

MASSUP INVESTMENT PROGRAM: KEY CONCEPTS IN PRACTICE

The **Moving Massachusetts Upstream (MassUP) Investment Program** funded four partnerships between health care provider organizations and community-based organizations (CBOs) that worked together to address a social, environmental, or economic challenge affecting health in their communities. This three-year investment program, funded by the Massachusetts Health Policy Commission (HPC) and the Massachusetts Department of Public Health (DPH), was designed to contribute to a foundation of cross-sector collaborations that seek to make long-term improvements in health for all residents of the Commonwealth. This document explains the core concepts of the MassUP Program and provides examples of how they were put into practice by each of the four MassUP partnerships.



MassUP

MASSUP INVESTMENT PROGRAM OVERVIEW

The MassUP Investment Program provided funding to enable partnerships between health care delivery organizations and CBOs (e.g., social service providers, community advocate organizations, civic organizations, and faith-based organizations) working together to promote sustainable improvements to the social determinants in their communities. By bringing together organizations with different resources, strengths, and perspectives, MassUP aimed to build a strong foundation to produce meaningful, sustainable change. The MassUP Investment Program was administered by the Massachusetts Health Policy Commission (HPC), with technical assistance and evaluation support from the Department of Public Health (DPH). For more information about these agencies, please visit their websites: [HPC](#), [DPH](#).

1. CROSS-CITY COALITION

2. HAMPSHIRE COUNTY FOOD POLICY COUNCIL

3. HEAL WINCHENDON

4. SPRINGFIELD EATS



UPSTREAM WORK 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 the social determinants of health (SDOH). SDOH are the circumstances in which people are born, grow, live, work, play, and age that influence access to resources and opportunities that promote health. Social determinants of health include social and community context (e.g., community cohesion, civic participation, discrimination), economic stability, and neighborhood and built environment (e.g., quality of housing, access to transportation, education and health care, availability of healthy foods, air and water quality, and neighborhood crime and violence).¹

Studies indicate that SDOH may have a greater influence on health than either individual genetic factors or the health care services a person receives.² In addition, they are driving factors in health inequities,³ which are systemic, avoidable, and unjust disparities in health status and mortality rates across population groups that are rooted in social and economic injustice.⁴

Because SDOH are often the result of long-standing policies and practices that take significant and sustained effort to change, MassUP supported “upstream” work to address those challenges. **Upstream work** includes activities like policy advocacy, community organizing, and other efforts that are intended to change the underlying conditions in a community that lead to poorer health.

MassUP adopted the concept of upstream work from sources including the [Bay Area Regional Health Inequities Initiative framework](#) which distinguish upstream activities, like the formation of strategic partnerships and advocacy to address social and institutional inequities from “midstream” and “downstream” efforts that are more focused on addressing individual needs that result from those inequities.⁵ Similar frameworks stress tactics focused on changing laws, policies, and regulations as the distinguishing feature of upstream work.⁶

Each of the four MassUP partnerships identified a specific SDOH to focus on: 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.

“There is a growing palpable feeling in our community culture that we are capable of working together to make real changes and a shift in the narrative about the importance of upstream [work]. We may be a small rural town with few resources, but we can create innovative solutions and our residents can lead this change”

