experience provides some valuable insights into how cross-sector partnerships can effectively influence SDOH.

Following a brief overview of the MassUP theory of change and the evaluation approach and data sources (**Part 2**), this report describes the major outcomes of the MassUP investment program, including how each of the four partnerships organized and governed themselves (**Part 3**) and what they were able to accomplish with the strategies they undertook to address their SDOH of focus (**Part 4**). The report concludes with a synthesis of observations and lessons learned from the MassUP experience across all four partnerships (**Part 5**).

PART 2:
EVALUATION APPROACH

This section of the evaluation introduces the MassUP theory of change, describes the evaluation goals and key evaluation questions, and provides an overview of the evaluation design and methods.

MASSUP THEORY OF CHANGE

The overarching theory of change for the MassUP investment program is summarized in **Exhibit 2** below. It posits that equitable and durable community-based partnerships can execute upstream strategies to address root causes of health inequities to achieve improvements in health and health equity within their communities.

Exhibit 2. MassUP Theory of Change

Component 1: Equitable and Durable Community-based Partnerships

Core to the design of the MassUP investment program was the idea that partnerships between health care provider organizations, community-based organizations, and community residents have greater potential to implement strategies that successfully change conditions within their community than any one sector or type of actor could do on its own. As described in Part 1, because social determinants of health (SDOH) are themselves the result of a complex set of factors with many possible pathways to change, MassUP was designed so that organizations could collaborate, prioritize and coordinate activities, and share their strengths in the service of common goals. The HPC and DPH established several requirements intended to help promote equity (e.g., shared decision-making)[ii] and durability within the partnerships and bolster their ability to promote community change, including:

- **Diverse, multisector membership** with representatives from community organizations, health systems, and members of the local community all participating in the partnerships;
- **Dedicated staff support** in the form of a full-time equivalent staff person to support the partnership; and
- **Equitable governance structure** to enable the equitable participation of all members of the partnership and promote shared decision-making and ownership of the work, including with community residents.

Component 2: Changing Community Conditions to Address Root Causes of Inequities

The second component of the MassUP theory of change reflects an expectation that partnership members would leverage their collective resources, networks, and experiences to identify local barriers and opportunities for intervention, and implement collaborative strategies to begin changing the status quo related to their SDOH at the community level. These include strategies that would be challenging or infeasible for an individual organization, institution, or group to successfully implement on its own. In MassUP, "changing community conditions" could encompass a wide variety of results, including residents being mobilized to engage in policy change work, the development of new community-based structures or institutions to pursue the desired change (e.g., a food policy council), and getting existing community structures or institutions (e.g., businesses, CBOs or social service organizations, schools) to align their activities with the change agenda.

ii In lieu of giving a specific definition of "equity," the MassUP RFP set the expectation that the partnership would construct a governance structure that would create equity and accountability among all organizations as appropriate and agreed to by those organizations.

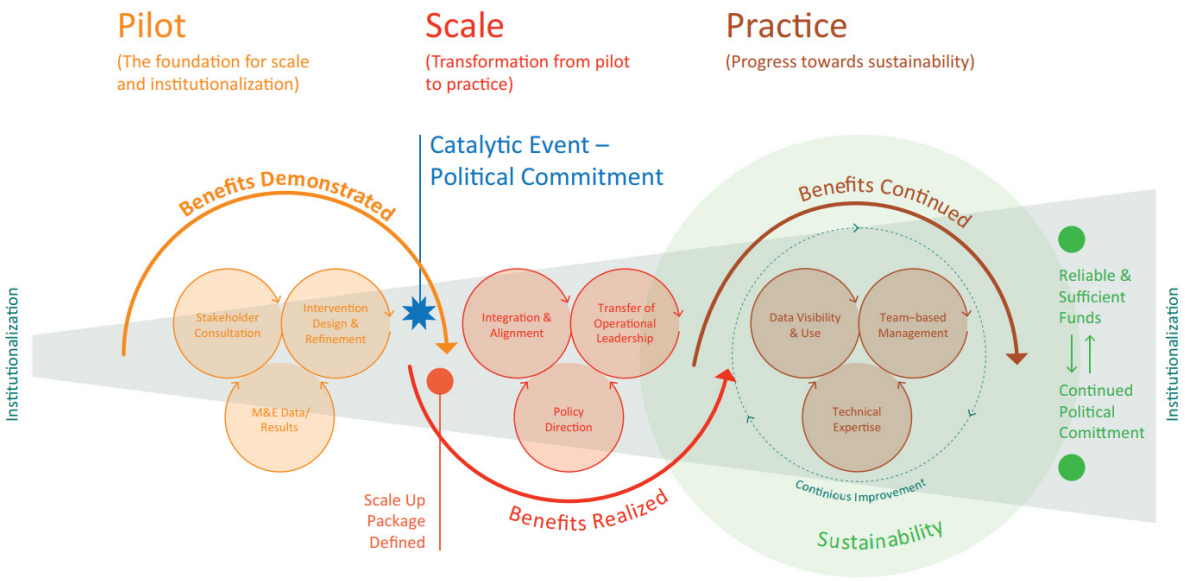
Component 3: Health and Health Equity Within Communities

The final component of the MassUP theory of change reflects the long-term goal of better health and health equity within communities. A common challenge of strategies and investments to improve SDOH is the time required to bring about lasting change and meaningful improvements in health outcomes. While the time horizon for achieving this long-term goal was expected to extend beyond the investment program period, the work completed within MassUP was expected to build the capacity of multisector community partnerships to engage in this work over a longer time period, setting a trajectory towards meaningful and lasting change.

EVALUATION DESIGN, GOALS, AND KEY EVALUATION QUESTIONS

A common approach within public and community health improvement efforts is to first implement initiatives on a smaller scale (i.e., through a pilot program) to test, refine, and demonstrate the benefits of a particular intervention before investing additional resources into sustaining or scaling-up the program. **Exhibit 3** below, developed by the JSI Research & Training Institute, Inc., represents the stages of development for interventions—from an initial pilot project, to successful integration into existing institutions, and finally to a state of practice where the intervention can be sustained and benefits accrue over time.

Exhibit 3. From Pilot to Practice: JSI Model for Scale and Institutionalization



Source: Mookherji, Sangeeta. (2014). From Pilot to Practice: Lessons on Scale, Institutionalization, and Sustainability from the journey of the SC4CCM Project.

Program evaluation goals, questions, and design are influenced by the stage of a program's development. Programs in the pilot stage are generally being implemented for the first time and within a limited number of settings or communities. Evaluation goals for programs in the pilot stage often focus on developing and refining theories and intervention models, monitoring and evaluating short-term progress and success, identifying potential environmental and contextual factors for program success, and gathering evidence for potential longer-term community impact. In contrast, programs in the scale or sustainable practice stages have been previously implemented and tested, making evaluation goals and methods more likely to focus on identifying key factors related to broader implementation and measuring medium and long-term impact.

As a newly developed community-based model, the MassUP investment program sits within the pilot stage of development. As such, the goals of the MassUP evaluation centered on three elements. First, evaluators sought to

document the partnerships' activities and processes, gathering information from them that would lead to accurate understandings and descriptions of their work, and the roles, responsibilities, and contributions of partnership members. Second, evaluators planned to use the data gathered to describe and assess progress towards the overarching goals and theory of change of the MassUP investment program. Finally, the MassUP evaluation processes intended to provide partnerships with continuous learning and improvement opportunities by providing data synthesis back to partnerships for their review and study.

The MassUP evaluation incorporated developmental, theory-driven, and realist evaluation methods in its design. Developmental evaluation approaches support ongoing learning and adaptation by providing information and data back to program implementers throughout the evaluation process. This approach is well suited for innovative and adaptive programs that value ongoing learning and iteration. Theory-driven evaluations are centered around an established theory of change and look to assess the causal link between intervention and observed results. Realist evaluations look to determine whether and how program theories of change work in a particular context. They aim to answer the question, what works in which circumstances and from whom.

Based on these goals and methods, the MassUP evaluation was structured to address these key questions:

- What were the compositions and governance structures of the MassUP partnerships, and how did they function in practice? What successes and challenges did the partnerships face in achieving effectiveness, equity, and durability in their working relationships?
- What strategies did the partnerships implement to change a SDOH in their communities that impacts health? What did they achieve? What successes and challenges did they face?
- What lessons can be drawn from the MassUP experience regarding the opportunities and challenges in establishing, operating, and sustaining cross-sector partnerships to address SDOH?

EVALUATION DATA COLLECTION OVERVIEW

The MassUP evaluation utilized a mixed methods approach, gathering both quantitative and qualitative data throughout the program implementation period. The primary data collection methods are summarized below:

- **Bi-annual Data Reports:** Partnerships submitted a mix of quantitative and qualitative information on a bi-annual basis. These reports included standardized data collection templates that gathered information on partnership network development, funds and other resources leveraged by the partnership, and advocacy targets and progress.
- **Bi-annual Program Updates:** Partnerships provided updates on their activities and accomplishments over a defined reporting period in the form of narrative responses to questions posed by the HPC. Questions varied by Program Update, but often included prompts for partnerships to reflect on their activities and describe facilitators and barriers related to partnership development and recent activities.
- **Partnership Surveys:** Partnership surveys were administered to MassUP partnership members to quantify and qualify shared decision-making, effective communication, and trust within partnerships (see **Part 3**). A total of five surveys were administered throughout the investment program period to track change over time. Surveys were completed by resident members and at least one representative from each partner organization.
- **Interviews and Focus Groups:** Semi-structured interviews and focus groups were conducted with select MassUP partnership members during the implementation period. These interviews and focus groups provided opportunities for partnership members to share their insights, provide context to data gathered from reports and surveys, and describe barriers and facilitators related to partnership development, strategy development and implementation, and community impact.

- **Other Partnership Documents:** In addition to the data collected above, partnerships periodically shared various documents, notes, and other materials they developed. These included governance documents, evaluation reports, infographics, and meeting notes.

Data gathered from these sources were collectively organized, analyzed, and summarized to help answer the key evaluation questions. Analyses of quantitative data abstracted from data reports, the Partnership Survey results, and other documents were performed in R version 4.0.3. Inductive analysis of qualitative data from interviews, focus groups, documents, and program notes was conducted to identify key themes related to facilitators and barriers to partnership development, strategy development, and implementation.

PART 3:
BUILDING EFFECTIVE, EQUITABLE, DURABLE PARTNERSHIPS

One of the core elements of the MassUP investment program theory of change was that the establishment of effective, equitable, durable cross-sector partnerships would be a critical ingredient to producing positive changes in community-level social determinants of health (SDOH). In addition to requiring that each partnership include at least one health care organization and at least one community-based organization (CBO), the HPC required the partnerships to form a governance structure (e.g., board of directors, steering committee, or other group) that would create equity and accountability among all organizations and set the strategic direction of the partnership, including by defining priorities and allocating resources within the HPC-approved budget. The partnerships were also required to include the perspectives of community residents experiencing food insecurity or economic instability, respectively, in their decision-making and continuously engage community members in their work.

MassUP also required and provided funding for at least one full-time equivalent (FTE) staff person who would help the partnership manage the execution of its implementation plan and would take direction not from any one partner organization but from the partnership as a whole. The HPC established this requirement based on the experience of other successful cross-sector, upstream initiatives around the country whose participants reported finding it invaluable to have at least one staff person whose chief everyday responsibility, priority, and focus was to facilitate the success of the partnership. The dedicated staff position was designed to counter resource constraints that CBOs and health care providers may face in attempting upstream work. The need to focus on the "downstream" immediate health challenges and health-related social needs of the individuals those CBOs and health care providers are dedicated to serving may prevent them from dedicating staff capacity to longer-term efforts such as those required to tackle upstream factors. In MassUP, the expectation that the partnerships' dedicated staff would be accountable to the partnership as a whole — not any single organization within it — was consistent with the principle of an equitable governance structure that no single organization would dominate or be more in control of the decision-making or implementation than another.

Part 3 of the evaluation report uses data from Program Updates and other documents submitted by the partnerships to describe the four cross-sector MassUP partnerships and how they functioned in practice, including the formal governance structures they established, their approaches to staffing the FTE role, and other important features of how they worked together such as the values that guided their collaborations. **Part 3** also uses data from focus groups, the Partnership Survey, and deliverables submitted to the HPC to explore successes and challenges observed in MassUP in forming well-functioning, equitable, and durable cross-sector partnerships.

DESCRIPTION OF PARTNERSHIPS' COMPOSITION AND GOVERNANCE

The four MassUP partnerships were composed of between four and eight organizations each. The types and number of organizations comprising the MassUP partnerships, inclusive of the required health care provider organization and CBO[iii], are shown in **Exhibit 4**.

iii The MassUP RFP defined a CBO as, "A nonprofit organization that works at a local level to improve life for residents through advocacy and/or direct service delivery. CBOs may include social service providers, community advocate organizations, civic organizations, and faith-based organizations." For purposes of this evaluation, the CBOs in the partnerships have been categorized using more granular descriptors matching their particular area of focus (e.g., employment/training, agriculture/food systems, childcare) or their type (e.g., local government, k-12 education). The category "community coalitions" reflects partner organizations that are themselves partnerships of several entities.

Exhibit 4: MassUP Partnership Organizations by Type/Sector

TYPE/SECTOR[iv]	NUMBER
Community Service Organization	6
Health Care/Clinical	5
Community Coalition	3
Local Government	3
Agriculture/Food System	2
Community Development Corporation	2
K-12 Education	2
Childcare	1
Communications/Media	1
Employment/Training	1
TOTAL	**26**

As required by the MassUP RFP, each of the partnerships included organizations that had some prior experience working together. This included some that had previously collaborated on grant programs. For example, the organizations in the Springfield EATS partnership had worked together under Mercy Medical Center's Transforming Communities Initiative, and in Hampshire County, the four MassUP partner organizations all had some experience collaborating to increase access to healthy, fresh food under Healthy Hampshire, an initiative begun in 2011 under the Massachusetts Department of Public Health (DPH) Mass in Motion grant program. Other partnerships, such as Cross-City Coalition (CCC), had organizations with experience partnering on Community Health Needs Assessments, although most of the prior experience among CCC partner organizations had occurred through efforts focused within the individual cities of Revere or Chelsea. In the case of the HEAL Winchendon partnership, Heywood Hospital had relationships with each of the other organizations through various activities, including having granted Determination of Need funding to several of them; in addition, some of the HEAL partners had been part of community organizing efforts around food insecurity in the wake of the closure of Winchendon's only grocery store in 2015.

