NYU Grossman School of Medicine

Healthy Neighborhoods Fund/ Healthy and Livable South Bronx Initiatives

Final Evaluation Report

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Introduction

In 2015, acknowledging "the growing body of evidence that an individual's zip code has a greater impact than his or her genetic code on health, and that the path to significant health improvement does not necessarily occur in the doctor's office, but rather where people live, work and play,"[1] two foundations began a place-based initiative in a variety of high poverty, high need communities throughout New York State. The New York Health Foundation (NYHealth) funded work in three upstate and three New York City *sites* (locations defined by grantee organizations): Clinton County; the Near Westside of Syracuse; Niagara Falls' North End; East Harlem; Lower East Side; and Brownsville, Brooklyn. The New York Community Trust (The Trust) funded work in three sites in the Bronx: Hunts Point, Mott Haven and Claremont Village.

The joint Initiative had the aims of increasing access to healthy, affordable food, and to safe, effective spaces for physical activity throughout New York State. The strategies to attain those aims were to be identified at the local level, by local actors most familiar with the social determinants, facilitators and barriers affecting these aspects of health in their sites, and with what would likely be effective with the residents. By taking up a broad range of tailored strategies, they could move the needle on barriers to access while also addressing upstream social factors impacting health in their communities.

The nine sites varied significantly in geography, population, and community features. They ranged in both land mass and population. For example, Clinton County comprises multiple townships in a mostly white rural county; it includes only 80,000 people spread out over 1,100 square miles. In contrast, the Claremont section of the Bronx has 22,000 people, nearly all Black/African American or Hispanic/Latino, living in less than a single square mile. The Initiative's sites also varied in the degree of isolation or connection with the neighborhoods around them. Hunts Point in the Bronx is a small peninsula, cut off from the rest of the borough by a highway demarcating its boundary. Similarly, the selected neighborhood in Niagara Falls is functionally cut off from the rest of the city by train tracks at its southern end. The boundaries of the areas within the Lower East Side or East Harlem, however, are more loosely defined by those who live there.

These dimensions factor into residents' lived experience of their neighborhoods or communities and shaped how each *convener* (lead organization receiving the funding) understood its constituents and designed its strategies. All sites cultivated multi-sectoral *partnerships* with other organizations, but each developed its own model for these organizational relationships and the strategies for resident and partner engagement, leveraging its resources in ways that would best serve its particular aims and circumstances.

The evaluation

The efforts undertaken at the nine sites (grantee-defined areas), including the aims they identified and the strategies they implemented, are the focus of this evaluation conducted by researchers at NYU. The evaluation observed how changes were initiated in healthy, affordable food access; safe physical activity access; social cohesion (community and resident engagement); and sustainability (collaboration and coalition-building and organizational development). Of particular significance were the roles that place-based partnerships, collaborations and cross-agency work played in fostering outcomes. The Initiative concluded in 2019 for The Trust's three sites, and in 2021 for NYHealth's six sites. (Descriptions of each site and their core activities and accomplishments can be found in Appendix A.)

The evaluation employed a number of different methods for gathering data and insights about the sites and their activities. The primary source was annual site visits that included structured interviews with lead staff at the convening agencies, as well as partner organizations and engaged residents. Site visits included, also, walks (or drives) around the target communities and attendance at various meetings of local collaborative bodies. Preparation for each site visit involved extensive document collection and systematic review. Site visits were complemented by check-in phone calls with site leadership. Further, metrics were collected annually regarding changes to the food and exercise environments within the sites; these included counts of supermarkets, farmers markets, park facilities, and more. A street intercept resident survey was conducted in 2016 in two target communities, as well as two matched comparison neighborhoods; a follow-up survey was conducted in 2021 (see Appendix C). Hard counts of local resources and the residents surveys were intended to assess whether changes were made "at scale" within the target areas.

When the COVID-19 pandemic began in New York in early 2020, the Initiative and the evaluation adapted; the pandemic changed the nature of the work and the evaluation captured how the organizational relationships developed through this Initiative affected the resiliency of those sites and their communities. It also changed the nature of the evaluation itself, as on-site visits and in-person interviews were made impossible for a period of time. The evaluation turned to video conferencing for interviews and successfully employed an emerging technique, Photo Elicitation Interviews (PEI) in the three upstate sites to better understand residents' perceptions of their neighborhood environments (see Appendix B). Covid also compromised the value of the follow-up street capture survey; it was necessarily delayed and, even then, changes to neighborhood context and the ability to engage people in this manner became more challenging.

Relying primarily on data collected through site visits and regular phone and video calls with partner organizations and residents, including the PEI, this report summarizes findings around five major themes.

- **The neighborhood as an organizing fulcrum: Plusses and minuses.** Enabling each site to define the nature and boundaries of its neighborhood, not only in terms of geography but also social ties and local services, contributed to their capacity to bring together community organizations, identify effective strategies to help residents access healthy food and safe physical activity, and develop systems to provide needed assistance during the pandemic. At the same time, working at such a local level made it more difficult to connect with policy solutions requiring engagement with government at higher levels, and could pose challenges when a change in the convener was needed.

- **Working across sectors: Ingredients for success in partnership models.** Partnership arrangements varied widely, yet there were common elements for success. Multisector partnerships were more likely to succeed if they built on existing relationships, rather than those formed for the purpose of this initiative. Their success was furthered by their ability to actively engage and empower resident participation and ownership of the process.

- **Characteristics of successful conveners in leading a multi-sectoral effort: The importance of trust, adaptability, and mission.** Trust is essential to the success of a convening agency. Conveners were most effective when they had, or could quickly build, the trust of key actors and residents throughout the site. Further, a successful lead agency

must be capable of adapting to the needs of evolving situations and possess adequate infrastructure and capacity to handle them. In most sites it was also beneficial to have a lead agency (or co-convener) with a health mission helping to ensure that health outcomes remain at the center of discussions and activities.

- **Balancing a prescribed health aim with an open-ended approach to implementation: Competing definitions of success.** For work at the sites, striking the balance between the great latitude to define the relevant and urgent social determinants of health while aiming to reach specific public health objectives was not always straightforward. The complexity at times resulted in differing definitions of/aspirations for program success across the Initiative, and in delays in the early years of the work.

- **Creating lasting change: Sustainability.** Sustainability requires attention to both the processes and outcomes of change. Across a 5-year Initiative, attending to the strength and longevity of the partnerships, that is, maintaining the infrastructure and ensuring ongoing acculturation of both leaders and partners even through turnover is critical. Further, incorporating long-term, post-funding sustainability into the Initiative's goals, and defining the pathways to achieve it, is needed.

The Neighborhood as an Organizing Fulcrum: Plusses and Minuses

The broad scope enabled each convener to define the nature and boundaries of its site's reach, and contributed to their capacities to organize local organizations and residents, their ability to establish programming to help residents access healthy food and safe physical activity, and their success in developing mutual aid systems during the COVID-19 pandemic. However, working at a neighborhood level made it difficult to leverage strategies that required policy efforts at the city or state levels.

Place-based initiatives have evolved over several decades,[2] and can range in scope from small community to city-level. As with all place-based initiatives, for the Healthy Neighborhoods Initiative defining the boundaries of the neighborhood (or area) to be served was key. On the one hand, a neighborhood is most commonly understood to be a geographic unit. However, it can also be conceptualized in terms of residents' social connections, their use of common public facilities such as schools, libraries, shopping areas, their demographics, or by physical structures such as local highways or parks.[3,4] For some sites, geographic boundaries were appropriate, but others carved out service areas that did not map to widely agreed-upon "places".

A common challenge for neighborhood-based work is ensuring that connections between locally-based initiatives and policy-makers can be built into partnerships' structures and goals.[5,6] While neighborhood-based work can lead to better engagement across local organizations, new and innovative programming, improved public funding and better resident engagement in activities, it does not necessarily lead to policy change at the city or state levels. Indeed, for this reason, some foundations have chosen to move from the neighborhood to the city for place based work.[7] If neighborhood-based initiatives hope to foster policy-level change, they must consider and incorporate the ways the neighborhood is embedded in larger areas, and how the areas are affected by market forces and public policy.[2]

Because neighborhoods are small units without access to large resources, one equity-based way to support local actors in driving the initiative is to encourage cross-site conversation, discussion, and sharing of best practices. This can be achieved by sharing best practices and experiences in a "collaborative learning framework" that centers the experience of the residents and enables them to identify solutions from peers.[8] The Initiative's concurrent support of nine sites was an effective way to champion grassroots, locally-generated ideas.

Meaningful definitions of neighborhood

In launching the Healthy Neighborhoods initiative, the foundations allowed the site conveners to define the target neighborhoods. This flexibility enabled the sites to align their programmatic objectives with the needs of the neighborhoods and residents with whom they were already familiar and serving. It allowed them to build on existing partnerships with other organizations organizational and, in some cases, existing broader collaborative relationships.

It is important to acknowledge that each of the sites funded by the Healthy Neighborhoods Initiative at times needed to identify a distinct geographic boundary, generally delineated on paper by zip codes or, in the case of Clinton County, a whole county. But understanding how local organizations defined their neighborhoods, and to what extent resident perceptions of community aligned with sociopolitical boundaries, was critical to the work in each site. Syracuse's Near Westside provides a strong example of a neighborhood where residents tended to have a clear identification with their neighborhood. Interviews with community residents revealed longstanding ties, with many residents having grown up in the Near Westside and now raising their families there. Further, the neighborhood residents frequently mentioned neighborhood "touchstones" that included parks and schools, as well as churches, a library, and multi-service agencies. Additionally, a shared heritage was often noted, as the Near Westside has a larger share of Hispanic/Latino residents than other parts of Syracuse. This abiding sense of place contributed to their receptivity to neighborhood-based outreach efforts of the Near Westside Peacemaking Project when it took over as convener.

In contrast, the Claremont Healthy Village Initiative was often challenged to create a sense of neighborhood identity. The work of the site centered predominately on a large and dense public housing project, while the geographic boundaries of Claremont were larger. Building-specific allegiances made it hard to unify the housing project as one cohesive entity and organize for improvements. Within the public housing project, many activities and resources are organized by building; this is a contrast with the larger set of services, schools, and agencies focused on the larger Claremont area. The site struggled to bridge this divide.

