



# The Evolution of Mass in Motion

## One State's Response to a National Epidemic

*Prepared by*



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# **The Evolution of Mass in Motion**

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# Preface

In the spring of 2007, the Boston Foundation published a report titled *The Boston Paradox: Lots of Health Care, Not Enough Health*, the first comprehensive overview of health and health care in Boston.

With stunning statistics, *The Boston Paradox* drew our attention to the growing crisis of preventable chronic disease in our city and the accompanying, unsustainable rise in health care costs. The report demonstrated that Massachusetts, in spite of being the first state to have near-universal health care coverage and some of the best medical facilities in the world, was highly vulnerable to the insidious effects of a poor diet, inadequate exercise and unhealthy weight.

It also showed that low-income people of color were disproportionately affected by the lack of access to opportunities for exercise and healthy foods. And it presented a chart revealing a complete spending mismatch between government resources going to health care and those supporting key determinants of health.

*The Boston Paradox* was a wake up call for the Boston Foundation and for the Network for Excellence in Health Innovation (NEHI), which researched and wrote the report.

The Boston Foundation had been focusing the vast majority of its grant dollars in the health sector on access to medical care since its founding in 1915. But, as a result of the 2007 report, we swiftly shifted our focus and began to support programs promoting health and wellness. In partnership with NEHI, we founded the Healthy People/Healthy Economy Initiative, which tracks the determinants of health and is working to make Massachusetts a national leader in health and wellness.

We also shifted our grant making to emphasize health and wellness. One of our earliest investments was in Mass in Motion. We were “there at the beginning” in 2009 and since then have made grants totaling more than \$600,000. A public-private partnership administered by the Massachusetts Department of Public Health, Mass in Motion is a statewide movement that works with municipalities, schools, child-care centers and businesses to promote opportunities for healthy eating and active living.

We are proud to publish this report on Mass in Motion, which I believe is one of the most effective, statewide health and wellness efforts in the nation and should be lifted up for recognition.

As a community foundation, the Boston Foundation is committed to promoting policies that support healthy choices at the local, neighborhood level. Mass in Motion does exactly that. Its success proves that when a government program is well-designed and based on a public-private partnership model, it can adapt to changing administrations and funding sources, while truly partnering with local communities to create a healthy environment for change.



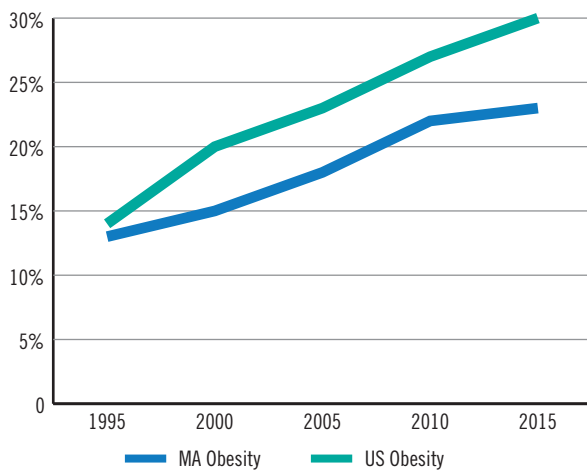
Paul S. Grogan  
President and CEO  
The Boston Foundation

## A National Epidemic with Local Impact

Soaring rates of overweight and obesity at the end of the 20th century took the nation by surprise. For decades, the rates had been quite steady, but beginning in the 1980s and for the next 25 years, obesity rates more than doubled among adults (from 15% to 34%) and more than tripled among children and adolescents (from 5% to 17%).<sup>1</sup> With overweight and obesity directly associated with increased risk of type 2 diabetes, heart disease, some forms of cancer and a variety of other illnesses, evidence quickly mounted that the United States was facing a national health crisis.<sup>2</sup> This rising tide of obesity captured media attention in the early 2000s, as more and more research began to suggest that the current generation of children may be the first to have a shorter lifespan than their parents.<sup>3</sup> By 2007, the nation was 30 years into an unprecedented rise in rates of overweight and obesity among residents of every income, educational attainment level and racial-ethnic group.<sup>4</sup>

FIGURE 1

### Obesity Trends in Massachusetts and in the United States



Source: CDC National Vital Statistics data 1996-2014, as viewed at America's Health Rankings, [www.americashealthrankings.org](http://www.americashealthrankings.org)

Massachusetts was no exception to this national health crisis, as local data reflected the same skyrocketing obesity rates and rising health care costs as those found in other parts of the country. While Massachusetts' obesity rates were lower than the national average in 2007, a steady upward trend was cause for serious concern. Between 1990 and 2007, overweight and obesity increased 47% in Massachusetts, compared to a national average increase of 40%.<sup>5</sup> More than half of Massachusetts residents were overweight, 20% were classified as obese, and almost a third of middle and high school students were overweight or obese.<sup>6</sup>

Significant racial and ethnic disparities made the trends even more alarming, as 33% of black residents and 28% of Hispanic residents, compared to 20% of white residents, were obese in 2005.<sup>7</sup> Between 2003 and 2007, black and Hispanic adults in Massachusetts were 60% and 50% more likely to be obese than white adults, respectively.<sup>8</sup> This represented both a moral and a practical crisis, as both groups were expected to play an increasingly important role in the state's economy. Addressing these health disparities was imperative to ensuring the productivity and competitiveness of the state's economy, as well as the quality of life for the Commonwealth's people of color. Obesity rates among adults also differed by education level, with a rate of 31% among those without a high school diploma, compared to 14% among those with at least a four-year college degree.<sup>9</sup>