The four partnerships filled the FTE staff role in different ways. HEAL and the CCC designated a single individual to serve as an overall program manager. In both cases, the awardee hospital hired those individuals, although in the case of HEAL the individual's physical workspace was in the Winchendon Community Action Committee (CAC) rather than Heywood Hospital. Springfield EATS used the FTE funding to support two individuals who held leadership roles within the Springfield Food Policy Council and Square One, and who functioned within Springfield EATS both as subject matter experts and lead facilitators. The Hampshire County partnership also split the FTE role into two half-time positions: "Operational Coordinator," an administrative oversight role, and "Story Keeper," an evaluation and communications function. Both were employed by the Collaborative for Educational Services (CES), which was entrusted by the partner organizations to play an overall administrative support function within the partnership.

While they were not required to do so, each of the MassUP partnerships drafted a written document (e.g., charter, memorandum of understanding) that described its governance structure, set out its decision-making approaches, and articulated its norms and values for working together. Three of the four MassUP partnerships chose to create a steering committee or a similar central governing body composed of representatives from their partner organizations that met at least quarterly (as often as biweekly) to discuss their activities and make decisions. The organizations comprising the Hampshire County partnership took a somewhat different approach to governance, reflecting their shared value of fully locating decision-making regarding the formation and implementation of a food policy council in the hands of community residents. To that end, rather than constructing a governing, decision-making body amongst

iv The classification scheme was created by the HPC and DPH; and assignment to a type was done by the HPC and DPH using data provided by the partnerships as well as publicly available sources. The counts represent the organizations that were partnership members at the conclusion of MassUP. While the partnerships were fairly stable over time, there were some changes: CCC gained Women Encouraging Empowerment (WEE); and HEAL Winchendon lost GFA Credit Union and gained the Winchendon Public Schools over the course of MassUP.

themselves, the Hampshire County partner organizations supported the convening of an initial "Governance Circle" composed entirely of county residents which, with operational support from CES, led the decision-making that laid the foundations for the creation of the Hampshire County Food Policy Council (HCFPC) (see **callout box**).

HCFPC GOVERNANCE CIRCLE

The Hampshire County partnership leveraged CES's longstanding community-driven work on food insecurity to recruit a group of residents that became the "Governance" or "Startup" Circle for the Hampshire County Food Policy Council (HCFPC). Over several months in 2020, these individuals began to develop a vision for a food policy council, including selecting a governance model. The group chose sociocracy, a method of collaborative self-governance that involves the use of topical working groups called "Circles" that hold decision-making power within their domain; consent-based decision-making; and feedback or regular review of roles and responsibilities to make improvements. Under this approach, the Hampshire County partner organizations served as initial conveners, providing tangible supports such as meeting space, facilitation, note-taking, and connections to resources such as a sociocracy coach.

The work of the Governance Circle led to additional community outreach and recruitment of both residents and "professional partners" (i.e., individuals who brought professional skills and/or topical expertise from their paid professional roles), and the creation of additional Circles. These efforts precipitated the launch of the HCFPC in January 2022.

In addition to their central governing bodies, HEAL and CCC both formed working groups to focus on specific aspects of their implementation activities. For CCC, those groups were focused on the topical areas of child-care and employment. HEAL originally organized their working groups to align with the four overarching aspects of their theory of change, but switched to a more operational, project-based set of working groups in December 2021 after experiencing some inefficiencies and communication challenges with the original approach. Springfield EATS did not employ a working group approach; a "Core Team" of individuals representing leaders of the partner organizations met regularly to discuss and plan their work, share successes and challenges, and offer support and mentorship to one another, but each individual partner organization made decisions about and executed its specific MassUP activities relatively independently.

The partnerships took different approaches to including resident perspectives in their governance and decision-making processes. HEAL had six resident leaders and six youth leaders on its steering committee who had programmatic responsibilities, decision-making power, and voting rights. CCC engaged resident perspectives by having one community representative each from Chelsea and Revere, though staffing challenges meant that one of these positions was vacant over most of the grant. One of Springfield EATS's strategies to engage additional community voices to its work was to constitute an advisory group (which Springfield EATS called their Steering Committee) inclusive of resident representatives from three Springfield neighborhoods as well as representatives from community organizations. Springfield EATS convened the group several times over the course of the MassUP implementation period, but there was inconsistent participation of residents. Notably, in describing their perspective on community voice in their work, Springfield EATS Core Team individuals expressed strongly identifying as Springfield residents themselves, with deep community ties and their own experiences and challenges related to the local food system.

Equity was manifested in the partnerships both in formal ways related to their decision-making approaches and processes and in more intangible ways within their values and norms for working together. With regard to formally embedding equity in their decision-making, the partnerships took various approaches. Springfield EATS relied entirely on developing consensus to reach key decisions among the Core Team of partner organizations. Both the CCC's "Partnership Agreement" and HEAL partnership's memorandum of understanding (MOU) named consensus as the primary mode for decision-making but made provisions for a voting process if consensus could not be reached. HEAL's MOU particularly stressed that, whereas multiple representatives of each partner organization would consolidate their preferences into a single vote, each resident and youth leader on the steering committee would carry an individual vote—thereby giving greater weight to those residents and youth. For the Hampshire County partnership, equity meant fully locating decision-making about the creation of a food policy council in the hands

of residents, who selected adopted sociocracy as their overall governance philosophy which uses a consent-based approach to decision making.

Another way in which several of the partnerships sought to engender equity in their governance structures was to compensate residents who participated in decision-making. HEAL provided stipends to the residents and youth leaders on its steering committee; similarly, CCC compensated the work of its community representatives as steering committee participants. HCFPC also provided stipends to resident participants in its decision-making "Circles" who identified as low income, BIPOC or other under-represented group, or caregivers to a child or elder.

Equity was expressed perhaps even more significantly and profoundly in terms of the stated values of the partnerships and how those values translated into practice in their working relationships. For HCFPC, equity was at the core of their choice of sociocracy as the method for developing the food policy council as it put leadership and authority in the hands of community residents. HCFPC also prioritized equity in the form of language accessibility by developing and implementing a formal "language access policy" under which it ensured Spanish language translation of materials and live interpretation services at meetings. The partner organizations in HEAL demonstrated their commitment to equity by agreeing to each conduct a diversity, equity, inclusion, and belonging (DEIB) assessment of their own organizations in order to identify areas for improvement and opportunities to support HEAL's economic empowerment goals (see **Part 4**). Springfield EATS was strongly rooted in racial justice, naming "centering racial justice dialogue and learning in all meetings" in its Collaboration Charter as one means by which to accomplish its overall mission. The Core Team intentionally engaged in conversations about race and racism throughout MassUP. All Springfield EATS partner organizations also conducted an "equity scan" each year to document the racial makeup of the organization, and findings were discussed at Core Team meetings.

RESULTS

This section describes the key successes and challenges observed across the MassUP partnerships in translating their governance structures, staffing, approaches to establishing equity and other key features described above into effective, equitable and durable working relationships over the course of the investment program.

Effective and Equitable Working Relationships

Data from the MassUP Partnership Survey, focus groups, and written deliverables submitted to the HPC provide valuable insights into the working relationships of the partnerships. This section presents some partnership-specific findings from the Partnership Survey in four domains: mission/vision, decision-making/operational functionality, communication, and trust/accountability. It then describes key successes and challenges for each partnership considering both the Survey responses and other sources, where some additional themes emerged as important to understanding the overall strength of the partnerships' working relationships. It is important to note that all of these data are self-reported; therefore, findings reflect how the partnerships saw themselves, rather than a review of them against objective standards of effectiveness or equity.

The Partnership Survey was completed by individuals from the organizations comprising each partnership at several points in time during MassUP. The survey included statements in the domains of communication, decision-making, and mission/vision to which respondents could indicate their level of agreement or disagreement on a 1 to 6 scale. The survey also included a set of statements about trust and mistrust within the partnership to which respondents could similarly indicate level of agreement on a 1 to 5 scale. These 14 statements were derived from a validated scale to measure trust in health promotion partnerships.[8]

Exhibits 5 and 6 show average scores for each partnership across five timepoints at which the survey was administered. On the whole, the MassUP partnerships reported feeling successful in establishing trust, communicating effectively, making decisions as a group, and aligning around a common mission and vision: average scores for all of the partnerships were consistently higher than 3 in all four domains.

Exhibit 5: Average Scores in Trust by Partnership (Out of 5)

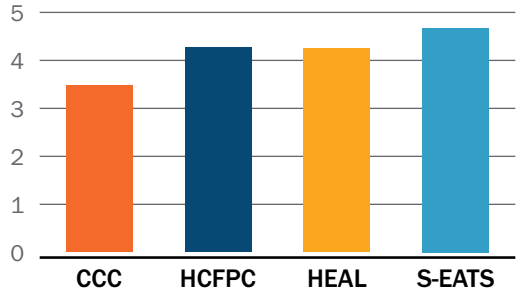
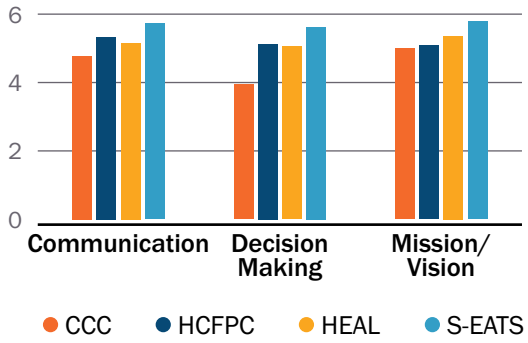
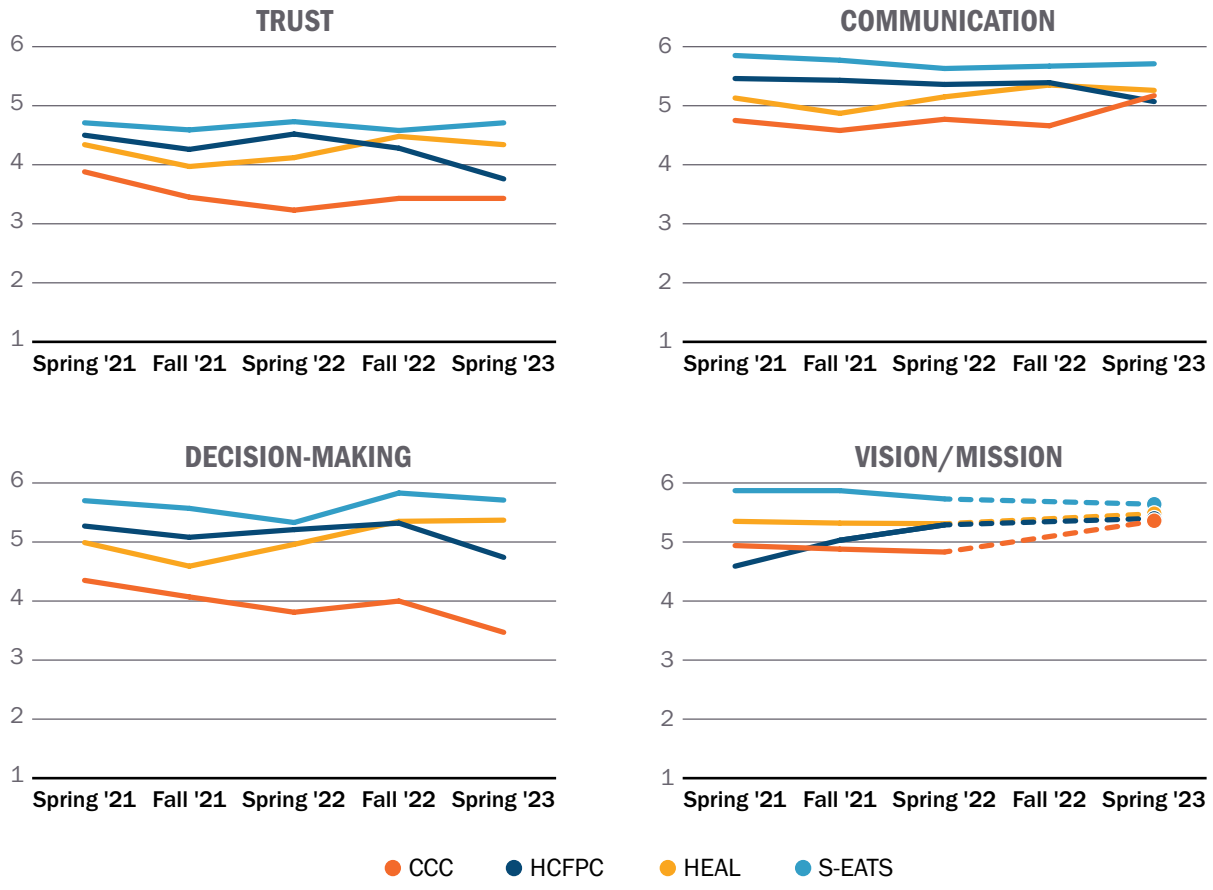


Exhibit 6: Average Scores in Other Key Domains by Partnership (Out of 6)



With respect to change over time, **Exhibit 7** shows how the scores changed for each partnership over the five times the survey was administered: spring 2021, fall 2021, spring 2022, fall 2022, and spring 2023.[v] While scores might have been expected to generally increase over time as the partner organizations gained experience working together, the actual results show more complexity.

Exhibit 7: Change in Key Partnership Survey Scores over Time



v The survey included questions in all four domains each time it was administered, except that the fall 2022 survey posed no questions about Mission/Vision in the fall 2022 survey.

Successes and Challenges in Working Relationships by Partnership

CCC

CCC's average Partnership Survey scores across time tended to be lower than the partnership average in each of the four domains. CCC's highest average score was in mission/vision; the average score for trust was the lowest. Scores in mission/vision and communication increased over time, while the scores in trust and decision-making fell.

Through individual interviews and focus groups, Steering Committee members representing partner organizations in both Revere and Chelsea expressed dedication and passion to serving the people in their communities, as well as a strong endorsement of a regional approach to the economic opportunity issues that the CCC was intended to tackle. Members indicated that having the opportunity to come together and discuss issues that transcend city boundaries was valuable. Another point of unity for the CCC was around the value and practices associated with engaging the two residents representing Revere and Chelsea in Steering Committee meetings and decision-making. Steering Committee members noted the important perspectives they voiced in meetings and the tangible supports they provided to specific projects, such as conducting outreach and helping organize additional community residents to participate. In turn, the community representatives indicated that participation in MassUP gave them a forum for voicing their concerns and those of their neighbors, and increased their knowledge and sense of empowerment about issues in their communities.