The sense of neighborhood differed between the upstate sites (ranging from one neighborhood in a mid-sized city to a collection of small towns in a highly rural county) and those in New York City's dense and diverse communities in terms of identifying neighborhoods were striking. The majority of New York City's target communities were characterized by dense high-rise public housing projects; upstate communities by small homes (often in poor repair), empty lots, and a lack of density. Whereas most of the downstate communities might be termed "food swamps," with an abundance of unhealthful food options, such as fast food, the upstate communities were true food deserts, lacking essentially any food retail in the immediate vicinity.

Using PEI, residents in the three upstate sites were asked how they defined their neighborhoods; the definitions varied greatly. Not everyone thought of their neighborhoods as "walkable," for instance, with the nearest supermarket or recreation area reachable only by car or bus. Access to key services did not always factor into the residents' definitions of

"neighborhood" either. Rather, those definitions focused more on connection to people and, at times, local organizations, rather than proximity to shops or parks.

This was especially salient for residents of rural Clinton County, where services, supermarkets and recreational areas are often quite distant. Even in Clinton County's Plattsburgh, the only town of notable population size in the area, interviewees reflected on the need for transportation to reach either parks or fresh produce. Clinton County Health Department, as the convener, worked to develop a sense of place through its county-wide commitment to its constituent communities, offering them mini-grant opportunities and providing the Department's ongoing presence at local meetings and technical support. It complemented these hyper local strategies with a few projects engaging multiple townships in a common goal, including enhancement of the built environment through trail development.

Of course, even in New York City, proximity alone did not ensure that nearby recreational or commercial settings were included in the sites' understanding of their neighborhoods. Claremont Village, for example, tended to function as its own micro-neighborhood within the larger Claremont community. Parks immediately outside of that small neighborhood were rarely seen as resources to the Claremont Village residents. Highways, train tracks, crime-ridden corridors, variation in dominant racial or ethnic groups, and transportation routes all shaped the definition of neighborhood for those within the dense, downstate communities.

The Healthy Neighborhoods Initiative demonstrated that a variety of approaches to the concept of neighborhood may be appropriate to make place-based change. Allowing grantees to define the boundaries or contours of the focal community, with a sensitivity to local norms and practices, recognized that neighborhood is more nuanced than geography or walking distance and includes issues of identity and connection.

Neighborhood-level organizing for change

The sites participating in the Healthy Neighborhoods Initiative engaged in a wide range of activities focused on providing greater access to healthy foods and physical activity, as well as a deeper and more enduring sense of community. These efforts touched many neighborhood residents, increased the availability of healthy food options and physical activity in their communities, and provided increased opportunity for engagement with neighbors and local service providers. That said, while these efforts demonstrated some success, sites were unable to bring these efforts to "scale," and were unable to meaningfully serve the majority of local residents

- *Healthy eating*: For the NYC sites, identifying and expanding involvement with existing municipal programs focused on access to healthy foods (e.g., Shop Healthy, Fresh Food Boxes, farmers' markets, and Health Bucks) was a largely successful approach, reaching residents for whom food security was tenuous. Similarly, the upstate sites leveraged local efforts such as the Transforming Communities Initiative in Syracuse; Clinton County Health Department Better Choice Retailer program; and Niagara County Cornell Cooperative Extension Service.

- *Access to safe physical activity*: Some sites sought ways to increase physical activity by improving park facilities, advocating for bike lanes, enhancing city streets with better lighting and signage, and expanding and enhancing hiking trails. Complementing these enhancements to the built environment, the sites offered classes and events to activate these same spaces. In East Harlem, the Lower East Side, Clinton County, Hunts Point and

others, efforts to increase the numbers of residents who regularly walk, bike, dance or engage in other physical activity included offering a range of classes intended to appeal to diverse interests and activity levels.

- *Community-based organizing for social cohesion:* The Near Westside Peacemaking Project had a history of neighborhood-level organizing and strong partnerships with neighborhood-based social service providers. With the funding from NYHealth, they built a sturdier collaborative body of these same organizations. Further, they began to engage community residents with "Table Talks," small group meals in neighborhood homes, to draw out resident perceptions and concerns. From the talks, they learned that anxieties about safety were a major impediment to residents' use of the local park and recreational facilities. Programming and staffing decisions grew out of this new awareness. In East Harlem, the decision making process for awarding small community grants using NYHealth funds became an opportunity to engage local organizations and residents in a deep process of priority setting. Participants spoke of the transformative nature of this participatory process.

The onset of the COVID-19 pandemic during the final year of six of the sites' efforts derailed many of the original plans, and required local coordination. The 2021 Interim Report to NYHealth describes how the pandemic affected each NYHealth site in detail and its response (The Trust's funding for the Bronx sites had ended). While COVID-19 proved highly disruptive to reaching the original goals of the Healthy Neighborhoods Initiative, it also serves as a testament to one of the strongest accomplishments of this initiative: its ability to foster community engagement and support. While Healthy Neighborhoods site activities essentially stopped in the pandemic's first wave in spring of 2020, sites soon regrouped and reached out to their communities with aid in the form of food boxes, free meals, delivery of masks and hand sanitizers, mental health check-in calls and other essential services. Assistance in the use and availability of technology, for both staff and residents, also proved critical.

Efforts to continue encouraging physical activities were, however, curtailed by stay-at-home orders, social distancing, and, in the Lower East Side which served a large number of Asian residents, fear of anti-Asian violence. But the sites displayed considerable resilience in response to these challenges, as they launched new and creative efforts to maintain social cohesion in the face of physical isolation. The Create a Healthier Niagara Falls Collaborative encouraged its members to take solo walks and then "report in" virtually. The Near Westside Peacemaking Project shifted their monthly in-person collaborative meetings of social service providers to a virtual format; these virtual meetings proved so helpful and supportive that they temporarily increased to twice-monthly. Conveners such as University Settlement on the Lower East Side and Project EATS in East Harlem each developed call lists to regularly check in on local residents and ascertain their physical and mental health needs.

Peer learning as a boon to shared development

The sites valued the Initiative's many opportunities to interact with other sites and with other convening agencies attempting similar work. The funders provided this opportunity through regularly-scheduled Peer Learning Exchanges and site visits, and facilitating one-to-one connections whenever synergies across sites arose. The sites were encouraged to share their ideas, successes and lessons with each other. Some used these opportunities to further their engagement with residents, including them as partners to help share their knowledge.

Key players at each of the sites expressed appreciation for these opportunities to hear about other sites' activities; those interviewed said they gained insights from this exchange of ideas and efforts. These events, which moved from an in-person to virtual format, were immensely

helpful in driving home the value of adapting fruitful initiatives to local needs, as well as how these exchanges could lead to productive innovations. The exchanges also served as a source of social support to site leadership, especially when piloting ideas in uncharted territories. Sites were intrigued, for example, by the Near Westside's Table Talks; Niagara Falls went on to try their own version of this approach to engagement.

The limitations of neighborhood-based work with respect to policy change
While they were well-placed to focus on community needs, assets, and priorities, the sites were largely not equipped to identify or advocate for broader policy changes. In Hunts Point, staff identified the need for improved street lighting and effectively advocated for improved lighting on their commercial strip; this did not change policy or policy-making more generally. Hunts Point added exercise activities but were able to serve relatively few people because of limited space; yet, a city-run recreation center within the community remained unavailable to many residents because of the fees. The process by which decisions are made, at the city or state levels, whether for lighting improvements and upgrades or membership fees at public facilities, is difficult to address as a single community. Notably, both upstate and downstate, the importance of public transportation routes were repeatedly mentioned as a barrier to physical activity and more healthful food choices; yet sites seemed unable to meaningful advocate for such changes.

Neighborhood-based collaboratives are essential community anchors. But to effectuate broad-scale and ongoing change requires government engagement and policy change at a level beyond the neighborhood. Neighborhoods need to be connected not only horizontally to peer organizations and communities but vertically, to the tiers of institutions and policy change-makers with the broader view and ability to connect multiple neighborhoods and make a case for solutions to systemic problems and solutions.

Working Across Sectors: Ingredients for Success in Partnership Models

Partnership arrangements varied widely, yet there were common elements for success. Multi-sectorial partnerships were more likely to succeed if they built on existing relationships, rather than those formed for the purpose of this initiative. Their success was furthered by their ability to actively engage and empower resident participation and ownership of the process.

A recent literature review of neighborhood-based initiatives noted that no one model clearly emerges as the definitive one to emulate in terms of organizational and community relationships.[9] Our observations about the Healthy Neighborhoods Initiatives support this conclusion; sites varied greatly in their approach to this work and were successful even as they used different models of organizational and community relationships. That said, prior place-based work has stressed the need to build on pre-existing organizational relationships and employ strategies for resident engagement. For example, a health initiative in Baltimore aimed at improving birth outcomes through reductions in maternal obesity identified several features of successful implementation: *the importance of maximizing pre-existing personal and organizational relationships* as well as new alliances; and *the inclusion of program participants in concrete, meaningful ways including hiring them as staff*.[10] Though the Baltimore initiative had a citywide, rather than neighborhood-based, focus, we found these factors to also align with those Healthy Neighborhoods partnerships where the connections seemed strongest.

Each of the sites formed various types of partnerships or multi-organization collaborations to work towards the desired changes in their communities. They built on the experience and expertise of the convening organizations by working with other agencies and groups with

complementary experiences and target populations. As part of their commitment to locally-driven change, the funders did not require a particular model or method for working collaboratively. Instead, the sites were allowed significant flexibility in developing the organizational partnership/collaboration models and multi-sector relationships that best suited their specific community contexts, visions and goals.

The level of variation in these organizational relationships is notable. The sites' trajectories demonstrated the myriad possibilities for creating meaningful engagement across sectors and organizations. A few sites, most notably the Near Westside, found success in the formation of a "collaborative", or a group of organizations with an aligned commitment to improving the community by addressing some of the underlying social determinants of health. The collaborative working groups met regularly and functioned with a fairly horizontal and informal administrative structure. In contrast, in two sites led by public sector health departments (Clinton County Health Department and New York City Department of Health and Mental Hygiene's East Harlem Neighborhood Health Action Center (NHAC)), the convening organizations acted as local funders, providing mini-grants to townships (CCHD) and community-based organizations (NHAC). Though quite different, both models enabled the sites to connect well with their residents and move their agendas forward.

