

NYSHF -- Healthy Neighborhood Fund Initiative
NYCT – Healthy and Sustainable South Bronx

Interim Report Summer 2016
Submitted by the NYU Evaluation Team

Introduction

It is no coincidence that communities with the worst health statistics also tend to be among the poorest and most isolated in New York State. The underlying causes of poor health are found in abundance in these communities and the daily stresses experienced by their residents often serve to make these problems seem intractable. Poor health indicators -- high rates of obesity, diabetes, or other chronic illnesses -- are concentrated in communities that are most disadvantaged by society's social, economic and housing inequities. Residents of these communities suffer from a lack of income, education, employment opportunities, and racial, ethnic, and linguistic discrimination. These inequities increase residents' risk of illness and impede the local conditions to support the prevention and treatment of these illnesses. Newer strategies that reorganize and refocus existing neighborhood resources on improved access to healthy food, changes to the build environment and linking residents to programs that support healthy eating and active lifestyles show promise.¹

Responding to these problems, the New York State Health Foundation and the New York Community Trust are working in partnership to invest in organized place-based strategies that address the social determinants of health. Their Healthy Neighborhood/ Healthy and Sustainable South Bronx Initiative (the "Initiative") seeks to effect positive health outcomes by supporting place-based strategies that reorganize existing efforts to improve health and create new pathways to healthy and active living through improved access to healthy food and improvements to the build environment as well as linkages to programs that support healthy lifestyles. The grants support collaborations and partnerships, across sectors, "that lead to more New Yorkers of all ages eating healthy foods, being physically active, and having access to a range of programs that encourage healthy life choices." The goals of the Initiatives are to deepen engagement at the community level, strengthen connections among neighborhood residents, local organizations, healthcare institutions and county and municipal agencies to improve resident health awareness, access and behaviors – all understood to be predictors of healthier outcomes.

This interim report provides an update on the implementation of the Initiative in nine communities, six in New York City and three in Upstate New York. The foundations have engaged New York University's Medical Center as its research partner to document the work of the collaboratives and to track and evaluate their roles in creating healthy neighborhoods.

The evaluation of the Healthy Neighborhood Fund initiative focuses on the implementation process and over time will examine the overall impact of the interventions at each site. Specifically, we are looking

¹ Healthy Places, Colorado Health Foundation, Healthy Communities Program, North Carolina Division of Public Health and Building Healthy Communities, the California Endowment

at how each of the grantees is organizing themselves and their communities to address the three focus areas: healthy food access, improvements to the built environment and linking residents to programs that support active and healthy lifestyles. The evaluation uses mixed methods to measure the implementation process and eventual impacts of the work. The qualitative research utilizes structured interviews with key stakeholders, site visits, observation of meetings and local events, content analysis and periodic check-in telephone calls to track the status of project activities as well as facilitators and barriers to progress. In addition to our qualitative field work, we collect data on the food and built environment in each neighborhood, using administrative data sets collected by federal, state and local agencies, and supplemented with additional information from the grantees. We are also creating a catalog of all evidence-based programs that support healthy eating and active living in the target neighborhoods, and will work with grantees to determine the best method for measuring use of these programs in their communities.

Based upon the qualitative research to date, we can describe characteristics of the lead agencies, the local collaboratives and the formative stages of the projects, and provides some early lessons from the efforts. Initial environmental data are also presented in attached tabular form, describing the local conditions for healthy food access and available open and indoor physical activity spaces. While some of the fundamental aspects of the lead organizations, the partnerships and the communities are similar, there are differences in the details. And while this makes the analysis somewhat more complex, it will ultimately be useful for identifying the key organizational attributes, effective strategies and necessary community assets and community engagement strategies.

During the first year, grantees largely focused on fundamental organizational and coalition-building tasks highlighting both the promise and the challenge of this type of collaborative work. Below, we briefly indicate the factors that we think matter in building healthy neighborhoods.

- **Context matters: the neighborhoods have different features that impact on strategies, challenges and collaborations.** Community assets range greatly, from the number of supermarkets and open space available within walking distance to the density of organizations located in or directly serving the neighborhood. Population size and housing density impact neighborhood assets as well as project scope and scale, resident engagement and social cohesion.

Community context does matter in that it shapes the issues and presents its own unique combination of facilitators and barriers. It is embedded with the social determinants from housing, in the details of poverty, and conditioned by levels of social isolation and organizational and service infrastructure. These nine neighborhoods share similar health profile characteristics and typically have low median incomes, but there are other characteristics that some, but not all share (see Table 5 in Attachment A).

