AN ASSESSMENT OF THE
NEW YORK HEALTH FOUNDATION'S

BUILDING HEALTHY COMMUNITIES INITIATIVE

A REPORT BY
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FOR THE
NY HEALTH FOUNDATION

Contents

2 Executive Summary

5 Approach to the Assessment

6 Background on Building Healthy Communities

Theory of Change 6

Developing the Building Healthy Communities Initiative 7

8 Assessment of Building Healthy Communities

Community Selection 8

Flexibility and Responsiveness 9

Collaboration 10

Community Partnerships 11

Leveraging Funding 12

Technical Assistance 12

Evaluation 14

15 Conclusions

Strike a Balance Between Being Flexible and Sticking to a Blueprint. 15

Foster Learning and Shared Experience. 15

Customize Wraparound Support to Organizational Needs. 15

Be Realistic about Time and Oversight Demands. 16

Provide Resources and Set Time Horizons Sufficient to Meet Ambitious Goals. 16

Emphasize Evaluation and Make It Relevant to Practice. 16

Support for this work was provided by the New York Health Foundation (NYHealth). The mission of NYHealth is to expand health insurance coverage, increase access to high-quality health care services, and improve public and community health. The views presented here are those of the authors and not necessarily those of the New York Health Foundation or its directors, officers, and staff.

Executive Summary

In 2015, the New York Health Foundation (NYHealth) launched the Building Healthy Communities (BHC) program, a major and multifaceted initiative to help six diverse neighborhoods throughout New York State become healthier places for residents. Adopting a place-based approach, the Foundation supported a wide array of community-based organizations in an ambitious campaign focused on social determinants of health. NYHealth identified lead grantees, referred to as community conveners, in six communities throughout New York State to serve as the main coordinators for the work happening in each neighborhood. The six communities were:

- Near Westside, Syracuse
- East Harlem, NYC
- Two Bridges/ Lower East Side, NYC
- Brownsville, Brooklyn
- Niagara Falls, Western New York
- Clinton County, North Country

The overall goals of the BHC were to (1) increase the availability of healthy and affordable food; (2) improve the built environment; and (3) connect residents to programs that support healthy behaviors. NYHealth understood from the outset that these goals were challenging and would require partnerships across local businesses, government agencies, advocacy groups, faith-based organizations, and more. In addition to supporting the community conveners, NYHealth supported additional organizations in each community, provided technical assistance to fill gaps in expertise, and brought the grantees together multiple times a year to provide additional learning opportunities.

NYHealth determined that an independent assessment of BHC was warranted as the program was a significant investment, representing $20 million in cumulative grantmaking over six years. This report details and assesses how the Foundation designed and implemented BHC. The report also reviews lessons the philanthropic sector can draw from this important and innovative effort.

KEY THEMES AND LESSONS FROM THE ASSESSMENT

Strike a balance between being flexible and sticking to a blueprint.

Traditional philanthropy often demands rigid reporting requirements, timelines, and programmatic design. In the spirit of place-based initiatives, which emphasize the autonomy of community-based organizations, NYHealth made sure to avoid taking this excessively top-down approach and to respect and trust the knowledge and expertise within communities. The Foundation wanted grantees to drive program implementation. Key to its philosophy was the language often used by the Foundation. Rather than stating that "it would transform communities," it said that "it would help communities transform themselves."

However, this approach was novel and a departure from what many grantees were accustomed to from philanthropy. Some grantees felt the program lacked strategic direction at times and would have preferred a more prescriptive model where expectations were more rigid and they were told what to do. Complex social impact initiatives often require the funder to set strategic direction, especially at the beginning. Initiatives without a solid understanding of roles and responsibilities can struggle at first to gain traction.

