

Updated 12/14/22

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General Instructions

- Go to the BRIC Project Management Hub and Select your State.
- You will be prompted to log in to your Smartsheet account if you have not already.
- Look on your state dashboard for the Quarterly Progress Report buttons to document your progress from the past quarter in each section. Specific guidelines for each section are described on the pages that follow.



- Progress reporting columns throughout all sections are color coded to help users find and focus
 on the necessary columns for a given quarter.
 - O Q1 pink January 1 March 31
 - o Q2 blue April 1 June 30
 - O Q3 green July 1 September 30
 - Q4 yellow October 1 December 31
 - NCE Q1 pink January 1 March 31
 - NCE Q2 blue April 1 July 31
- For states that have requested a no cost extension (NCE) for Year 1 or Year 2 activities, two columns will be added to capture reporting for the period beyond December 31 of a given year. See bullets above ("NCE Q1 pink" and "NCE Q2 blue").
- Throughout your progress reporting, be sure to save your changes often so they are not lost. Smartsheet does not auto-save unless this is selected in your personal account settings.
- After you save your changes in a given section, use the back button on your browser to return to your state dashboard page. Use your state dashboard page as the entry point for all sections.
- The character limit for any individual cell in Smartsheet is 4,000 characters (equivalent to about 1-1/2 pages of text). If in any case you have a detailed update for your progress report and there is not sufficient space in an individual cell, please use the Attachments option (see **page 10**) to upload additional documentation.

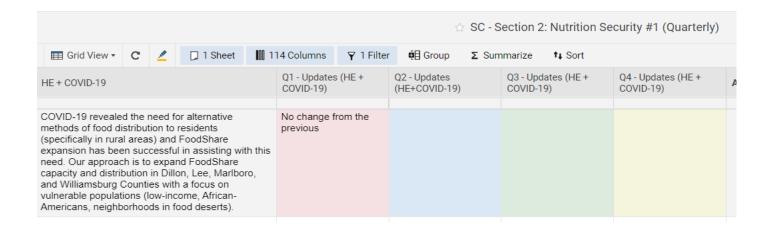
<u>Sections 1 and 2: Overarching Strategies, Nutrition Security, Physical Activity Access, and</u> Social Connectedness

- For each of these sections, the Quarterly Progress Report button will open into spreadsheet view with any previously submitted data in columns across the first row.
- Tab across to find and add to the color-coded columns for the past guarter.
- For each of the Action Steps in your plan, please write "Completed," "In Progress," or "Not Yet Started" in the "Progress" column. Feel free to add additional comments to this text field as needed.
- If the activity is not yet started, we do not expect to see anything in the "Actual Output" column for that Action Step. If an activity is In Progress or Completed, please fill in the Actual Output column, considering what you had entered in the Expected Output column. Actual Output should be reported cumulatively to date (e.g., 3 new partnerships made through end of Q2).



Health Equity and COVID-19

- Within the Nutrition Security, Physical Activity Access, and Social Connectedness sections, the
 column named HE + COVID-19 captures any narrative text that you entered in response to,
 "Please describe for this Strategy Area your approach to addressing health equity and the need
 to pivot in response to changes brought on by COVID-19."
- Please use the "**Updates**" column to capture any changes or updates to what was previously submitted. If you do not have any updates or changes from the original submission, please enter "N/A" or "No change from the previous" in this column.



State Plans on Aging and State Health Improvement Plans

- For your Action Steps that describe any work to influence the State Plan on Aging and the State Health Improvement Plan, please ensure that you have captured any progress toward building relationships with the review/writing team, influencing the components of or language within the plan, or supporting use and implementation of an existing plan. While general examples are given below, please describe actions/activities specific to your state in your reporting. Examples:
 - Building a relationship with the department, contractor, committee, or workgroup that
 is writing the next iteration of the plan
 - Being invited to join the committee that is writing the plan
 - Being invited to review and provide input on the existing state plan
 - Providing suggestions on organizations or individuals to involve in plan development
 - Reviewing the existing state plan
 - Providing data for consideration in the next iteration of the plan
 - Providing resources or sample language for consideration in plan development
 - Providing verbal or written input on the plan or plan elements
 - Drafting language for inclusion in the next iteration of the state plan
 - Exploring and identifying ways to support the implementation of the existing state plan
 - Referring to the existing plan as a guide for driving or supporting other planning efforts
 - Initiating new projects and/or funding opportunities as a result of these relationships