Population density and housing type are two features that stand out in examining the different neighborhood sites targeted in this initiative. As one would expect, most of the New York City neighborhoods are fairly dense and compact, while the upstate areas are less so. Population size and density impact the number of healthy food outlets and their accessibility, modes of transportation and

travel distance to other community assets such as open spaces or health services. For example, we have learned how the lack of adequate public transportation routes and limited schedules reduces low income families and senior citizens access to health food and recreational facilities in rural and less dense urban areas.

Public housing dots many of the Healthy Neighborhoods, but not all. In five targeted neighborhoods, almost a quarter or more of the local residents live in these housing complexes, while in four others, public housing residents are less than ten percent of the total neighborhood population. Public housing offers its own set of opportunities and challenges. Unified management services and officially sanctioned tenant associations provide formal access to residents. But long established territorial boundaries may limit cooperation between adjacent housing complexes or surrounding residential areas, and maintenance, safety and social cohesion can be barriers to effective engagement strategies, especially among younger residents. To effectively engage young people, it is important to locate “safe” spaces away from public housing complexes for them to meet. Few of the housing units in these nine neighborhoods are owner occupied and in some, the predominance of absentee ownership of local residences presents its own set of challenges resulting in poor maintenance and higher rates of tenant turnover. Residents need to organize in other ways to build social cohesion and sense of community ownership.

Table 1 – Public Housing Population by Neighborhood, 2015

Neighborhood	Population	Number of Public Housing Residents	Percentage of Residents Living in Public Housing
Brownsville	90,000	21,301	24.0%
Claremont	11,318	11,318	100.0%
Clinton County	81,591	1,208	1.5%
East Harlem	76,000	24,993	33.0%
Hunts Point	12,300	333	2.0%
Mott Haven	46,332	31,969	69.0%
Niagara	15,211	910	6.0%
Syracuse NWS	10,000	897	9.0%
Two Bridges	38,164	12,691	33.0%

The total food environment in the nine neighborhoods reflects big differences in access to healthy food. The 2015 NYC Community Health profiles rank East Harlem, Claremont and Brownsville Community Districts 3rd, 5th and 7th city-wide in Supermarket Square Footage, while Mott Haven and Hunts Point are ranked near the bottom, at 41st and 47th. Syracuse’s Near Westside is relatively well-served while Niagara has one supermarket located in proximity to the Northside target neighborhood, but requiring a car, public bus or taxi for access. Clinton County has a range of supermarket options, but access is highly automobile reliant and public bus transportation schedules are not organized to make grocery shopping easy from more rural parts of the county. Resulting strategies for increasing healthy food access can

reflect a focus on creating new food outlets, increasing transportation options or educating consumers about nutrition and healthy food options.

Table 2 – Number of Supermarkets and Farmers Markets Located in Target Neighborhoods, 2015

Neighborhood	Population	# Supermarkets	# Farmers Markets
Brownsville	90,000	11	6
Claremont	11,318	2	0
Clinton County	81,591	11	6
East Harlem	76,000	12	8
Hunts Point	12,300	0	1
Mott Haven	46,332	3	2
Niagara	15,211	0	1
Syracuse NWS	10,000	1	1
Two Bridges	38,164	0	0

The availability and accessibility of parks and safe open spaces also varies in the number, size and characteristics in each community. Dense urban neighborhoods may have a greater number of playgrounds but lack large green spaces within their boundaries. Improving playground conditions, so that they support active uses and families feel safe is often a priority. Getting access to these larger parks may be possible if mass transit is available, in New York City for example, or through new efforts to create bikeways, trails or other connectors. Larger rural areas have lots of park acreage, but access is usually automobile reliant. Increasing access can involve more programming as well as better signage. In a number of the grantee neighborhoods there are physical barriers that serve to isolate residents from local resources, other neighborhoods or from the city as a whole. Highways, train tracks and natural barriers, such as rivers, prevent residents from easily accessing nearby supermarkets, parks, waterfront areas and active living programming. Grantees are working on campaigns to ease accessibility passed these barriers through traffic improvements, way-finding projects, marked trails and place-making activities that reconnect neighborhoods.

Table 3 – Number of Parks, Playgrounds and Public Recreation Centers Located in Target Neighborhoods, 2015

Neighborhood	Population	Parks/Playgrounds	Park/Playground Acreage	Public Recreation Centers
Brownsville	90,000	14	29	2
Claremont	11,318	17	84	3
Clinton County	81,591	28	466	2
East Harlem	76,000	17	64	3
Hunts Point	12,300	10	246	1
Mott Haven	46,332	6	48	1
Niagara	15,211	9	472	1
Syracuse NWS	10,000	8	6	0
Two Bridges	38,164	20	34	1

Organizations and Collaboratives

Just as community context matters, so do the details of organizational mission, structure and capacity. The grantees bring different organizational missions and foci to this work. They offer different mixes of services and delivery approaches, with their own prior connections to the work of food access, built environment and active living. And, based upon the type of organization and their services, they have different relationships to the community and its residents, as clients, constituents or customers.