One significant challenge encountered by the partnership was instability and some lack of trust in the individuals serving in the project manager and facilitator roles. One early setback for the CCC was the departure from Massachusetts General Hospital (MGH) of a key internal champion and thought leader who left the organization in October 2020 shortly after the MassUP planning period had begun. This individual had led the development of the CCC's proposal for MassUP funding and had leveraged existing relationships particularly with Chelsea-based organizations to secure the participation and commitment of some partner organizations to the coalition. MGH made available a different senior leader to facilitate the partnership's Steering Committee who had significant relevant experience, particularly working with the Revere community, and commitment to the ideals of MassUP. However, this early turnover may have destabilized the partnership and reinforced the separateness of the two cities just as they were attempting to come together under a common agenda.

The Steering Committee then spent significant time during the MassUP planning period crafting a job description for a project manager, leading to a hire by MGH effective March 1, 2021. Members of the Steering Committee reported a largely positive view of the project manager; however, this individual left the position in the summer of 2022, and the CCC was effectively without a project manager for the remainder of MassUP.

Throughout MassUP and particularly following the project manager's departure, the CCC struggled with accountability, decision-making, and trust. Partner organizations expressed that capacity (i.e., funding and staffing) challenges at CBOs and municipalities that were worsened by the COVID-19 pandemic were a significant barrier to organizations being willing or able to take on MassUP project work. While the Steering Committee had spent time during the planning period developing a Partnership Agreement that codified their expectations to fully participate and work collaboratively, in practice, historical mindsets of competition between the two cities' CBOs for scarce funding and other resources resurfaced. For some, this included a mistrust of MGH as a neutral facilitator. As a result, Steering Committee members reported a lack of satisfaction with how decisions were made, with some looking for more leadership from MGH to mediate conflict and others feeling that MGH wielded too much authority in decisions.

In the midst of these significant challenges, the CCC did show some adaptability and resilience as a partnership. In late 2021, the Steering Committee formed two working groups on its topical areas of focus—employment and training, and childcare—in an effort to spur more focused decision making and activity on their work. The groups met biweekly to coordinate their activities and designated working group leaders to help ensure progress. Additionally, in the fall and winter of 2022, the Steering Committee underwent a collaborative decision-making process that resulted in some modifications to their key projects and MassUP budget for the remainder of the investment period (see **Part 4**). However, the partnership struggled through the end of the MassUP implementation period to effectively execute on shared work.

HCFPC

The Hampshire County partnership had consistently high scores in all four domains of the Partnership Survey. Their scores were above the MassUP average in the trust, communication, and decision-making domains of the Partnership Survey, though they fell slightly over time while their score for mission/vision increased.

One clear area of strength for the Hampshire County partnership was their unified vision for and commitment to supporting a fully resident-led decision-making process around the initial creation and launch of the food policy council. Based in part on their prior experience working together in the region and the trust built from previous collaborative successes, the group shared not only a common goal to improve access to healthy food but also a dedication to power-sharing and resident leadership as the means for achieving it. As one partner organization focus group participant put it, they had a "shared understanding of what's going to move the needle." Others remarked on how the organizations were able to put aside any sense of separate agendas or competitiveness and focus on what they could achieve collaboratively.

This philosophical alignment across the partner organizations also successfully translated into their governance-related choices and actions—particularly to put decisions about the structure of the food policy council into the hands of the Governance Circle and support that group to make them. As described above, the sociocracy method, selected by the resident-led Governance Circle with the support of the partner organizations, was a pivotal choice that laid an equity-based foundation for the partnership's entire approach to its work. In addition, once the HCFPC was up and running with many more Circles and individuals involved, the partner organizations continued to participate—both as professional partners sitting in various Circles and by contributing tangible organizational resources. Cooley Dickinson, for example, provided the financial management and contracting functions necessary to help the HCFPC distribute funding to selected community-based projects aligned with the council's mission (see **Part 4**). Similarly, Hilltown Community Development Corporation stepped in to be a fiscal sponsor on a grant application for the HCFPC when needed. In so doing, the partnership organizations demonstrated an ongoing accountability to one another and their shared work, while continuing to enable resident leadership.

One challenge that the Hampshire County partnership encountered was sustaining the high level of staff investment required to keep up with the level of resident engagement and need for capacity-building support to make power-sharing meaningful. As the HCFPC expanded to include greater numbers of circles, members, and other partners, the partnership found that the resources required outmatched what was available. In April 2023, reflecting on the 1.0 FTE role funded by MassUP, the partnership wrote: "Our partnership has certainly benefitted from having dedicated staff.... However, starting off our particular project according to this staffing model has also posed some challenges. Namely, the dedicated time and high level of capability of the two 0.5 FTE roles supported the project to grow beyond the capacity of the roles."

Coupled with the time pressure of a limited-duration funding window under MassUP, this led staff to report feelings of burnout over time. As one commented in a focus group: "There are so many other challenges around community engagement. The FPC is coming up against concrete challenges: access to the internet, computer skills to get onto a meeting. People have wildly different skill sets and experiences and trauma. The complexity of skills that we as staff have to bring to those meetings—we simultaneously build a project, train the community to lead a meeting to figure out a project and how to execute it, hold whatever is going on in a given day: accessing food, childcare, all of the stuff that's going on in people's lives. It's challenging to build the type of structure where community members can have ownership over the work and lead the work, while having to do all of that simultaneously, while also struggling to figure out how to compensate and honor people's time."

Staff were resilient and adjusted their approaches in a continual attempt to balance available resources with the aspirations of the HCFPC participants and the vision of resident leadership. For example, when community members expressed that they wanted a greater presence on social media for the HCFPC more frequent public updates than the two 0.5 FTE staff had been giving, a "Communications Circle" was formed to drive the creation of an official HCFPC newsletter and social media pages. This ability and willingness to adapt and innovate was a feature of the partnership that contributed to an effective working relationship.

HEAL

HEAL's average Partnership Survey results across time indicate strength in all four domains. In communication, decision-making, and mission/vision, HEAL's average scores improved over time, and their trust score was stable.

The HEAL Winchendon partnership began MassUP unified by both the inter-related "three pillars" of its mission—social inclusion, economic empowerment, and healthy food access—and an MOU signed by all the partner organizations that clearly articulated their roles, responsibilities, and shared values. Over the first six to nine months as the Steering Committee initially met and HEAL Winchendon began to try to execute on some of its plans within their mission, the partnership went through some changes. One partnership organization suffered a significant loss; the death of the CEO and HEAL representative at Three Pyramids left the organization with less immediate capacity to participate and disrupted some of HEAL's plans to initiate financial coaching activities. The relationship with GFA Credit Union also shifted due to a change in GFA's capacity; the organization chose to step down from the Steering Committee but maintained a working relationship with HEAL for certain activities. Two positive changes that occurred for the HEAL partnership during this period were the onboarding of a new partner in the Winchendon Public Schools and a turnaround in what had been a somewhat tenuous relationship with the Winchendon CAC, achieved through direct engagement between the HEAL project manager and the CAC Board of Directors. This eventually led to the HEAL project manager becoming the interim director of the CAC, further solidifying the relationship and building deeper ties to this established and trusted community-based organization (see **Part 4**).

Through this initial phase of working together, the partnership began to experience challenges related to collaboration. The Partnership Survey fielded in the fall of 2021 revealed that some partner organizations and resident and youth leaders wanted a larger voice in decision-making and stronger mechanisms for accountability within the Steering Committee to ensure follow-through on commitments made. As HEAL later reported to the HPC in October 2022, "Many of the resident leaders were questioning the work because the power remained primarily with the organizations, and some of the resident engagement was tokenistic. We realized that true success hinged on our internal capacity as a partnership to model the change we wanted to see in the broader community. If we didn't take care of the power inequities, create a sense of belonging and structure for inclusion between residents, youth, and organizations, nothing was really going to work." In addition, the Partnership Survey indicated opportunities for improvement regarding the efficiency of Steering Committee meetings, the decision-making process, and communication across the partner organizations.

The HEAL partnership responded to these challenges with several specific and intentional changes over the winter of 2021 and early 2022. This included restructuring their work into project-focused working groups empowered to make decisions about specific initiatives, and decreasing the frequency of Steering Committee meetings from monthly to quarterly. They created a working group meeting facilitation guide and checklist for facilitators to follow that would ensure some consistency in approach across the groups. The youth leaders within the partnership also undertook an internal evaluation of their participation using the Youth Ladder of Participation model developed by sociologist Roger Hart, which helped them clarify on which HEAL projects they wanted to take a leadership role. The Steering Committee also carved out dedicated time on its agendas for resident and youth leader comments and perspective-sharing on HEAL's work. To address communication challenges, the partnership agreed to make better use of an internal newsletter as a mechanism for sharing regular updates across working groups while decreasing the volume of emails exchanged.

Throughout the implementation of these tactical adjustments, the HEAL partnership also continued and deepened its internal-facing DEIB work, including adjusting its approach to conducting organization-level assessments and developing a Learning Community working team to support organizations in addressing the results of their assessments (see **Part 4**).

These and similar efforts HEAL made to learn and adapt over time appeared to pay off in the form of increasing dedication and commitment that developed within the partnership. As one focus group participant commented, "If you really focus on the work that's been done…it's been accelerated because of people's commitment. I'm so honored to be a part of this group because of that….And we have a lot of outcomes coming out of that, so it is a success." HEAL carried this willingness to adapt and evolve as a partnership into its SDOH-focused work, which led to additional success, including in the area of youth empowerment (see **Part 4**).

Another success for HEAL Winchendon in building a strong partnership was the effectiveness of the funded FTE project manager in both managing the partnership and connecting it to the community. A resident of Winchendon, the individual was hired by Heywood at the start of the grant and remained with HEAL for its entirety. The role as defined in HEAL's MOU included coordinating project activities, facilitating Steering Committee meetings, internal and external communications responsibilities, and assisting with data collection. But the overall value brought to the partnership by this particular individual seemed to extend beyond those roles, particularly in giving HEAL credibility within the community. As HEAL reported in a written update to the HPC: "This role was critical to the success of the partnership as it embedded backbone support and model[ed] resident leadership and power [to] the community....It was also essential that the project staff be residents of (or have worked very closely with) the town of Winchendon because the foundation of this work is relationship based. This trusting and consistent relationship made the work of pushing our partners and residents to dig into root causes and confront racism and other inequities possible. Without it we would have been seen as an outside, elitist organization that was not to be trusted." The project manager was also seen as an effective facilitator and mediator of conflict by the partner organizations. As one said in a focus group, "...when any mistrust arose," this individual "engaged with it right away to facilitate a conversation about it so that it didn't fester."

Springfield EATS

The Springfield EATS partnership's average Partnership Survey scores indicate strength in all four domains of trust, communication, decision-making, and mission/vision; Springfield EATS's scores were the highest of all the partnerships, and were fairly stable over the course of MassUP.

Strong interpersonal relationships between Core Team members were a hallmark success of the Springfield EATS partnership. In focus groups and written deliverables, Springfield EATS members professed a strong sense of trust and willingness to engage in honest, open communication that characterized their partnership. Members attributed this partly to prior experience that some had had working together, but also emphasized the considerable time they spent together under MassUP intentionally forming relationships and building an environment of support—particularly one that prioritized and continually reinforced a shared commitment to advancing racial equity. Springfield EATS reported in a deliverable to the HPC early on in the MassUP program, "On a regular basis, conversations about race and privilege are included in our planning of activities and the work we do together as a team. As these discussions become a normal part of the narrative, they have built a culture of care and thought."

These kinds of conversations also seem to reinforce a sense of shared mission and vision that kept the group unified in pursuing its goals. Springfield EATS reported that, "...the trust built between the partners during the years of working together and the muscle we developed during our work on racial equity set a table for considering and understanding the root causes of hunger in Springfield and identifying how systemic racism and white institutionalized systems have created structural inequities in food and health for Springfield residents."

While these interpersonal bonds and highly aligned vision for their work brought the Springfield EATS Core Team together, the partnership also remained more decentralized than some others in its approach to its work, with individual partner organizations and leaders making decisions about, initiating, and executing the major projects supported by MassUP funding. With this approach, the Springfield EATS partnership functioned less like a new, collective actor or institution and more as a community of practice, wherein the leaders of individual community organizations aligned under a common set of goals could come together and gain insight and support from one another in doing their work more effectively. For Springfield EATS one of the most important benefits of MassUP seemed to be that it created an opportunity for those leaders to convene, support one another, and build professional connections and relationships that bolstered the work of their organizations. In a deliverable to the HPC, Springfield EATS wrote, "Partners note that by connecting across sectors, hearing each other's successes and challenges, they become more effective in their individual sectors. By building a community of care and practice, they are bringing another level of care to residents than before."

One of the unique assets of Springfield EATS that appeared to encourage and facilitate this environment of sharing and learning was the inclusion in the partnership of Fertile Ground, a strategic planning and evaluation organization.

As part of the Core Team, two Fertile Ground staff members were deeply embedded and involved in fostering the cross-organization dialogue. Within their equitable evaluation framework, Fertile Ground was involved not only in performing typical evaluation functions such as measurement plan design and data collection, analysis, and reporting, but also more real-time discussion facilitation, synthesis, and feedback to the Core Team so that more immediate insights into opportunities to improve or advance their work could be identified.

Like other partnerships, Springfield EATS was challenged by staff turnover and also highly affected by operational disruptions related to the COVID-19 pandemic. The original Core Team member from Mercy Medical Center left partway through MassUP, as did the director of Gardening the Community. All of Springfield EATS's partner organizations experienced staffing shortages and increased demand for services during the pandemic. These challenges slowed some of the partnership's work, while also deepening its commitment to building a stronger, more equitable food system in the community.

Durability of the Partnerships

One of the goals of MassUP was that the funded partnerships would endure and continue their cross-sector work to address their SDOH of focus beyond the term of the investment.