Two key strengths led to successful partnerships at the sites:

Strength #1: Building on Existing Organizational Relationships

While forging new relationships may be critical to an initiative aiming to break new ground, there are clear strengths in harnessing existing relationships. The time saved working with "known quantities" proved no small advantage. For example, the Peacemaking Project had many pre-existing relationships among neighborhood residents and organizations, which it galvanized into action through ongoing community organizing efforts. It built collective support by creating a social services collaborative with area providers. The strength of this approach became even more evident during the start of the pandemic. The social services collaborative, which normally met on a monthly basis, increased their meetings to bi-weekly as they found themselves drawing tremendous sustenance from the collective information-sharing, strategizing and emotional support provided by the meetings.

Another example of building on existing relationships and reputation, the CCHD was able to cultivate bonds of deep trust and great productivity by leveraging its historical reputation of flexibility, its continual responsiveness to local need, and its provision of technical support to grantees. This existing reservoir of goodwill enhanced their efforts at local grantmaking.

Interestingly, physical location in the community was not a determining factor. While Community Solutions, with headquarters in Manhattan, had no prior partnerships in the target Brownsville neighborhood, Urban Health Plan, also not located in its target neighborhood of Hunts Point, is an established, trusted presence with many on-the-ground connections in the Hunts Point community. For example, prior to the Healthy Neighborhoods initiative, UHP had formed a productive partnership with The Hunts Point Alliance for Children, itself a coalition of 18+ family-focused organizations in the neighborhood. The UHP-led effort was able to harness those existing organizational relationships and successfully organize Hunts Point residents in expanding awareness of healthy eating and in resident-led organizing and lobbying about built environment concerns. In contrast, the Brownsville Partnership, the Healthy Neighborhoods program of Community Solutions, was largely unable to build on prior relationships or build successful new partnerships.

The few sites that lacked strong prior organizational partnerships found their work more challenging. University Settlement and Two Bridges before them on the Lower East Side provide two different examples of this challenge. Because of history unassociated with the Healthy Neighborhoods initiative, the Two Bridges leadership and by extension the organization was regarded with some mistrust and even hostility by key potential partners in the neighborhood. Despite the project team's concerted efforts, this mistrust proved impossible to overcome and they never established meaningful working relationships with other players in the community. Two Bridges' replacement, US, is a very well respected organization in the neighborhood, but its late entry into the overall initiative and its own history as a self-sufficient multi-service provider appeared to work against substantial collaboration with other organizations. Its late introduction to Healthy Neighborhoods made it more difficult for US to become familiar with and implement the initiative's emphasis on multi-organizational engagement, despite the peer learning collaborative meetings and technical assistance by Healthy Places by Design. In addition, as a large, multi-service organization they were accustomed to a high degree of self-sufficiency and less in need of partnerships or collaborations to augment or complement their bundle of services. In their Healthy Neighborhoods efforts, US engaged fewer external organizations than other conveners; US' efforts tended to be activity-or product-specific, rather than focused on accomplishing over-arching common goals. In their own reflections upon the experience, US staff commented that they could have been clearer about roles and responsibilities among their stated partners.

Strength #2: Meaningful, Sustained Partnerships with Residents

Consistent with the findings in Baltimore described above, the Healthy Neighborhoods Initiative also saw evidence of the value of strong relationships with community members and allowing them opportunities for meaningful engagement in the organizing. There was, again, considerable variation across sites in this area.

In Syracuse, the Near Westside Peacemaking Project consistently emphasized the participation of their neighbors as both volunteers and paid staff. They created a Community Impact Team composed of local residents to help organize their neighbors for community-building and advocacy. One such project was the "Table Talks," discussions of neighborhood concerns held in people's homes over home-cooked meals; these discussions allowed for the identification of resident priorities and built community relations. The focus on neighborhood safety, particularly in Skiddy Park, grew out of these conversations. With the Table Talks and Take Back the Streets initiative, the convener enjoys the support of Near Westside residents, who can see that their concerns are taken seriously, facilitating advocacy efforts.

In East Harlem, mini-grants to enhance access to healthy foods and physical activity were dispersed to local groups; decisions regarding the distribution of these funds were made by a community-based panel, a diverse group that included neighborhood residents, people who worked in the neighborhood, and people directly impacted by the projects being proposed for funding. Being on this volunteer community panel had a profound effect on its participants. Many continued their involvement for multiple funding cycles and provided informal support to funded groups. The experience of engaging in consensual decision making and working towards common ground about who and what should be funded was termed a "transformative experience" by one interviewee.

Characteristics of Successful Conveners in Leading a Multi-Sectoral Effort: The Importance of Trust, Adaptability, and Mission

Several factors can increase the effectiveness of a lead agency in a health-focused community-based initiative; these include trust, a health orientation, adaptability, and resilience. Lead agencies will be most effective when they have, or can quickly build, the trust of key actors and residents in the target neighborhood or community. Broad-based efforts to improve health may also benefit from a lead agency (or co-convener) with a public health orientation so that health outcomes are well-understood and remain at the center of discussions and activities. Further, a successful lead agency must be capable of adapting to the needs of evolving situations, and possess adequate infrastructure and capacity to handle them.

Trust

Prior evaluations of community-based efforts underscore the importance of "trust" in the convening or lead agency.[11,12] A trusted convener is, typically, one that has shown itself over time to be responsive to community needs, to work collaboratively with others, and be able to share decision making and credit for local efforts.[13] It is notable, however, that many of these evaluations focus on the convening of like-minded organizations with a shared focus on a health outcome; there is less attention to questions of how trust plays out in communities that are diverse and where local organizations and residents may not share a common vision or, most importantly, priorities.

Many of the Healthy Neighborhoods conveners had cultivated trust among local agencies and residents prior to the onset of the initiative. As noted earlier in this report, UHP was a "known quantity" in the South Bronx, having served the community since the mid-1970's. It had the confidence of Hunts Point residents, even though the organization was located outside of the initiative's neighborhood boundary lines. Near Westside Peacemaking Project had not previously served this kind of convening role, yet it successfully cultivated the loyalty of neighborhood residents through its community-focused peace-making groups and emphasis on resident-led initiatives, both prior to and during the grant period. The Create a Healthier Niagara Falls Collaborative was well rooted in its community, and gained additional credibility by being run by resident volunteers. Interviews with East Harlem's NHAC elicited multiple votes of confidence through its ongoing reliability in providing technical support, space and resources to its partners/grantees, and community groups. One interviewee who had been involved with the East Harlem NHAC prior to the Initiative described the NHAC as the "place to be" for community networking.

The centrality of trust is perhaps best understood by examining the consequences of its absence. In the Lower East Side, the initial convener, Two Bridges Neighborhood Council, was coordinated by respected staffers. But the organization itself was going through some deep challenges which affected its standing in the neighborhood. Those tensions, and the resulting loss of trust, made it difficult to maintain partnerships critical to the initiative. Two Bridges was unable to serve as an effective convener and, as a result, NYHealth identified a new convener agency serving a different area of the neighborhood; University Settlement began the work anew midway through the five year funding period. And, while the East Harlem NHAC was well trusted by community residents and organizations, alike, CUNY's Urban Food Policy Institute did not share such wide-spread trust or allegiance in the targeted community, even as it is well-respected by its peer organizations. Without clear ties to local residents and organizations and a late start in the initiative, CUNY was unable to fully engage with the community.

In the Bronx's Claremont Village, an existing collaborative effort with numerous neighborhood partners, Claremont Healthy Village Initiative, served as the springboard for the site. Claremont Healthy Village Initiative had two large organizations in leadership roles, Bronx-Lebanon Hospital Center (BronxCare Health System) and a not-for-profit managed care company Health First. Despite this prior experience, it became increasingly evident that these large institutions lacked deep or meaningful trust from community residents and organizations; existing partners indicated their belief that these organizations were resource-rich and reported being disappointed by the lack of flow of those assumed resources into these community efforts. Claremont Neighborhood Centers joined as a third convener for Healthy Neighborhoods, at least in part, because of their direct work with local residents, especially children and youth. Even Claremont Villages were unable to assume the multi-organizational leadership role needed in a community dominated by large, high-rise public housing, where issues of territoriality among tenants' organizations created internal mistrust. Despite shared leadership across large institutions, Claremont Healthy Village was unable to garner the ongoing trust and engagement of the community, thus hampering forward motion.

Overall, we identified several potential pitfalls in identifying a trusted convener or lead agency. First, it is easy to conflate community trust in individuals within an organization with trust in the organization as a whole. Second, an organization or institution may simultaneously have the trust and respect of organizations outside the target community but not enjoy the trust of local organizations and, especially, residents. Third, while trust can be built through the convening activities, existing internal conflicts or negative prior history can pose major barriers. Approaching funding with an awareness of these potential pitfalls may help funders posit different questions as they make assessments.

Importance of a health orientation

Most other health-oriented place-based initiatives began with a set of organizations and agencies that shared a focus on health and health outcomes; the role of the convener in these instances is to help develop a shared vision for strategy and action for a group of actors already oriented to health goals.[14–16] Yet several of the partnerships within the Healthy Neighborhoods Initiative were convened by organizations well outside of the health sphere, on the principle that multi-sectoral perspectives are critical to tackling the social determinants of health. These sites experienced varying degrees of success.

In a study of multi-sectoral place-based initiatives to improve health in four rural counties in North Carolina, researchers addressed the issue "How do actors from the health sector and those outside the health sector compare across leadership attributes?" Among their findings were that conveners in social welfare, government and faith organizations had "significantly lower awareness of health issues in their community" than those in health organizations, suggesting that the organizations could use additional support in addressing health issues within their communities.[17]

Most of the Healthy Neighborhoods conveners were aware of the barriers in accessing healthy eating and physical activity. However, several of the conveners had little to no experience with implementing health-focused initiatives, and did not come to this work viewing healthy behaviors as an organizational priority. Having a public health-oriented organization as a lead agency or co-convener tended to infuse a partnership's energy to focus much more directly on those public health-related goals. For example, the leadership of the Clinton County Health Department and the DOH's East Harlem Neighborhood Health Action Center ensured that the mini-grants they dispensed would directly support improvements in accessing healthy eating and physical activity.