These disparities, alongside a rapidly aging workforce, meant that the cost of health care to families, employers and the state would rise. Obesity was estimated to increase health care costs by 25% to 100% compared to the costs for people of normal weight, making obesity-related health conditions and care the primary driver of the Commonwealth's increased health care costs.<sup>10</sup> Total medical costs directly attributable to obesity in Massachusetts in 2009 exceeded \$3.5 billion, not to mention the indirect costs associated with lost productivity, workers compensation and expenses related to reduced quality of life due to stress or depression.<sup>11</sup> Finite resources and increasing expenses related to rising obesity rates threatened the Commonwealth's ability to invest in the crucial determinants of health that keep people healthy in the first place, such as education, housing and public safety.

Reducing obesity rates would allow Massachusetts to invest precious resources in public health and disease prevention as well as other determinants of health.

As is the case today, in addition to the determinants that affect health outcomes broadly, many factors contribute specifically to unhealthy diets and inactivity, which lead directly to overweight and obesity. A considerable body of scientific analysis continues to demonstrate that an individual's ability to make healthy choices depends on the choices available. Yet, societal trends and community environments are limiting the choices available to many when it comes to diet and physical activity. The dominance of highly processed foods and the lack of healthy foods in many schools and workplaces make a healthy diet difficult to sustain. Streets designed for cars and not for pedestrians and bicyclists make an active lifestyle difficult to achieve. Increased time in front of computer and TV screens and declines in school physical education and recess options similarly limit opportunities to choose physical activity. Many of these factors disproportionately affect low-income and minority communities, who also lack safe walking and bike paths, spend more time commuting, and are surrounded by an overabundance of inexpensive fast food restaurants with high-calorie, high-fat foods in their neighborhoods.<sup>12</sup> These barriers effectively stack the deck against the ability of individuals, families and entire neighborhoods to make healthy choices.



## CHAPTER TWO

# The Mass in Motion Response

With the growing body of evidence demonstrating the rising tide of obesity, leaders in state government in Massachusetts knew they had to respond. Additionally, the burden of overweight and obesity began emerging as a concern in regional dialogues about community needs in general. In 2007, John Auerbach, then the Massachusetts Commissioner of Public Health, convened an Obesity Task Force of some 30 key public and private stakeholders to recommend strategies to: 1) decrease the number and percentage of both adults and children who are overweight and obese; and 2) decrease the prevalence of chronic disease associated with unhealthy eating and lack of physical activity.

The recommendations were released in a 2008 report commissioned by former Governor Deval Patrick outlining the state's overweight and obesity crisis, titled "Mass in Motion: A Call to Action." The recommendations included measures such as crafting legislation related to nutrition and physical activity, implementing regulations requiring calorie postings in chain restaurants, the promotion of "safe routes to school" programs that would increase physical activity for children, a focus on worksite wellness programs, and a Municipal Wellness and Leadership Grant program.

The Municipal Wellness and Leadership Grant program, the most prominent component of Mass in Motion, was made possible through a combination of state funding and a strong wave of philanthropic support. Blue Cross Blue Shield of Massachusetts, the Blue Cross Blue Shield of Massachusetts Foundation, the Boston Foundation, the Harvard Pilgrim Health Care Foundation, the Tufts Health Plan Foundation, and The MetroWest Community Health Care Foundation understood the importance of addressing rising rates of overweight and obesity in the communities they served and supported Mass in Motion as its initial funders.

As the first statewide health initiative supported by virtually all of Massachusetts' major health-funding foundations as well as a health plan, Mass in Motion demonstrated the strength of public-private partnership to focus on policy, systems and environmental change to create healthier communities.

The official launch of Mass in Motion came in January of 2009, followed shortly by a request for responses for two-year grants to create sustained approaches for active living and healthy eating at the municipal level. After a review process involving leaders from the Departments of Public Health, Transportation, Conservation and Recreation, as well as funding partners, 10 grants totaling \$1.2 million were awarded to 12 communities in May of 2009. The communities—Everett, Fall River, Fitchburg, Gloucester, New Bedford, Revere, Springfield, Tri-Town (Lee, Lenox and Stockbridge), Weymouth and Worcester—were joined by Franklin, Brockton, Northborough and Dorchester within a year to become the 16 Mass in Motion "legacy communities."