In addition to the information presented above on the overall strength and functioning of the partnerships, the HPC and DPH collected a variety of data from the partnerships that might broadly speak to their ongoing viability and their plans for sustaining their collaboration beyond the MassUP period. This included information on sources of funding that the partnerships were able to secure beyond the funds provided by the HPC and DPH in support of their partnership's efforts; and information about the connections that the partnerships made to other individuals or organizations within their community over the course of the program. While these data do not provide a definitive answer on the question of durability, they provide some indication of how well the partnerships were able to build certain aspects of the capacity they might need to endure. (See **Parts 4 and 5** for additional discussion about the MassUP partnerships' sustainability.)

Funding

By the conclusion of the MassUP investment program, all four partnerships reported that they or their partner organizations had identified or received additional funding from double-digit numbers of investment or grant sources (between 10 and 30 each) totaling between approximately $2.7 million and $7.8 million per partnership. As shown in **Exhibit 8**, this included between $300,000 and $3 million total per partnership in direct support of MassUP implementation activities and strategies (with the balance recorded as "indirect" support, meaning topically aligned but independent work being undertaken by some or all of the MassUP partner organizations).

Exhibit 8: Additional Funding Secured by the MassUP Partnerships

	HEAL			HCPC			CCC			S-EATS		
	# of Grants	Amount	Share	# of Grants	Amount	Share	# of Grants	Amount	Share	# of Grants	Amount	Share
Type of Support												
Direct	23	$2,966,949	98%	5	$1,945,100	73%	1	$300,000	11%	7	$1,210,000	16%
Indirect	6	$54,464	2%	5	$734,534	27%	18	$2,359,835	89%	23	$6,597,500	85%
Source												
Federal	2	$261,868	9%	2	$575,000	22%	2	$112,500	4%	10	$5,685,000	73%
State	6	$1,898,747	63%	6	$1,574,634	59%	11	$1,999,335	75%	5	$1,315,000	17%
Local	7	$250,000	8%	0	$0	0%	1	$80,000	3%	0	$0	0%
Private/ philanthropic	14	$610,798	20%	2	$530,000	20%	5	$468,000	18%	15	$807,500	10%
Totals	**29**	**$3,021,413**		**10**	**$2,679,634**		**19**	**$2,659,835**		**30**	**$7,807,500**	

Springfield EATS secured the largest amount of total funding, but a relatively small portion of it (15.5%) was in direct support of MassUP work. HEAL had the next highest total additional funding amount, with close to 100% of it going directly toward their MassUP work.

The main sources of additional funding (federal, state, local, or private/philanthropic) varied from one partnership to the next. All reported receiving additional state grants totaling between $1 million and $2 million, and for three of the four partnerships, state grants represented the largest share of their additional funds. Springfield EATS secured the largest amount of federal funding of all the partnerships (and it was the largest of their sources), as well as the most private/philanthropic funding.

Network Growth

Over the course of the MassUP investment program, the partnerships tracked and reported on their engagement with new organizations and individuals. This included cataloging the names of individuals or organizations that signed on to participate in specific partnership projects, attended partnership meetings, participated in community-based activities hosted by the partnership, contacted the partnership, joined a contact list, or otherwise engaged or interacted with the partnership or its work.

All four of the partnerships made many such new connections during MassUP. This included reaching organizations or individuals representing professional sectors beyond those included in the original partnerships. As shown in **Exhibit 9**, by the conclusion of the investment program, each of the partnerships reported making new connections to between 33 and 116 organizations.

Exhibit 9: Change in Organizational Connections over the Course of MassUP

	CCC	HCFPC	HEAL	S-EATS
# of Initial Partner Orgs	8	4	7	6
# of Additional Orgs Engaged	47	116	64	33

Across all of the partnerships, their engagement with other organizations not only deepened their ties within their original sectors but expanded their sphere of contact to new sectors. Counting as their starting point the sectors to which the original partnership organizations belonged, **Exhibit 10** shows that the partnerships each increased their sector connections from two to six sectors at the beginning to 14-16 sectors by the conclusion of MassUP.

Exhibit 10: Change Over Time in MassUP Partnership Engagement Sectors

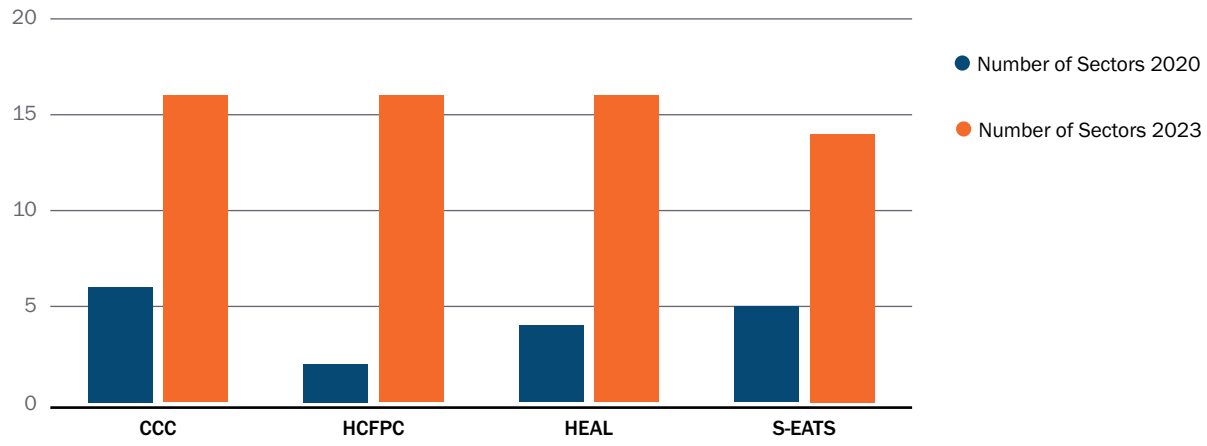


Exhibit 11 compares the specific sectors represented in each MassUP partnership within its initial cohort of partner organizations (shown in lighter shading) and by the conclusion of the program, which additional sectors the partnerships had engaged with (shown in darker shading).

Exhibit 11: Sectors Represented in Each MassUP Partnership at Start and Conclusion of Program

SECTORS	CCC	HCFPC	HEAL	S-EATS
Agriculture/Food Systems				
Childcare				
Colleges/Universities				
Communications/Media				
Community Coalition				
Community Development Corporation				
Community Service Organization				
Employment/Training				
Faith-based				
Financial Services				
Food Service and Grocery				
Government–Federal				
Government–Local				
Government–State				
Health Care/Clinical				
Housing				
Industry/Business				
IT				
K-12 Education				
Language Support				
Planning				

PART 4:
STRATEGIES TO ADDRESS THE SOCIAL DETERMINANTS OF HEALTH

The vision of the MassUP investment program was to advance better health in Massachusetts communities through improvements in social determinants of health (SDOH). As described in Part 1, because SDOH result from long-standing policies and practices, MassUP was focused on funding "upstream" work—that is, activities like policy advocacy and community organizing that are intended to change those underlying community conditions. Each of the four MassUP partnerships focused on a specific SDOH; two chose economic stability and mobility, and two chose food systems and security. The partnerships developed and implemented different upstream strategies to impact their SDOH of focus based on the specific community needs and context. The results of these strategies, described below, varied in impact and were affected by a variety of circumstances, including the COVID-19 pandemic. **Part 4** of the evaluation report provides an overview of the major strategies pursued by each of the MassUP partnerships and the results of those efforts.

ECONOMIC STABILITY AND MOBILITY

Researchers have identified a clear correlation between economic circumstances and health: higher levels of wealth and income generally correlate with lower rates of chronic stress, healthier living conditions, and greater access to health care.[9] Two MassUP partnerships focused on improving economic stability and mobility in their communities: HEAL Winchendon and Cross-City Coalition.

HEAL WINCHENDON

Community Description and Core MassUP Strategies

Winchendon, a town located in north-central Massachusetts, is a largely rural community with roughly 10,000 residents and 3,600 households as of 2019. Winchendon has been experiencing a demographic shift toward a younger, more racially diverse population. Many households in the community are low-income and single-parent families.

In 2015, the town's only grocery store closed, which created a gap in the local food system and led to increasing food insecurity for residents. According to HEAL in 2019, 33% of Winchendon residents identified as food insecure, with 15% of these individuals accessing food at a convenience or dollar store. Hope Empower Access Live (HEAL) Winchendon was established shortly thereafter by eight organizations interested in working together to develop and implement solutions. As HEAL's work deepened, organizers identified insufficient income and wealth-building opportunities as important upstream factors that were contributing to residents' food insecurity challenges. As a result, HEAL sought the MassUP award to expand the scope of their work to include improving economic mobility and stability in Winchendon. The partnership built its intended strategies on an empowerment economics framework[10], which emphasizes helping individuals and families build assets within the context of political, economic, racial, and social systems that affect wealth-building. HEAL's specific strategies, described in detail below, were organized around the following interconnected pillars: human and social asset building, financial asset building, and community wealth-building.

Core Strategy: Financial Asset Building

Individual Financial Empowerment and Coaching

One of HEAL's core strategies was to implement a financial coaching program for residents, aimed at both practical skill-building and helping residents understand wealth-building as a multigenerational effort. HEAL trained two

financial coaches to offer services to Winchendon residents and launched the program publicly in July 2021. The financial coaches provided personal finance lessons and hosted workshops on topics such as student loan forgiveness and planning for education expenses, life coaching, and other personal skills. Coaches also connected clients to public benefits and other services for which they were eligible, including the federal Supplemental Nutrition Assistance Program (SNAP)[11], Massachusetts's Healthy Incentives Program (HIP)[12], and housing assistance. Engagement with and uptake of the services by community members steadily increased over time. Between July and December 2022, 197 households participated in financial coaching engagements. From January 1 to August 31, 2023, HEAL provided financial coaching to 284 families.

HEAL Winchendon also established programming directed at educating town youth in personal finance principles. The partnership designed a course for students at Winchendon Public Schools and The Winchendon School called "The Struggle is Real," during which high school students learned about systemic poverty and participated in various HEAL activities geared toward economic empowerment, social inclusion, and improving the food system.

New Financial Products

One of HEAL Winchendon's original goals was to partner with local financial institutions to create new banking products and services tailored toward historically marginalized populations. As one step toward this goal, the partnership developed an inventory of existing financial products at two local institutions. However, partnering with financial institutions proved a persistent challenge. Early in their partnership, the banking partner GFA Credit Union stepped down from its formal role on the partnership's steering committee. HEAL also undertook discussions with Fidelity and Athol Savings Bank about possible new programs and products such as zero interest rate loans for certain expenses, a community revolving fund for small businesses and entrepreneurs, and matching funds for savings accounts opened by HEAL's financial coaching clients. Due to constraints faced by the institutions, these efforts were largely unsuccessful. However, over the course of MassUP, HEAL Winchendon continued to engage with them, leading to collaborations including a "Reality Fair"[13] for youth sponsored by GFA Credit Union in February 2023, Fidelity's sponsorship of fresh meal kits with cooking instructions for distribution to Winchendon residents, and both Fidelity and Athol Savings Bank participating in HEAL's organizational Diversity, Equity, Inclusion, and Belonging (DEIB) training.

HEAL also pursued and was ultimately successful in establishing a pilot program with The Midas Collaborative[vi], which offered an opportunity to a small number of HEAL's financial coaching clients. Under the "Fresh Start" pilot, upon completion of two hours of financial coaching and eight hours of training in personal goal setting, five financial coaching participants received $500 of matching funds from The Midas Collaborative to use toward a specific personal goal.

Core Strategy: Community Wealth Building

Financial Empowerment Hub

As a complement to its more individual- and family-focused financial asset building work, HEAL identified an opportunity to effect change at the community level by expanding the services provided by an important local social service organization and MassUP partner, the Winchendon Community Action Committee (CAC). The partnership worked toward transitioning the CAC from being a source of primarily direct emergency support services to economically disadvantaged residents and families, including housing assistance and food, to being a "financial empowerment hub"— a single place for residents to access a variety of services including the CAC's traditional emergency supports, SNAP and HIP enrollment support, and a farm stand selling fresh foods that opened in 2022. Additionally, the services provided by the CAC expanded over time to include support groups for families and individuals on topics including foster care, immigration, and women's issues, partnerships with the local Senior Center to provide transportation to medical appointments, and financial services including HEAL's financial coaching.

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vi "The Midas Collaborative works to advance the financial security of low- and moderate-income residents across Massachusetts in collaboration with its member organizations and partners. Midas provides tools, services, and training to assist organizations and public officials to create more prosperous communities." The Midas Collaborative [Internet]. Accessed 02/05/2025. https://www.midascollab.org/.

Makers Hub

In late 2021, HEAL Winchendon began to plan the development of a hub for local makers as a part of their strategy to build human, social, and economic assets in town, with the goal of generating more sources of income for Winchendon residents. The partnership began by convening a small group of local makers to identify their needs, and sought outside expertise from business incubators and other maker communities. These efforts led to HEAL establishing a physical "makerspace,"[vii] providing access to tools and resources to facilitate product development and create a sense of community and mutual support among local makers. HEAL provided training to the participating makers including ServSafe Food Safety Manager Certification, business plan development, and basic business software training. In early 2023, HEAL hired a makerspace coordinator to support its development and implementation.

Community Grocery Store

During the grant period, HEAL Winchendon and other local partners conducted a feasibility study for potential locations for a new town grocery store to replace the store that closed in 2015. The study included soliciting input from residents on their needs and vision for a grocery store. Originally, HEAL hoped to partner with a local market to enable it to expand, but found that this location would not be able to meet the community's identified need for a larger, more full-service store with accessible parking.

As part of this process, in late 2022 a public-private ownership and operating model was proposed as the most viable for a full-service grocery store in town. HEAL conducted additional community engagement via social media and community meetings to focus on location identification and generating community commitments to support the store. They also made a presentation to the Winchendon Board of Selectman to ask for a formal letter of support to help generate positive political will and partnership for the project. At the conclusion of the MassUP program in 2023, the partnership was aiming to locate the grocery store at the newly established Winchendon Works Community Hub (see below).

Winchendon Works Community Hub

Over time, HEAL's original idea of a financial empowerment hub dovetailed with HEAL's other priorities including its human and social asset building and its efforts to secure a new local grocery store. In summer 2023, with support from HEAL Winchendon, the Winchendon CAC purchased a former bowling alley. This new location for the Winchendon CAC became the "Winchendon Works Community Hub," and was established as the new locus for HEAL's initiatives including the new grocery store, all of the CAC's expanded economic empowerment services, a youth-led business called the Sunshine Café (see below), the makerspace for local makers, and a new craft market called "Makers' Alley," where products from the makerspace are sold.