While the non-health sector conveners tended to include a health-oriented organization within their tiers of connections, it was not always enough. Those convener agencies without a health orientation found it more difficult to keep the outcomes of healthful food access and physical activity on the agenda despite their best efforts. For example, we believe a co-convener partnership with a health-focused organization could have been helpful to the otherwise successful convener agency in Syracuse, the Near Westside Peacemaking Project. Public health-specific expertise could have added more direction in developing and actualizing concrete measures related to improving access to healthy eating; this was not a priority for them programmatically, and their partner organizations lacked substantive content capacity. The convener's decision to prioritize the more upstream issues of increasing public safety before tackling physical activity was critical to their partnership success but, at the same time, could have been coupled with a more substantive focus on improving specific public health metrics on physical activity. In those instances where the convener agencies and co-conveners had priorities far removed from issues of diet or exercise, additional support in keeping public health issues centered within their activities would likely have been beneficial to moving more steadily towards the desired health outcomes.

Having a health-focused organization serve as the convener does not necessarily move the needle on the relevant health outcomes. We have already seen this through the example of Claremont Village where Bronx Lebanon Hospital was one of the conveners. But without such an organizational focus, there can be less of a conceptual anchoring in health-specific goals.

Capacity

The trust of the community is foundational, but not sufficient, to successful leadership of a place-based initiative. An additional factor is capacity.[5] While often understood as having adequate financial, administrative, and human resources, there are several other dimensions as well. Foremost, there needs to be a "threshold of readiness" within the convener, which includes a foundational understanding of the issues being addressed, their interconnectivity, and the ability to plan, design and implement strategies. "Commitment" is also fundamental to capacity.[18] Finally, capacity includes the ability to engage residents in the work. Beyond engagement as participants, capacity entails placing those traditionally underrepresented in partnership endeavors into authentic decision-making positions.[12]

A few of the conveners struggled with respect to the more traditional elements of capacity such as administration. In at least one site, co-convening agencies had no prior experience with grant funding; Missio Church, a co-convener in the Near Westside, needed guidance through the process of becoming a 501C3 organization before it could receive grant funding. The technology divide was also evident, as several convening organizations were lacking in basic computer equipment and related skills. This divide became far more problematic with the pandemic, when virtual gathering and online communications were essential and, even, life saving..

Healthy Neighborhood Initiative conveners, in general, possessed or neared a "threshold of readiness" as defined above. This aspect of capacity was, in some instances, limited by a lack of health focus and/or meaningful community engagement. The Create a Healthier Niagara Falls Collaborative has been consistently creative in its aspirations; the group was eager but may have lacked readiness. With its core leadership geographically dispersed, alongside the inherent challenges of an all-volunteer staff with full-time jobs, it would have likely benefited from some bolstering of its capacity. Some organizational restructuring may have enhanced its capacity in regard to readiness.

Even as the Healthy Neighborhood conveners were "ready" to do the work, there were several who foundered over their long term commitment to the initiative. The Brownsville Partnership's commitment waned over time as it moved away from direct service, and also began focusing more specifically on the built environment and less on food access. Indeed, Project EATS was funded by NYHealth, years into the initiative, to fill this gap in Brownsville. Eventually, the Brownsville Partnership pulled out altogether, leaving the Brownsville initiative with only the food half of its once dual health focus.

A few sites demonstrated great capacity to engage residents in the work, including planning and decision-making. For Syracuse's Near Westside Peacemaking Project, this was its priority both prior to and during the grant period. Virtually all of its activities are resident-led; and its Community Impact Team worked to gather data on the needs of fellow residents continually through their Table Talks. This capacity to engage is a large part of why the organization is well-regarded and was an effective convener.

Adaptability and resilience

Another key aspect of successful convening is the ability of the convener to adapt to evolving circumstances, programmatically and organizationally. Those agencies that were broadly able to continue to work through challenges and adapt to larger-scale changes – including, but not limited to, the pandemic - were also most successful in meeting the changing needs of their constituents.

Evidence was apparent in several Healthy Neighborhoods sites over the course of the funding period. The original aim of the Hunts Point Healthy Community Initiative, convened by Urban Health Plan, was to establish an open-air "Mercado" in the neighborhood, envisioned as a focal point for healthy food, wellness and social cohesion. When it became apparent that the Mercado was not going to be realized within the grant period, Urban Health Plan shifted its emphasis to encompass a series of discrete activities related to healthy eating, neighborhood safety, and physical activity and to the development of a community resident Heath Action Group to help determine its future directions.

All six conveners funded during the pandemic pivoted to address the immediate needs of residents in 2020. Near Westside Peacemaking Project, Project EATS and University Settlement all instituted local systems of neighborhood check-ins regarding food security, physical and mental health, and distribution of personal protective equipment. Project EATS and University Settlement transitioned into full-time food pantries and meal distribution sites. Near Westside Peacemaking Project and The Create a Healthier Niagara Falls Collaborative continued to conduct partnership meetings virtually, both for mutual support and to strategize how to navigate pandemic challenges. University Settlement maintained connections with its home-bound seniors through helping them become comfortable with virtual technology, and by retaining favorite activities where possible, such as the on-line classes in ballroom dancing. (Note: the grants from the Trust to the three Bronx sites ended in 2019; only the six NYHealth sites were funded during the pandemic.)

Each of these characteristics of successful conveners are essential, but not by themselves sufficient, for progress to be made. Change could be slow or fragmented for a range of reasons unrelated to the strengths of the convener. But those organizations demonstrating these qualities are more likely to succeed than those lacking them.

Balancing a Prescribed Health Aim with an Open-Ended Approach to Implementation: Competing Definitions of Success

Striking the balance between the great latitude to define the relevant and urgent social determinants of health, while aiming to reach specific public health objectives was not always straightforward. The complexity at times resulted in differing definitions of/aspirations for program success across the Initiative, and in delays in the early years of the work.

While the Initiative aimed to improve the health of community residents through increasing access to healthful foods and physical activity, sites had significant latitude in choosing their strategies to do so. They identified the factors impeding access to food and exercise that they wanted to address at the local level, and the best way to remove those barriers. In addition to offering programming and facilitating access, most sites recognized a need to focus on upstream issues not immediately tied to the health outcomes of central interest to the foundations. We consider in this section the tension between a close focus on stated health goals such as bringing affordable, healthy food and physical activity opportunities to the community, and locally-defined needs and solutions in regard to the underlying social determinants of health.

In the field of philanthropy, the concepts of "collective impact" and the "cultivation approach" are central to grantmaking for collaborative initiatives,[5,18] and the approach to Healthy Neighborhoods incorporated elements from both models. Both require a high degree of involvement from the funder in the form of active encouragement and support for generating and implementing ideas. Characteristics of the collective impact model elements include supporting a "backbone organization" (in the Healthy Neighborhoods case the "convener"), and the participation of "institutional leaders" with "the authority and resources to implement new programs and resources." The cultivation approach emphasizes using "naturally occurring networks" of organizations that were already engaged in issues that match the funder's priorities. This was seen in some, but not all, Healthy Neighborhoods sites.

The cultivation approach goes further than that of collective impact in bringing decision making about both goals and strategies to the local level. It highlights "facilitative engagement that supports local stakeholders in optimizing and acting on their own ideas, rather than directive engagement where the foundation is promoting its own solutions".[18] In addition to directive engagement, the cultivation approach shields against opportunistically-created partnerships in which effectiveness lasts only through the duration of funding.

The approach used by the funders of the Healthy Neighborhood Initiative may be seen as a hybrid of the collective impact and cultivation models. The Initiative emphasized the importance of the convener or "backbone organization," highlighted in the collective impact model, while encouraging sites to determine local priorities and modes of action, as fitting the cultivation approach. That said, in contrast to the pure cultivation model, the foundations retained the authority to set the ultimate goals, namely, to change the food and exercise environments to improve community members' health. The result of this hybrid approach was a fair degree of tension in some sites between adopting the goals laid out by the foundation (collective impact) and local determination (cultivation). Even as the language of public health became more frequently integrated into programs and discussions, in several sites neighborhood safety was identified locally as more pressing; further, addressing safety was considered a necessary first step towards addressing the issue of food and activity access although the strength of the link between safety and access to healthy food and physical exercise varied. Remarkably, both

NYHealth and The Trust were flexible and well-grounded in the unique circumstances of each of the 9 sites; having created plenty of opportunities for listening and reflecting, they were able to support emerging needs.

The latter stage of the Lower East Side efforts presents a strong example of needing to address safety concerns in order to encourage physical activity and healthful eating. During the course of the pandemic, it became evident to US that their senior population was fearful of leaving their apartments, due to both COVID-19 and increasing levels of anti-Asian violence. Creating opportunities for safe physical activities became all the more challenging. University Settlement developed some creative temporary solutions by facilitating remote ballroom dancing classes (a favorite in-person activity pre-COVID) which drew significant participation. US ensured that meals were delivered to those who were homebound as well.

Similarly, Syracuse's Near Westside conducted an assessment of neighborhood concerns and priorities through a series of in-home Table Talks. This assessment revealed that safety concerns about local Skiddy Park were paramount and needed to be addressed before physical activity strategies could be considered. While this early and intense focus on safety, rather than physical activity per se, was a surprise, the Initiative's strategy of local engagement and decision-making supported the convening agency to move forward on its path. Efforts were successfully undertaken to advocate for a stronger police presence in Skiddy Park. NYHealth funded one of site's collaborative partners, Missio Church, to provide a set of youth and family-focused activities to complement the Near Westside Peacemaking Project's efforts to provide a safe and activated public space. These combined efforts improved neighborhood perception of increased safety, at least until COVID-19 forced residents back indoors.

In both these examples, the link between safety and access to physical activity was clear, and thus the tension between prescriptive goals and local determination worked to produce mutually satisfying outcomes. In both cases the prescribed goals of increased access to physical activity and the local communities' perceived goals were met. Less successful in this regard was the example in East Harlem. East Harlem started the initiative with a heavy emphasis on improving lighting and signage in and around the viaducts. This appeared to be a pre-existing and, for some community stakeholders, a prominent and pressing need. The convener made the case that improving wayfinding and perceived safety along key routes in the community would enhance access to healthy food and physical exercise, but the link was fairly weak. In this case, aligning foundation goals and local priorities was much less successful than in the Lower East Side and the Near Westside.