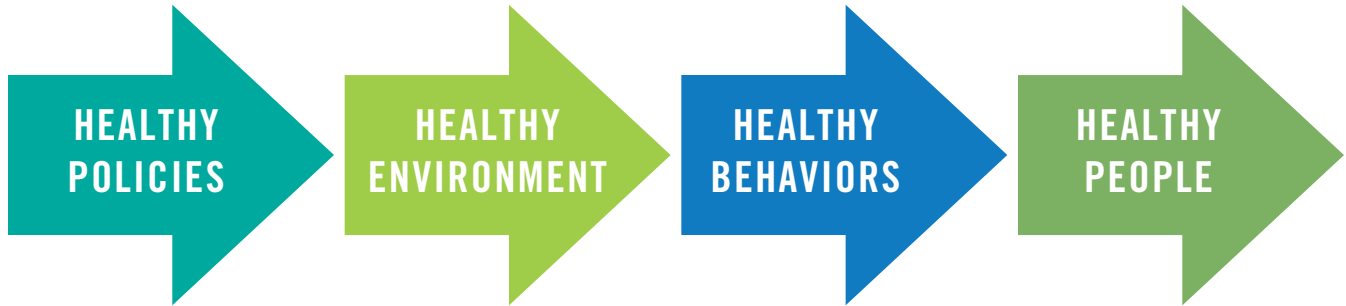
## Healthy Eating and Active Living Through Mass in Motion

Any effort to address poor nutrition and low levels of physical activity, the two primary contributing factors to excess weight gain, suggest obvious solutions: eat healthier foods and move more. However, putting these recommendations into practice within supportive cultural and physical environments is highly complex. The Institute of Medicine contends that, "it is unreasonable to expect that people will change their behavior easily when so many forces in the social, cultural, and physical environment conspire against such change."<sup>13</sup>

Reducing overweight and obesity across a lifespan requires community-level, municipal-wide support of healthy behaviors through policy, systems and environmental changes. Mass in Motion embodies this approach through its statewide campaign and its practice of making grants that directly support communities to do the work. The theory of change is that this comprehensive effort supports local communities in a broad range of activities to improve community health and reduce chronic disease. Through healthy policies, Mass in Motion creates healthy environments, which lead to healthier behaviors. And healthier behaviors result in healthier people.

FIGURE 2

## The Mass in Motion framework for healthy community change



Mass in Motion operates on a number of levels. On a policy level, it promotes healthy eating options by setting nutrition standards for competitive food and beverages sold in public schools. These standards were established in Massachusetts in 2010, two years before the U.S. Department of Agriculture set federal standards.<sup>14</sup> This put Massachusetts on the leading edge of policy change in this arena. Additionally, Massachusetts requires BMI screenings in schools in the 1st, 4th, 7th and 10th grades to measure student health and to target and strengthen initiatives that are successfully reducing overweight and obesity. On a systems and environmental level, Mass in Motion created “Working on Wellness,” a program that helps employers implement worksite wellness programs, and “MA Children at Play,” a childhood obesity prevention program focused on improving nutrition and physical activity practices in child care settings.

## The Municipal Wellness and Leadership Program

By far the most well-funded and most visible component of Mass in Motion is the Municipal Wellness and Leadership Program, which uses three community strategies to create conditions that support and reinforce healthy behaviors at home, at work, and in communities.<sup>15</sup>

### 1. Healthy Eating

By increasing the availability of healthy foods, such as fruits and vegetables, and decreasing the availability of unhealthy foods, Mass in Motion communities encourage healthy eating through community gardens, healthy options at neighborhood markets and restaurants, improved school nutrition and the offering of SNAP (Supplemental Nutrition Assistance Program) benefits at farmers markets.

### 2. Active Living

With the knowledge that community members are more active when there are safe, accessible places that offer opportunities for physical activity, Mass in Motion communities are designing and establishing safe routes to walk and bike to school, improving parks and playgrounds and opening community facilities for recreational use and physical activity programming.

### 3. Designing Healthy Communities

Mass in Motion promotes healthy communities through “Complete Street” policies that encourage designed and built environments to include more opportunities for healthy living. These policies make roads safe and enjoyable for everyone and include features such as bike lanes, clean, wide sidewalks, easy-to-follow signage



Promoting healthy eating habits is a primary focus of Mass in Motion.

and safe crosswalks. Mass in Motion also uses Health Impact Assessments to evaluate the connection between community policies and health, and the preservation or development of recreational space.

Massachusetts Department of Public Health (DPH) staff on the state level work collaboratively with local Mass in Motion coordinators to develop and implement healthy eating, active living agendas that meet the needs of each community. Community partnerships, including municipal partnerships, conduct needs assessments to define and prioritize possible areas of improvement. This process enables communities to address the root causes of health concerns through sustainable improvements by guiding them through the development of a detailed community action plan.<sup>16</sup>