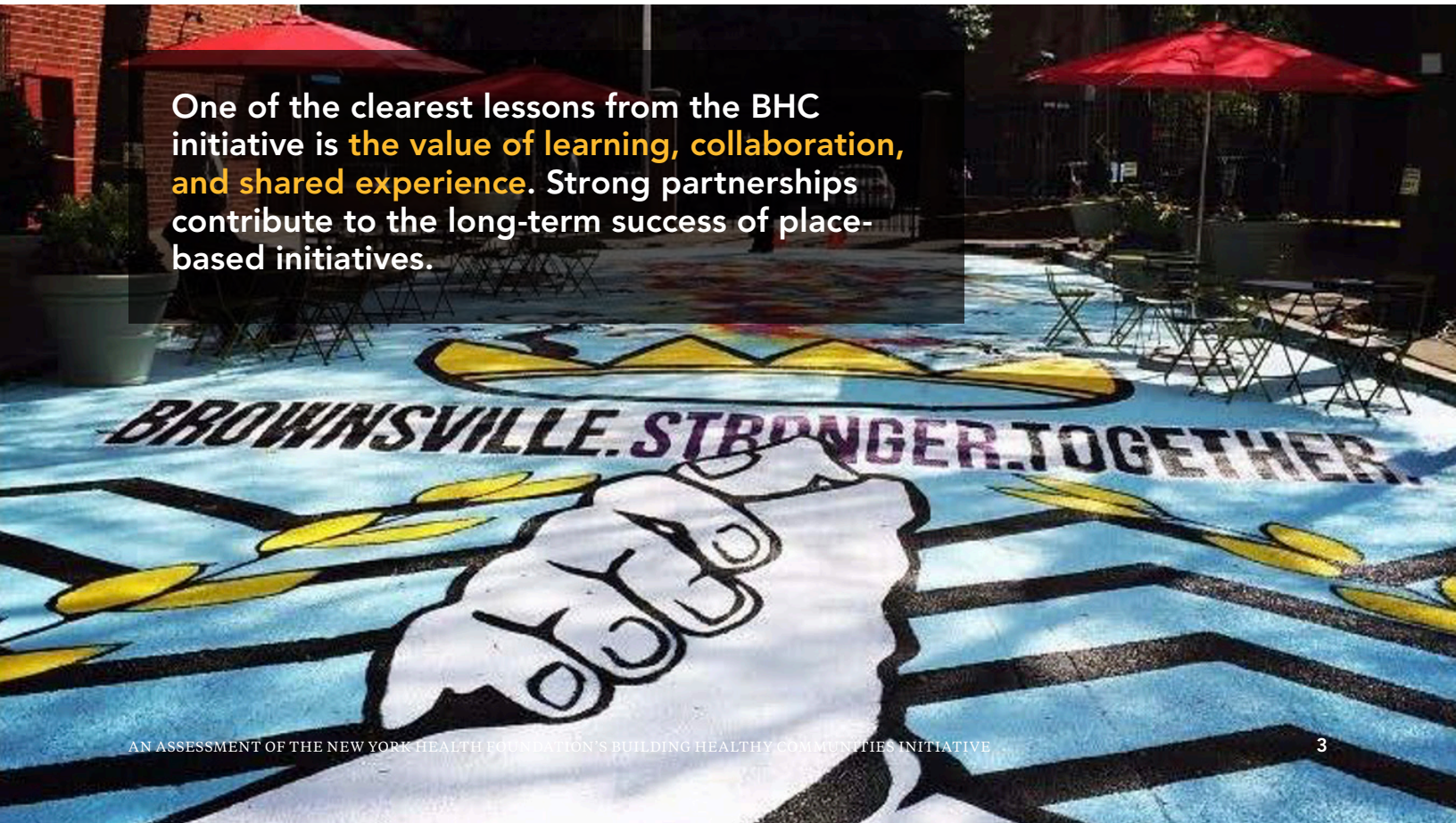
NYHealth quickly recognized the early misalignment between their expectations and those of their grantees and worked closely with them to clarify the program's focus and structure. This readiness to respond to feedback and adapt enabled BHC to evolve productively to meet grantee needs. In short, the balancing act between maintaining flexibility with grantees and sticking to a blueprint can be a difficult one to manage, but the key to finding the right balance is listening to grantees, remaining sensitive to any sign that they may need more (or more specific) guidance, and establishing expectations upfront.

Foster learning and shared experience.

One of the clearest lessons from the BHC initiative is the value of learning, collaboration, and shared experience. Strong partnerships contribute to the long-term success of place-based initiatives, as illustrated by the overwhelmingly positive feedback received for the learning collaboratives. These workshops helped to build group cohesion and facilitated awareness of best practices, thus improving organizations' abilities to tackle challenges. The Foundation excelled at forging relationships and promoting sharing among BHC participants.

Customize wraparound support to organizational needs.

Wraparound support was an important part of BHC, as NYHealth wanted to ensure that grantees had the operational capacity and know-how to execute on the initiative effectively. Grantees valued the extra assistance that they received, but some felt that the technical assistance was not sufficiently tailored to their individual organizations. This was especially so given the diversity of community convener organizations; a county health department and a grassroots organization often have very different needs. Foundations should work in partnership with their grantees to identify the optimal package of technical assistance needed to enhance their work and to increase their capacity.



One of the clearest lessons from the BHC initiative is the value of learning, collaboration, and shared experience. Strong partnerships contribute to the long-term success of place-based initiatives.

Be realistic about time and oversight demands.

NYHealth acted as much more than a funder. It acted as an active participant and partner in the program and committed considerable amounts of staff time and energy to the program. Much of the time, these investments paid off; grantees valued the support, knowledge, and guidance of Foundation staff. But the program was a lot to manage for the Foundation's small staff especially given its levels of complexity. There was a risk of interruptions in continuity if staff turnover occurred.

Provide resources and set time horizons sufficient to meet ambitious goals.

Place-based initiatives tend to be costly and to take a long time to yield measurable results. Foundations who pursue this approach should be prepared to devote significant resources and exercise patience to be successful.

BHC had highly ambitious goals. For a foundation of NYHealth's size, it devoted a considerable sum of money and deployed it creatively in various types of funding streams. When possible, grantmakers should provide quick, flexible, and responsive multi-year funding to support the capacity of grantees to carry out their work. NYHealth did successfully leverage other funding sources. With The New York Community Trust as its main funding partner, NYHealth also succeeded in leveraging other dollars to support projects, campaigns, and community-based grantees. NYHealth staff worked with grantees to secure funding from businesses; private and community-based foundations; and local, state, and federal government agencies. Overall, the Foundation and its grantees secured approximately $10 million for its community-based work, making for an impressive 50% ratio to its own financial contributions.