> *"Much of MassUP HEAL work will endure and live on in our new Winchendon Works Community Hub. Purchased and managed by the Winchendon CAC (a HEAL partner that was initially minimally engaged) the WWCH now provides a permanent space, staffing and funding for the Sunshine Café, Youth Changemakers, Makerspace and Economic Empowerment Hub. When HEAL team members come to the space a common reaction is "we did it!" The Hub truly embodies everything we have been working towards in a physical space. It is an affirmation that what we've been working on all these years aren't just some crazy dreams of a small group that will fade away after the grant. They have been embraced and embedded into the community."*
>
> – HEAL Program Update to the HPC, Submitted October 2023

vii "A makerspace is a collaborative work space inside a school, library or separate public/private facility for making, learning, exploring and sharing that uses high tech to no tech tools. These spaces are open to kids, adults, and entrepreneurs and have a variety of maker equipment including 3D printers, laser cutters, CNC machines, soldering irons and even sewing machines." What is a Makerspace? [Internet]. Accessed on 02/05/2025. https://www.makerspaces.com/what-is-a-makerspace/

Core Strategy: Human and Social Asset Building

All of HEAL Winchendon's economic stability and mobility work was built on a foundational understanding of the systemic drivers of poor economic well-being—specifically, the impacts of racism, classism, and social isolation on wealth and income disparities. Underpinning all of HEAL Winchendon's economic empowerment work was a belief in the importance of "changing hearts and minds" in town to be more inclusive of new and marginalized residents and more open to seeing how poverty can be shaped by systemic factors. To that end, HEAL sought to help residents to build social capital, and to support social and civic engagement of underrepresented residents through the creation of resident and youth leadership opportunities. HEAL encouraged civic participation and pursued more inclusive local and institutional policies.

Skill-Building

HEAL supported residents by hosting "skillshare" events, which included coordinating programming and activities that were open to all residents and sought to build social connections. These events provided an opportunity for local business leaders and residents to teach their skills and expertise to others. Example events included cooking classes, self-care workshops, print making, and yoga. In total, HEAL engaged roughly 260 residents in a variety of skill-building opportunities.

Civic Engagement

HEAL Winchendon sought to create and sustain relationships with members of the town that typically held power and decision-making authority, and to raise awareness of opportunities for resident representation on local and regional boards and committees. In three years, six of HEAL's resident leaders joined local and regional boards including the Agricultural Commission, the Winchendon Cultural Council, the Winchendon Community Park Committee, the Winchendon Recreation Committee, the Local Food Works Coalition, and the Town Master Plan Committee.

In addition, HEAL supported the engagement of youth in town governance. The HEAL youth leaders recognized that the absence of their voices from town leadership was resulting in low levels of civic engagement across youth in Winchendon, and as of the end of the MassUP implementation period, the youth had developed and submitted to the Board of Selectman for public comment a proposal for a new Youth Town Advisory Council.

Intergenerational Programming

HEAL Winchendon practiced its commitment to welcoming participation of residents of all ages by embedding youth leaders in its decision-making structures and core strategies. The youth leaders were invited to lead, develop social and economic opportunities, and hold decision-making power with support from the other partnership members. By establishing a youth leader role, the partnership also stressed the importance of civic action and leadership by their youth leaders.

Throughout the MassUP grant, the youth leaders developed and executed several initiatives. One of the first accomplishments organized and implemented by the youth leaders was advocating to the Town of Winchendon to officially recognize June as PRIDE month in the town. It was unanimously approved by the Board of Selectmen in 2021 and was re-adopted annually.[14] Youth leaders also led the development of HEAL's annual "Taste of Winchendon" event, a food festival that highlights the various cultures represented in Winchendon, while also providing an opportunity for the youth leaders running it to build practical skills and experience with grant writing, requesting permits, and public communications including creating messaging about culturally appropriate food, social inclusion, and belonging. HEAL's third annual Taste of Winchendon was attended by over 400 community members.

Another accomplishment of HEAL's intergenerational efforts was the creation of the Sunshine Café, a teen-led business. The idea for the Sunshine Café began in 2019 with a group of 20 high school students who came together from the public and private schools. The students proposed the creation of a youth-led cafe that would feature local coffee, baked goods, and a community space to host music and activities. The youth leaders launched a mobile cafe in May 2021, run by a group of students under the supervision of one of the HEAL resident leaders. Sales proceeds have been used to fund youth leadership initiatives. After the initial success of the mobile café, the youth leaders sought

to establish a brick-and-mortar location for the Sunshine Café and support other youth development activities by applying for grant funding. Their successful funding efforts led to building a physical location within the Winchendon CAC in February 2023. In 2023 alone, the Sunshine Café served over 500 customers and engaged more than 50 teens at various events hosted at the café by the youth leaders. Now located at the Winchendon Works Community Hub, the Sunshine Café has been a way for HEAL Winchendon to support the creation of youth jobs and teach business skills including business plan development, customer service, financial management, and partnering with other local business and producers.

Diversity, Equity, Inclusion, and Belonging (DEIB) Work

Each of the eight HEAL Winchendon partner organizations was committed to upholding diversity, equity, inclusion, and belonging (DEIB) principles in its internal organizational policies and practices. To act on this commitment, the partner organizations completed an equity-focused assessment of their operating practices including how they engage with their clients or serve their populations, participated in DEIB trainings organized by HEAL Winchendon, and were given a budget of $3,000 to implement a new policy or practice within their organization to address areas of improvement identified by the assessment. Some examples of the DEIB projects that partners developed include: a formal DEIB Committee supported and run by the Town of Winchendon; a Training Active Bystanders (TAB) learning opportunity offered to Winchendon and Gardner Public School teachers; and a Community Advisory Committee for Winchendon CAC clients.

Community Dialogue About Poverty

Because of HEAL's commitment to addressing the underlying social, political, and cultural factors influencing economic stability and "changing the hearts and minds" of all Winchendon residents, the partnership hosted several "Brave Spaces" discussion forums to allow for candid conversations about race and diversity. Resident and youth leaders organized conversations on topics that they identified as important to the community, and facilitated these dialogues. The topics included social Inclusion in Winchendon; belonging, with a focus on the LGBTQIA+ community; and systemic racism. In addition, HEAL Winchendon hosted a program called Little Justice Leaders that ran weekly in July and August 2021 in partnership with the local library. Through this program, families learned about different cultures and social justice issues through age-appropriate materials including children's books, crafts, games, and discussions. HEAL offered these programs and community conversations as part of its goal to create greater awareness of the structural barriers to wealth.

Next Steps for HEAL Winchendon

The HEAL Winchendon partnership is continuing beyond the term of the MassUP grant. The partnership has expanded into the neighboring town of Gardner, renaming itself the HEAL Collaborative, and has acquired funding to continue its work for approximately 5-10 years. The initiatives that have developed from HEAL, such as the DEIB assessments, financial coaching sessions, and youth and resident leadership roles, have now become integral components of local institutions. In addition, the establishment of new institutions such as the Winchendon Works Community Hub has provided a foundation for expanding economic opportunities.

At the conclusion of MassUP, HEAL Winchendon reported a new sense of resilience and empowerment within the town. Through its multifaceted initiatives and collaborative efforts, the partnership appears to have made strong progress toward changing community economic and social conditions in Winchendon.

CROSS-CITY COALITION

Community Description and Core MassUP Strategies

The cities of Chelsea and Revere are gateway cities[viii] northeast of Boston with a combined population of just over 90,000 as of 2019. As described by the Cross-City Coalition (CCC) in its MassUP proposal, these cities are culturally diverse and home to a high number of foreign-born individuals who have come to the United States as immigrants or refugees. English is a second language for many, and the rates of child poverty are high.

The CCC partnership was formed to establish a regional approach to economic challenges experienced by the residents of both cities. The original aim of the partnership was to advance workforce development systems and policies, improve economic mobility for residents, and more effectively distribute economic opportunities across the region. The partnership planned to organize its economic stability and mobility work around several core strategies:

- align job training opportunities to economic growth sectors, in part by identifying opportunities to coordinate the cities' workforce development plans;
- develop a definition of "good jobs" for use in relationship-building and advocacy with area employers to facilitate employment pathways for jobs that fit the criteria;
- promote success for women and minority owned businesses; and
- develop capacity to facilitate referrals of residents across the partner organizations' service offerings.

The partnership experienced a variety of challenges during the first two years of the program. Staffing shortages, unexpected misalignment between the two cities' workforce development approaches and needs, and constraints on the partner organizations due to overwhelming client needs during the COVID-19 pandemic significantly undermined the partnership's ability to execute on its original strategies. In the final year of MassUP, the partnership narrowed its scope to two key strategies described in more detail below: advocating for policies that would promote employment in the region; and establishing an early childhood education community of practice to promote the policy and business needs of these providers.

Core Strategy: Defining and Advocating for "Good Jobs" and Related Policy Change

A foundational task undertaken by the CCC was to identify specific attributes of the kinds of stable and growth-oriented employment opportunities that they sought to promote within the region. The group identified that it would be beneficial to their advocacy efforts with employers to have a shared understanding of the qualities of a "good job" and the skills required for these positions. The partnership created a working group for this purpose and hired a consultant with subject matter expertise to facilitate this project.

To start, the working group researched existing definitions regarding stable employment and discussed their findings as a group. From this process, the group created a framework for what constituted a good job and a living wage. Members of the working group then engaged their clients to gather feedback from residents and job seekers on this framework. In the end, the working group developed a document that defines and describes the attributes of a "Stability job" and "Good/Living Wage job" in the region (see **callout box**).

viii Gateway cities are midsize urban centers that anchor regional economies around the state of Massachusetts. About the Gateway Cities [Internet]. Accessed 02/05/2025. https://massinc.org/policy-center/gateway-cities/about-the-gateway-cities/.

CCC'S DEFINITIONS FOR STABILITY JOB AND GOOD/LIVING WAGE JOB

Stability job: Stability jobs provide clients with pay and benefits to meet their immediate financial situations as well as the opportunity to gain work experience and build their resume. Stability jobs offer:

- A work schedule that works for their circumstances (example: specific hours that accommodate childcare/caregiver needs)
- A location that meets their transportation needs (example: employer location that is accessible to a nearby bus stop)
- Wages and hours of work that meet client's minimum financial obligations, starting at $18/hour ($37,440 annually), and offering the opportunity for raises in a predictable timeframe
- Benefit packages, with a baseline of meeting medical and dental needs
- Employers with low turnover rates, growth opportunities and programs that support learning that can lead to advancement, including ESOL and credit and non-credit programs that lead to credentials and certifications needed to advance
- Employers who are flexible in English language requirements in their hiring process
- A safe and secure work environment
- Employers who do not engage in discriminatory behaviors and behaviors that exploit workers such as wage theft

Good/Living Wage job: Good/Living wage jobs provide clients with economic stability, economic mobility and equity, respect and voice. Good/living wage jobs offer all the elements of stability jobs, plus:

- Equitable access to hiring
- Effective managers who look for opportunities for direct reports to advance and develop
- Accessible paid training and development opportunities, including tuition assistance and in-house training
- A clear and transparent career pathway and fair access to advancement along the pathway
- Demonstrated commitment to build equitable, respectful, and accountable teams and cultures
- Wealth building opportunities
- Stable and predictable work schedules and adequate hours
- Family sustaining wages and benefits (as established by the MIT living wage calculator)

In addition to the definitions, the document contained examples of jobs and their sectors that met the standards set forth in the framework, and laid out the skills needed to be hired for these positions.

The partnership utilized this framework to identify the trainings and other educational offerings that Chelsea and Revere residents would need to attain and succeed in such jobs.

The framework also informed CCC's work of engaging employers, through which it sought to encourage hiring from within the community and the creation of more positions that meet the framework requirements. CCC spent time identifying key employers, focusing in part on the local health care sector. This led to meetings with health systems including Cambridge Health Alliance, Beth Israel Lahey Health, and Mass General Brigham to establish relationships and promote the CCC's framework.

Despite having several meetings, substantially engaging employers in the region proved difficult for the CCC, which encountered challenges in navigating large and complex health systems whose hiring and workforce development planning efforts may be handled by many different departments. Meetings rarely resulted in an outcome that led to change in the organization's hiring practices. The partnership reported learning from the experience despite not achieving its goals.

In addition to advocating for good jobs with employers, CCC also advocated for legislative changes at the state level that aligned with the partnership's vision and mission. After identifying a need within their partner organizations' clients for access to transportation, they focused on advocating for H.4805, the "Work and Family Mobility Act,"[15] which enabled immigrants without documentation to obtain a driver's license and was successfully passed by the MA Legislature and enacted in 2023.

Core Strategy: Organizing Childcare Providers

From the outset, CCC identified promoting and supporting women and minority-owned businesses in Revere and Chelsea as a top strategy for addressing economic security in the cities. Due to their potential multifaceted impact on employment and economic stability, the partnership homed in on promoting in-home early childhood education (ECE) businesses as a promising strategy.

Convening Revere Providers

CCC partner organizations in Revere had engaged ECE providers prior to the MassUP investment program and drew from this experience to inform this workstream. Through community engagement of local home-based ECE providers, the partnership developed strategies to promote the ECE sector in the community, especially businesses that were locally owned. One of these strategies was to help convene and organize ECE teachers and business owners in Revere, where a restrictive ordinance made home-based ECEs difficult to establish and manage.

As a first step, the CCC, through its partner organization Women Encouraging Empowerment (WEE), established contact with 72 ECE providers in Revere. The partnership first sought to promote communication amongst the partner organizations and between the ECE providers; among other strategies, they created a "WhatsApp" text group to share events and promote a feeling of community. This method of communicating helped the ECE providers share resources and materials, leading to the development of an informal community of practice for the participants. This group began to meet in person and became a source of information for the partnership on barriers faced by home-based ECE providers to effectively run these businesses. Approximately 40 ECE providers and teachers attended the first two meetings. The partnership also held two online meetings to try to reach additional participants and better facilitate multilingual dialogue.

Advocating for Local and State Policy Change

The ECE community of practice dialogues validated that providers found certain provisions within Revere's local ordinance a barrier to establishment and maintenance of these businesses. The ECE providers raised concerns that the Revere ordinance was more restrictive than corresponding ordinances in other municipalities and in state regulations in several ways, including in its children-per-provider limits and registration requirements.