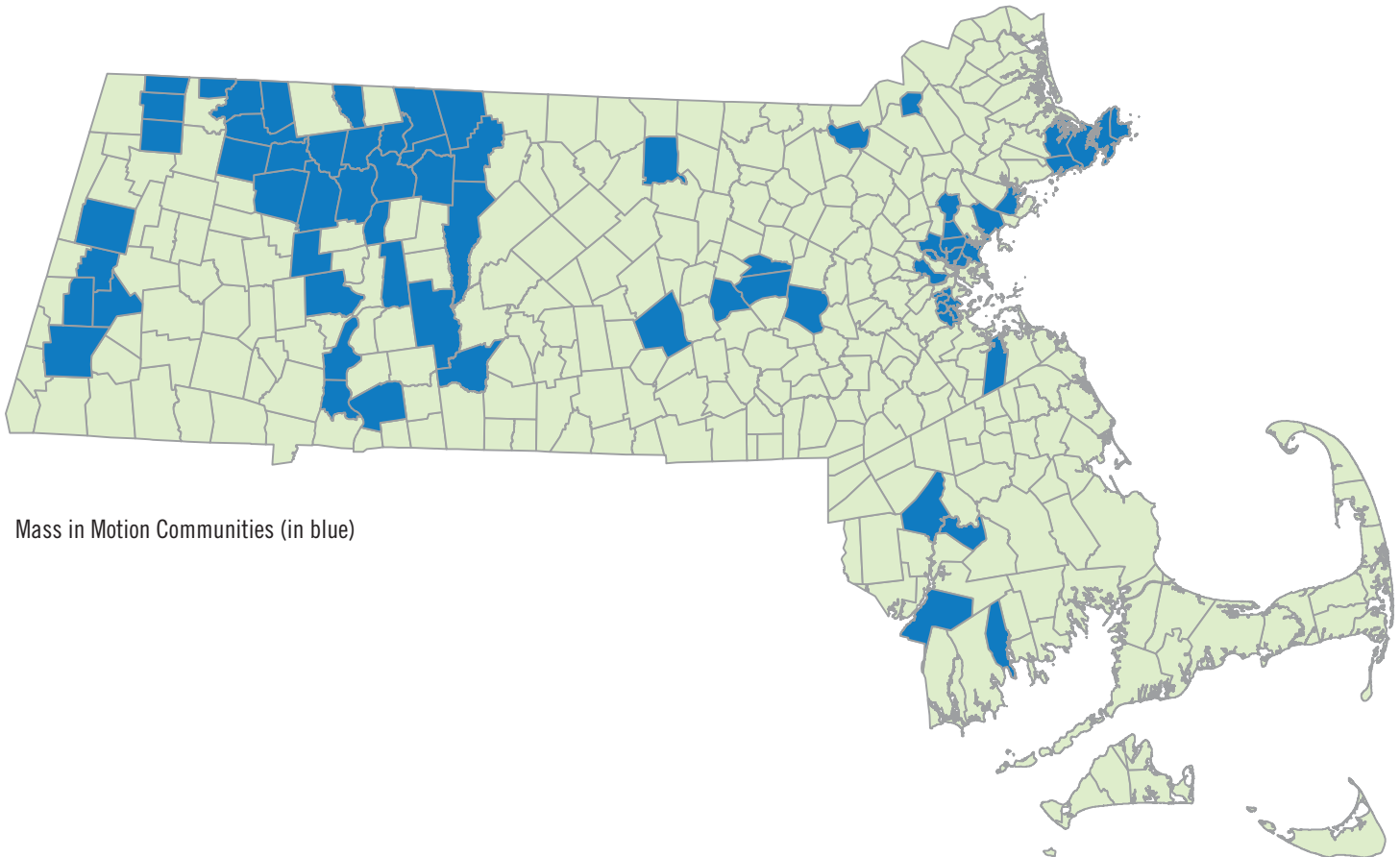
The DPH leverages its expertise by providing additional resources to support communities, including ongoing trainings, technical assistance, community visits and the dissemination of information. Critical trainings in the early stages of Mass in Motion addressed the role of sustainable partnerships, community health assessments and group evaluation in creating healthy municipalities.

## The Evolution of Mass in Motion

As Mass in Motion began to influence healthy community change, it caught the attention of other stakeholder groups that understood the importance of promoting healthy eating and active living on the municipal level.

In 2012, Partners HealthCare joined the group of philanthropic partners that were funding Mass in Motion, and the Centers for Disease Control (CDC) awarded Mass in Motion two Community Transformation Grants (CTG). These additional sources of funding enabled Mass in Motion to nearly double its impact to 33 programs covering 52 cities and towns, including Chelsea, Lynn, Salem and other communities.

However, in 2014, the CTG program was eliminated by Congress two years earlier than anticipated. The DPH responded to this reduction by revisiting the initiative and the allocation of its resources. At the same time, statewide and local stakeholders, including philanthropy partners that were concerned that a sudden funding reduction would threaten Mass in Motion's progress, developed a budgetary campaign and lobbied



Mass in Motion Communities (in blue)

the Massachusetts State Legislature to dedicate funding for the preservation of the initiative. The combination of these efforts resulted in enough state, federal and private resources to maintain Mass in Motion.

With funding secured, DPH went through a competitive procurement process which provided an opportunity to revisit funding guidelines. To ensure that Mass in Motion activities would impact the largest number of residents, DPH instituted a population requirement of 35,000 for the Municipal Wellness and Leadership grants. This requirement led to several regional applications, where communities with populations less than 35,000 joined together to meet eligibility criteria. These new requirements encouraged greater collaboration and set goals for reaching even more people. While 22 programs were awarded funding from DPH, five programs are directly funded through private philanthropic dollars. Currently, there are 27 programs covering more than 60 cities and towns across the Commonwealth, six of which are multi-municipal collaborations.