The BHC program had possibly unrealistic goals given the length of the program. Grantees expressed that the scale of the program's ambitions did not correspond to the size and duration of the grants received. Foundations should calibrate their objectives to the amount of funding they are prepared to provide and the length of their commitment to improve the odds of success.

Emphasize evaluation and make it relevant to practice.

Evaluation is indispensable to strategic philanthropy. Foundations that target meaningful, sustainable impact recognize the need to verify outcomes and identify opportunities for improvement. NYHealth invested heavily in a comprehensive and rigorous evaluation scheme by outside experts that set a very high bar for its definition of impact. NYHealth made good use of the evaluation for course corrections along the way and to inform its big picture strategic decision-making. The evaluation was not as useful to grantees. A stronger feedback loop to grantees would have added further value to the evaluation and made it more useful to them in their on-the-ground efforts.

Overall, BHC was an ambitious, complex, and challenging effort involving both triumphs and setbacks. NYHealth had to balance flexibility and directiveness, lofty goals and limited capacities, evaluative rigor and the demand for quick and practical lessons, and structural differences between upstate and downstate grantees. As outlined and detailed in the full report, the Foundation's experience navigating these competing priorities offers a variety of important lessons for philanthropies interested in place-based strategies for social impact.

Approach to the Assessment

NYHealth engaged Rockefeller Philanthropy Advisors (RPA) to conduct an independent review of the BHC program. From Fall 2021 to Winter 2022, RPA reviewed program-related documents and conducted interviews with Foundation staff and board members as well as with BHC grantees and other key informants. This rich mosaic of data informed a telling account of how the Foundation developed and implemented BHC.

The purpose of this assessment is two-fold:

- To review the Foundation's strategies for engaging and supporting community partners, including the Foundation's processes, decisions, and adaptations throughout the course of the program.
- To glean lessons for future grantmaking efforts and share relevant information on best practices in grantmaking with other philanthropists.

SPECIFICALLY, NYHEALTH TASKED RPA WITH ANSWERING THE FOLLOWING SERIES OF QUESTIONS:

Was a placed-based approach the right model for NYHealth?

Were NYHealth's goals realistic, especially given the Foundation's available financial resources and time commitment?

Did NYHealth successfully leverage other resources to amplify program impact?

Did NYHealth select appropriate communities/grantee organizations to lead the work?

Were the right amounts and types of technical assistance provided to the communities?

Did the evaluation approach effectively measure progress and identify challenges?

Did NYHealth develop strong, authentic partnerships with grantees and other stakeholders?

Was NYHealth's approach to collaboration and partnership with grantees, funders, stakeholders, and community leaders effective and responsive to community needs?

How effectively did NYHealth adapt and make course corrections in response to changes and/or challenges in the internal and external landscapes?

Should NYHealth have done anything differently?

What are the most important lessons for the future?

The complexities in place-based work make it challenging to answer any of these questions with a simple yes or no. This assessment draws out and highlights both the components that worked well and those that fell short of hopes and expectations. Our findings are intended to help NYHealth gain an objective look-back on how it can become an even more strategic grantmaker, build on progress, and fulfill its vision of improving the health of all New Yorkers.

Background on Building Healthy Communities

In 2014, when BHC was conceived, New York State was facing an obesity crisis. Nearly 25% of New York adults were obese, and 36% were overweight. Low-income neighborhoods and communities of color disproportionately bore the brunt of the obesity problem, reflecting deep and persistent inequities in access to nutritious food and in neighborhood amenities enabling an active lifestyle.

Prior to launching BHC, NYHealth's approach emphasized medical interventions for adults, with a primary focus on managing and preventing obesity-related diseases such as diabetes. BHC was a pivot to a broader strategy for addressing obesity that moved beyond health care to focus on upstream interventions targeting social determinants of health—i.e., the conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of-life risks and outcomes.[1] It was clear that creating healthier communities required more than improving clinical health care.

The Foundation's interest in a place-based approach was affirmed by evidence from other place-based initiatives such as Shape Up Somerville and Get Fit Philly. Those efforts had shown that community-level interventions such as increasing access to healthy food options and improving parks, walking paths, and bike lanes could lead residents to adopt healthier behaviors. Inspired by this evidence, NYHealth convened experts on place-based initiatives, who confirmed NYHealth's thinking—i.e., place matters greatly in improving health outcomes.