- Leadership matters: lead agencies bring different organizational missions, organizational capacities and relationships within and outside of the community to the work of creating healthier neighborhoods.** An initial orientation and understanding of community health and a broad perspective on community development reduces the amount of staff time and energy required to develop partnerships and collaborations focused on healthy neighborhoods. An organizational mission predisposed to understanding the social determinants of neighborhood health is better positioned to make internal shifts that support external relationships across sectors. By their nature, different types of organizations (governmental, academic, non-profit service and advocacy organizations) have different types of relationships with other external partners and with local residents.

The lead agencies range in type, including governmental agencies, academic centers, community based organizations and a city-wide coalition. While many organizations have a health focus or mission, several have a broad community development mission, focused on housing, advocacy or social services. They bring different experiences and histories of collaboration through their prior work in the areas of healthy food access, safe spaces for physical activity and active living programming varies. Many of the organizations are service providers, and some come to the work with a history of community advocacy. In general, health organizations seem to have a head start in understanding the broader determinants of local health.

Table 4 – Lead Agencies by Organization Type, Mission and Prior Related Experience

Lead Agency	Type of Organization	Mission	Prior Experience
Brownsville Partnership	Community Based Subsidiary	Community Development	Food Access, Built Environment
Claremont Neighborhood	Community Based	Youth Services	Active Living, Health Prevention
Clinton County Health Dept.	County Agency	Public Health	Food Access, Built Environment, Active Living
East Harlem Public Health	Local Center, City Agency	Public Health	Active Living, Health Prevention
Urban Health Plan	Community Healthcare Provider	Healthcare	Food Access, Active Living

Bronx Works	Community Based	Community Development	Food Access, Active Living
Creating a Healthier Niagara Falls	Non-profit Coalition	Public Health	Food Access
Lerner Center for Health Promotion	University Center	Public Health	Food Access, Built Environment
Two Bridges Neighborhood Council	Community Based	Community Development	Food Access, Built Environment

- Time matters: Developing a comprehensive, cross-sector understanding of healthy neighborhoods takes time and effort.** The perspective deepens as the work deepens. There is an emerging shift, across sites and over time, from delivering discrete services to developing a comprehensive agenda for neighborhood health.

It has taken time for lead organizations to fully “appreciate” the concept of ‘healthier neighborhoods’, to develop a vision of what that might look like in their communities and to organize to carry it out. Each type of organization began this initiative with its own understanding of the challenge and the work of creating healthy neighborhoods. For some health focused organizations, it may have come from having a health agenda while other organizations might have a community orientation based on their role as service provider or residents’ advocate. For many of the lead organizations, understanding and orienting their work to support a broader concept of “healthy neighborhood” has been a developmental or evolutionary process. Each of the organizations came to healthy neighborhood work with a portfolio of programs or services related to the three action areas, but it has taken time for staff and organizations to move beyond a set of discrete program or service categories and develop view of neighborhood health work that is both multi-disciplinary and well integrated. Funding and reporting requirements, job functions and organization charts all tend to structure programmatic approaches.

The Learning Conferences and cross site conversations have helped grantee staff to develop a broader understanding of the work and to bring new information and perspective back to their organizations. Partly as a result, some grantees are making internal changes, integrating their approach to services through increased internal staff collaboration, while externally shifting their organization’s role from lead implementer to a more pivotal role as coordinator and facilitator for networks of local service organizations. A few of the grantees have begun to formally work with other community based and external agencies and organizations to formally define a shared mission and a broader understand of creating a healthy neighborhood across disciplines and sectors.

- Staffing matters: The staff person coordinating the Initiative can be most effective when she has leverage and credibility both within the organization and in the community to effectively engage external organizations and residents.** Leadership and management skills and a track record of strong community-based work enable the staff to draw internal and external staff and

resources into the healthy neighborhood efforts and provide greater organizational credibility to inter-agency collaborations.

Organizational staffing levels and lead staff capacity are critical for engaging the internal organization in healthy neighborhood work and for collaborating well with external organizational and community partners. The agenda for healthy neighborhoods is broad and organizations with a lead staff person as well as additional staff focused on components of food access and built environment have greater capacity to support internal programming as well as collaborative work with partnering organizations and residents. Collaborative work needs sufficient staff support to be sustainable. Organizational capacity also seems to have an impact upon which complementary programs and services offered by the funders grantees are able to access and use. Having someone with appropriate skills and experience lead the efforts is highly valuable, and having collaborative teams within the organization support ongoing conversations focused on professional practice – promoting integration of service efforts while influencing internal dialogue.