## CHAPTER THREE

# Community Profiles

### Springfield

Springfield, one of the 16 “legacy” Mass in Motion communities, is a city in western Massachusetts that sits on the eastern bank of the Connecticut River. As of the 2010 Census, the city’s population was 153,060.<sup>17</sup> Metropolitan Springfield is one of two metropolitan areas in Massachusetts (the other being Greater Boston), and has an estimated population of 698,903 as of 2009.<sup>18</sup>

Springfield has one of the highest obesity rates in the state with 41.8% of students overweight or obese, compared to the state average of 32.3%.<sup>19</sup> And because roughly 20% of public schools in Springfield are Level 4 schools (underperforming), students have reduced physical activity time during school hours in order to extend classroom learning time.<sup>20</sup> Springfield also has a high rate of violence, at 1,048 per 100,000 persons, compared to the state average of 404 per 100,000 persons.<sup>21</sup>

Knowing that Springfield residents were experiencing more health inequities when compared to residents statewide, city leaders were determined to work with Mass in Motion in order to improve the health of their community. In 2009, Springfield was awarded a Mass in Motion grant to fund a coordinator housed in the city’s Department of Health and Human Services.

Springfield’s Mass in Motion Coordinator has the crucial role of coordinating the city’s various wellness initiatives. As the convener of the Springfield Wellness Leadership Council, which is made up of stakeholders in municipal government (Springfield Housing Authority, Springfield Planning & Economic Development, Department of Public Works), schools (Springfield Public Schools, Springfield College, American International College), and health (Bay State Health and Mercy Medical Center), the Coordinator also works with the Live Well Springfield Coalition and the Springfield Food Policy Council. Given that Springfield is a city of neighborhoods with diverse cultures, the Coordinator has the challenge of promoting communication and collaboration among the various healthy eating and active living efforts.



Students from Coburn Elementary School in West Springfield map their routes from home to school for the Safe Routes to School Program.

For example, to get kids moving, Springfield Mass in Motion organized an open gym program in conjunction with the Springfield Parks Department. The program, which began in 2010, gives kids a safe place to be active at night with other kids in the community. With the assistance of Mass in Motion, a Springfield City Councilor and the Springfield Youth Violence Task Force were connected with the Parks Department to organize a community use agreement with schools and implement the program. Mass in Motion also helped to secure funding from Health New England, which supports staff to run the evening gym program, working with some 175 students in open gyms in four schools three to five nights a week. Donated sneakers are also distributed to the students participating in the open gyms. The majority of kids who were surveyed about their open gym experience noted that the program helped them stay out of trouble and that if it weren’t for the program, they would most likely be at home watching television or playing video games.<sup>22</sup>

Another program in Springfield that promotes physical activity and community safety is the Safe Routes to Schools (SRTS) program. SRTS began at Brightwood Elementary School in 2010-2011 in the city's North End neighborhood as the "Walking School Bus" program. Partnering with the Baystate Brightwood Health Center/Centro de Salud and the C3 (Counter Criminal Continuum) collaborative, Brightwood Elementary worked with parents and staff to organize a program where students walked to school in a group with adult volunteers. Although the North End neighborhood has one of the highest crime rates in Springfield, community members wanted to send messages of "safety in numbers" and "more community visibility outside computes to less crime."<sup>23</sup> The Walking School Bus not only got students moving, but may have increased attendance as Brightwood Elementary School students who participated in the program had higher attendance rates than students who did not participate in the program.

Mass in Motion was able to scale the Brightwood model across more Springfield schools through connection to SRTS funding from the state. Just five years after the first Walking School Bus program began, SRTS is now in 10 schools. The Brightwood Walking School Bus is a story about how "a grassroots initiative can turn itself into a community movement through the work of champions who are looking to make their community a safer place for children to walk and bicycle to school," said Samantha Fonseca-Moreira, then a Massachusetts SRTS Statewide Coordinator.<sup>24</sup>

The open gym and SRTS programs demonstrate the ways in which Springfield is becoming a more physically active and safer place through healthy environment change. And through municipal level coordination made possible by Mass in Motion support, these programs have been expanded to engage and serve more residents. By connecting stakeholders with shared goals of increasing active living in Springfield and assisting with accessing other funding sources, Mass in Motion has proven to be transformative for the community of Springfield.



Wayfinding signs in Dorchester promote active transit.

## Dorchester

Dorchester, Boston's largest neighborhood, is also one of its most diverse. As of 2000, 92,000 people lived in Dorchester—and the makeup of the population was 36% black, 32% white, 11% Latino, and 11% Asian. Long-time residents mingle with newer immigrants from Ireland, Vietnam and Cape Verde. The nation's first Vietnamese Community Center is located in Fields Corner, which is the heart of the Vietnamese community in Boston. Dorchester is also home to the first community health center in the United States—the Columbia Point Health Center. It was opened in December of 1965 and at that time served mostly the massive Columbia Point Public Housing complex adjoining it. It was renamed the Geiger-Gibson Community Health Center in 1990 in honor of its founders.<sup>25</sup>

According to the Boston Public Health Commission's annual "Health of Boston" report, in 2008, lower-income Boston residents (living in households with incomes of \$25,000 or less) reported higher rates of asthma, diabetes, heart disease, high blood pressure and obesity when compared to higher-income residents. The report

also showed that Roxbury, North Dorchester and South Dorchester were three of the five neighborhoods with the highest annual heart disease hospitalization rate. Obesity disproportionately affected black adults: 32% of black adults were obese in 2008, compared to just 17% of whites.<sup>26</sup> In 2009, a higher percentage of black and Latino high school students were overweight compared to white students.<sup>27</sup> Roxbury, Dorchester, and Mattapan, another neighborhood with a high concentration of low-income residents, are also home to more fast food restaurants per capita than all other Boston neighborhoods combined.<sup>28</sup> These geographic and environmental realities clearly have an impact on disparate health outcomes.<sup>29</sup>

Since 2007, the W.K. Kellogg Foundation has funded Food & Fitness community partnerships as part of its Food & Community initiative across the United States to improve access to healthy, affordable, local food and opportunities for physical activity in low-income communities. The work of the partnerships is focused on transforming conditions for children and families

through homegrown solutions like starting networks of farmers markets, creating locally-owned food enterprises, supporting aggregation and distribution facilities in working with locally sourced products, implementing policies that promote locally-sourced school lunches, and creating safe open spaces for physical activity.