> *"The work around the updating of the Revere childcare zoning regulations offered the opportunity for residents to gain skills in getting to know and access their elected officials and neighborhood representatives, writing advocacy letters, and offering live testimonies. Many of our childcare providers gained a better understanding of the importance of representation in government and the importance of voting for the right representatives during elections."*
>
> – CCC Program Update to HPC, Submitted October 2023

In March 2022, the CCC applied for and was granted technical assistance from the Metropolitan Area Planning Council (MAPC) to help create a proposal for a new ordinance. With the MAPC's assistance, the CCC created an advisory group made up of city staff, leaders from community organizations, and ECE providers. The advisory group distributed a survey and held focus groups and two workshops to engage the community, hear feedback, and inform the drafting of a proposed updated ordinance. The group collected over 200 signatures from registered voters to change the ordinance and succeeded in prompting the Revere City Council to hold public hearings. Through the CCC's outreach and organizing, 20 childcare providers came to testify at the hearings. After the public hearings, the proposed change to the ordinance was sent to the Revere Planning Committee where it was approved and referred to the Zoning Subcommittee. Ultimately, the revised ordinance was tabled and was not passed during that session of the City Council. Despite this outcome, the CCC reported that the participating ECE providers gained a greater awareness of the local policymaking process and useful skills in advocating for policy change.

In addition to the efforts to improve local childcare policy, the CCC worked with State Senator Lydia Edwards and State Representative Jessica Giannino to file Bill S.1291/H.2059, "An Act Promoting a Foundation for Universal Childcare."[16] This bill sought to prohibit cities and towns from banning or further regulating—beyond the state's requirements—home-based ECE providers. This bill was referred by the legislative to the Rules Committee for due consideration, but ultimately it was not passed in the 2023 legislative session.

Another advocacy effort implemented by CCC was organizing attendance at a rally supporting legislation endorsed by the Common Start Coalition[17], a statewide partnership of organizations, providers, parents, early childhood educators and advocates seeking to advance affordable and accessible high-quality early education and childcare. To gather community interest, the partnership communicated in English and Spanish, and the word spread through various networks to recruit participants. Attendees participating with the CCC partnership co-designed a t-shirt for the rally participants. ECE providers who engaged in the rally reported feeling satisfied that they were able to create something cohesive to represent themselves to state legislators and to establish connections with other ECE providers in the state who shared common struggles.

Next Steps for the Cross-City Coalition

The CCC's MassUP experience included setbacks related to staffing, misalignment of goals between partner organizations, and the significant stressors of the COVID 19 pandemic. In the end, the challenges they encountered led them to elect not to continue as a partnership beyond the term of the MassUP investment program. However, during MassUP, the CCC reported that they accomplished valuable learning and that partner organizations gained insights into each other's expertise and organizational missions, laying a foundation for potentially stronger future relationships and collaborations.

FOOD SYSTEMS AND SECURITY

The primary SDOH of focus for the Hampshire County partnership and Springfield EATS was food systems and security. Food insecurity is directly correlated to health conditions such as diabetes, heart disease, and mental health disorders, and may be driven by the local built environment and economic and social conditions that limit access to healthy, affordable, and culturally relevant foods.[18]

HAMPSHIRE COUNTY FOOD POLICY COUNCIL

Community Description and Core MassUP Strategies

Hampshire County is located in the mid-Pioneer Valley in western Massachusetts. This area is geographically diverse, with a strong farming community alongside cities such as Amherst and Northampton. A Hampshire County Food Access Map created by the Pioneer Valley Planning Commission in 2017 revealed that one-third of the county's population was living in a food desert, with no supermarket within a 20-minute drive. Lack of access to transportation and healthy food were identified as high priority social determinants of health during Cooley Dickinson Health Care's 2019 Community Health Needs Assessment (CHNA), which also highlighted the county's higher rates of poverty, suicide, and chronic disease than the Massachusetts average. Previous CHNA work had already identified establishment of a food policy council as a priority solution to the food insecurity issues in the county. In particular, stakeholders in the CHNA process had called for a council led by people experiencing the causes and consequences of food insecurity in Hampshire County, including residents of affordable housing units and people of color.

The organizations comprising the MassUP-funded partnership for Hampshire County came together to work toward that major goal. Specifically, they sought to thoughtfully design and establish a resident-driven food policy council for Hampshire County; prioritize capacity building for participating residents in the form of skill-building and leadership opportunities within the Hampshire County Food Policy Council (HCFPC); and support the HCFPC to develop programming to improve the food system in the county.

Core Strategy: Establishing a Resident-led Food Policy Council

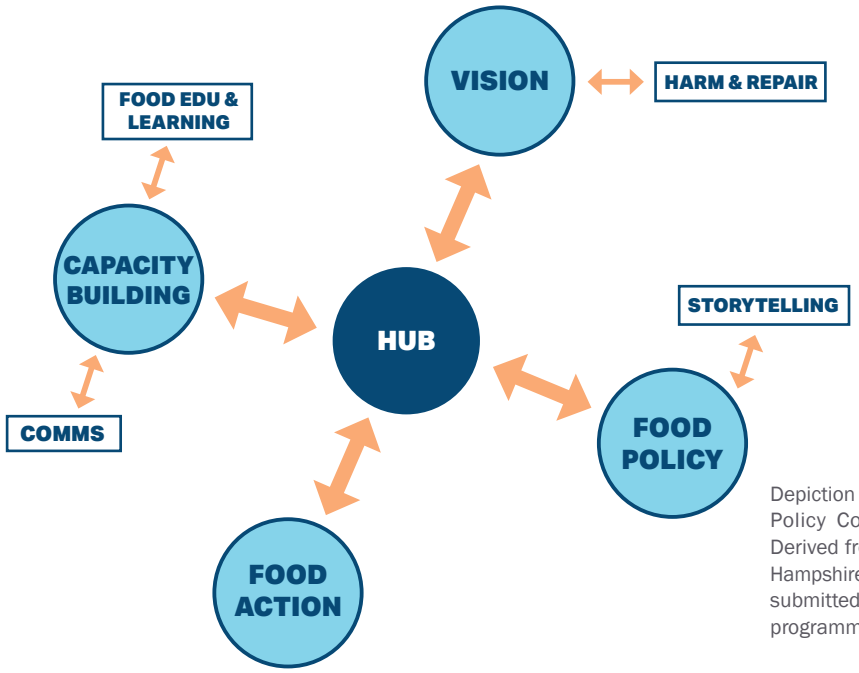
The organizations and individuals that participated in the Hampshire County MassUP partnership focused on supporting the creation of a new food policy council as an institution that would empower residents who were most in need of greater food security and historically the least empowered to build and implement their vision for an improved food system in the county. As described in **Part 3**, the earliest organizational structures for the HCFPC, composed primarily of residents with support from the partner organizations, were the Governance Circle and the Start Up Circle. The Governance Circle met to determine a governance methodology for the future council, which resulted in the selection of the sociocracy method (see **Part 3**). The Start Up Circle then began developing trainings for participating residents, the budget for, and the vision and mission of the HCFPC.

An important milestone achieved by the Start Up Circle in January 2022 was the issuance of the HCFPC "Policy Guide," which described its structure and key operating principles. The Policy Guide detailed the organization of the council into interdependent working groups called "Circles," each with a specific purpose or goal: Food Action, Food Policy, Capacity Building, and Vision. Community members were to make up two-thirds of each Circle, with organizational partners composing the other third. A centralized Circle, known as the "Hub," was designated to manage the operations of the HCFPC. The Hub's responsibilities included aggregating tasks or new domains of work for the council, and either making decisions about them or delegating them to the other Circles. Additional ad-hoc "Helping Circles" would be developed when additional projects or topic needs arose. Under this model, Circles held the decision-making authority within their designated areas of focus.

Once launched, the HCFPC was able to engage many residents and recruit them into Circle leadership roles. The HCFPC's first four core working Circles began meeting in April 2022. Between July 2022 and September 2023, the HCFPC expanded the number of non-professional resident participants in leadership positions from 3 to 11. As the HCFPC rapidly grew and evolved, the core Circles expanded and new ad-hoc Circles were created, leading to additional areas of work and leadership opportunities for residents.

At the conclusion of the MassUP implementation period, there were 49 individuals in Circle decision-making roles, including 22 residents who did not have professional roles directly related to the HCFPC. Two-thirds of the Circles' leadership positions were occupied by people who were BIPOC, rural, and/or low-income residents, or who had lived experience of food insecurity.

Exhibit 12: HCFPC's Governance Structure Map



Depiction of the Hampshire County Food Policy Council governance structure. Derived from a graphic developed by the Hampshire County Food Policy Council and submitted to the HPC as part of a regular programmatic deliverable.

Under the leadership of the residents, the Circles undertook a variety of projects over the course of MassUP. For example, the Food Policy Circle worked to identify policy priorities for the HCFPC by conducting a Needs Assessment and Root Cause Analysis in partnership with community members and organizational partners. The Food Policy Circle also coordinated with the Storytelling Circle to establish a Story Archive that would serve as a means of gathering resident experiences related to food insecurity and publishing it so policymakers could access details on the reality of their constituents.

Residents participating in the HCFPC described feeling empowered by their formal partnership roles. The partnership reported that people felt listened to, their ideas felt honestly considered, and they saw that their participation led to workable projects and initiatives that reflected their needs and desires. Another important impact of the HCFPC was relationship and community building. Participants built relationships across roles (professionals and community members) and indicated that they felt more connected to the broader community.

Core Strategy: Skill-Building for Resident Empowerment

To support the success of the resident leaders, the Hampshire County partnership offered training and capacity building opportunities to residents joining the council. These trainings were intended to help residents participate meaningfully and effectively bring their lived experience of food insecurity, cultural and racial backgrounds, knowledge of the community, and other life experiences to bear on the council's work. Some of these skills-training opportunities, including via webinars beginning in 2021, included anti-racism and racial equity training; group facilitation skills; digital access and technology skills; state legislative process and advocacy skills; and an introduction to sociocracy. These opportunities evolved into a requirement that everyone participating in the HCFPC take at least two online, asynchronous trainings on sociocracy and implicit bias. These provided an opportunity for community representatives to learn more about the council's values, methods, and subject matter. Residents received compensation for the time they spent participating in the council in the form of stipends and childcare support.

Core Strategy: Financing Local Food System Improvement Projects

From the outset of MassUP, the Hampshire County partner organizations had built into their budget a pool of "discretionary funding" that was reserved for the HCFPC to use for funding projects consistent with its mission of improving the local food system and advancing food security. Once the HCFPC was fully operational in Spring 2021, the Start Up Circle released a request for proposals offering $30,000 to local CBOs working on projects that focused on using upstream strategies to address food insecurity and shift power toward community members. The applications were scored by Start Up Circle members and representatives from Cooley Dickinson and Collaborative for Educational Services. Five applications were funded for a two-year cycle. The recipients of the grants and their projects were:

1. Amherst Survival Center: Focusing on food security needs of the Chinese and Chinese-American community by creating a partnership to conduct a resident-led food access assessment, engaging residents to identify strategies, and implement the assessment.

2. Northampton Survival Center: Enhancing their newly created client advisory committee to gather information that will enhance Survival Center services. The committee's goal is to engage more people, develop mentorship, and better understand the needs of the community.

3. Grow Food Northampton: Creating mobile Neighborhood Markets which will offer recipes, cooking demonstrations, and other food- and nutrition-related activities, and empower residents to help design programming.

4. Amherst Mobile Market: Establishing cooking and movement classes at mobile markets to help create a healthy and fun culture.

5. Hilltown Community Development: Building on their mobile market by connecting customers to health care and farmers via an alternate food distribution system—specifically creating "Veggie Rx" coupons and subsidizing food shares for low-income residents.

The following year, the HCFPC began planning the second iteration of its funding process with the goal of better empowering individuals who might have less experience submitting or reviewing grant proposals to more effectively participate and gain funding. HCFPC created resources for project planning, meeting facilitation, budgeting, and a plain-language guide to each step of the application process. Organizational partners shared their experiences with developing project ideas, goals and objectives, timelines, implementation plans, budgets, and evaluation plans. All grant information and application materials were translated into Spanish, including a workshop the HCFPC offered introducing the grant opportunity and application process.

This second round of funding operated more like a participatory budgeting process, which seeks to democratize decisions on how a budget allocates funds.[19] Eligible "applicants" for these funds were participants of the HCFPC Circles. The Hub reviewed all proposals and selected seven projects proposed by Circle members, funded at a total of $100,000 from January 2023 through the end of December 2023 when the MassUP no-cost extension period concluded. The activities of the funded projects varied significantly, focusing on the built environment, cultural change, and policy advocacy.

Four of the seven Circles that received funding were focused on building or improving school and community gardens. These were the Amherst Public Schools Circle Project, FAC School Community Garden Project, Grow Food Northampton Advisory Committee, and Fort River Community Garden. Because of these projects, 20 gardens were built or improved in Hampshire County.

Two projects focused on cultural change—influencing the societal narrative around food insecurity and changing the internal culture of the HCFPC through support of conflict transformation. The HCFPC saw these approaches as critical to changing the social factors that impact health such as structural racism. The Harm and Repair Circle, whose overarching goal was to create a space for conflict resolution between HCFPC members, used its funds to participate in a 5-week training program called "Conversations on Growing Relationships" which supported four members of this circle to deepen their skills in mediation. The Storytelling Circle continued to focus its efforts on establishing the story archive, described above.

The seventh project, organized by the Food Policy Circle, supported an advocacy day, where participants traveled to the state house to meet with state-level legislators. The primary goal and outcome of this day was to build relationships with legislators. During these meetings the HCFPC advocated for policy change such as continued funding for food policy councils state-wide, which was included in the FY24 state budget.

The advocacy day participants also prioritized the following during their conversations with legislators:

- Healthy Incentives Program Campaign: to codify the Healthy Incentives Program (HIP) into law as a program at the Department of Transitional Assistance (DTA);
- Feed Our Neighbors Campaign: to restore basic nutrition and cash benefits to legally present immigrants and families in Massachusetts;
- Lift Our Kids Campaign: to raise cash assistance grants by 25% per year until they reach 50% of the federal poverty level;
- Hunger Free Campus Initiative: to create a grant program for 2- and 4-year state colleges to take steps to address student hunger and food insecurity on campus;
- End Childhood Hunger/Universal School Meal Program School Meals for All: to guarantee school meals for all by allowing every student who wants or needs a school breakfast or lunch to receive meals at no cost to their family.