Section 3: Additional Information

- The Quarterly Progress Report button for Additional Information will open into spreadsheet view with any previously submitted data for this section in columns across the first row.
- Tab across to find and add to the color-coded columns for the past quarter.
- Use the "Updates" columns to document any updates for the items in this section (e.g., additional comments on COVID-19 pivots, new partnerships, new leveraged funding) for the past quarter. The full list of items in this section is given below. Be sure to check the content shared in these columns quarterly and add updates where needed (e.g., Health Equity and COVID-19 Pivots, Challenges/Barriers, Leveraged Funds, New Partnerships).
 - Additional Information: Provide comments as part of action plan development related to health equity and COVID-19 pivots/adjustments for your state.
 - Challenges/Barriers (related to achieving health equity and COVID pivots/adjustments):
 - Solutions, if any, related to challenges/barriers above:
 - Other Leveraged Funds: Please add brief notes in the "updates" column re: leveraged funds from state, community, or other sources, as applicable. In Q4, we will do a more thorough capture of leveraged funds throughout the year. This will likely be modeled after guidance used in SPAN. *See additional guidance on Leveraged Funds below.
 - New Partnerships:
 - Other Comments:
- If you do not have any updates or changes, please enter "N/A" or "No change from previous" in the column.

• As you make additions, click the Save button to ensure changes are not lost.

| New Partnerships | Q1 - Updates (New Partnerships) | Q2 - Updates (New Partnerships) | Q3 - Updates (New Partnerships) | Q4 - Updates (New Partnerships) | Other Comments |
|---|------------------------------------|------------------------------------|------------------------------------|------------------------------------|----------------|
| State Unit on Aging, State Health Equity Strategic Plan Advisory Committee | Salvation Army | | | | |
| | | | | | |

Additional Guidance Regarding Leveraged Funds

Leveraged funds are a financial representation of resources, goods, or services from a source other than the granting organization. Leveraging funds can amplify current program efforts; help communicate the value of BRIC efforts to decision makers, partners, and community members; and help establish a foundation to sustain efforts beyond the BRIC funding period.

On an annual basis, during Q4 of progress reporting, we ask that BRIC states report the source(s) and a cumulative total dollar value of any funds leveraged that directly support BRIC program efforts.

What to include in Leveraged Funding

- Only include funds directly related to the implementation or evaluation of BRIC strategies.
- Funds leveraged by community partners can be included, as appropriate, if those funds are being used to support BRIC strategies.
- Only include contributions that are already obtained or received, not projected or anticipated.
- Do not include any other DNPAO-administered funds (i.e., SPAN, REACH, HOP, etc.).
- Types of contributions that should be considered include the following:
 - <u>Federal, State, or Local Dollars</u> (other than DNPAO funding): Funding or grants from other federal, state, or local agencies or programs.
 - o Partner Contributions: Financial donation or other resource from a partner organization.
 - Grants or Private Contributions: Funds provided by a public or private organization or foundation.
 - <u>Physical Capital or Resources</u>: Contribution of goods or equipment. This may include space, facilities, equipment, or equipment rental. To convert a donated, in-kind event space into a dollar amount, ask what that location (or a comparable one) charges to rent, or use the following website to determine what a space would normally cost in your local area (https://www.peerspace.com/).
- <u>Do not include</u> additional types of contributions (e.g., volunteers, services provided in-kind, earned media, SME advisor time, donated land, events, conferences, or training, etc.).

Reporting Leveraged Funds in the BRIC Project Management Hub

Use the Leveraged Funds columns in Section 3 to report any leveraged funds since the beginning
of the BRIC project year (January 1 – December 31).

- Use the notes, if any, captured in the Q1 through Q4 Updates columns on leveraged funds to inform your responses to the columns describing the year as a whole.
- Please ensure that only the types of contributions detailed above are included in your total annual leveraged funds (e.g., do not include SPAN or other DNPAO funding).
- Columns that have been added to this section include the following:
 - Leveraged Funds Source(s) and Dollar Amount(s): List/describe source and dollar amount for each individual contribution
 - o Total Annual Leveraged Funds: Provide total dollar value for the year
 - Of these new leveraged funds, are any specifically related to/in response to COVID?: If yes, list/describe. If no, write "no."
- Do not report duplicate funding in both the Year 1 and Year 2 rows. Each leveraged funding source should only be listed under one year unless the funding was renewed for a new year.