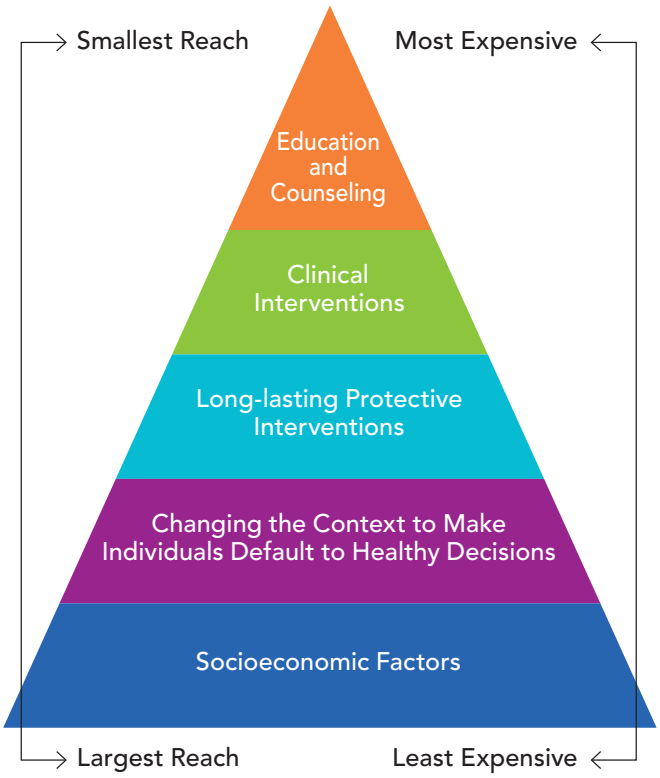
Theory of Change

Using a health impact pyramid developed by Tom Frieden, MD, MPH, former director of the Centers for Disease Control and Prevention, NYHealth identified five potential obesity prevention strategies:

- Consulting and education
- Clinical interventions
- Long-lasting protective interventions
- Changing the context to make individuals default to healthy decisions
- Addressing socioeconomic factors

Strategy sessions determined that the intervention approaches at the top of the above list have the narrowest reach and are the most expensive, while the interventions toward the bottom have greater reach while being least expensive. Bearing these factors in mind, NYHealth decided to focus on long-lasting protective interventions and changing the context to make individuals default to healthy decisions.

Assessing Obesity Prevention Strategy Options



1 https://www.cdc.gov/socialdeterminants/index.htm

Community members best understand their neighborhood context and are therefore best positioned to identify needs and craft solutions.

Developing the Building Healthy Communities Initiative

Understanding from the outset that community members best understand their neighborhood context and are therefore best positioned to identify needs and craft solutions, NYHealth sought leadership from community leaders rather than from external experts only. The operative goal in this decision was to empower community-based organizations to advance public health improvements by changing the environment in which people live and to make the healthy choice the easy choice.

Around the same time that the Foundation was preparing to launch BHC, The New York Community Trust, a community foundation dedicated to improving the lives of residents of New York City and its suburbs, was investigating a similar approach. Recognizing that they had overlapping approaches, the two funders decided to align their work through co-funding the evaluation and grantee learning components. This was a unique collaboration since, as one Trust staff member noted, "foundations are some of the most set in how they work and are generally less driven to work with other foundations on similar efforts." Fortunately, the partnership proved to be effective. Indeed, the collaborative grantee learning was one of the program's most appreciated and valued components.

Assessment of Building Healthy Communities

Community Selection

NYHealth identified communities throughout New York State that showed need for an intervention such as BHC. These communities all contended with high levels of poverty and food insecurity but also enjoyed the benefits of having established local collaboratives, appreciation among community leaders for interventions focused on the built environment and food access, and local government buy-in for a multi-sector partnership. These communities demonstrated a level of "readiness" to embrace and implement a program like BHC and were not starting from scratch.

NYHealth reached out to nine communities with a competitive request for proposals, eventually selecting the following six:

- **Near Westside, Syracuse**
- **East Harlem, NYC**
- **Two Bridges/ Lower East Side, NYC**
- **Brownsville, Brooklyn**
- **Niagara Falls, Western New York**
- **Clinton County, North Country**

To give these communities a leading role in the design and implementation of BHC, NYHealth recognized that it needed to identify and support an organization in each neighborhood to lead local decision-making and execution. These grantees were designated as "community conveners" and were responsible for orchestrating local activities to promote healthy eating and physical activity. The organizations that filled this role included a university center, two county health departments, a neighborhood coalition, and several community-based organizations. The variety of organizations chosen to fill the community convener role resulted in a wide array of needs, levels of capacity, and staffing structures. It was not a "one size fits all" model. While this diversity contributed a rich combination of perspectives, it also presented challenges as each organization brought with it a particular vision, mission, and skill set.

No two communities are the same, and this is true of the six communities selected to participate in BHC. Each of the six communities had its own set of factors and conditions that made it unique, and which contributed to the overall experiences and outcomes of the BHC program. However, there are certain patterns that are discernible from the data collected for this report.

One such pattern emerged along geographic lines of upstate versus downstate. Overall, the communities in upstate New York reported having better experiences with the program. One possible reason is that communities outside of the City tended to not have as many funding opportunities. For instance, one of the upstate grantees found it challenging to fundraise because their community does not have a large population, being more rural and spread out. An interviewee from this organization expressed frustration in finding funders willing to invest in their organization, explaining that "funders tend to want more 'bang for your buck'—or the opportunity of reaching more individuals per dollar invested." This organization had been planning to do a pilot program in their rural community but could not find willing funders. Fortunately for this grantee, NYHealth was specifically targeting underserved communities as part of BHC. Eventually, this pilot project was adopted by the county and its health department, so funding by NYHealth played a key role in providing the right opportunity for this community.