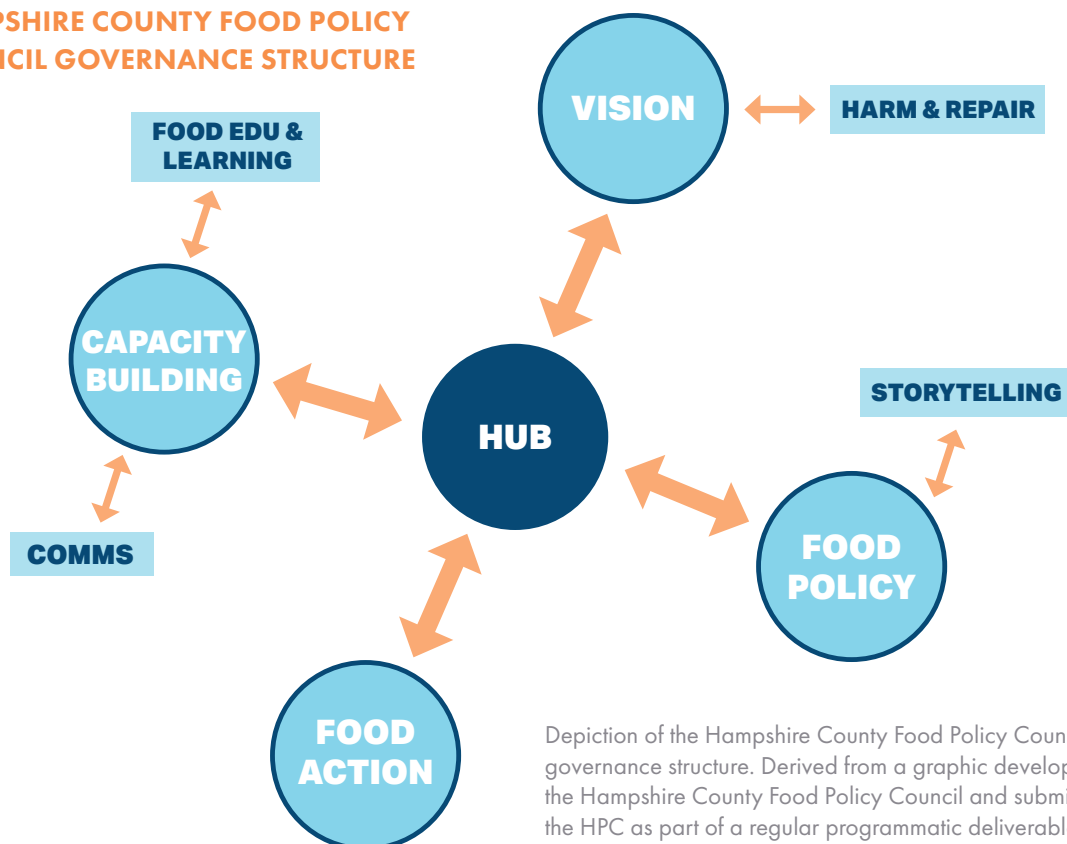
—HEAL WINCHENDON

CONCEPTS IN ACTION

HEAL WINCHENDON. The Healthy Eating, Active Living (HEAL) Winchendon partnership prioritized municipal policy change in their MassUP activities. In addition to encouraging historically marginalized individuals to sit on local decision-making boards and committees, the partnership sought to improve the local economic climate by influencing implementation of the town's Master Plan. A local resident from HEAL began serving on the Master Plan Implementation Committee and successfully advocated for the creation of an Economic Development Coalition with local residents, town boards, and organizations to develop specific, measurable goals for implementation; and gathering community-sourced resident stories to inform implementation of the Master Plan.

HAMPSHIRE COUNTY FOOD POLICY COUNCIL. Establishing a new, cross-sector institution to guide community work on an important issue can itself be an upstream activity. For example, the main goal of the MassUP partnership in Hampshire County was to develop a food policy council — an action step that had been identified as a priority for improving food access in a 2017 community assessment⁷ — that would articulate county-wide goals and organize policy advocacy efforts. Led by local residents who have experienced food insecurity, the Hampshire County Food Policy Council (HCFPC) is now a forum through which systemic food system and security issues can be discussed and action strategies can be formulated on a regional level. In particular, the HCFPC is prioritizing its systems-change efforts in the areas of what they call “food action” (e.g., community gardens, mobile markets) and “food policy” (e.g., connection with local legislators). Two working groups have also been established - the “Capacity Building” working group creates opportunities to expand the skills of food policy council members, and the “Vision” working group defines the vision of the HCFPC and shares this information with all participants.