Next Steps for HCFPC

The HCFPC has become an established local institution that has endured beyond the conclusion of the MassUP investment program. While the HCFPC was not as successful as some partnerships in securing additional funding

for its work during the MassUP period, the partnership reported that Cooley Dickinson had plans to support the HCFPC toward developing a sustainable funding strategy for future endeavors. Key HCFPC Circle initiatives have also endured beyond MassUP, including the Policy Circle's advocacy for food security, and the Storytelling Circle's efforts to reshape narratives around food insecurity, including the Story Archive. One of the Circle participants' projects, the Amherst Mobile Market Planning Committee, is working to establish an independent nonprofit for food desert communities underscoring a commitment to long-term sustainability and equitable access to fresh produce.

SPRINGFIELD EATS

Community Description and Core MassUP Strategies

Springfield is located in Western Massachusetts and is the third largest city in the state, with a population of more than 154,000 residents. People of color account for more than 60% of its population with the two largest groups being people who identify as Latino and/or Black. As of 2019, two-thirds of Springfield was classified by USDA standards as a food desert, leaving many residents with limited access to healthy, affordable foods, which may include culturally appropriate foods. In addition, they may not have ready access to food retailers who would accept public benefits such as SNAP and HIP.

The mission of Springfield EATS (Equity, Action, Transformation and Systems Change) was to create a more effective food system in Springfield to help residents lead healthier lives. The new partnership sought to do this by focusing its work on the following principles: "Advocacy, Capacity, Learning-Evaluation, and Community-Black and Brown Leadership." Within those principles, the partnership established the following key strategies:

1. Implement activities to increase partner organization clients' access to food assistance benefits by:
   a. Using policy and advocacy to fund HIP, expand and gain recognition for urban agriculture, support food entrepreneurs, and promote client choice models in food pantries; and
   b. Training staff at partner organizations to effectively engage clients in learning about food security opportunities and enrolling in benefits;
2. Develop a culture of racial equity within the Springfield food system by:
   a. Building a shared language about race, systems change, and equity through ongoing honest conversations about these topics among partner organizations; and
   b. Engaging neighborhood residents in leadership development activities in food justice, racial equity, and health equity.

Core Strategy: Increasing Access to Food and Benefits

Springfield EATS focused its primary activities on increasing access to affordable, healthy, fresh food in the Springfield neighborhoods of Mason Square, North End, and South End. As executive leaders of local direct service organizations, the "Core Team" of the Springfield EATS partnership prioritized making policy and operational changes within and amongst their own organizations to serve this goal.

Promoting SNAP and HIP Enrollment

A core component of Springfield EATS' food access strategy was to increase access to fresh, culturally appropriate food by ensuring that eligible residents could more easily enroll in and use public benefits, particularly SNAP and HIP. The partner organizations took steps individually and in coordination with one another to simplify enrollment, educate local direct service organizations to identify and register eligible clients, and provide greater access to locations where clients could both enroll in and use SNAP and HIP benefits. In particular, the Springfield EATS partners collaboratively trained the staff at Open Pantry, Square One, and Mercy Medical Center to make sure they could proactively educate and enroll clients in SNAP and HIP benefits. Square One also integrated enrollment into SNAP and HIP (and other state Department of Transitional Assistance benefits) with its new student application process.

In addition, Gardening the Community (GTC) implemented SNAP and HIP enrollment opportunities into its client engagement processes and began accepting these benefits at their food access points including mobile markets and farmers markets.

In addition, as a member of Springfield EATS, the Springfield Food Policy Council (SFPC) spearheaded policy advocacy activities related to expanding these public benefits. Among other efforts, the SFPC helped advocate for S.108/H.250, "An Act Relative to an Agricultural Healthy Incentives Program,"[20] which passed in 2022 and was fully funded within the state budget at $20 million.

Expanding Access to Fresh Foods

In addition to expanding SNAP and HIP enrollment, the partnership undertook strategies to meet the food access needs of each partner organization's clientele while simultaneously coordinating with one another to align programs and initiatives. Many of these strategies focused on expanding access to fresh foods in the community, including nutrition education, direct provision of food, and collaborating on farm shares and mobile markets.

Square One's strategy focused on reducing food insecurity and increasing fresh food consumption among the children and families it serves. In early 2021, Square One hired a nutrition coordinator to update its lunch menu and find additional procurement pathways for additional fresh food. The new lunch menu replaced frozen food items with fresh fruits and vegetables served to 500 children for 2-3 meals daily. Square One also sought to expand access to healthy foods for its families by collaborating with a local food bank mobile market to come to the Square One location.

Open Pantry established a Client Choice Model, which is an established national standard for providing autonomy to those accessing food pantry services, allowing users to select foods that meet not only their dietary needs but also their preferences. This model allows food pantry users the option of accessing fresh foods, in addition to shelf-stable supplies. Open Pantry implemented two pilots to test this new model: (1) a Senior Choice pilot that allowed seniors to choose their own food, and (2) a Client Choice pilot at Bay Path College to increase food access for college students.

GTC, which operates a farm store and farmers markets, implemented various initiatives to promote food access and community engagement. In historically marginalized neighborhoods, GTC established "Liberation Gardens" utilizing 40 backyard plots to cultivate fresh produce. Additionally, they provided a free weekly community-supported agriculture (CSA) share program catering to families of youth enrolled in GTC's programs.

Mercy Medical Center hosted weekly mobile market days, called Go Fresh Mobile Market. These market days were held in coordination with community health workers to host enrollment opportunities for SNAP and HIP benefits, help patients use these benefits on fresh foods, and offer cooking demonstrations.

The partner organizations comprising Springfield EATS also coordinated directly with one another to increase fresh food access for clients and staff of the organizations who were SNAP and HIP users. For example, Springfield Food Policy Council-secured CSA shares were distributed to Mercy Medical Center, Square One, and two local CHCs for the benefit of clients and staff. These shares were designed to be culturally appropriate, acknowledging the significance of respecting diverse culinary traditions in meeting the nutritional needs of all residents.

In addition to these activities, the partnership had hoped to establish a food retail committee to convene retailers—including the owners of small bodegas and corner stores—and help them become eligible SNAP and HIP vendors. Because of the impact of COVID-19 in Springfield, the partnership was not able to execute on this strategy. During the pandemic, the partner organizations were challenged to address immediate food access issues while grappling with staffing shortages. When some of the retailers that were poised to participate in the food retail committee went out of business, the partnership's focus shifted towards initiatives aimed at bolstering immediate food accessibility for Springfield residents, particularly those in communities of color disproportionately affected by the pandemic.

Core Strategy: Developing a Culture of Racial Equity Within Springfield's Food System

Prioritizing Racial Equity to Foster Systems Change

Springfield EATS maintained a strong commitment to promoting racial justice within the local food system and worked intentionally to surface and discuss matters of racial equity and justice. At the outset of their partnership, the Core Team members prioritized and codified their commitment to centering racial justice in their work in establishing their Collaboration Charter, described in detail in Part 3. In addition, the Core Team reported regularly discussing how race, inequity, and racial justice impacted their work, and embedding these concepts into their strategic planning decisions.

Externally, the Springfield EATS core partners advocated for racial equity within the local and state food system. At the federal level, SFPC advocated for new farming legislation that would center racial equity and support marginalized communities not only in Massachusetts but also nationally. Two Springfield EATS partners also participated in the White House's National Hunger Conference and used this opportunity to meet with other racial justice and food advocates. Through the Rural Coalition Farmer Board, they advocated for federal policies concerning farmland access and equity for BIPOC farmers, including the BIPOC Land Access Bill,[21] which seeks to promote equity in agriculture.

Mentoring Emerging Black and Brown Leaders and Youth

The Springfield EATS partnership implemented strategies that created mentorship and leadership opportunities for Black and Brown youth. Of note, these efforts included a youth program offered to 25 individuals at GTC that offered organizational leadership skills development opportunities in the planning and implementation of planting, growing, and distributing food sold at the farm store and other sites. These youth also had the opportunity to review some GTC grant proposals and provide verbal input to leadership. In addition, Springfield EATS sought to mentor younger staff and volunteers working for the partner organizations by inviting them to meetings as an opportunity for exposure and to provide input.

Springfield EATS also focused on the promotion of BIPOC leadership in the partnership and partner organizations. In particular, the partnership observed and tracked the number of people of color that were leaders within the Core Team, the Steering Committee, and the partner organizations as one step toward becoming more cognizant of the racial makeup of the partnership and consider the impact that might have on the partnership's decision making.

Next Steps for Springfield EATS

The partnership and work of Springfield EATS was expected to continue past the end of the MassUP investment program, with an additional five years of funding having been secured. At the conclusion of MassUP, the partnership planned to continue working to enhance access to fresh, quality food for low-income residents through HIP, and to support the purchase of land to expand BIPOC-owned farming. Square One intended to relocate to a new facility complete with a garden and kitchen, which was expected to further increase its ability to provide fresh food to its clients. Mercy Medical Center also had specific plans to continue addressing food access through HRSN screenings and mobile markets.

PART 5:
LESSONS LEARNED FROM THE MASSUP INVESTMENT PROGRAM

The MassUP investment program provided an opportunity for the formation of new partnerships between health care and community organizations to collaboratively pursue improvements in particular social determinants of health (SDOH) in their communities. While the program established certain requirements across all of the partnerships, the descriptions provided in previous parts of the partnerships' approaches to establishing equitable, durable governance structures (**Part 3**) and of their strategies for addressing their SDOH of focus to change community conditions (**Part 4**) reveal that they varied significantly in their implementation choices and experiences.

Part 5 of the evaluation report offers observations and potential lessons learned from the MassUP investment program overall, drawing on all four partnerships' experiences and surfacing some underlying facilitators and barriers to their accomplishments. These findings may be informative for future programs or initiatives with similar designs and goals.

LESSON 1: Over the term of the investment program, the MassUP partnerships made an impact in their communities by enabling greater coordination and alignment across community organizations; increased civic participation of residents; and the development of new community institutions to bring both short- and longer-term change.

While the activities undertaken by each partnership were unique, some patterns are visible in what those activities accomplished toward the goal of changing the economic or food-related conditions in the four MassUP communities.

One achievement across some MassUP partnerships was greater alignment of and coordination across community-based organizations (CBOs) and working on similar SDOH issues. In Springfield, this translated into an increase in CBO clients enrolled in SNAP and HIP, and additional staff trained to help others do so in the future. This coordination also helped achieve greater access to fresh foods for clients of those CBOs because the organizations, along with Mercy Medical Center, worked on those efforts collaboratively, finding ways to leverage each other and go further together than they might have alone. Similarly, the Hampshire County Food Policy Council's grants to local CBOs provided a common framework under which many distinct CBOs worked on aligned and mutually reinforcing efforts, producing projects that, for example, increased the supply of fresh food through community gardens, increased mobile market locations for purchasing those foods, and made those purchases more attainable for low-income residents.

MassUP partnerships also succeeded at getting residents and local leaders more engaged in civic activities, including becoming involved in policy decisions affecting SDOH in their communities. The Cross-City Coalition's work in early childhood education (ECE) brought more than 40 providers together with other local leaders and an expert technical assistance organization (the Metropolitan Area Planning Council) to mount a serious effort to change the City of Revere's policies around the opening of new ECE businesses. In keeping with its goals of revitalizing Winchendon, HEAL spurred some residents to join the Town Master Plan Committee and a group of youth to get involved in shaping town policy and structures. All four of the partnerships took steps to connect with local, state, and/or federal officials and to involve residents directly in policy advocacy. Of note, given that civic participation itself has been shown to be associated with greater health,[22] this engagement could be expected not only to support the long-term SDOH change goals of the MassUP partnerships but also to directly bolster the wellbeing of those participating.

A third common type of impact across some MassUP partnerships was the establishment of new institutions for both civic and commercial activities in their communities. The Hub in Winchendon and the Hampshire County Food Policy Council (HCFPC), in particular, are new structures bringing both immediate and potentially longer-term change in the economic and food-related conditions in their communities, respectively. The Hub became a locus for commercial activity through the makerspace, Makers Alley, and the Sunshine Café, thereby directly addressing

HEAL's goal to improve local economic opportunities. The HCFPC joins a network of food policy councils all over the country in being a force for policy advocacy and other change efforts. By connecting residents and professionals with interests in the food system, HCFPC has provided the infrastructure for collaboration on projects to improve community conditions around food need and supply.

These types of impact observed across multiple MassUP partnerships provide an indication of what cross-sector partnerships working to address the SDOH can achieve within their first three years.

LESSON 2: Having a shared understanding of and commitment to an upstream vision and mission unified and propelled some MassUP partnerships, and provided a "north star" during challenges.

The Partnership Survey results presented in **Part 3** indicate that all four of the MassUP partnerships evaluated themselves as having a clear, upstream-focused vision and mission. Qualitative information provided by partnership members in narrative reports, focus groups, and interviews, however, suggest that some of the partnerships more actively leveraged their mission and vision statements than others, using them as tools to guide their day-to-day decision-making and the activities they undertook together.

In practice, this meant regularly referencing the vision and mission in partnership meetings, designing activities around partnership values, and implementing partnership efforts that reiterated commitment to the vision and mission, such as the "storytelling" work undertaken by HCFPC. This active and ongoing engagement with their vision and mission helped to guide, organize, and maintain connections between various partnership workstreams and strategies. Strong and well-established visions and missions also helped to foster buy-in from and a sense of shared ownership across partner organizations, and refocused activities on addressing the needs of the community rather than the goals of individual organizations.

Having a solid vision and mission also helped partnerships during times of crisis, such as at the height of the COVID-19 pandemic, when partner organizations such as those in Springfield EATS were under significant demand to provide various downstream services in response to pressing and immediate needs of individuals in their communities. Having a long-term vision for implementing upstream change in the community helped Springfield EATS and some other partnerships to connect such down- and midstream activities to their upstream goals, and not completely lose focus on or momentum toward those goals (see Lesson 3). Similarly, having a vision and mission—and using it—also helped to communicate the purpose of the partnership to residents, which built recognition and buy-in within the community.

LESSON 3: Partnerships seeking to work upstream face many challenges, particularly when confronted with significant immediate community needs.