| Other Leveraged Funds | Q1 - Updates (Leveraged Funds) | Q2 - Updates (Leveraged Funds) | Q3 - Updates (Leveraged Funds) | Q4 - Updates (Leveraged Funds) | Leveraged Funds Source(s) and Dollar Amount(s) | Total Annual Leveraged Funds (\$) | Any specifically related to/in response to COVID? |
|--|---------------------------------------|-----------------------------------|---|-----------------------------------|--|--------------------------------------|---|
| State Physical Activity and Nutrition program staff time | No updates for leveraged funds in Q1. | No changes | A local community foundation provided funding to support cold storage equipment purchase for one of our BRIC communities | No changes | Local community foundation, \$2,500 | \$2,500.00 | No |

Section 4: Community Information

- The Quarterly Progress Report button for Community Information will open into spreadsheet view with any previously submitted data for this section in columns across the first row.
- Tab across to find and add to the color-coded columns for the past quarter.
- Use the "Progress" columns to document any progress from the past quarter towards the PSE outcomes (i.e., checkboxes numbered 1 through 4) that you selected for each Community named in your State Action Plan.
- Updates should be provided for each Community and each Strategy Area that the community is working on. If you have selected more than one outcome in a Strategy Area, please note which outcome you are responding to (1, 2, 3, 4) with the updates. Examples are given below.
- If you do not have any updates or changes for a given item from the past quarter, please enter "N/A" or "Nothing to report" in the quarterly progress column for that item.
- As you make additions, click the Save button to ensure changes are not lost.



| Community Name (1) | Contracted Organization Name (1) | Nutrition Security (1) | Q1 - Nutrition Security Progress (Community 1) | Q2 - Nutrition Security Progress (Community 1) |
|---------------------|---|---|---|---|
| Wahkiakum County | Wahkiakum County Health and Human Services (WHHS) | Collaborate with food policy council/partners/coalition S)Efforts to support increase in # of people who receive healthier foods th Efforts to increase number of places providing increased financial acce | To meet objective 1: Wahkiakum County is collaborating with local food panties/banks and Hunger Task Force around needs to promote greater healthy food access. To meet objective 3: Collaboration efforts have produced an identified need to extend life of perishable healthy food items (FFV, dairy, etc); potential intervention to be explored w/ BRIC grant funding may to be to purchase a refrigerated trailer that could house perishables and transport to distribution sites in the community. Currently there are 3 sites (x1 on W. end open Th only, x2 E. end open T, every other W). To meet objective 4: WHHS will communicate, coordinate and collaborate to certify at least 5 farmer's certified to sell at farmer's markets and be reimbursed for WIC/Senior issued farmer's market vouchers per state requirements. Additionally, transportation for voucher recipeints to farmer's markets will be coordinated with transportation partner(s). | |

Estimating and Reporting Potential Reach

- For each community and strategy area that your state is working on (e.g., Anchorage, AK and Physical Activity Access), please complete the following two columns in Section 4:
 - o **Estimated Potential Reach:** Provide an estimate of the total number of people potentially impacted <u>by all activities</u> under the strategy area (e.g., physical activity access) in the community (e.g., Anchorage, AK), whether they are achieved or in progress. The calculation for estimated potential reach <u>should not</u> include the first outcome in each strategy area "Collaborate with task forces/coalitions" since it is more process-oriented. If you have multiple outcomes selected within a given community and strategy area that impact different populations that do not overlap, your estimated potential reach should be a combination of these populations. Only one aggregated estimate should be reported for each community and strategy area.
 - Source or Methodology for Reach: Briefly describe how you came up with your Estimated Population Reach. Include the data source and/or use numbers, words, or calculations to demonstrate how the reach number was calculated. Sources for estimated potential reach could include Census data on population for a city, county, or multi-county region, or program administrative records showing, for example, the number of people registered to participate in a program or the number of people receiving phone calls, screenings, or food deliveries/distributions. Please list the jurisdiction, where applicable, to help us ensure that numbers are not duplicated when estimated potential reach is aggregated across communities and strategy areas for programmatic reporting purposes. For cases where administrative records are used, please ensure the estimated reach is an unduplicated count of individuals.
- As mentioned above, these columns should be completed for each Community and each
 Strategy Area. If you do not have any outcomes selected for a given strategy area, leave the
 associated Estimated Potential Reach and Source or Methodology for Reach columns blank.
- If in Year 2 you are working with a new community and/or have added a new strategy area in a continuing community, be sure to add the Estimated Potential Reach and describe how this was estimated under Source or Methodology.
- If the same population is considered in both Years 1 and 2 for a given community and strategy area (e.g., county-level Census population estimates), record the same Estimated Potential Reach and Source or Methodology and note "(Same population as Year 1)" in the Source or Methodology field for Year 2. Do not report duplicate numbers for Estimated Potential Reach in both the Year 1 and Year 2 rows without noting the overlap in parentheses.