New York City's ecosystem is complex, involving substantially more players, coalitions, and dynamics than in other regions. Given this landscape, there were more competing priorities within the field that made it harder for downstate grantees to focus on or prioritize the work of the BHC program.

Flexibility and Responsiveness

In the Request for Proposal (RFP) for BHC, NYHealth requested that grantee proposals address multiple priorities: promoting access to healthy and affordable food, making improvements to the built environment, engaging residents in lifestyle change programs, improving economic opportunities, and amplifying arts and culture engagements. NYHealth's intentions were to give a high degree of autonomous decision-making to local communities and to avoid being overly prescriptive. NYHealth deliberately wanted a resident-driven model and gave deference to the philosophy that community members best know how to transform their own communities. As one NYHealth staffer said, "We wanted to avoid being an arrogant, outsider funder who thought they had all the money, power, and answers."

While these intentions and approaches were laudable, the broad initial scope initially left grantees uncertain about what they were expected to prioritize. The lack of clear expectations, coupled with the broad range of programmatic areas presented in the RFP, led to a delay in developing programming at the beginning of the initiative. One grantee recounted that "during the first six months we were managing the Foundation more than the work. It was clear there was internal confusion on the purpose of the grant." Another put it even more directly: "It was not clear what the Foundation wanted."

Given feedback from grantees that the scope of BHC was too broad, and NYHealth's commitment to being flexible and responsive to grantee needs, the Foundation adapted and sharpened the program's focus. One year into the program, the Foundation eliminated the foci on economic opportunities and arts and culture

engagement. This change allowed grantees to focus on promoting access to healthy food, improving the built environment, and engaging residents in programing. This made the expectations clearer for the community conveners. As one grantee explained, "the more we worked with the Foundation, the easier it was to predict what the Foundation wanted." This change in program structure signaled to the grantees that NYHealth was serious in its commitment to making course corrections when needed and not being a rigid funder. It also established that grantees had a say in program structure.

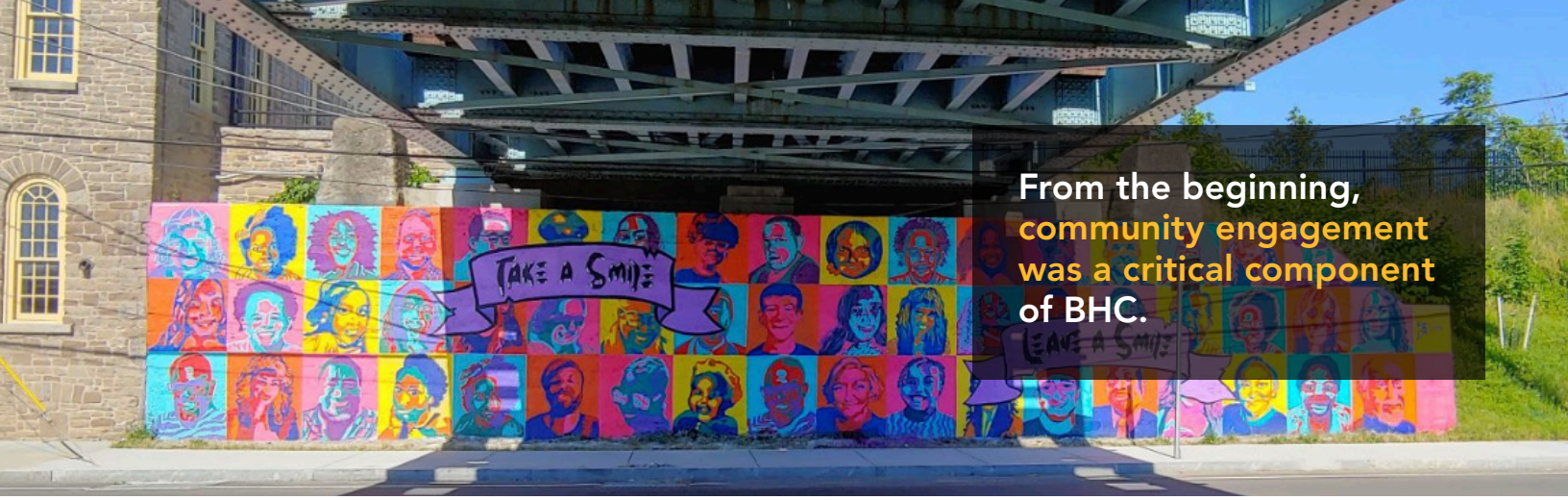
Throughout the six years of the initiative, NYHealth and its grantees experienced leadership changes, staff turnover, and various community setbacks—most notably the COVID-19 pandemic—that required rapid and difficult strategic course corrections. At the onset of the pandemic, NYHealth paused programmatic expectations, moved to online meetings, and created a virtual safe space for grantees to come together to share their fears and ideas for protecting their communities. Grantees expressed deep gratitude for the Foundation's responsiveness to the moment, the staff's humanity, and the understanding that grantee priorities shift along with changes in the external landscape.