Boston was one of six communities to be awarded grants from the Kellogg Foundation and in the spring and summer of 2008 developed a survey to assess food and fitness behaviors of Bostonians in five neighborhoods: Dorchester, East Boston, Jamaica Plan, Mattapan and Roxbury. Following administration and analysis of the survey data, the Boston Collaborative of Food and Fitness (BCFF) decided to concentrate its work in Mattapan and East Boston. As a result, the Boston Foundation began working with Mass in Motion in Dorchester to help advance similar goals. The organizations attending the first planning meeting, held in October of 2010, included Bowdoin Street Health Center, Trustees of the Reservation, Sportsmen's Tennis and Enrichment Center, Codman Square Health Center, Victory Programs,

### Dorchester's Farm to Family Program

Bowdoin Street Health Center's Farm to Family (F2F) Community Supported Agriculture (CSA) Program is a unique, workplace-based community-supported effort that recruits employees and members of Boston's Beth Israel Deaconess Medical Center and Longwood Medical Area to purchase a weekly farm box share. In exchange for their investment, F2F participants receive 16 weeks of locally grown, farm-fresh produce, conveniently delivered to their job site or to a designated pick-up location.

In addition to paying for the cost of their own farm share, participants are encouraged to donate a nominal amount of money to support the purchase of subsidized boxes for low-income families in Dorchester.

In 2015, F2F partnered with Ward's Berry Farm, which is located 25 miles south of Boston in Sharon, to provide full-priced and subsidized farm box shares for participants. The cost of a box share was \$360 (16 weeks at \$22.50/week), while the cost of the standard farm box plus sponsorship option was \$440, which included a \$5 weekly donation. Nearly 65 percent of the shareholders donated to the sponsorship of a subsidized box.

Overall, the program generated \$43,652.50, of which \$42,472.50 went directly to Ward's Berry Farm for full-share payments and subsidized box sponsorships. While the season was divided into two month sessions (summer and fall), subsidized families were given the option to participate on a monthly basis. Participants receiving a subsidized box share paid \$30 per month for produce valued at \$90. A family participating for the entire season spent just \$120 on produce valued at \$360. Overall, produce valued at \$9,000 was distributed to 38 subsidized families.

Greater Four Corners Action Coalition, Project Right, YMCA of Greater Boston, and others.

Under the leadership of Sportsmen’s Tennis and Enrichment Center, Dorchester Mass in Motion identified goals and worked toward a number of policy, systems and environmental changes. Among the long term goals was the creation of a Healthy Dot Loop, a continuous walking pathway easily accessible to all Dorchester residents that would include parks, shopping centers, schoolyards, access to public transit, opportunities for physical activity (fields, courts, indoor pools); and increasing places to purchase or grow nutritious and affordable food (supermarkets, farmers markets, community gardens).

The Dorchester Community Action Plan identified a nutrition goal of increasing healthy options and decreasing non-healthy options being sold and provided to community members by changing the food environment. Through the leadership of the Bowdoin Street Health Center, Codman Square Health Center, Boston Natural Areas Network and ReVision Urban Farm, which is an initiative of Victory Programs, the number and use of farmers markets increased, medical providers provided prescriptions for fruit and vegetables at markets, and “Healthy Dot” stickers were designated for foods at local corner stores. Additionally, the number of community garden plots increased dramatically.<sup>30</sup> The physical activity goal of the community action plan was to increase walking by Dorchester residents by identifying existing assets, increasing the usability of existing walking areas and paths and increasing walk-friendly areas. Through a public-private partnership with Citizens Bank, a series of walkability audits were performed by WalkBoston, a Mass in Motion technical assistance provider, to assess the distances from one place to another, create and place permanent wayfinding signage throughout Dorchester, and increase awareness and use of available walking and biking routes throughout the community.<sup>31</sup>

Leadership of Dorchester’s Mass in Motion has shifted to Bowdoin Street Health Center which now employs the new Mass in Motion Coordinator, and the commitment to both healthy food access and increased opportunities for physical activity remain strong. Also, increased attention is being paid to biking through work with the Dorchester Bike Coalition and Bowdoin Bike School.