The flexible aspects of the funding strategy had additional advantages and disadvantages. On the one hand, the sites were deeply appreciative of the funders' support as they worked to identify the most critical social determinants of the health issues to target. One stakeholder reflected that this philosophy helped them to be unafraid to try new things and learn from mistakes. Virtually all site staff interviewed cited the open-ended funding approach as a key factor enabling them to make the changes their communities deemed most essential. On the other hand, much as the sites expressed appreciation for this approach, they also encountered stumbling blocks in acclimating to what was to them a novel lack of directedness. Without a more structured set of mandates, sites took longer to begin implementation and often expressed concern about what they "should" be doing.

The example of Healthy Neighborhoods suggests that a hybrid model that includes both some prescription from the funders and latitude for local determination can be effective. Bidirectional communication appears to be a key ingredient for this approach to work well. Funders need to

be clear about just how much latitude is allowable, and grantees need to articulate and support the links between their locally determined actions and the goals funders expect them to achieve with their grants. Without such understanding and communication, the funders' aims, in this case, healthy eating and increased physical activity, may get muted or lost as other local priorities such as safety rise to the top, or sites may flounder as they wonder if what they are implementing is acceptable.

Creating Lasting Change: Sustainability

Sustainability requires attention to both the processes and outcomes of change. It requires 1) attending to the strength and longevity of the partnership itself, that is, maintaining the inter-organizational infrastructure and ensuring ongoing acculturation of both the leaders and partners to the initiative; and 2) incorporating sustainability into the initiative's goals, and defining the pathways to achieve it.

In the literature on place-based initiatives, it is seen as a critical challenge to align "processes and practices… such that good things happen in a sustained way over time."[11] Health leader interviewees in one study of community partnering speak of sustainability as a programmatic aspiration, citing failure to follow through on promises of long term change as a major source of community mistrust.[12] It is important to anticipate that strategies will evolve over the course of an initiative; programs are more sustainable when they build in continual problem-solving processes and are resilient in remaking themselves in the face of change.[5,19] In addition, as was evident at many of the Healthy Neighborhoods sites, there is a high likelihood of changes in collaborating partners and leaders as the project progresses, and the sustainability of a partnership during the course of the initiative involves planning for such eventualities and continually integrating and acculturating new partners.[11] There is emphasis across the literature of the importance of purposeful attention to sustainability, of creating and reinforcing a shared culture, and of resilience in the face of inevitably changing conditions.

Sustaining partnerships

In the Healthy Neighborhoods initiative, we observed many attempts at sustaining partnerships by strengthening the conveners and key staff. In particular, the funders repeatedly reengaged the sites' leadership in a variety of venues to reinforce the ideals of the Healthy Neighborhoods Initiative. Maintaining the focus in each site took conscious effort; the goals, values and strategies needed to be actively rearticulated and shared throughout the years of the project. This was challenging particularly in those sites where the convener organization changed midstream, most especially, the Lower East Side and Brownsville. In addition, in the initiative's third year, East Harlem's NHAC's mandate was reduced to focus solely on access to physical activity, while healthy food concerns were shifted to CUNY's Urban Food Policy Institute. While each of these changes in convener were made by NYHealth with sound rationales, these changes in leadership midway through the initiative, impeded the projects' pathways forward as the new leaders missed the early years of acculturation into the Initiative and its approach.

Interviews with some of the newer conveners – for example, the Lower East Side's University Settlement - revealed that not all respondents were adequately acculturated to some of the critical aspects that gave the initiative its sturdy rudder: the centrality of intersectoral partnering, and the wealth of learning and peer mentoring possible through consistent participation in the peer exchange opportunities. For example, University Settlement expressed a need for some tailored technical assistance which we believe would have readily been met had they been more integrated into the learning exchanges earlier on. Other conveners who joined later – East

Harlem's Project EATS and CUNY – did not have the mandate or the acculturation to establish partnership connections as a critical part of their Healthy Neighborhoods initiatives. While this may be due to NYHealth's recognition of the time needed to forge trusted partnerships and the inevitable time constraints placed on conveners entering the initiative at later periods, it narrowed the focus of their activities and goals. In each of these cases, change in the convener agency was in response to the funder's recognition of slow progress at the individual site. New conveners were identified to solve a problem. Yet, the degree of initiation into the ethos of the initiative fell short.

Leadership change in Syracuse's Near Westside was far more successful. The Lerner Center for Public Health Promotion, an academic research center of Syracuse University, was intentional in transferring their convener role on the initiative to the purposefully selected Near Westside Peacemaking Project. The organization was already active in the work of the initiative, and the Lerner Center staff was confident that Peacemaking Project staff had the neighborhood's trust, as well as deep connections within the community. Unlike the experience in the Lower East Side or Brownsville, leadership change in Syracuse did not result from necessity, nor was it a decision made by the funder. Rather, it was a strategic decision at the site level that recognized the collaborative effort required different leadership at different stages of its development. The transition was smooth because it was a planned-for change.

Beyond change in the convener, community-based organizations can experience a significant amount of staff turnover including the loss of staff who have served as champions of the partnership effort. When staff with institutional knowledge and vision depart mid-project, it can lead to project discontinuity and a derailment of direction, even if only temporarily. The Healthy Neighborhoods initiative was no exception in this regard; it is difficult to identify any site that did not undergo staff turnover. However, key issues such as the timing of the turnover relative to the initiative, and the saliency of the departing staff to the local effort, proved relevant to the degree of disruption that ensued. In Niagara Falls, an early visionary leader and key staff departed early into the initiative; while responsibilities were dispersed among community members true leadership for the effort, as a whole, never really remerged. In Mott Haven, Clinton County, and Claremont, key staff left the convening agency at the end of the funding period, hindering the chances that efforts would be championed and sustained after the funding for this Initiative ended. When staff leave toward the end of a specific initiative's funding life, the potential for sustainability of project goals and building on prior accomplishments is deeply impaired.

As the literature reflects, continuity in the processes of change is important to maintaining a unified understanding of a project's vision and objectives; this is needed even if specific activities and immediate objectives must be adapted to new circumstances. Balancing this in place-based initiatives requires nuanced attention to how the strengths and ideas of the new organization or staff will infuse the ongoing work with new direction while maintaining the strides already made by the collaborators. "Onboarding" of new lead organizations and staff should build on the collaborative planning in process, and focused action. It should include, minimally, systematic introductions to the model(s) and ongoing opportunities to engage with other sites. Upfront recognition of likely and needed change in organizations and staff is essential for sustainability.

In the bigger picture of sustainability in partnerships, the concept of resiliency becomes important as well. Lynn et all define it this way: "Resilience… does not mean a return to pre-disturbance status quo; it means the inherent strength of a network of organizations working in concert to not only survive disruption but to redefine their approaches as opportunity permits – to bounce forward, not merely to bounce back." (p.55) As has been pointed out in previous

sections of this report, the sites' response to such enormous events such as the COVID-19 pandemic demonstrated their depth of resiliency, and we believe this was one of the strengths of this initiative. In many of the sites, the emphasis on local engagement and community well-being was sustained via new activities and arrangements adopted in the face of the pandemic.

Defining sustainable outcomes

NYHealth and The Trust were, by design, quite flexible in their expectations and aims for the Initiative. They laid out the overall objectives of improving local access to healthy foods and safe physical activity while supporting local voices in determining the paths forward. They relied on each site's unique analysis of the social determinants compromising access and supported the locally-led decisions as they mapped out a course of responsive action. The funders amplified neighborhood-level knowledge of the communities and their place-based challenges and opportunities. However, the open-endedness in approach and expectations left relatively undefined how the area-level sustainability should look after the end of funding, that is, there was a lack of guidance on what the funders expected might endure beyond the funding period. Given the importance of local decision-making, goals for sustainable outcomes will necessarily differ across sites; as a result, defining guidelines for such long-term and sustainable change is critical.

In interviews, several site representatives felt they had made sustainable changes, specifically mentioning changes in some residents' perspectives about healthy eating and the safety of their neighborhood, but noted challenges in capturing sustained changes in meaningful ways. Staff from Bronxworks/Mott Haven noted some disconnect between collaborative activities they deemed longer-term successes and reaching larger policy goals, indicating some confusion over how sustainable successes should be defined. This underscores the importance of jointly defining what sustainability means for individual sites with the funders, and supporting these agreed upon goals of sustainability in both planning and documentation.

Despite the lack of universal or site-specific definitions, several sites were successful in making lasting changes. Clinton County accomplished its planned outcomes of enduring and tangible improvements to accessing healthier food and places to be physically active. Multiple townships throughout the County worked to make concrete, permanent improvements to their public spaces - making their downtowns more walkable, adding accessible nature and bike trails - and augmented access to fresh fruits and vegetables by programs such as incentivizing local convenience stores to carry fresh produce at reduced cost. This was also the case to an extent for Hunts Point, where, for example, signage and lighting made neighborhood streets more inviting and reducing the perception of danger.

For other sites, sustainability included what Lynn et al discuss as emphasizing "networks over solutions" – building collaborative partnerships that will continue to function beyond the grant period, in effect creating standing partnerships ready to act in concert in future initiatives. Syracuse's Near Westside Peacemaking Project's community resident organizing model succeeded in this to such an extent that it has extended its reach beyond its original neighborhood, and ended its multi-year funding with a name change to the Syracuse Peacemaking Project. Bronxworks, in Mott Haven, a multi-service agency had little prior integration of nutrition or food services into their work; while still operating with only limited partners, it has qualitatively changed its approach to healthy food access through the addition of a public health department, enabling it to tackle social determinants of health going forward with more infrastructure to support it.

Conclusions

Nine sites across New York State, with support from NYHealth and The Trust, attempted to change their local food and exercise environments to improve access to healthy foods and physical activity. The Healthy Neighborhood and Healthy South Bronx initiatives facilitated local discretion in the immediate foci and strategic approaches to achieving the overriding goals set by the funders.

Working across a geographically and demographically diverse set of communities, the conveners varied in their organizational missions and experiences in working with partner organizations. As they moved forward with the initiatives, conveners chose different organizational structures to engage with other local groups and community residents; these included the use of co-conveners, collaborative planning bodies, resident leaders, and one-on-one organizational partnerships. Despite their many differences, each site succeeded in engaging local partners and implementing new and locally-appropriate strategies for improving access to healthy foods and physical activity. In several of the sites, there is evidence of sustained change; such change includes the continuation of newly forged relationships among local organizations, an enhanced awareness and focus on diet and exercise, improved public spaces, additional greenmarkets and other mechanisms for health food sale and distribution, and increased resident leadership.