Of the six community conveners originally chosen, only three remained with the program throughout its duration, and only two of those three remained the sole convener for their community. The willingness of NYHealth to bring in additional grantees, or find new ones altogether, provides additional examples of the Foundation's responsiveness and adaptability. The rationales for these changes varied, but what was consistent was the Foundation's continuous evaluation of the work and its relationships with its grantees.

Collaboration

BHC was designed to include strong and sustained involvement from NYHealth program staff. NYHealth leadership wanted its program officers to work alongside grantees as strategic partners and to support grantees throughout program development and implementation. This emphasis on collaboration was deeply valued by grantees. Indeed, nearly all grantees reported that their favorite component of the BHC initiative was the relationship-building with other grantees and Foundation staff, with one noting that their organization "really appreciated the push for partnership and collaboration with the Foundation." Program officers made themselves available to their grantees to facilitate understanding of programmatic goals, celebrate wins, troubleshoot problems, and strategize solutions to the public health problems that the selected communities faced.

The relationship-focused nature of the BHC program was clearly valuable but also required substantial commitments of time and energy. Additionally, NYHealth dealt with staff turnover throughout the six years of this initiative, requiring a redelegation of workload. Because program officers were assigned to neighborhoods, the departure of a program officer meant that those filling in needed to spend considerable time learning about the nuances and specific challenges of the new assignment. These staff transitions burdened not only the Foundation but also the grantees who needed to dedicate time to building new relationships with new program officers.



From the beginning, community engagement was a critical component of BHC.

Community Partnerships

From the beginning, community engagement was a critical component of BHC. All conveners were required to set aside 25% of their grant budget to support needs and priorities identified by community members. As time went on, community conveners communicated to NYHealth the need for additional support in engaging residents—for transportation, childcare, food for meetings, and other resources that would reduce barriers to participation in community programs. Community conveners also wanted to develop programming to boost resident engagement in the various initiatives designed to promote healthy lifestyles. NYHealth saw the value in these requests and responded by providing an additional line of grant funding to support grantees in their community engagement activities. Funds were used for a wide variety of activities, including training and leadership development, stipends for participating residents, staffing support, and translation services.

Community conveners and community engagement grantees expressed appreciation for the degree of freedom granted to them, which allowed them to be creative and to experiment with new engagement strategies. As one grantee put it, the Foundation "was very flexible and nimble in its funding. They had confidence in their grantees and allowed them to do what was best for their communities." One example of the creativity enabled by this freedom comes from Clinton County Health Department, which used its funding to go "on tour" around town to learn about what residents wanted from their public health system. In one instance, staff from the department spoke with over 50 people and gained an intimate understanding of resident desires and experiences.

In BHC's penultimate year, NYHealth added another funding stream for community conveners: sustainability funding. This funding was intended to equip grantees with the tools and capacity to maintain their initiatives after BHC's conclusion. The Foundation worked closely with convener grantees to identify and match them with capacity-building and technical assistance consulting firms that could support grantees to build their capacity to continue serving their communities beyond the final year of NYHealth funding. In addition to the support provided by the consultants, the NYHealth Foundation made $100,000 closeout grants to each community convener to support their capacity while they participated in the sustainability work.

The various streams of funding demonstrate NYHealth's desire to be responsive, supportive, and flexible, and even to anticipate the needs of its grantees. However, it also resulted in a complex structure with multiple players. Grantees valued the funding they received, but they also expressed that the funding created some confusion between the grantees and the technical assistance providers. Because the consultants received payments from the Foundation, some grantees felt as if the consultants reported to the Foundation rather than to the organizations receiving their services. This dynamic is not unique to NYHealth and is a common occurrence when foundations pay consultants directly instead of allocating restricted funds to grantees.

Leveraging Funding

The funding NYHealth provided to grantees directly and indirectly was not intended to cover all the costs involved in the program's work. The Foundation viewed its grants as seed funding that could draw additional funders to the table. NYHealth recognized that its $20 million, while a sizeable investment, was insufficient for the magnitude of change it hoped to see. Indeed, the selection of the program's name, Building Healthy Communities, was meant to have broad appeal that could resonate with multiple funders and draw them to the Initiative. It was thought that a narrower name, such as one explicitly about obesity, would have less appeal and be easier to write off as being outside of their funding scopes.

The Foundation and its grantees secured approximately $10 million for its community-based work, making for an impressive 50% ratio to its own financial contributions.

From the outset, the main funding partner was The New York Community Trust. NYHealth also succeeded in leveraging other dollars to support projects, campaigns, and community-based grantees. NYHealth staff worked with grantees to secure funding from businesses; private and community-based foundations; and local, state, and federal government agencies. As one grantee explained, NYHealth "was instrumental in us getting our first federal grant. They also went to bat for non-federal match funding." Overall, the Foundation and its grantees secured approximately $10 million for its community-based work, making for an impressive 50% ratio to its own financial contributions.