| Community Name (1) | Contracted Organization Name (1) | Physical Activity Access (1) | Estimated Potential Reach (Community 1 PAA) | Source or Methodology for Reach (Community 1 PAA) |
|--------------------|----------------------------------|---|---|--|
| Anchorage | Anchorage Park Foundation | Collaborate with taskforce/partners/coalition Progress to support at least 1 community plan Efforts to support at least 2 verified changes in walkability or safety | 291247 | 2020 Census Population for Anchorage, AK |

- When documenting progress in the Community Information section, please include evidence of progress towards the PSE outcome(s) selected for a given community. Examples of evidence of progress that could be cited include the following:
 - Important new partnership established (with documentation of new partner's name, why it's an important partnership, what it will allow to happen, and/or how it will expand representation or community engagement)
 - Existing partnership enhanced and strengthened (with documentation of partner's name, why it's an important partnership, what it will allow to happen, how it was strengthened, and/or how it will expand representation or community engagement)
 - Important partnership agreement established (with documentation of partner roles/responsibilities, any commitments made, evidence of the partnership agreement such as copy of the Memorandum of Understanding or contractual agreement)
 - Critical decision made in a meeting (and captured in meeting notes)
 - Training of partners completed
 - Assessment completed generating data on the local issue/need
 - Walkability assessment completed
 - o Relevant data provided to an important decision-maker
 - o Presentation completed to build food pantries' interest in adopting Nutrition Standards
 - Equipment purchased for a pantry
 - o New source of volunteers identified or established
 - o Public Service Announcement or other communication product released
- For any Strategy Area where the community has selected the first outcome ("Collaborate with taskforce, partners, coalition...") please ensure that sufficient detail is provided on the nature of the collaboration in progress reports. Suggested documentation is included below.
 - O Documentation should include name of partner/coalition, depth of relationship (and whether relationship existed previously), goals, frequency of meeting, role of BRIC team/contractor, how BRIC team/contractor is contributing (e.g., giving regular updates/reports on the project, contributing training/TA or other resources), any new synergies or commitments made, any accomplishments/how collaboration is influencing achievement of BRIC program outcomes, and/or lessons learned.
- For any communities that are working on one or more Social Connectedness outcome(s), please
 ensure that progress reports capture information on any efforts to develop/implement a
 systems approach (e.g., establishment of partnership agreements, referral pathways, ongoing
 MOU, pilot to inform broader expansion) in addition to details on program planning and
 implementation.

Attachments

- If you have any documentation to share relevant to your BRIC Progress Reporting, please click on the "Upload Attachments" button at the bottom of your state dashboard page.
- This will open a short form where you can describe and attach one or more documents.
- Attachments can be uploaded to the BRIC Project Management Hub at any time.
- To view attachments previously uploaded by your state, click on the "View Uploaded
 Attachments" link at the bottom of your state dashboard page.

<u>How Progress Reports will be Assessed for Progress Toward and/or Achievement of BRIC</u> Outcomes

The NACDD BRIC Team will use narrative information captured in the quarterly progress reports to code for (1) progress toward and (2) achievement of selected BRIC PSE outcomes across states and communities. Progress will be considered broadly and include efforts to build community readiness and capacity (e.g., conducting needs assessment, gathering community input, building community support through presentations, developing new partnership agreements). Additional examples of evidence of progress are provided in bullets on pages 9. Please work with your community partners to ensure, especially in Q4 of each year, that any steps of progress and any PSE accomplishments of community partners has been adequately captured in your progress reporting for the year.

While the BRIC program description and scope of work specifies that states and communities will work toward progress in each outcome, the NACDD BRIC Team will also tally the number of states and communities that achieved selected PSE outcomes for program evaluation and aggregate reporting purposes. The table below provides information on what activities would be considered progress toward each outcome and what documentation would be needed for an outcome to be considered achieved.