Lead staff plays a critical role in the project. In several cases, it took organizations a significant amount of time to fill the lead project position. The Healthy Neighborhoods agenda requires a lead staff person with excellent management skills to coordinate activities across the program areas of food access, built environment improvements and active and healthy lifestyles, as well as across organizations. Their position in the organization and their knowledge and experience has an impact on effective inter-agency collaboration, neighborhood health agenda setting, resource sharing, and potentially resident engagement.

- **Collaboration matters: But collaboration is hard, time consuming and slow work.** Organizations need adequate staff time and resources to collaborate well. Collaboration is more challenging for smaller organizations with limited resources. Pre-existing collaborations may be the starting point for the local initiative, but some organizations may not be an appropriate fit as partners in a health-focused initiative. New organizations often emerge in the process of finding partners that share a sense of mission and approach to the work of developing neighborhood health.

No organization has the resources or can manage the scope of work required to create healthy neighborhoods by itself. All of the grantees had collaborative relationships with other community-based or community serving organizations and agencies at the start of this initiative. The work around healthy neighborhoods has brought new focus to those close partnerships. Collaborations and partnerships can be flexible, adjusting membership based upon shared priorities, resources and interests. The challenge for the grantee, as lead organization, is to bring together a core group of organizational partners, with sufficient opportunity for other groups to step into the efforts when needed. Through leadership and group management, the grantee works collaboratively to maintain and sustain collective effort, while nurturing and supporting an evolving awareness of this cross-sector and multi-disciplinary approach.

Another dimension of community context that impacts on healthy neighborhoods is the degree to which a community has an organizational infrastructure – an array of voluntary associations, business associations, non-profit organizations, institutions and local government agencies -- to address and provide for its needs. In our field work and in our interviews, we find significant variation in the density, number and type of associations located in the different neighborhoods or in larger regions. Highly organized communities have a higher capacity for organizational action. These organizations can range from large social service agencies to small voluntary associations, and it can include governmental agencies as well as city wide or regional organizations working at the community level. The organizations can vary in their resource capacity. The organizational infrastructure has an impact on the potential for collaboration in the community and the amount of organizational resources that can be applied to local issues such as neighborhood health. It also makes a difference when the network of existing organizations is connected to external networks of organizations and resources. The downside of highly organized communities can be the presence of competing agendas, the challenge of gaining programmatic visibility in a dynamic community/organizational context as well as turf issues.

Lead agencies have varying levels of access to an external infrastructure of organizations working in the areas of food access, improvements to open space and parks, physical activity and healthy and active lifestyles. These external groups can be city or county agencies, university-affiliated centers as well as local or regional non-profit organizations. New York City grantees have access to a wide variety of these organizations, while upstate communities have fewer local organizations and may have to work regionally to find similar external resources. Organizations such as New York Road Runners, Transportation Alternatives, New Yorkers for Parks or GrowNYC, in New York City, and Grassroots Gardens in Niagara Falls and the Cornell Cooperative Extension Service in other parts of New York State have programs, services and sometimes grants that can support local neighborhood efforts. Local efforts to improve neighborhood health benefit greatly from the programs, services and expertise of external organizations. External organizations can bring additional important staff, financial and networking resources into the neighborhood, greatly increasing the support available to move programs, services and projects forward. The healthy neighborhood grantees provide a natural point of contact and local access for these external organizations where they exist.

- **Resident engagement matters: As projects have progressed from proposal to implementation phases, some of the grantees have invested additional time and energy in resident engagement strategies to ensure that projects reflect resident identified needs.** There are several promising approaches to resident engagement underway including youth and adult leadership training, grassroots community organizing and regularly engaging community residents in visioning and planning sessions. At this point, these efforts seem to have yielded greater resident input into project direction, revisions or adjustments to proposed plans, and increased resident awareness and support.

Grantees have different orientations and relationships with the neighborhoods they are serving. Most of the grantees have relationships with neighborhood residents, though these relationships can differ –

some are direct connections, as clients or consumers, and some are connected through partnering organizations. Organization to organization relationships are fundamental to developing healthier neighborhoods. Direct engagement with neighborhood residents is important for a number of reasons: establishing trust, maintaining effective two-way communications, learning about neighborhood needs from the resident perspective, identifying local resident leadership and finding resident level solutions that support broader neighborhood and policy goals. Many of the neighborhoods selected for this initiative have long histories of program interventions that were short-lived or of limited impact. Direct and sustained resident engagement is critical for overcoming the deeply-seated skepticism that has built up over time.