At the same time, the challenges to achieving improved access, at scale, were substantial. Sustaining organizational and staff engagement throughout the life of the initiative was challenging. Staying focused on healthy food and exercise was difficult in communities facing a great many other challenges. And, unsurprisingly, the pandemic caused a shifting of priorities and necessitated a change in strategies.

The evaluation found that no one model that any site developed could be considered "best." If any best practice emerged, it was the practice of allowing/encouraging/promoting each site's unique adaptations to the specific circumstances of its communities. The Healthy Neighborhoods and Healthy Livable South Bronx initiatives demonstrated that a multiplicity of approaches can work to make place-based change when those changes are rooted in specific knowledge of -- and responsiveness to -- local issues and dynamics, and when capitalizing on the community structures already in place.

The funders worked to balance their selected public health goals with locally-identified approaches and strategies. This resulted in a hybrid model that showed some effectiveness, even as it created some initial tension and confusion within several of the sites. While sites sometimes felt uncertain as to whether they were on the "right track," the funders ameliorated these concerns with flexibility, support and opportunities for peer learning exchanges. Successful partnerships began with the convening agency building on already-existing relationships within the community and among residents. This in turn was predicated on the level of trust placed in the convening agency by area organizations and residents. Trust, however, was not by itself a sufficient ingredient: partnerships which had a health organization as a primary convener held an advantage in maintaining a public health focus. We also found resiliency of the partnerships in contending with unexpected events was a core element of their success, and ultimately of the sustainability of their collaborations.

Making neighborhoods and specific places the locus for change has much potency as a strategy and is deeply important in strengthening social cohesion. But even as sustained change can be

identified in several sites, these local efforts were unable to effect change at the policy level. For placed-based efforts to have the biggest impact over the long term, it would likely be helpful to reach beyond neighborhood boundaries to government and policy-makers. Future initiatives of this kind need to build in vertical connections to the layers of institutions that command wider perspectives and have the capacity to build from individual initiatives to systemic solutions.

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Appendix A: Site-by-site summaries

BROWNSVILLE, BROOKLYN, NEW YORK

AREA DESCRIPTION

Brownsville (population 84,525) is a neighborhood in eastern Brooklyn notable for having the highest concentration of public housing in the U.S. (10,000 units in less than two square miles). These high rise public housing projects were built to replace tenement housing at the height of the city's "urban renewal" efforts. Despite being dominated by these projects, Brownsville benefits from a substantial number of community gardens and urban farms. Further, it is home to Betsy Head Park, with its pool, ball fields, and running track. Brownsville is bordered to the west and north by several gentrifying communities, including Bedford-Stuyvesant and Bushwick. East New York, another poor community dominated by public housing, sits on its eastern border.

Brownsville has a long history as one of Brooklyn's poorest communities. More than one-third live below the poverty line and unemployment is widespread. The majority of Brownsville's residents are Black (76%) or Hispanic (20%). Crime is a serious problem in Brownsville, which has had the unfortunate identity as being one of the City's most violent communities. A far higher proportion of Brownsville residents become incarcerated than in almost any other community in New York City.

About one-third of adult residents of Brownsville has obesity, as do nearly one-fourth of the children in local public schools. Rates of births to teens, preterm births, diabetes, asthma and hospitalizations due to drug and alcohol use all exceed citywide rates.

CONVENER(S)

An initial convener, Community Solutions, was joined by Project EATS in 2017. Community Solutions stepped back from programmatic food-related work in 2016, and transferred work at their youth markets to Project EATS. Subsequently, Project EATS took over as convener.

Community Solutions/ Brownsville Partnership (2015-2019)		Project EATS (2017-2021)	
Type	Subsidiary Community-Based Org.	**Type**	Community-Based Org.
Mission	Community development	**Mission**	Urban farming and food justice
Prior work in focus areas	Food Built environment	**Prior work in focus areas**	Placemaking, transforming urban areas to farms, nutrition education
Key personnel	Place making manager, resource specialist	**Key personnel**	Executive Director, Director of community health

PARTNERSHIPS

Strategy for partner and community engagement

Community Solutions, a national non-profit that uses a variety of place-based strategies to end homelessness, entered the Initiative with a wide network of partners loosely linked together in the Brownsville Partnership. They had a well-developed way of engaging residents, including regular meetings and groups, and an annual HOPE summit, and hiring exclusively residents to do outreach and peer support. Their strategy was to create a funded position to unite these partners and community residents with a set of joint goals, tracking system, and governance. Project EATS focused mainly on community engagement, hiring and training local residents to develop their urban farm work.

Organizations engaged

Brownsville Partnership: The Mission Continues, Rebuilding Together, NYCHA Tenants Assoc., NYCHA Senior Center, Parks Dept./New Yorkers for Parks, Municipal Arts Society of New York, Friends of Brownsville Parks, Brownsville Comm. Justice Ctr., Made In Brownsville, GrowNYC, Project EATS, Isabahlia Ladies of Elegance, Pitkin Avenue BID

Project EATS: Marcus Garvey Apts, Brownsville NHAC/DOHMH, Local schools, GrowNYC

Political and Broader Coalitions: City Vacant Lot Planning, Community Board 16

INITIATIVE

Priorities/goals

The initial priorities were to activate public spaces by restoring parks and recreation areas and expanding healthy food options, while developing a strong "Brownsville Partnership" focused on resident-led area transformation. This included 18 miles of bike lanes, 6 place-making activities per year chosen by residents, improvements to Betsy Head Park, and supporting two youth run farmers markets as well as healthy bodegas. Project EATS, with expertise in creating urban farms, sought to expand the youth-run farmers markets, and support and expand its urban farm in Brownsville including broadening its Farmacy and farm stands.

Signature accomplishments

- The Brownsville Partnership focused mainly on developing their two youth markets (urban produce markets) and in building NYC DOHMH's Shop Healthy program in local bodegas, as well as advocating for renovations to Betsy Head Park and updating a health assets map. In 2016, the office of the Mayor announced a $30 million renovation of Betsy Head Park.
- Project EATS diverted its efforts to create a food pantry to provide emergency food and support to residents during COVID.

Key challenges

- Community Solutions/Brownsville Partnership funding was discontinued earlier than other conveners
- Staff turnover
- Project EATS was funded to develop programmatic activities and not to act as a convener; not integrated into the ethos of the Initiative

Response to COVID

- Project EATS rapidly developed a food pantry
- Accepted donations and helped to decrease food insecurity
- Created a phone bank to check in and support residents

Funder: NYHealth Foundation

CLINTON COUNTY, NEW YORK

AREA DESCRIPTION

Clinton County is a largely rural county of 1,118 square miles, bordering Quebec, Canada. The county includes 16 municipalities. Small towns and villages are widely dispersed throughout the county. The City of Plattsburgh, the county seat, is the largest town in the county with a population of almost 20,000 (roughly one quarter of the county's residents) in 2016. The sparseness of the population is reflected in the sparseness of healthy food outlets. Clinton County offers only very limited bus service as public transportation and residents without reliable access to private vehicles are often restricted to obtaining food from nearby convenience stores and the ubiquitous "dollar stores". According to the USDA Food Access Research Atlas, 6.2% of households lack access to a vehicle and live further than one half mile from a grocery store. On the other hand, green spaces in the forms of parks, trails, waterside venues, and playgrounds abound, but many have fallen into disrepair or were not well "activated". Access to opportunities indoor physical exercise opportunities during the long and relatively harsh winters was also limited.

At the beginning of the Healthy Neighborhoods initiative, Clinton County had a population of 81,591 of whom 91% were White, 4% Black, and 3% Hispanic. Median household income was $50,985 with 15% living below the poverty line. Nearly 25% of children qualify for free or reduced lunch and 16% of the population receives SNAP benefits.

Over one third of adults and 20% of children have obesity; both of these rates are higher than the NYS average. The 2009 age adjusted percentage of adults with diabetes was 10%. This is consistent with the NYS average but both are above the U.S. average

CONVENER(S)

Clinton County Health Department (2015-2020)	
Type	County agency
Mission	Health
Prior work in focus areas	Food Built environment Active living
Key personnel	Public health nutrition educator, public health educator

PARTNERSHIPS

Strategy for partner and community engagement

Clinton County Health Department (CCHD) utilized its Action for Health Consortium to provide ideas and feedback for its strategies. It built upon prior connections with the municipality of Plattsburgh, local food outlet owners and local social service providers. Beginning in 2017, CCHD formally recruited five community liaisons from Saranac, Rouses Point, Champlain, Altona and Dannemora, which allowed CCHD to stay connected to and aware of community level plans, and to influence and guide these plans.

Organizations engaged

Clinton County Health Department: Municipalities, Cornell Cooperative Ext., Community Action (JCEO), Uni. Of Vermont Hospital system, Senior Citizens Council, Childcare Coordinating Council, Adirondack Health Institute, East Adirondack Healthcare Net., SUNY Plattsburgh

Political and Broader Coalitions: Healthy ADK, County Health Depts., School District Food Services

INITIATIVE

Priorities/goals

- Maximize recruitment for and awareness of the Better Choice Retailer program
- Expansion of mobile produce markets to areas with limited access due to lack of transportation or mobility issues.
- Enhance and activate spaces for physical activity throughout Clinton County

Signature accomplishments

- Recruited the majority of convenience stores in the county into the Better Choice retailer program, including the corporate chain Stewart's Shops
- Successfully Initiated its Farmacy program with the Keeseville Pharmacy
- Incorporated regularly available fresh produce into food pantries in Plattsburgh
- Through mini-grants, supported fifteen projects in nine communities through sub-awards applications. Funding supported the second phase of park revitalization for three towns, Black Brook, Champlain and West Chazy. The remaining projects focused on Complete Streets, park enhancements, walking paths, refurbishing courts and fields, installing an outdoor shuffleboard court, and starting low-cost ice skate rentals.