Technical Assistance

During the design phase of the initiative, other funders who had undertaken place-based initiatives advised NYHealth that it would need to surround its grantees with technical support. Community-based grantees could not be expected to sink or swim on their own and would benefit from additional resources and help. NYHealth heeded that advice. Supplementary support—comprising technical assistance, coaching, and a series of learning collaboratives—was designed to provide opportunities to shore up skill sets and enhance the capacity required for optimal implementation of program activities.

NYHealth aimed to provide specialized assistance centered on food access and built environment interventions to fill gaps in knowledge and experience among the community conveners. A flexible pool of dollars enabled NYHealth to be timely and to provide additional support as needed for the variety of projects and tasks that grantees took on. Sometimes, this was effective. For example, technical assistance dollars enabled one grantee to develop a strategic communications plan and allowed another grantee to engage community members in the planning of a bicycle-sharing program.

Not all community conveners were fully aware of the availability of additional grant dollars for technical assistance, suggesting that communication obstacles prevented this facet of the programming from achieving its full potential. And sometimes, help does not always turn out to be helpful. Several of the community conveners perceived the technical assistance they received as too broad to be useful. Because NYHealth identified the technical assistance providers before the initiative started, grantee perspectives on their own capacity needs were not always incorporated into technical assistance planning. For example, some of the technical assistance was more oriented to urban settings than rural settings and did not fully address issues such as lack of public transportation. Additionally, community conveners would have preferred to select the technical assistance providers themselves.

The second component of the technical assistance was 1:1 coaching for the community conveners, which was provided by Healthy Places by Design (HPBD), a consulting firm specializing in place-based health-focused initiatives. This coaching was intended to support grantees in engaging residents, collaborating with government and businesses, and securing additional funding. Several participants reported that the coaching sessions felt like a reporting obligation rather than an additional resource. These grantees believed that the 1:1 sessions would have been more useful had they been optional, thus allowing grantees to engage in this offering as needed.

NYHealth also commissioned HPBD to design and run a learning collaborative for grantees. These workshops gave grantees opportunities to discuss common challenges, share best practices, and develop professional relationships across communities. The collaboratives also gave BHC grantees access to national experts in public health, policy, communications, and other relevant domains. The rotating nature of the collaboratives allowed grantees to see and learn from their colleagues via site visits. Grantees ventured beyond their communities to learn about other conveners' projects. For example, organizations from upstate New York came to appreciate the distinct setting and challenges faced by their downstate counterparts, and vice-versa. Most grantees cited the learning collaborative as the highlight of the BHC program. The collaboratives motivated leaders, developed networks and camaraderie, and boosted confidence in tackling formidable challenges. Perhaps most importantly, it knit the program together and made grantees feel as if they were part of a cohesive whole rather than an isolated effort. As one participant put it, "just the opportunity to interface with other people who were motivated by the same things was so impactful. It really gave us the confidence to do the work. It was one of the best things from working with the Foundation."

Evaluation

From the beginning of the initiative, NYHealth placed great emphasis on formal evaluation of the program. In partnership with The New York Community Trust, it invested millions of dollars to measure progress and impact, and to hold itself accountable for results. The amount of funding dedicated to the third-party evaluation was robust compared to similar efforts undertaken by private philanthropies that implemented place-based initiatives.

Using a RFP process, the Foundation selected a team from New York University to conduct the evaluation. This team was tasked with carrying out both process and outcomes-driven evaluation in the targeted communities that relied heavily on quantitative analysis that used available third-party data and original data collection. The evaluation lasted through the length of the program and beyond.

The evaluation adopted a high bar for its measures of impact. Evaluations of programs like BHC usually stop at measuring "community-level" change. This often takes the form of a counting exercise; e.g., how many farmers markets have been established?; how many food pantries have been set up?; how many parks, bike paths, and walking trails exist? The evaluation did capture these community level changes, and the results using pre- and post- comparisons were often positive. However, this evaluation also sought to go much deeper and measure "individual behavior change." It sought quantitative data on whether the community level improvements filtered down to affect things like consumption of fruits and vegetables, and actual levels of physical activity by residents in the target communities. It also relied upon matching comparison neighborhoods where BHC was not operational as part of the measurement scheme. See a separate report of findings by the NYU evaluation team for a full discussion on program impact.

For the Foundation, the comprehensiveness and rigor of the evaluation was very helpful. The NYU evaluation team shared its findings with the Foundation regularly, and NYHealth used the data and feedback to inform the changes they made to the program throughout its duration. For instance, it was through the evaluation process that the Foundation learned that grantees were spread too thin because they were trying to address all the focus areas outlined in the RFP. Site visits by the evaluators revealed that grantees wanted stronger direction from the Foundation and NYHealth responded to this feedback by narrowing the focus just to food and the built environment. The evaluation data were also central to the Foundation's overall strategic decision-making. Both the Board of Directors and staff used the evaluation as one key factor when it ultimately decided to first extend the program for an additional year and then to exit from the program after six years.

For the grantees, the evaluation was less useful. The evaluation team interviewed grantees and conducted site visits, yet a number of grantees noted that they did not fully understand the evaluation team's scope of work or the objectives of the evaluation. Some grantees hoped there would be a practical use of the evaluation data with key lessons to adopt immediately but did not feel that the findings were accessible or relevant to improving the work they were doing. While the evaluation was of great importance to the program, making it more relevant to practice on the ground would have further increased its value.