Some grantees began their Healthy Neighborhood work with an understanding of the need to engage local residents, while others have come to find the necessity of meaningful resident engagement. Some grantees took a few steps back from fully implementing their work plan and used the opportunity to reach into the community for information, feedback and support. Roberto Martinez, Project Coordinator at the Lerner Center in Syracuse, shared the “Spectrum of Community Engagement (International Association for Public Participation, 2007),” a range of levels and strategies for engaging the community at an Active Living By Design hosted webinar. All of the strategies on the five point scale -- Informing (sharing info), Consulting (inviting feedback), Involving (influencing decisions), Collaborating (involvement on multiple levels), Empowerment (decision-making) -- are represented, to some degree, in the Healthy Neighborhoods Initiative, as grantees build trust, create structures for civic culture and develop cadres of local leadership over time.

Through the efforts of the grantees, different models of local resident engagement are emerging. Some examples include: active resident consultations (Syracuse’s Kitchen Table Talks), collaboration (Niagara’s Resident Engagement Council and Claremont Village’s leadership training), informing, consulting and empowering (East Harlem Neighborhood Planning Process and Health Action Summit grants making), and resident engagement in visioning and planning (Brownsville). Resident engagement begins to increase local awareness of the healthy neighborhood goals and activities, builds new or builds upon established social networks and identifies actionable projects that can further galvanize resident engagement.

Program Strategies

- **All grantee organizations have continued to make progress implementing pre-existing programs, services or planning activities focused on healthy food access, improvements to the built environment and, to a lesser extent, program linkages.** New, expanded and collaborative programming has been emerging, with most activity in the areas of food access and improvements to the built environment. A few grantees are actively working on establishing linkages to programs that promote healthy and active lifestyles, developing on-line or printed resource directories targeted at healthcare providers or neighborhood residents.

In their original proposals, each grantee identified existing efforts and new program and service initiatives connected to the three core areas – food access, built environment, linkages to active/healthy lifestyle programs. When initially funded, many of the grantees primarily focused on organizational issues, such as hiring staff, meeting with partnering agencies and translating the vision of healthy neighborhoods into an actionable plan. As a result, the strategies and activities implemented in the early stages of the grant were those that were already in progress or that were “shovel-ready,” requiring only an expansion of an existing service or the investment of some additional grant resources. Other proposed programs and strategies required the development of plans, new collaborative relationships and securing additional resources.

Table X – Program Strategies from Original Proposal, by Neighborhood

Neighborhoods	Food Access	Built Environment	Active Living/ Healthy Eating	Other
Brownsville	Youth Markets Healthy Retail	Improve Parks Place-making Pedestrian Safety Paths & Trails	Active Living Programming	Public Art Economic Development
Claremont	Healthy Retail Youth Market	Improve NYCHA Open Spaces Improve Parks	Youth-Led Community Education Programming	Leadership Development
Clinton County	Healthy Retail Improve Public Transit	Hiking Trails Improve Parks Complete Streets	Directory of Services Activate Public Spaces	n/a
East Harlem	Expand availability Community Health Education	Improve access to open spaces Walking Trail	Create linkages to local programs	Develop Health Hub Expand <i>La Marqueta</i>
Hunts Point	Farmers’ Mkt Healthy Retail Create Marketplace Nutrition Education	Improve local Parks	Play streets Encourage use of playgrounds	Create a shared community public space
Mott Haven	Farmers’ Mkt Healthy Retail Nutrition Education	Improve St. Mary’s Park Improve Access to Randall’s Island	Host fitness and education activities	n/a
Niagara	Train Healthy Food Advocates Improve Access to Healthy Food Improve School Lunch	Pop-up Parks	Develop Food Advocacy Curriculum	n/a
Near Westside (Syracuse)	Improve Healthy Food Access Nutrition Education	Improve Park Increase Usage	Improve resident access to programs and services	n/a
Two Bridges	Healthy Retail Fresh Food Box	Improve Public Spaces Pedestrian Safety	Increase programming Link residents to external programs	n/a

	Support New Supermarket Development	Access to Open Space/Waterfront		
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The food distribution system in low income neighborhoods is very dynamic. Many of the neighborhoods experience supermarket closures over time. In some cases, the supermarkets are replaced by drugstore chains or convenience stores, while in gentrifying neighborhoods, supermarkets are replaced by new housing developments some potentially containing more expensive food shopping options.

In many neighborhoods, increasing demand for healthy foods is as much of a focus as increasing the supply. In order to encourage residents to patronize farmers markets and full-service supermarkets, grantees are focusing on food related activities. Nutrition education, cooking demonstrations, food tours and incentive programs encourage residents to improve their knowledge and understanding of the impact of food on health, to better understand how to prepare meals using locally available produce and to change their shopping behaviors.