Key challenges

- Lack of accessibility of higher quality food stores and improved recreation spaces to low-income rural population, especially compared to the easy access to convenience stores and dollar stores
- Initial leader assumed higher position with greatly expanded duties; responsibility was assumed by a capable staff person
- Lack of capacity in smaller municipalities; most towns and villages include only a few thousand residents, limited tax base, and volunteer governments

Response to COVID

CCHD staff were immediately redeployed to responsibilities related to the COVID-19 pandemic, including contact tracing and distribution of PPE. All planned in-person activities were halted. As Clinton County residents adjusted to the realities of the pandemic, CCHD found there to be an uptick in people engaging in outdoor activities, with the County's natural and built environment offering myriad opportunities. The local economy suffered due to the pandemic, and increased food insecurity and social isolation were challenges.

Funder: NYHealth Foundation

EAST HARLEM , NEW YORK, NEW YORK

AREA DESCRIPTION

At the outset of the Healthy Neighborhoods initiative, East Harlem in New York City had a population of 76,000 that was primarily Hispanic (48%) and Black (26%). The large Hispanic/Latino population is mainly Puerto Rican and Dominican, and the area is known as "El Barrio" or "Spanish Harlem." With many other cultures represented as well, this busy urban neighborhood is characterized by an abundance of storefronts, including restaurants and bodegas, and has well-known cultural, religious, and arts institutions as well. Even before the COVID-19 pandemic, 30% of East Harlem residents lived in poverty, 12.5% were unemployed, and one third lived in public housing. Housing consists of numerous densely grouped high rise buildings, and East Harlem ranks right behind Brownsville for having the most densely concentrated public housing in the US.

The area has elevated mortality rates and low self-reported health values. It is often compared with the directly adjacent Upper East Side, which has many residents who are higher income and White, as a stark demonstration of the effects of years of disinvestment and racism on health. Sixteen percent of East Harlem residents have ever been told they have diabetes, compared with 11% NYC residents. One-fourth of East Harlem residents have obesity. The neighborhood has challenges in access to healthy and affordable foods and physical activity: 13% report having consumed no fruits or vegetables and 79% consumed 1-4 in the last day; 38% report consuming one or more sugary drinks daily (28% in NYC); and 22% engaged in no exercise in the past 30 days.

CONVENER(S)

The NYC Department of Health and Mental Hygiene's East Harlem Neighborhood Action Health Center (NHAC) was the original sole convener. NYHealth funded the City University of New York's Urban Food Policy Institute to take over leading the food environment component beginning in 2018.

EH Neighborhood Health Action Center		CUNY Urban Food Policy Institute	
Type	Local center, city agency	**Type**	Academic Center
Mission	Population health	**Mission**	Food access and equity
Prior work in focus areas	Healthy and active living	**Prior work in focus areas**	Nutrition, food marketing, food access
Key personnel	Project Coordinator; Special Projects Director	**Key personnel**	Director, Youth and Community Development; Assistant Director

PARTNERSHIPS

Strategy for partner and community engagement

NHAC: The Action Center was experienced at bringing together multi-sector partnerships, and worked with multiple partners to build and strengthen community support and facilitate conversations around improving the built environment. NHAC had a dedicated set-aside for resident-led projects, including developing a Neighborhood Committee to guide and inform NHAC initiatives.

CUNY Urban Food Policy Institute: The Urban Food Policy Institute leveraged relationships developed in previous work with Healthy Food for Upper Manhattan Network, and reinvigorated a neighborhood food network for which funding from the city's health department recently ended. The Institute also leveraged its connections to youth organizations from prior work with the Youth Food Countermarketing Network.

Organizations engaged

NHAC: El Barrio Bikes, Concrete Safari, Little Sisters of the Assumption, Uptown Grand Central, Cada Paso, Randall's Island Park Alliance, Brown Bike Girl, Uptown and Boogie Bicycle, New York City Mayor's Office's Building Healthy Communities, Walking Trail Steering Committee, Harlem Health Advocacy (DOH), Mount Sinai Medical Center, New York Academy of Medicine

CUNY Urban Food Policy Institute: Wellness in the Schools, Children's Aid Society, NYCHA, Brotherhood/Sister Sol, We Are the Village, Eastward BC, SCAN, Lantern Community Services, Union Settlement, IRIS House, Uptown Grand Central, Concrete Safari, Healthy Harlem Children Zone

Political & broader coalitions: Community Board 11

INITIATIVE

Priorities/goals

NHAC:

- Supporting community partners – East Harlem Walking Trail Steering Committee; Barrio Bikes - in organizing group walking and biking to promote greater awareness of/participation in safe physical activity.
- Implementing Health in Action initiative, a mini-grant program for healthy eating & physical activity proposals involving a community deliberative board and grant decision-making.

CUNY Urban Food Policy Institute:

- Encourage consumption of healthier food and discourage consumption of unhealthy food (defined as highly processed products high in fat, sugar, salt and calories).
- Training participating youth and community organizations to identify shared goals around healthy eating with other community-based and citywide organizations and develop feasible and effective strategies for partnerships that advance shared goals.

Signature accomplishments

NHAC:

- Connected over 5,000 community members to 225 community-focused opportunities related to physical activity
- Improved open spaces that can be used for physical activity – dedicated bike lanes and Citibike expansion into East Harlem, delineating bike routes to local parks, and establishing the East Harlem Community Walking Trail.
- Health in Action grantees took on built environment improvement in local gardens, public housing developments, and schools.
- 4 local organizations provided programming including physical activity, but also focused on sustainability and capacity building for local organizations.

- Contracted with 3 minority-owned organizations including Equity Advocates to provide capacity-building technical assistance and training for select Harlem Bureau partners.

CUNY Urban Food Policy Institute:

- Four community campaigns were launched in Harlem that encouraged the consumption of healthier foods and discouraged the consumption of unhealthy foods
- Trained high school students on how to develop original counter-marketing campaigns that spread awareness on the disproportionate targeted marketing of unhealthy foods towards African American and Latino youth.
- Convened a series of meetings on developing healthy food partnerships, leading to the creation of a peer-learning network for Harlem organizations where groups have come together to forge strong collaborations and share ideas and best practices.

Key challenges

NHAC:

- Poor quality street conditions including poor signage, lack of bike and pedestrian safety, and high crime

CUNY Urban Food Policy Institute:

- Relatively weak connections to the neighborhood/residents
- Engaged in limited to no cooperation with NHAC's goals and progress on the initiative, resulting in little synergy across the site

Response to COVID

As employees of the NYC Department of Health and Mental Hygiene, NHAC staff were immediately re-deployed to respond to the COVID-19 emergency. Site-based work and activities necessarily stopped. Its mini-grant partners were sufficiently autonomous that they could continue some organizing – albeit online – without the direct presence of NHAC staff. The Urban Food Policy Institute shifted to convening partner meetings virtually to share resources.

Funder: NYHealth Foundation

LOWER EAST SIDE, NEW YORK, NEW YORK

AREA DESCRIPTION

The Lower East Side represents one of New York City's oldest communities; it is dense with old tenements, as well as large subsidized and public housing projects. It has been gentrifying in recent years, presenting challenges for long-time residents to access healthy food and physical activity. Much of the available green space is typically fenced off from public use and the landscape in the neighborhood is typically hardscape.

Two Bridges (population 38,164) was the initial target area. It is an ethnically and economically diverse community, as the Lower East Side has served as the first landing for waves of immigrants throughout New York City's history. It is among the neighborhoods in Manhattan with the highest rates of poverty (27% in the six census tracts encompassed in Two Bridges). Over 85% of residents live in rent stabilized or subsidized housing. The residents of Two Bridges are mainly of Chinese origin and many of children in the Two Bridges neighborhood are English Language Learners.

University Settlement subsequently took over as convener and moved the target area north, around two Centers where they delivered services. This was necessary in order for them to engage residents where they had a strong presence. The community served by University Settlement is predominantly low income, immigrant seniors.

With the majority of medical facilities clustered north (Union Square) and south (Chinatown) of the Lower East Side, residents encounter inequitable access to health care services, while the population clearly demonstrates a strong need for access. Compounding all of these factors is the limited access local residents have to healthy and affordable food options.

CONVENER(S)

The first convener organization for the Lower East Side was the Two Bridges Neighborhood Council (TBNC) and its focus was specifically on the Two Bridges neighborhood within the Lower East Side. When NYHealth decided to not renew TBNC in 2017, the foundation searched for a new convener in the same community. University Settlement Society (USS) became the convener organization from 2018 through the end of the initiative. USS did not focus on a specific neighborhood within the Lower East Side.

Two Bridges Neighborhood Council (2015-2017)		University Settlement Society (2018-2021)	
Type	Non-profit organization	**Type**	Settlement house
Mission	Community planning, neighborhood preservation, creation of affordable housing	**Mission**	Community services
Prior work in focus areas	Health & wellness Recreation programs	**Prior work in focus areas**	Community building Physical activity
Key personnel	Director of Community Programs/Project Director, Director of Development & Communications	**Key personnel**	Program Director (Older Adults (LEARN)), Senior Program Director (Project HOME)

PARTNERSHIPS

Strategy for partner and community engagement

Two Bridges Neighborhood Council: Through NYHealth's Healthy Neighborhoods Fund, TBNC planned to convene partners under one umbrella initiative to work together to bridge the many resident-to-resource barriers that existed within the community. Engaged a design firm to help with branding, messaging and mission for partner engagement under the "#2BHealthy Campaign".

University Settlement Society: Unite their large network of local organizations to create exercise and movement options for seniors. While engaging many other organizations, University Settlement worked primarily through activities expanding their existing senior client base.