The MassUP investment program opportunity was dedicated to supporting upstream work, with an explicit requirement that funding be used not for providing specific health care or social services to individuals but for addressing the underlying community conditions creating those "downstream" needs. An assumption behind this requirement was that taking any of the available funding away from upstream work and repurposing it for downstream efforts would undercut the systemic change goals at the heart of MassUP. Indeed, the upstream efforts undertaken by the partnerships did stretch their available resources and were challenging to stay focused on, particularly in the midst of the COVID-19 pandemic when individuals' basic needs were widely not being met. In some cases, partner organizations struggled to pivot and realign toward upstream work once the crisis had subsided, which indicates the real risk that longer-term, community-changed oriented work may never get the attention it needs to be successful amidst unrelenting, immediate, individual needs.

LESSON 4: MassUP partnerships showed that downstream work can further upstream goals when undertaken with a strategic vision toward changing community conditions.

The MassUP experience also suggests that downstream work need not detract from, and can in fact bolster and further, upstream goals when it is undertaken strategically—with a clear connection to the partnership's mission and vision, and as part of a strategic plan connecting all of the partnership's activities. In those cases, MassUP showed that downstream activities can help attract community participation in and support for a partnership and its work, and provide a foundation for building trust and generating interest among community residents and organizations to engage in longer-term, more systemic efforts. For example, HEAL Winchendon was able to collaborate with the Community Action Committee and build on its emergency housing, food, and other health-related social service offerings to encourage resident engagement in and local support for broader community change efforts, such as the creation of the Hub. Similarly, the HCFPC's financing of local food system improvement projects helped to connect largely downstream, health related social needs-focused projects to the HCFPC's more upstream, community change goals.

LESSON 5: Pre-existing relationships between partner organizations usually bolstered MassUP partnerships, but caused challenges in some cases.

All MassUP partnerships included organizations with some history or prior experience working together. Some of the MassUP partnerships were able to use this to their immediate advantage, as these pre-existing relationships meant there was some foundational trust among partner organizations at the outset and that they knew how to capitalize on each other's strengths to accomplish shared goals. In Hampshire County, for example, due to prior successful experience working together, the partner organizations generally trusted one another and knew where each could offer the most value to the new MassUP work. This led to, for instance, a clear leadership role for the trusted community-based organization Collaborative for Educational Services in community engagement and project management, while Cooley Dickinson Health Care (CDHC) provided financial and contractual management expertise.

But partnerships with participating organizations that had more often been in competition for scarce resources like funding seemed to struggle with establishing functional working relationships, and experienced mistrust, as was seen in the Cross-City Coalition (CCC). In such cases, and in the absence of significant, intentional relationship improvement work, the prior experience or perceptions of each other that organizations brought into the MassUP partnership tended to undercut their ability to collaborate.

LESSON 6: Building fruitful working relationships required intentional up-front investment, but became integral to the success of some partnerships' SDOH activities.

Regardless of past experience, dedication to developing and maintaining a functional relationship required continual effort from the partner organizations. Successful partnerships spent significant time and effort getting to know one another and building a shared trust and commitment to their work during MassUP. Springfield EATS invested in ongoing relationship-building activities, including by having regular dialogues about race. HEAL Winchendon also undertook common internal-facing activities that seemed to build common ground, such as the organizational diversity, equity, inclusion, and belonging (DEIB) assessment that each partner in HEAL completed.

For both of those partnerships, their investment in internal relationship-building was strongly connected to the successful execution of their SDOH-focused activities. As described above (see Lesson 1), one of Springfield EATS's accomplishments was driving coordination and alignment across individual partner organizations' food systems and security work (e.g., implementing a united effort to enroll more clients in SNAP and HIP). This would have been challenging if the organizational leaders comprising the partnership had not spent time getting to know one another and finding common challenges and opportunities to take on together. For HEAL Winchendon, undertaking the DEIB assessments at each partner organization mirrored elements of the social inclusion work that the partnership undertook as one of the key pillars in its economic empowerment agenda. By working on DEIB themselves, the partnership organizations not only built trust for the partnership but advanced its goals for changing Winchendon's social and economic environment.

LESSON 7: Collectively establishing, and then following, clear processes for strategic planning and decision-making helped MassUP partnerships build cohesion and effectively organize their work.

MassUP partnerships in which the participating organizations and residents worked together to create an equitable governance structure and determine decision-making approaches at the outset of the program seemed to benefit later from greater buy-in and shared investment in the partnership's work. The HCFPC, for example, spent significant time designing the functions of its governance and decision-making structure with residents and partner organizations, and it was utilized effectively throughout the MassUP implementation period. New partners and residents received training so that they could understand and participate effectively in the process and maintain the values on which it was built.

Of note, it was particularly helpful when the partnership regularly referenced documents that clearly described their governance and decision-making processes to check for adherence and make corrections to their approaches when necessary. Governance documents that were drafted and proposed by one partnership member for adoption by the others were less likely to be referenced or followed by the partnership members later on when complex or difficult decisions arose.

Governance structures that employed smaller working groups to supplement a larger governing body seemed to be particularly useful for MassUP partnerships. Working groups were especially effective when they: had decision-making authority to carry out their tasks; utilized the skills and resources of individual workgroup members; communicated effectively with one another and the governing body; and maintained a clear connection between their work and the overall mission and vision of the partnership.

These working groups helped advance the partnerships' activities. In some cases, working groups with these qualities were able to organize and execute specific partnership initiatives to address the SDOH even when the broader overall governing body's effectiveness had broken down.

LESSON 8: MassUP partnerships benefitted from having members and staff—including but not limited to the funded 1.0 FTE—with dedicated time to play many different functions or roles in support of the partnership's day-to-day operations and activities.

As described in Part 3, all MassUP partnerships had 1.0 full-time equivalent (FTE) of funded staff dedicated to supporting the work of the partnerships, but the roles, responsibilities, and skillsets for which the partnership used this role varied considerably across the four. MassUP partnerships utilized different approaches for filling key roles, and often funded the time of partner organization representatives or resident leaders, in addition to the 1.0 FTE roles, to fully meet their needs.

Across the cohort, we observed at least six distinct functions or roles that the partnerships staffed to support their work:

- **Director:** helped develop overall partnership vision, shared strategies, and governance structures.
- **Coordinator:** organized and guided strategy implementation, ensured role clarity, developed meeting and workstream structures, and helped partnerships adapt strategies as needed.
- **Communicator:** promoted effective cross-partnership communication, adapted meeting and work structures as needed, maintained documentation, and served as primary point of contact for members.
- **Facilitator:** promoted and maintained commitment to shared vision, built trust between members, managed potential conflicts, and addressed unexpected barriers.
- **Trainer:** helped with capacity building for new and existing partnership members.
- **Evaluator:** helped develop partnership-specific evaluation plans and the theories of change; helped gather important information on partnership impact, successes, challenges; and helped the partnership use that information for continuous improvement and internal and external communication.

While some MassUP partnerships looked to the 1.0 FTE staff person to fill most of the roles and responsibilities listed above, partnership needs were often too varied and too great to be completely filled by one individual. In some cases, the 1.0 FTE also faced challenges with coalition- building related to mistrust between their employing partner organization and the rest of the partnership or community in which they were working.

In addition to being a challenging role to hire, because the demands on the position were high and the needs of partnerships continued to grow and evolve, the 1.0 FTE position had a high risk of burnout and turnover. The effects of such turnover on the partnerships were twofold, as seen, for example, in the CCC experience: they had significant difficulties in backfilling the position; and in the interim the vacancy slowed partnerships' momentum on their work. Partnerships that had multiple staff providing dedicated support and that worked to spread responsibilities across multiple individuals were able avoid or better navigate these challenges.

LESSON 9: Hospitals were effective partners in MassUP, playing a variety of roles and providing tangible supports to the partnerships and their work.

An important premise behind the design of MassUP was that health care organizations, including hospitals, play a larger role than providing health care services in the communities in which they are located, and that their additional resources (including economic, political, and social) could strongly complement the assets brought by community organizations to address the SDOH in those areas. MassUP created an opportunity to observe the specific roles that hospitals would play in supporting community-driven, upstream activities, and how they would interact with their partner organizations and bridge any divides (cultural or otherwise) between them.

In practice, the hospitals in each of the four MassUP partnerships played a variety of positive roles and made contributions to the work that fulfilled important needs. These included:

- **Using their professional connections** to promote the partnerships' work, such as setting up meetings with state legislature staff;
- **Providing organizational resources and capabilities** that might be lacking among CBOs, including serving as fiscal agents and/or sponsors for grants and other opportunities;
- **Using their visibility and name recognition** within the community to bring attention and credibility to the partnership and its work; and
- **Modeling a commitment to, and thereby helping to ensure, community empowerment** by putting their organizational power behind shared partnership goals and activities rather than pursuing their own agenda within the partnership.

A few examples illustrate these roles. CDHC, the hospital participating in the HCFPC, demonstrated an ability to support the efforts of the partnership while not taking a determining role in its decisions. The health system connected the HCFPC to state legislators for relationship building purposes and served as a fiscal sponsor for small, community-based organizations receiving funds as part of the "discretionary funding" process.

Heywood Hospital, participating in the HEAL Winchendon partnership, initially took on a leadership role, facilitating steering committee meetings and the hiring process for the partnership's project manager. Over time, the Heywood Hospital representative stepped back from taking leadership roles, letting the project manager guide and organize the efforts of the partnership.

The representative from Massachusetts General Hospital, the hospital participating in the CCC had deep ties with community organizations in Revere and Chelsea and was able to use these connections to help establish the CCC. When the partnership experienced setbacks, MGH was able to provide backbone support, stepping in with in-kind staff and financial support to help the partnership continue to operate.

In addition to showing different roles that hospitals could play within these partnerships, the MassUP experience indicated that the characteristics of the individual representing the hospital within the partnership also influenced their effectiveness. It was beneficial for the partnerships if the hospital representative demonstrated strong buy-in to the mission and vision of the partnership and was willing to use their position both to advocate for the partnership and its goals, both within the hospital and with external stakeholders. In addition, hospitals who did not have a well-connected representative were not as able to advocate for the needs of the partnership.

LESSON 10: Partnerships engaged residents effectively by defining clear leadership opportunities, providing skill-building opportunities, and sharing decision-making power.

While all MassUP partnerships were required to include resident perspectives in their decision-making, those that appeared to secure the greatest engagement and gain the most from resident involvement took similar approaches. First, they established formal resident leadership roles within their governance structure and gave them a clear and equitable role in partnership decision-making, such as a vote weighted at least equally to that of the partner organization representatives on the steering committee. These partnerships also made significant investments in helping residents develop their skills in communication, leadership, business processes and operations (e.g., grant-making, financial management, event planning), and other areas, and adapted their timelines and workplans as needed to promote equity between residents and professional partnership members in the level of their participation. They also provided residents with stipends and other non-monetary supports (e.g., childcare and/or language interpretation services during meetings) to reduce barriers to participation.

Sustaining this commitment to resident leadership, however, required significant resource and time investment from both partnerships and the residents. As seen in the experience of HCFPC and others, partnership staff faced substantial resource challenges in providing the training and capacity-building necessary to fully support residents. Effectively engaging residents also required careful planning and navigating a delicate balance between the interests of residents leading the work and the constraints faced by the partnership overall in seeking to accomplish activities within a time-bound investment program. Residents also had to dedicate significant time and energy to participate meaningfully in the partnerships, making it a relatively high bar for some despite the supports they were provided. Burnout and turnover in resident participation was a risk that partnerships had to navigate. The partnerships with the greatest resident engagement demonstrated a commitment to hearing from residents about their needs and experiences, and adjusting their strategies over time to better accommodate resident leadership and reap its benefits.

LESSON 11: When they were effectively engaged, residents added important and unique perspectives and input to the partnerships, and contributed significantly to the work overall.

As described above, resident engagement in the MassUP partnerships constituted a new form of civic participation—a way for residents to both voice their values and needs in the areas of food security and economic opportunities, and to act collectively to achieve tangible improvements. When residents were effectively engaged and supported in MassUP partnerships, they made a substantial impact—not only by advancing the immediate work of the partnership, but by becoming active participants in processes to change the underlying conditions in their communities. Residents (including, in some cases, youth):

- **Proposed and spearheaded partnership projects.** For example, HEAL's Taste of Winchendon event was conceptualized and implemented primarily by the Youth Changemakers participating in HEAL, and it served as an important annual event for the partnership to engage directly with the community and bring residents together to celebrate and build greater social capital within the town.
- **Provided perspectives and insights from their lived experience** that improved partnerships' understanding of community needs and directly influenced MassUP activities. The residents participating in CCC offered notable information to the partnership that influenced its work for the better and focused its efforts on the primary

concerns of the community. In particular, feedback from the community representatives highlighted the needs of childcare providers and helped create a pipeline for the partnership to establish a community of practice for ECEs—which became a critical input into CCC's policy advocacy work.

- **Helped build connections and relationships between the partnerships and other people and organizations in the community** that might support longer term sustainability of their work. HCFPC, for example, was effective in supporting residents to recruit new members, offering events like webinars (called Learning Circles) where partner representatives, residents, and other interested individuals could participate in important conversations and learn more about the partnership and its efforts.

LESSON 12: The MassUP experience underscores that the sustainability of upstream work is fostered by and depends on more than continued funding.

While sustainability is always a goal of HPC investment programs, this was a particularly valued outcome for MassUP given our expectation that measurable improvements in community-level SDOH and associated measures of health in the communities we supported would likely only accrue from partnerships' work over the long-term, beyond the three-year grant period. In the context of more "downstream," individual-needs focused investment programs, sustainability is often described as being a function, primarily, of an identified funding source to provide the resources needed to continue the services being provided to clients or patients. In MassUP, all four of the MassUP partnerships managed to secure additional funding sources, and three have elected to continue their work beyond the investment program period. The partnerships that are continuing invested the most and had the greatest success during the program term in:

- **Maintaining** a strong upstream vision and mission and effectively communicating it to new partners, participating residents, and the broader community;
- **Engaging** new individuals and organizations in the partnership's work and activities, which expanded the partnership's reach and promoted its messaging; and
- **Prioritizing** the development and empowerment of resident leaders.

This experience indicates that focusing on these activities may foster the continuation of a community-based partnership, and that future partnerships may want to invest in these areas in the short-term to facilitate their sustainability over time.

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