As organizations have focused on food access they see that the issue is not simply about the supply of healthy food, but also residents’ knowledge and attitudes about eating and nutrition. Food programming has been enhanced through accompanying nutrition education, demonstrations and incentives – such as Health Bucks, to encourage and support residents’ efforts to eat healthier.

Grantee support for increasing access to healthy foods has generally fallen into the following categories:

1. Establishing new youth markets or farmers markets, providing support for these markets by sponsoring EBT machines, distributing Health Bucks in the neighborhood and distributing promotional materials. (Mott Haven, Hunts Point, Clinton County, Brownsville)
2. Distributing fresh food through Fresh Food Box or similar programs (East Harlem, Two Bridges, Claremont)
3. Working with local food retailers to offer healthier food and beverage options (Claremont, Hunts Point, Mott Haven, Clinton County, Syracuse)
4. Offering cooking demonstrations and nutrition education classes or workshops (Niagara, Syracuse, Hunts Point, Mott Haven, Claremont)
5. Tours of local food retailers and supermarkets (Clinton County, Two Bridges, Mott Haven)

In many neighborhoods, parks are a focal point for resident recreation and physical activity. In New York City, Syracuse and Clinton County, improving park conditions, making them more accessible has been a priority including:

1. Organizing local groups in support of parks (Mott Haven, Claremont and Brownsville), and
2. Supporting park and recreational improvements (Syracuse, Clinton County, Brownsville, Hunts Point, Mott Haven, Claremont, Two Bridges, East Harlem)

Many grantees have reported that the neighborhoods need better systems for sharing information about available resources. Grantees are working to make information more available in the area of community-based health promotion programs.

1. Developing online or print resource directories (Clinton County, Mott Haven)
2. Organizational calendar sharing and information sharing meetings (Clinton County, Syracuse and Two Bridges)

Some communities are currently benefitting from parallel government initiatives to address health inequities and improve resident health at the neighborhood or city-wide level. In New York City, six of the twelve communities targeted in the Mayor’s Building Healthy Communities initiative are represented in the Healthy Neighborhood Fund or Healthy and Sustainable South Bronx efforts. Creating a Healthier Niagara Falls began as a Mayoral initiative to identify the primary social, economic and housing challenges to improved resident health. At minimum, these initiatives have brought sharp focus to the health inequities low income residents face. In New York City, the initiative directs seven city agencies to add resources and prioritize projects in these communities.

In New York City, the grantees and their Healthy Neighborhood plans have benefitted greatly from the parallel Building Healthy Communities initiative, coming out of the Mayor’s Office, which has directed seven city agencies to target support and resources to five Healthy Neighborhood Fund/Healthy and Sustainable South Bronx communities (seven other neighborhoods have also been targeted). This has brought new attention to previously neglected neighborhoods, as well as the promise of additional funds and services. Another initiative, the Community Parks Initiative, has also targeted smaller parks and playgrounds in these neighborhoods for renovations and improvements. Community efforts to improve larger “anchor parks,” led by Brownsville partnership and Bronx Works, has resulted in a recent major allocation for renovations at Betsy Head and St. Mary’s parks, among others.

Government agencies are also facilitating other related projects including healthy retailer programs, pedestrian and traffic safety improvements, increased programming for physical activity and fresh produce distribution. In Syracuse, for example, these relationships have brought municipal agency attention to neighborhood basic service needs, the regional Land Trust to support housing rehabilitation and the County Health Department for nutrition education services. These types of partnerships with external partners are also happening in Brownsville, Mott Haven, Niagara Falls and elsewhere. Funding from New York State and the federal government are also directly supporting healthier schools and communities and farm to school nutrition programs in several grantee communities.

The barriers to implementing Healthy Neighborhood strategies can be internal – organizational issues, hiring staff and staffing levels, adequate planning, engaging reluctant partner organizations or recruiting other partners with the resources to follow-through. External barriers can inhibit progress as well. Collaboration is challenging as is sustaining partner organization engagement at a sufficient level to follow through on healthy neighborhood work. Smaller agencies and organizations do not always have the resources to meet the demands of collaborative meetings, planning and implementation without funding for these activities. There are also jurisdictional issues that present barriers to program

implementation – trying to address resident access through the Park Avenue Viaduct, in East Harlem, for example, that is owned and operated by the Metropolitan Transportation Authority, a regional public agency. Other, more ambitious projects face longer development timeframes and financing challenges, such as developing a new supermarket or Mercado in the neighborhood. Increasing property values in all New York City communities present a challenge for any non-profit development project.