HAMPSHIRE COUNTY FOOD POLICY COUNCIL GOVERNANCE STRUCTURE



EFFECTIVE PARTNERSHIPS

To meet the challenge of addressing systemic inequities in the SDOH, the MassUP Investment Program was designed to support organizations working together in partnership. MassUP's partnerships include health care provider organizations working alongside various types of CBOs, recognizing that each partner contributes specific expertise, capacity, and influence, among other strengths.

Collaborations between health care providers and community organizations are not new in Massachusetts. Among other efforts, as part of its 2018 Medicaid 1115 demonstration waiver, MassHealth, the Commonwealth's Medicaid program, began requiring contracted accountable care organizations (ACOs) to screen enrollees for health-related social needs and encouraged referrals to CBOs that could offer assistance.⁸ In addition, MassHealth implemented the Flexible Services Program, under which CBOs delivered specific packages of covered services to MassHealth ACO enrollees who met eligibility criteria related to significant housing or nutrition needs.⁹ Rather than focusing on individual needs, MassUP sought to encourage provider/community partnerships to undertake upstream work to address the underlying conditions that result in those needs. This shift in purpose required that MassUP set different expectations for how the organizations would work together and how they would engage community residents in shaping their work.

EQUITABLE GOVERNANCE STRUCTURE

MassUP put specific emphasis on the partnerships establishing an **equitable governance structure** designed by the partnership itself so that each partner organization would contribute resources, participate in decision-making, and share accountability appropriate to its capabilities, interests, and role. This requirement recognized that many community organizations are deeply knowledgeable about the local conditions affecting residents and are trusted and respected by the community, but may lack the resources, relationships, or power to effect change on their own.

CONCEPTS IN ACTION

HEAL WINCHENDON. HEAL Winchendon's approach to creating an equitable governance structure within its steering committee included establishing topical working groups with specific roles for each working group and its members. The working groups reported on their activities and brought proposals to a vote at quarterly steering committee meetings. This structure allowed the appropriate partner organizations and community representatives to participate in the activities most relevant to their areas of expertise, and provided an opportunity for all members of the partnership to have input on key decisions.

SPRINGFIELD EATS. Springfield EATS (Equity, Advocacy, Transformation, Systems-Change) developed a "Collaboration Charter" that articulated roles and responsibilities of each partner organization. The group regularly referenced the Charter and used it to hold each other accountable. The Charter described the vision and mission of the partnership and defined the values upon which the partnership was founded: embody and model racial, social, and economic justice; build a shared language for health equity and food justice; be accountable for community leadership and decision-making; provide accountability; build a community of practice; and demonstrate commitment to the partnership. These values served as a guidepost for the participating organizations and ensured each member understood the intention of the partnership. One way in which Springfield EATS holds itself accountable to its identified values and responsibilities is by implementing an annual "equity audit" to review the partnership's activities and identify areas of improvement.

DEDICATED, FULL-TIME STAFF

A key element of the MassUP Investment Program opportunity was funding for the equivalent of at least one **full-time staff person**, who would help the partnership manage its collaborative, upstream work, and who would take direction not from any one partner organization but from the partnership as a whole. The HPC established this expectation for awardees based on the experience of other successful cross-sector, upstream initiatives around the country which found 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 person was designed to counter the problem of resource constraints that can impede upstream work to address SDOH. Many CBOs and health care providers are focused on addressing the immediate health challenges and health-related social needs of the individuals they are dedicated to serving. These “downstream” demands may prevent such organizations from dedicating staff capacity to longer-term efforts such as those required to tackle upstream factors.

The expectation that the partnerships’ dedicated staff would have accountability to the partnership — not any single organization within it — was consistent with the principle of equitable governance, in which no single organization would dominate or be more in control of the decision-making or implementation than another.