Conclusions

The BHC initiative was a highly complex and challenging effort involving both successes and shortcomings in design and implementation. This section summarizes how NYHealth formulated and rolled out the program, highlighting both wins and missteps, and drawing out lessons for those interested in undertaking similarly complex and multifaceted philanthropic endeavors.

Strike a balance between being flexible and sticking to a blueprint.

Traditional philanthropy often demands rigid reporting requirements, timelines, and programmatic design. In the spirit of place-based initiatives, which emphasize the autonomy of community-based organizations, NYHealth made sure to avoid taking this excessively top-down approach. The Foundation and its staff wanted grantees to drive program implementation.

Grantees expressed appreciation for this operational latitude. For instance, one grantee reported that, as a neighborhood-based organization, the programmatic breadth of BHC allowed them to partner with non-traditional health organizations. The Foundation placed trust, confidence, and respect in grantees, communities, and residents. Key to its philosophy was the language often used by the Foundation. Rather than stating that "it would transform communities," it said that "it would help communities transform themselves." It is a small difference in words, but a key distinction in mindset and approach.

However, this approach was novel and a departure from what many were accustomed to from philanthropy. Some grantees felt the program lacked strategic direction at times, and would have preferred a more prescriptive model where expectations were more rigid and they were told what to do. Complex social impact initiatives often require the funder to set strategic direction, especially at the beginning. Initiatives without a solid understanding of roles and responsibilities can struggle to gain traction. In hindsight, a more focused RFP may have been enough to give grantees a better sense of what their objectives were and what kinds of activities were in scope for the program. In short, the balancing act between maintaining flexibility with grantees and sticking to a blueprint can be a difficult one to manage, but the key to finding the right balance is listening to grantees, remaining sensitive to any sign that they may need more (or more specific) guidance, and establishing expectations upfront.

Foster learning and shared experience.

One of the clearest lessons from the BHC initiative is the value of learning, collaboration, and shared experience. Strong partnerships contribute to the long-term success of place-based initiatives, as illustrated by the overwhelmingly positive feedback received for the learning collaboratives. These workshops helped to build group cohesion and facilitated awareness of best practices, thus improving organizations' abilities to tackle challenges. The Foundation excelled at forging relationships and promoting sharing among BHC participants.

Customize wraparound support to organizational needs.

Wraparound support was an important part of BHC, as NYHealth wanted to ensure that grantees had the operational capacity and knowhow to execute on the initiative effectively. This part of the initiative met with mixed reactions from grantees. Although many organizations valued the

extra assistance that they received, a theme was that the technical assistance was not sufficiently tailored to the individual organizations. This was especially so given the diversity of community convener organizations; a county health department and a grassroots organization often have very different needs and, as such, they may require different types of technical assistance.

Appropriate technical assistance can be highly beneficial, but inappropriate technical assistance can be a burden and a distraction. Foundations should work in partnership with their grantees to identify the optimal package of technical assistance needed to enhance their work and to increase their capacity.

Be realistic about time and oversight demands.

NYHealth acted as much more than a funder. It acted as an active participant and partner in the program and committed considerable amounts of staff time and energy to the program. Much of the time, these investments paid off. Foundation staff were hands on and grantees valued their support, knowledge, and guidance. But the program was a lot to manage for the Foundation's small staff especially given its levels of complexity. The intense involvement of Foundation staff also led to some interruptions in continuity and required extra effort if staff turnover occurred.

Provide resources and set time horizons sufficient to meet ambitious goals.

NYHealth recognized early on that making a dent in major public health challenges requires significant resourcing and takes time. For a foundation of NYHealth's size, it devoted a considerable sum of money and deployed it creatively in various types of funding streams. When possible, grantmakers should provide quick, flexible, and responsive multi-year funding to support the capacity of grantees to carry out their work. Additionally, it is equally important to provide sustainability funding, or close-out grants, to support the capacity of grantees following the conclusion of a program.

The BHC had highly ambitious, and perhaps unrealistic, goals given the length of the program. Grantees expressed that the scale of the program's ambitions did not correspond to the size and duration of the grants received. One grantee explained that "it's extremely hard, if not impossible, to move the needle in five years. If another foundation wanted to try something similar, I would tell them it should be a 20-year investment. Ten years is the floor for community-level change." Foundations should calibrate their objectives to the amount of funding they are prepared to provide and the length of their commitment to improve the odds of success.

Emphasize evaluation and make it relevant to practice.

Evaluation is indispensable to strategic philanthropy. Foundations that target meaningful, sustainable impact recognize the need to verify outcomes and identify opportunities for improvement. To its credit, NYHealth invested heavily in a very comprehensive and rigorous evaluation scheme by outside experts that set a very high bar for its definition of impact. NYHealth made good use of the evaluation for course corrections along the way and to inform its big picture strategic decision-making. The evaluation was not as useful to grantees. A stronger feedback loop to grantees would have added further value to the evaluation and made it more useful to them in their on-the-ground efforts.