Conclusion

Coming out of a long development and planning period, many of the grantees are emerging with clearer strategic visions for their healthy neighborhood work. They are building collaborative relationships with a wide range of other local and external organizations to support the neighborhood health agenda. The grantees are working with local government to coordinate their efforts with government programs and resources. As the concept of healthy neighborhoods catches on, the grantees are increasingly engaging local residents to participate, contribute and lead. There is still progress to be made to establish the roles and relationships going forward.

Many of the organizations' understanding of healthy neighborhoods have evolved to see the relationship and integration of food, built environment and active living programming. Moving beyond discrete programs, they are coming to see their role increasingly as coordinating, networking and information sharing and developing shared or overlapping understanding/definitions/mission and agenda with cross disciplinary organizations, and helping to manage and maintain a neighborhood health agenda.

In addition to the work in the local neighborhoods, the grantee's Healthy Neighborhood work has had the added benefit of informing the Building Healthy Communities initiative as well as the development of New York City's neighborhood health hubs, an effort by the Department of Health to directly address health inequities. Staff from these New York City efforts report that working with the Initiative's project grantees is informing their work at the local community level. These organizations are learning new ways to collaborate with community groups and seeing the benefits of multi-sector partnerships.

There are still barriers and challenges, but growing awareness and activity at all levels of government, the non-profit sector, and within civic organization is promising. Leadership by the grantees is critical, as is getting more community residents fully engaged in these efforts. There may be opportunities to increase support for the staff leading the Healthy Neighborhood work. Some of the grantees have strong leadership able to move the HNF initiative forward in their organization, across organizations and with neighborhood residents. Promising staff should get additional support to gain the skills and experiences they need to lead. Some organizations might benefit from technical assistance that builds additional organizational and staff capacity to take advantage of the complementary funding opportunities that are available.

ATTACHMENT A:
DATA TABLES

Table 5 Comparison of Key Characteristics of HNF Neighborhoods

Neighborhood Characteristics	Brownsville	Claremont	Clinton County	East Harlem	Hunts Point	Mott Haven	Niagara	Syracuse (NWS)	Two Bridges
Project Area Population ²	90,000	11,318 ³	81,591	76,000	12,300	46,332	15,211	10,000	38,164
Racial/Ethnicity ⁴									
Black	81%	37%	4%	26%	28%	25%	31%	27%	7%
Hispanic	15%	60%	3%	48%	70%	72%	3%	16%	26%
White	1%	1%	91%	15%	1%	2%	62%	51%	21%
Asian	1%	1%	1%	9%	>1%	1%	1%	1%	44%
Other ⁵	2%	1%	1%	2%	>1%	0	3%	5%	2%
Below Poverty Workforce Part. Unemployment ⁶	35.4%	42.1%	15.2%	30.1%	41.4%	48.7%	33%	38.2%	27.4%
	53.7%	54.1%	56.5%	56.6%	51.1%	52.7%	54.9%	59.9%	56.3%
	13.7%	17.1%	7.2%	12.5%	17.3%	15.1%	12.7%	13.8%	11.0%
Median Household Income ⁷	\$28,146	\$22,962	\$50,985	\$31,446	\$26,460	\$19,536	\$28,166	\$27,609	\$32,966
Public Housing Population ⁸	21,307	11,318	1208	24,993	333	31,969	910	897	12,691
	24%	100%	1.5%	33%	2%	69%	6%	9%	33%
Critical Issues At the Onset Of the Initiative ⁹	Public Safety, Unemployment, Homelessness	Public Safety, Housing, Active Living	Rural Transit, Food Access, Active Living	Public Safety, Food Access, Active Living	Food Access, Park Access,	Housing, Food Access, Active Living	Food Access, Housing, Comm. Dev.	Public Safety, Food Access, Housing	Food Access, Built Environment

² As reported by grantee

³ The official population may understate the extent of “doubling up,” more than one family living in an apartment.

⁴ 2010-2014 American Community Survey 5-Year Estimates, by zip code/county

⁵ Includes people identifying as two or more races

⁶ [2010-2014 American Community Survey 5-Year Estimates](#), by zip code/county

⁷ 2010-2014 American Community Survey 5-Year Estimates, by zip code/county

⁸ Information comes from grantees, the NYCHA, the Niagara Falls Housing Authority and the Syracuse Housing Authority