| Nutrition Security Outcomes | Progress Toward Outcome | Achievement of PSE Outcome |
|---|--|--|
| | Sample activities | Sample documentation needed |
| 1) Collaborate with food policy council/partners/coalition on equitable nutrition security for food banks, pantries, and/or feeding sites during COVID-19 | New or enhanced partnership made Appointed or elected position on council established Presentation and/or project update shared in council meeting | N/A - This item is more process- oriented and is not being considered a PSE outcome; however, if there are any PSE changes resulting from this collaborative work not reported elsewhere, please do note them in your progress reports. |
| | Training, TA, or other resources provided to help determine priorities | |

| | *Please see page 9 for documentation expected for this outcome. | |
|---|--|---|
| 2) Efforts to increase number of food banks, pantries, or feeding sites in each community selected to adopt nutrition standards due to increase in demand during the COVID-19 pandemic | Needs assessment completed Community input gathered via surveys, focus groups, and/or community meeting Key informant interviews conducted Education provided to pantries around different models or approaches to nutrition standards New partnership agreement established (with specifics provided on any commitments) Cold storage equipment, | Documented increase in the number of food banks, pantries, or feeding sites that have adopted nutrition standards (e.g., Newly adopted policy of XYZ food pantry is documented and uploaded as an attachment) |
| | shelving, signage, or other equipment purchased and installed Nutrition standards policy language drafted for review | |
| 3) Efforts to support increase in the number of people in communities who receive healthier foods distributed by food pantries, food banks, or other feeding sites, taking into effect how demand has changed during COVID-19 | Needs assessment completed Community input gathered via surveys, focus groups, and/or community meeting Key informant interviews conducted New partnership agreement established (with specifics provided on any commitments) Driver or volunteer hired to support food deliveries Website launched or modified/enhanced to support clients in finding food assistance | Documented increase in the number of people who receive healthier foods distributed by food pantries, food banks, or other feeding sites (e.g., Documentation of the number of new clients in the community served through an additional food distribution route, a new distribution site, an additional day of distribution each week, etc.; this pre/post increase could be reported from admin records or staff of food pantry or other feeding site) |
| 4) Efforts to increase number of places providing increased | Needs assessment completed | Documented increase in the number of <u>places</u> providing |

| financial access to healthier foods. | Community input gathered via surveys, focus groups, and/or community meeting Key informant interviews conducted Education or technical assistance provided around models for accepting food assistance in food retail settings New partnership agreement established (with specifics provided on any commitments) | increased financial access to healthier food (e.g., Documentation of the number and name of any new clinics implementing produce prescription program, new farmers markets accepting SNAP/EBT, new food stores accepting SNAP or WIC, farmers market site implementing double up food bucks, etc.) |
|--|--|---|
| | Application completed with USDA for SNAP-EBT acceptance Media campaign launched to advertise new/upcoming financial incentives | |
| Physical Activity Access | Progress Toward Outcome | Achievement of PSE Outcome |
| Outcomes | Sample activities | Sample documentation needed |
| 1) Collaborate with taskforce/partners/coalition that support safe, equitable physical activity during COVID-19 | New or enhanced partnership made Appointed or elected position on council established Presentation and/or project update shared in council meeting Training, TA, or other resources provided to help determine priorities *Please see page 9 for documentation expected for this outcome. | N/A - This item is more process- oriented and is not being considered a PSE outcome; however, if there are any PSE changes resulting from this collaborative work not reported elsewhere, please do note them in your progress reports. |
| 2) Progress to support at least 1 community improvement plan that includes the potential assessment of local community design as it relates to improving safe and equitable access to physical activity (including | Needs assessment completed Community input gathered via surveys, focus groups, and/or community meeting Key informant interviews conducted | Documented completion of at least 1 community improvement plan that addresses community design and safe and equitable access to physical activity |

| number of federal, state or local partners formally engaged) as well as how local demand had changed during COVID-19 | Education provided to community or key stakeholders around pedestrian safety Committee established to focus on plan development | (e.g., Newly developed community Active Transportation Plan, detailing development process, participating organizations, and recommendations is |
|--|--|---|
| | New partnership agreement established (with specifics provided on any commitments) | documented and uploaded as an attachment) |
| | Media campaign launched to generate interest and support in plan development process | |
| | Plan drafted based on data and community input | |
| 3) Efforts to support at least two verified changes in the characteristics of each selected community that demonstrate walkability or increased safety | Needs assessment completed Community input gathered via surveys, focus groups, and/or community meeting | Documented completion of at least two changes in community characteristics that demonstrate walkability or increased safety |
| for those most at risk for COVID-19 illness and death, | Key informant interviews conducted | (e.g., Documentation of specific changes made to improve |
| taking into effect how local demand has changed during COVID-19 | New partnership agreement established (with specifics provided on any commitments) | walkability and pedestrian safety at a local intersection and on a local walking trail in the |
| | Education provided to community or key stakeholders around pedestrian safety | community) |
| | Walk audit completed | |
| | Priority intersections or other locations in the community identified | |
| | Traffic-calming devices, signage, or other improvements to support safe physical activity purchased | |
| 4) Efforts to support at least two alternative commuting | Needs assessment completed | Documented creation or enhancement of at least two |
| facilities, programs or services created or enhanced that support equitable access that can be used by the priority | Community input gathered via surveys, focus groups, and/or community meeting | alternative commuting facilities, programs or services that support equitable access to |