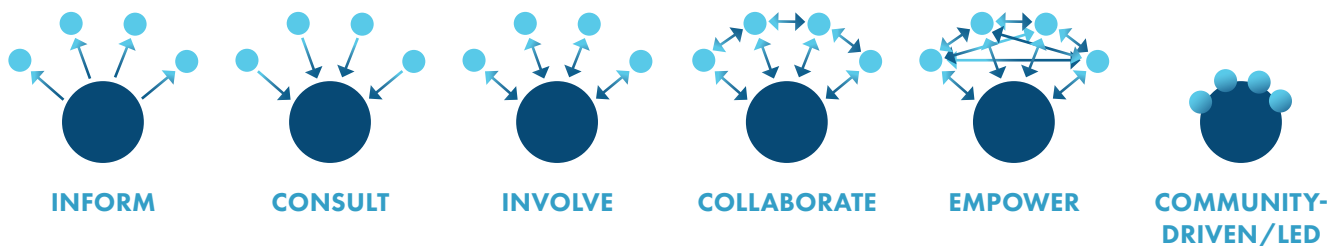


CONCEPTS IN ACTION

SPRINGFIELD EATS. Springfield EATS funded two staff members at a 0.5 full-time equivalent rate to support the work of the partnership. Their responsibilities included convening regular meetings among the partner organizations and driving partnership activities. These staff members were community leaders employed by two CBOs — the Springfield Food Policy Council and Square One — both of which run programs and perform extensive work in the community aside from MassUP. Because the positions were funded by the MassUP Investment Program and intended to spend half of their time on the partnership, these staff could dedicate appropriate time and resources to the collaborative coalition and the upstream work of MassUP.

AUTHENTIC COMMUNITY ENGAGEMENT

The MassUP Investment Program drew on a core tenet of the field of public health in setting the expectation that partnerships would undertake significant efforts in **authentic community engagement** — a continuous process through which community values, customs, and needs are represented, involved, and embedded in the fabric of the partnerships. This concept is a feature of the [Massachusetts DPH's Determination of Need program's Community-based Health Initiative \(CHI\)](#) requirement and is also reflected in the Massachusetts Office of the Attorney General's Community Benefits guidelines.^{10,11} These agencies have adopted a community engagement scale that describes a range of different potential ways for the community to be engaged:



Graphic derived from the [Massachusetts Department of Public Health's 2017 Community Engagement Standards for Community Health Planning Guideline](#)

While the MassUP Investment Program did not require a specific level of community engagement, the goal of including this principle was to ensure that the perspectives of community residents experiencing the impact of inequities in SDOH would play a role in guiding the identification and implementation of solutions undertaken by the partnerships to address them. In practice, partnerships took a variety of approaches to engaging community residents, from establishing formal roles within their governance structures to creating other mechanisms for their involvement throughout the life of the program.

CONCEPTS IN ACTION

HAMPSHIRE COUNTY FOOD POLICY COUNCIL. The Hampshire County partnership placed community members—including those who have experienced food insecurity—in positions of power, shifting decision-making responsibility away from the representatives of professional organizations. These residents helped design the Council's structure, establish its policies, values, and practices, and continue to actively lead the Council activities. In addition, the Council implemented a process to disburse funds for community food systems-related projects. Through an application process, community residents or organizations could receive small grants to carry out projects that align with their ideas for promoting a resilient community-owned regional food system, consistent with the Council's vision. This transfer of resources to community residents has helped overcome an important historical barrier to power.

CROSS-CITY COALITION. The Cross-City Coalition (CCC) engaged childcare providers in the communities it served to inform the Coalition's efforts, and to empower childcare providers to self-advocate with the ultimate goal of improving access to childcare in the region. The partnership launched a community of practice consisting of forums in which childcare providers could gather to discuss their work, address barriers to establishing businesses in the region, and offer training opportunities for the participants. Through this community, the CCC sought to educate childcare providers on local and state policy and support advocacy efforts while fostering relationships among the childcare providers and the Coalition partners. The group focused in particular on opportunities to align local zoning laws with state licensing policies to eliminate barriers to delivering childcare services.