## Healthy Hampshire (Amherst, Belchertown, Northampton and, Williamsburg)

Just north of Springfield lies Hampshire County, part of the “Pioneer Valley” region known for its access to the Connecticut River and the many colleges in the area. Healthy Hampshire is a Mass in Motion initiative that brings together four municipalities within Hampshire County: Amherst, Belchertown, Northampton and Williamsburg. Despite making up about one-half of the county’s population, with a combined population of about 83,000, these municipalities experience the kinds of challenges that are common to many rural, small communities.<sup>32</sup> This includes a lack of access to healthy foods, crumbling infrastructure, tight budget, and a limited municipal capacity to focus on policy and systems change. The obesity rate in these communities in 2013 was about 18% and more than 50% of adults were overweight in 2009.<sup>33</sup> In Hampshire County overall, less than half of the zip codes had access to a healthy food outlet in 2011 and only about one in five low-income people who were eligible for SNAP benefits were utilizing them.<sup>34</sup>

Despite efforts in the broader region to build a healthier food system and more walkable and “bikeable” communities, many neighborhoods were being left out of these efforts. Specifically, Healthy Hampshire has found that under-resourced, low-income residents do not have full access to resources such as grocery stores and parks. Healthy Hampshire focuses on these disparities, intentionally using a health equity lens to think about community needs, including plans to connect low-income residents to new and existing healthy living resources.

The Healthy Hampshire collaborative became a Mass in Motion community in 2011 when they received funding through the CDC’s Community Transformation Grant program. Originally seated at the Hampshire Council of Governments, Healthy Hampshire shifted fiscal and administrative oversight to the Northampton Office of Planning and Sustainability with new funding in 2012. This move further aligned the collaborative’s priorities with the city’s existing work and brought more partners to the table by encouraging planning departments in the other three municipalities to join the effort. The city subcontracts with the Collaborative for Educational Services for overall project management and coordination, as well as staffing for the healthy food and physical activity strategies. Healthy Hampshire is guided by a steering committee of municipal representatives from each community and the local hospital,



Cooley Dickinson. Each individual community also has a committee to engage its own public works, health, planning, economic development, public health and conservation departments.

Because Healthy Hampshire is a collaborative of four municipalities, the initiative is able to target strategies at both the individual and regional levels. At the regional level, the communities have been most successful in working together on food access strategies, as these tend to be the most universal. The Healthy Hampshire Markets Program was one of the first strategies identified by the collaborative, targeting corner and neighborhood convenience stores to stock and promote healthier options. Knowing that many of their municipalities' seniors and students rely on these stores for household food and snacks, Healthy Hampshire provides stores with nutritional expertise, promotional materials and connections to local wholesale farmers, as well as their published guidebook, "Be a Healthy Market: A Toolkit for Storeowners."<sup>35</sup>

Healthy Hampshire also works to make the healthy options available at farmers markets more accessible to low-income residents by ensuring that the markets have the technology to accept SNAP benefits, as well as through promoting a regional SNAP incentive program that doubles the value of SNAP benefits at the farmers market. Healthy Hampshire coordinated this program with Community Involved in Sustaining Agriculture (CISA) for the 2015 market season, including distributing posters and fact sheets to clearly communicate the program to the community in more than 50 locations in English and Spanish. This "SNAP & Save" program resulted in a 56% increase in SNAP redemptions at the Amherst Farmers Market.<sup>36</sup>

The physical activity and built environment work has been more localized, but Healthy Hampshire has recently begun a regional effort to develop a complete streets design manual adapted to their unique geography. This process has brought together planners from many of the communities to examine walkability, bikeability and way-finding signage, as well as integrating these plans into broader community plans and policies. In Belchertown, there have been several initiatives to bring the community together around Route 202, the town's primary corridor that connects a school complex, senior center, library, policy department and the Eastern Hampshire District Courthouse. Healthy Hampshire has conducted walk audits, bike audits, a focus group and surveys as the start of a town-wide process to determine the future of this corridor and



Northampton residents take a walk on the New Haven-Northampton Canal trail.

its surroundings, which include an old state hospital development and acres of pristine farmland located in the heart of the community.

Mass in Motion funding has enabled these four municipalities to "shine a light on obstacles that otherwise would remain invisible," bringing municipal and community leaders together to address the region's healthy living priorities.<sup>37</sup> The simple convening power of Healthy Hampshire has stakeholders coalescing around healthy design principles to develop a common vision that connects individual projects. However, the collaboration between multiple municipalities also comes with challenges. Each community has a different local capacity to support regional priorities and are located far enough apart geographically that it is hard to get everyone in a room together, making unified regional work challenging. Healthy Hampshire provides the capacity and persistence to mobilize these multi-sector partnerships for policy and system changes.

Mass in Motion support has also enabled Healthy Hampshire to access additional resources by expanding their geographic reach to 14 Hampshire and Hampden County communities. This, along with small grants from Cooley Dickinson Hospital, allows Healthy Hampshire to partner with Hilltown Community Health Center to develop clinical and community prevention strategies targeting people at risk for developing diabetes, heart disease and stroke.

Healthy Hampshire's work continues to uncover and highlight large underserved sections of each community, further uniting these previously siloed groups in their collective commitment to work towards equity. According to Sarah Bankert, a Healthy Hampshire Coordinator, "We are making progress in all four major communities in Hampshire County, changing the way our municipalities prioritize healthy living."<sup>38</sup>



## CHAPTER FOUR

# Sustainable Policy Systems and Systemic Change

Mass in Motion has succeeded in seeding a culture shift toward healthy eating and active living across the Commonwealth. As the original 2008 report recommendations outlined, Mass in Motion spurs communities to create healthy food access and promote safe, active environments.