⁹ As identified by Grantee

Table 6	Summary of Lead Agency Characteristics								
Agency Characteristics	Brownsville Partnership	Claremont Neighborhood Centers	Clinton County Health Dept.	East Harlem Public Health	Urban Health Plan	Bronx Works	Healthier Niagara Collaborative	Lerner Center for Health Promotion	Two Bridges Neighborhood Council
Type of Organization	Subsidiary CBO	CBO	County Agency	Local Center City Agency	Healthcare Provider	CBO	Non Profit Coalition	University Center	CBO
Mission	Comm. Dev.	Youth Services	Health	Health	Health	Comm. Dev.	Health	Health	Comm. Dev.
Prior work in three core areas	Food Built Environment	Active Living Pregnancy Prevention HIV Prevention	Food Built Environment Active Living	Healthy and Active Living	Active Living Nutrition Healthy Retail	Food Active Living	Food Policy	Food Health Built Environment	Food Built Environment
Lead HNF Staff Position	Place Making Manager	Program Coordinator	Public Health Nutrition Educator	Project Coordinator	Site Director	Project Director	Project Coordinator	Project Coordinator	Director, Community Programs
Other Program-related Staff	Resource Specialist Senior Project Manager	Comm. Health Worker Supervisor	Public Health Educ. Program Consultant	Special Proj. Director Urban Planner	Coordinator, Wellness Ass't Dir. Of Nutrition	Program Specialist Nutrition Program Coordinator	Director, ReNU Niagara Ex. Director, Field & Fork ¹⁰	Program Director	2 Project Managers – Food and Built Environment
HNF Planning Efforts	Hope Summit Design Mtgs.	Claremont Healthy Village Mtgs.	Community Assessment Survey	Neighborhood Planning Process	Community Survey	Community Assessment Survey	Strategic planning	NWS Providers Network	Community Assessment Survey

¹⁰ Non grant-funded supervisory positions

Table 7	Access to Healthy Food by Target Neighborhood (within Zip Code) 2015								
	Brownsville	Claremont	Clinton County	East Harlem	Hunts Point	Mott Haven	Niagara	Near West Side	Two Bridges Neighborhood
Supermarkets ¹¹	11	2	11	12	0	3	0	1	0
Residents per Supermarkets	7,682	5,659	7,636	6,334	--	15,444	--	10,000	--
Farmers' Markets ¹²	6	0	6	8	1	2	1	1	0
Youth Markets ¹³	2	1	0	1	0	0	0	0	2
Food Coops ¹⁴	1	0	1	0	0	0	0	0	0
Fresh Food Box Sites ¹⁵	1	1	0	2	0	1	0	0	1
Healthy Retail Stores ¹⁶	4	3	6	0	2	3	0	1	0
Food Incentives ¹⁷	SNAP, Health Bucks, WIC FMNP	SNAP, Health Bucks, WIC Seniors/FMNP	SNAP, WIC	SNAP, WIC Health Buck Seniors/FMNP	SNAP, WIC Health Buck Seniors/FMNP	WIC Health Bucks, SNAP Senior/FMNP	Double Food Bucks, SNAP	NuVal, SNAP, WIC	SNAP, Health Bucks, WIC Seniors FMNP
Project Area Population	90,000	11,318	81,591	76,000	12,300	46,332	15,211	10,000	38,164

¹¹ <http://www.fns.usda.gov/snap/retailerlocator>

¹² NYS Department of Agriculture, https://data.ny.gov/d/qg4h-8p86?category=Economic-Development&view_name=Farmers-Markets-in-New-York-State

¹³ GrowNYC, <http://www.grownyc.org/greenmarket/ourmarkets>

¹⁴ USDA SNAP Retailer Data, *op. cit.*

¹⁵ GrowNYC, <http://www.grownyc.org/greenmarketco/foodbox>

¹⁶ NYC DOHMH, Clinton County DOH

¹⁷ As reported by grantee, GrowNYC and Harvest Home Farmers Markets

Table 8	Parks and Open Space by Community 2015								
	Brownsville	Claremont	Clinton County	East Harlem	Hunts Point	Mott Haven	Niagara	Near Westside	Two Bridges Neighborhood
Parks ¹⁸	4	6	19	4	5	1	5	4	4
Playgrounds ¹⁹	10	11	9	13	5	5	4	4	16
Walking Trails	1	1	11	2	x	x	x	1	x
Other	Ball fields	X	Waterfront	Waterfront Ball fields	Ball fields Waterfront	Ball fields	Basketball	Community Garden	Piers
Total Acreage	29	83.68	465.58	63.76	246	48.46	472	6.4	34
Public Recreation Centers	2	3	2	3	1	1	1	x	1
School Programs	1	3	X	2	1	1	2	3	2
Non-profit & Private Facilities	6	1	6	7	1	1	3	7	3

¹⁸ www.NYC.gov/parks, <http://www.niagarafallsusa.org/Parks.cfm>, <http://www.syracuse.ny.us/parks/>, <http://www.townofplattsburghrecreation.com/Default.aspx?tabid=549494>, <http://www.plattsburghrecreation.com/city-parks>

¹⁹ *ibid*