ENDNOTES

- 1 Centers for Disease Control and Prevention. About Social Determinants of Health (SDOH). Accessed Feb. 2, 2023. Available at: <https://www.cdc.gov/socialdeterminants/about.html>.
- 2 Centers for Disease Control and Prevention. Why Is Addressing Social Determinants of Health Important for CDC and Public Health? Accessed Feb. 2, 2023. Available at: <https://www.cdc.gov/about/sdoh/addressing-sdoh.html>.
- 3 Whitman A, De Lew N, Chappel A, Aysola V, Zuckerman R, Sommers B. Addressing Social Determinants of Health: Examples of Successful Evidence-Based Strategies and Current Federal Efforts: 2022. Department of Health and Human Services: Office of Health Policy. Apr. 1, 2022. Available at: <https://aspe.hhs.gov/sites/default/files/documents/e2b650cd64cf84aae8ff0fae7474af82/SDOH-Evidence-Review.pdf>.
- 4 Massachusetts Health Policy Commission. Applying a Health Equity Lens in Principle and Practice: Style Guide, Practices, and Resources for Bringing an Equity Focus to HPC Work Products. Jul. 2023. Available at: <https://www.mass.gov/doc/health-equity-practice-and-style-guide/download>.
- 5 Bay Area Regional Health Inequities Initiative (BARHII). BARHII Framework. Accessed Aug. 15, 2023. Available at: <https://barhii.org/framework>.
- 6 Castrucci BC, Auerbach J. Meeting Individual Social Needs Falls Short of Addressing Social Determinants of Health. Health Affairs Forefront [Internet]. Jan. 16, 2019. Available at: <https://www.healthaffairs.org/doi/10.1377/forefront.20190115.234942/full/>.
- 7 Healthy Hampshire for the Cooley Dickinson Health Care Healthy Communities Committee. Healthy Hampshire Food Access Assessment Report: 2017. Available at: http://www.healthyhampshire.org/content/6-resources/food-access-assessment-report_finalna.pdf
- 8 Seifert R, Love K. What to Know About ACOs: An introduction to MassHealth Accountable Care Organizations. Blue Cross Blue Shield of Massachusetts Foundation. Massachusetts Medicaid Policy Institute. Jul. 2018. Available at: https://www.bluecrossmafoundation.org/sites/g/files/csphws2101/files/202009/ACO_Primer_July2018_Final.pdf.
- 9 Gershon R, Grenier M, Seifert R. The MassHealth Waiver 2016–2022: Delivering Reform. Blue Cross Blue Shield of Massachusetts Foundation. Massachusetts Medicaid Policy Institute. Jan. 2017. Available at: [MassHealth_Waiver_Jan17_report_v06.pdf](https://www.mass.gov/doc/masshealth-waiver-jan17-report_v06.pdf) (bluecrossmafoundation.org).
- 10 Massachusetts Department of Public Health. Community Engagement Standards for Community Health Planning. Published January 2017. Available at: <https://www.mass.gov/service-details/healthy-communities-and-community-engagement-capacity-building>.
- 11 Massachusetts Office of the Attorney General. The Attorney General’s Community Benefits Guidelines for Non-Profit Hospitals. Massachusetts OAG. Published February 2018. Available at: <https://www.mass.gov/doc/updated-non-profit-hospital-community-benefits-guidelines/download>.

ABOUT THE MASSACHUSETTS HEALTH POLICY COMMISSION

The Massachusetts Health Policy Commission (HPC) is an independent state agency charged with monitoring health care spending growth in Massachusetts and providing data-driven policy recommendations regarding health care delivery and payment system reform. The HPC’s mission is to advance a more transparent, accountable, and equitable health care system through its independent policy leadership and innovative investment programs. The HPC’s goal is better health and better care – at a lower cost – for all residents across the Commonwealth.



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