The number of community partners engaged in Mass in Motion efforts has increased over time, creating a snowball effect of forward momentum. Currently, there are 27 programs with support totaling \$1,350,000. The nearly \$9 million distributed between 2009-2016 to more than 60 cities and towns has resulted in real policy, systems and environmental change.

Mass in Motion communities have recorded 63 policies passed—or in the process of being passed—related to complete streets, transportation plans, zoning and/or healthy community design. Among these policies, 23 were complete streets policies, in step with the August 2014 Massachusetts Department of Transportation (MassDOT) launch of a \$12.5 million Complete Streets Pilot Project to help fund these projects.<sup>39</sup> The active transit movement around complete streets is making streets safer and more inviting for walking, running and biking, which is an example of how municipal policy change can lead to change on a larger scale.

The state has also recorded almost 350 sites that are either in the process of implementing—or have already implemented—healthy food access policies and/or practices through Mass in Motion. These sites, which are targeted in low-income areas with less access to fresh produce, include grocery stores, restaurants, food pantries, farmers markets, school and public access to fresh drinking water. These efforts in increasing access to healthy food have touched more than 55% of the local population, reaching more than 744,427 people both in and outside of the Mass in Motion communities. In addition, more than 170 sites have been engaged through Mass in Motion to provide increased opportunities for physical activity in local communities through community use agreements with schools and community centers, safer parks and playgrounds, improved roads and trails and creation of transportation hubs.



The “Healthy Options” program labels healthy foods in grocery and corner stores in an effort to make diets healthier.

Mass in Motion has also encouraged greater collaboration within and across communities. A total of 595 partners have been documented to be participating in efforts around Mass in Motion. These include stakeholders representing municipal departments, school districts, health centers, regional planning groups, religious organizations, private sector businesses, neighborhood associations and more. While many of these partners began their work with Mass in Motion by participating in a single program area, 64% now collaborate across multiple program areas, leading to a more sustainable, multisector partnership network. Mass in Motion has also inspired collaborations with sister agencies in state government, with DPH working closely with MassDOT, the Department of Housing and Economic Development and the Executive Office of Energy and Environmental Affairs on initiatives such as the Healthy Transportation Compact and the Food Policy Council.

## Going Forward: The Future of Mass in Motion

The obesity epidemic did not happen overnight and will not be solved overnight. It will take time to reverse the trend and create environments that truly support healthy lifestyles. This shift will only come through deliberate and focused efforts to create health-focused policy and healthy environments. Only then will residents be able to choose the healthy behaviors that will lead to improved health outcomes. This is where Mass in Motion can make the difference.

The Mass in Motion approach establishes long-term healthy community change by institutionalizing local policy and shifting municipal priorities, protocols and budgets. Staff capacity is a crucial part of both implementing these policies and building lasting partnerships. For example, if positions similar to the Mass in Motion coordinator role were permanently funded in municipal budget allocations, cities and towns would be better equipped to create environments that promote health and well-being for its residents.

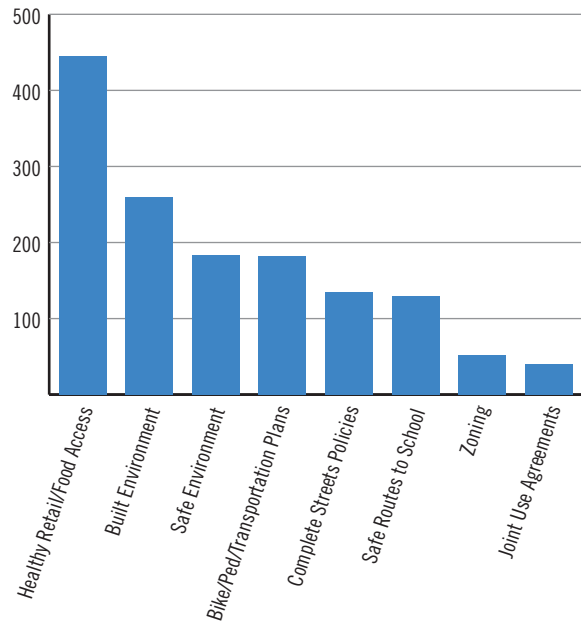
Somerville pioneered this new way of doing business by hiring and fully funding a “Shape Up Somerville” coordinator as municipal staff through the city budget. However, this leaves 350 cities and towns in the Commonwealth that have not yet made such an investment and need continued support for their Mass in Motion efforts.

Mass in Motion continues to demonstrate significant change in communities across the Commonwealth. With strong support from philanthropic and private partners, this innovative program plays a vital role in ensuring the health and well-being of Massachusetts residents. Support for Mass in Motion and its efforts around coordinating healthy eating and active living, designing healthy communities, convening key community stakeholders and leveraging funding will enable Massachusetts to truly reverse the obesity trend.

As this report has demonstrated, we cannot understate the high impact Mass in Motion has had in promoting the health of the Commonwealth’s residents through policy, systems and environmental change. Because of Mass in Motion, Massachusetts is on the path toward healthier habits and healthier residents. But we are not there yet. Mass in Motion needs more state financial support to advance and institutionalize this progress in obesity prevention—an issue that has spanned across time, communities and administrations.

FIGURE 3

### Mass in Motion Partnership Content Areas



Communities identified a total of 595 partners that they collaborate with for MiM-related work.

Note: Many partners work in more than one content area.

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