| population in each community to safely travel to essential services, including jobs, medical appointments, grocery stores or food pantries, taking into effect how local demand has changed during COVID-19 | Key informant interviews conducted Training or education provided on pedestrian safety, transportation planning, and equity New partnership agreement established (with specifics provided on any commitments) Priority locations identified in the community for new or enhanced public transit stops Media campaign or other outreach conducted to generate awareness of alternative commuting options | safety travel to essential services (e.g., Documentation of newly created or enhancements made to a bus/transit stop, safe cycling program, vanpool service, or bicycle parking site in the community) |
|--|--|--|
| Social Connectedness | Progress Toward Outcome | Achievement of PSE Outcome |
| Outcomes | Sample activities | Sample documentation needed |
| 1) Collaborate with taskforce/partners/coalition that support equitable social connectedness during COVID-19. | New or enhanced partnership made Appointed or elected position on council established Presentation and/or project update shared in council meeting Training, TA, or other resources provided to help determine priorities *Please see page 9 for documentation expected for this outcome. | N/A - This item is more process- oriented and is not being considered a PSE outcome; however, if there are any PSE changes resulting from this collaborative work not reported elsewhere, please do note them in your progress reports. |
| 2) Efforts to implement new or improved community strategies that emphasize and integrate feasible and innovative social connectedness efforts for older adults at higher risk for severe illness from COVID-19; incorporation of existing | Needs assessment completed Key informant interviews conducted Community input gathered via surveys, focus groups, and/or community meeting | Documented implementation of new or improved community strategies integrating social connectedness efforts for older adults (e.g., Written agreement with local Community Health Worker network around incorporation |

| networks of community health workers should be encouraged. | Potential strategies and opportunities identified with key stakeholders New partnership agreement established (with specifics provided on any commitments) New protocol drafted for a new cross-institutional referral pathway | of social connectedness screening in visits with older adults; Formalized cross- institutional referral pathway for older adults is established and protocol is adopted; New community co-created Action Plan for AARP Livable Communities submitted to AARP for review) |
|--|---|---|
| 3) Efforts to implement at least two new or improved equitable programs for older adults living in high burden communities that offer on-line and in-person educational, social, creative, and physical activities that encourage personal interactions, regular attendance, and community involvement working in collaboration with existing programs (e.g., mental health or Arthritis Programs, AARP, or other) | Needs assessment completed Community input gathered via surveys, focus groups, and/or community meeting for solutions Key informant interviews conducted New partnership agreement established (with specifics provided on any commitments) Committee formed to explore assets as well as gaps in existing programming and co-develop new/improved programming Staff and/or volunteers identified or recruited to support programming Media campaign launched or other outreach conducted to promote the new or improved program among older adults | Documented implementation of at least two new or improved equitable programs for older adults (e.g., Partnership agreement established between community college and AAA to provide ongoing technology classes to older adults; Outdoor congregate dining site established to provide a safe, regular weekly opportunity for social interaction for older adults; Secured commitment and financial support from department of transportation and/or other sectors to create inviting open spaces for all ages to be active or regular "play street" opportunities) |
| 4) Efforts to implement at least two new or improved equitable Intergenerational Mentoring Programs in the community to foster healthy, ongoing, supportive relationships between older adults and youth. | Needs assessment completed Community input gathered via surveys, focus groups, and/or community meeting Key informant interviews conducted | Documented implementation of at least two new or improved equitable intergenerational mentoring programs (e.g., Partnership agreement between senior center network and school district to implement an ongoing intergenerational program; New policy is adopted to support ongoing staffing or |

| New partnership agreement established (with specifics | other resources for a local intergenerational mentoring |
|--|---|
| provided on any commitments) Committee formed to include | program) |
| older adults and youth to explore gaps in existing programming and co-develop new/improved programming | |
| Staff and/or volunteers identified or recruited to support programming | |
| Media campaign launched or other outreach conducted to promote the new or improved program to potential participants | |