Organizations engaged

Two Bridges Neighborhood Council: Healthy Food Retail Action Network, Community Access, Hester Street Collaborative, Trust for Public Land, NYC Department of Health and Mental Hygiene, MAPSCorps Youth Mapping Program, GrowNYC, NYC Department of the Aging, NYC Department of Transportation,

University Settlement Society: Cooper Square Mutual Housing Association, Chinatown NORC, Fourth Avenue Block NYC, Chinatown Y

Political & broader coalitions: Lower East Side Inter Agency Council, Councilmember Margaret Chin

INITIATIVE

Priorities/goals

Two Bridges Neighborhood Council:

- Increase access to fresh food through expanding GrowNYC's Fresh Food Box program to provide subsidized, fresh, locally grown produce to residents
- Partner with a local health care facility to launch the Fruit and Vegetable Prescription Program, which subsidizes the purchase of fruits and vegetables for people in low-income neighborhoods
- Implement design recommendations for the South Street corridor to increase access for residents to the walking trail along the East River and other public spaces
- Secure an affordable supermarket in the Two Bridges area

University Settlement Society:

- Improved meal programs and nutritional education for seniors in Settlement community
- Creation of walking "trail" for seniors to encourage physical activity
- Creation of exercise and physical activities for seniors

Signature accomplishments

Two Bridges Neighborhood Council:

- Expansion of bike paths, traffic calming, and local fitness classes
- Expansion of farmers markets and distribution of Health Bucks and Fresh Food boxes
- Updated and distributed NeighborFood grocery guide

University Settlement Society:
- Successful food distribution to seniors during pandemic
- Engagement of seniors in online activities during pandemic

Key challenges

Two Bridges Neighborhood Council:
- Community mistrust about the motivations of Two Bridges Neighborhood Council with respect to community development when the agency sold the air rights of three of its properties to a real estate developer
- Little connection to other organizations and difficulty forging new connections
- Staff turnover led to increased workloads

University Settlement Society:
- Partner/collaborative engagement was very limited
- Little community engagement beyond the seniors served by University Settlement Society
- Initial plan to develop a signed walking path for seniors did not resonate with the community
- Late entry to the Healthy Neighborhood initiative
- Covid greatly impacted their model of service delivery and vision for engagement

Response to COVID

University Settlement Society: Staff quickly attained "essential worker" status, providing food access for homebound and economically vulnerable community residents. Emergency food provision also involved the distribution of several hundred food boxes per week in partnership with NYC and a monthly outdoor food pantry. Within these various distribution mechanisms, University Settlement Society emphasized providing culturally appropriate foods, especially once they obtained an emergency grant to develop and distribute their own catered meals. They also instituted routine phone check-ins for their hundreds of vulnerable residents. Developed remote classes and devoted intensive time to helping residents connect.

Funder: NYHealth Foundation

NEAR WESTSIDE, SYRACUSE, NEW YORK

AREA DESCRIPTION

The Near Westside, encompassing two census tracts, is an old and small community. It is one of the poorest neighborhoods within one of America's poorest cities, Syracuse. Syracuse is a city that has experienced significant population loss over the decades, and much of the Near Westside's housing stock (small freestanding houses) evidences decline and neglect. While the neighborhood is in close proximity to many of the city's main attractions and hubs of activity, including downtown's Amory Square, Burnet Park (which houses the city's zoo) and the Inner Harbor Waterfront, highways and thoroughfares, along with dangerous corridors and limited public transportation, stand in the way of easy access. In contrast, Skiddy Park, which covers just shy of three acres and includes ball fields and other athletic facilities, is located within the Near Westside. The neighborhood also has a number of social service providers, schools, government agencies, and religious institutions within it. At the start of the Initiative, Nojaim Brothers Supermarket was the key local food supplier within the Near Westside; its closure early in the Initiative left the community very much a food desert.

Approximately 10,000 people reside in the Near Westside. Nearly half of them are Black and another quarter are Hispanic; the Hispanic share of the population is unusually large for Syracuse. At the start of the Initiative, about 70% of the neighborhood households had income below $25,000; half lived below the poverty line.

In comparison with other neighborhoods in Syracuse and the wider Onondonga County, residents of the Near Westside were far more likely to experience a wide range of chronic conditions, including asthma and diabetes. Rates of teen pregnancy and late prenatal care were also high.

CONVENER(S)

An initial convener, Syracuse University's Lerner Center, identified the Near Westside Peacemaking Project to take over leadership after two years, to bolster the community-based work and ownership. Near Westside Peacemaking Project is a project of the Center for Court Innovation and uses traditional Native American practices for restorative justice. They were joined in the effort by Missio Church, which led the physical activity efforts.

Lerner Center for Public Health Promotion (2015-2017)		Near Westside Peacemaking Project with Missio Church (2017-2021)	
Type	Academic center	**Type**	Community-based org.
Mission	Population and community health	**Mission**	Restorative justice
Prior work in focus areas	Had established a committee of anchor institutions in the community	**Prior work in focus areas**	Conflict resolution
Key personnel	Led by Director with Program Coordinator	**Key personnel**	Led by a Project Coordinator with a Program Director

PARTNERSHIPS

Strategy for partner and community engagement

Prior to the Initiative, the Lerner Center had joined forces with the Near Westside Initiative, Nojaim Brothers grocery store, and St. Joseph's Hospital Primary Care Center West to form the "Near Westside Health Committee." The four organizations met monthly to discuss community concerns and collaborative solutions and engaged other business and organizational stakeholders. With funding, they were able to hire a Community Navigator to bring in community voices and initiative activities.

As leadership of the project shifted to the Peacemaking Project, further engagement with a wide range of local community organizations, schools (e.g., Seymour Academy), and government agencies (e.g., the Syracuse Housing Authority) became the norm of practice, with regular meetings and support for each other's events and activities.

Resident engagement was central to the activities on the Near Westside. Resident leaders were hired to work on project activities and work directly with the Peacemaking Project in setting the agenda for engagement and change.

Organizations engaged

Lerner Center: Near Westside Initiative, St. Joseph's Hospital, Nojaim Brothers Grocery Store, YMCA, Cornell Cooperative Extension, Onondaga County Health Department, Huntington Family Centers

Peacemaking Project: Providers Network, Adapt CNY, Transforming Comm. Initiative, Missio Church

Political & broader coalitions: Transforming Communities Initiative, Tomorrow's Neighborhoods Today

INITIATIVE

Priorities/goals

Initial plans called for activities centered on Nojaim's supermarket, and Skiddy Park. Goals at the supermarket included implementing a rating system for nutrition, a loyalty card program, and a fruit/vegetable prescription program integrated with electronic health records. Plans for the park included renovating an underused field house and soccer field, and offering programming. When the convener changed in 2017, priorities shifted to increasing neighborhood safety, a major barrier to health and physical activity, through "kitchen table talks" with residents and community organizing including a youth leadership initiative. Regular events in Skiddy Park and around the neighborhood (such as movie nights) were meant to reduce crime, reduce fear of crime, and create new bonds among residents.

Signature accomplishments

- Renovation and reactivation of Skiddy Park, including a police booth and summer youth program
- Provision of indoor physical activities in coordination with local organizations
- Ongoing events and activities aimed at resident engagement including Kitchen Table Talks, movie nights, and community parties

- Deepened relations and coordination among community partners
- Growing recognition of the value of their efforts as evidenced by requests to expand activities into two additional Syracuse neighborhoods

Key challenges

- Closure of Nojaim Brothers' store, a key partner and key resource for the community: Efforts to improve healthy eating were focused on Nojaim's and so the food focus of the initiative was dramatically diminished.
- Public safety: Skiddy Park and Near Westside neighborhood were plagued by periodic violence (including shootings and murders) and tense community/police relations. Both neighborhood residents and the larger Syracuse community perceived the Near Westside as dangerous, as a result, making it hard to bring people into Skiddy Park and other public spaces.
- Connecting the project with health: While public safety may be defined as a public health issue the site did not stress health but rather engagement and activity.

Response to COVID

This site had developed strong connections with residents and alliances with community organizations when the pandemic began. They shifted to delivering community aid, welfare checks, and supplies, developing methods for remote community peacemaking activities and conversations. The prior efforts to engage and work closely with local partners proved valuable during Covid.

Funder: NYHealth Foundation

NIAGARA FALLS, NEW YORK

AREA DESCRIPTION

Niagara Falls is a city that struggles to remain classified as a city (population over 50,000) becaue of declining population. The target area within Niagara Falls includes low-income urban neighborhoods with housing developments, towers, and single and multi-unit houses.

The neighborhoods targeted are 50% in poverty with up to 70% for youth living in poverty. About two thirds of students in Niagara Falls School District are eligible for free and reduced price lunches. The unemployment rate ranged from 10% to 20% within the various census tracts within the targeted catchment area. The racial/ethnic composition of Niagara Falls was 50% white, 47% Black, and 3% Hispanic/Latino, 2. The target neighborhoods show far greater percentages of Black residents, between 67% and 83%.

Food access and community health, especially in relation to chronic disease such as diabetes are major problems for the Niagara Falls community. The rate of food insecurity is 17% for the county, and Niagara Falls (especially the Highland community) face the highest rates. Barriers to access are extensive and the impacts on health extensive and the north end of Highland Avenue is a food desert. The RWJF County Health Rankings places Niagara County 59th out of 62 counties in New York State in terms of health status. Located in the North End of Niagara Falls are several environmental remediation sites including Globar, 1501 College Avenue, Love Canal, and Tract II Highland Avenue State Superfund Site. The soil is unfit for gardening and raised beds are a strategy of choice.

CONVENER(S)

Create a Healthier Niagara Falls Collaborative (CHNFC) (2015-2020)	
Type	Non-profit coalition
Mission	Health
Prior work in focus areas	Food policy
Key personnel	Project coordinator, Resident leaders, Members of working groups

PARTNERSHIPS

Strategy for partner and community engagement

The work involved a major coordination effort of all the community partners representing service providers, academic institutions, business, community organizations, healthcare and human service agencies, and municipal, community- and faith-based organizations. Partner organizations have considerable experience collaborating on healthy and active living efforts, and collaborated first as part of the Niagara Falls Mayors Task Force to Create a Healthier Niagara Falls. The intent was that the expertise and convening power to attract stakeholders, both public, private, health and non-health, would sustain the positive health outcomes and offer a replicable model that is fully aligned with the objectives of the NYHealth Foundation's Healthy Neighborhoods Fund. This was an entirely community resident-led collaborative.

Organizations engaged

Healthier Niagara Falls Collaborative: University of Orange, ReThink Health, Kettering Foundation, Niagara Falls Department of Community Development., Resident leaders & projects, Niagara County Cornell Cooperative Extension, Highland Community Health Center, Field & Fork Network, Niagara University, African Heritage Food Coop, Planned Parenthood, Niagara Memorial Hospital, NF School District, Project Greenspace, Empire State Development Corp, Grassroots Green, Community Health Center of Niagara Falls

Political and Broader Coalitions: Create Healthier Niagara Falls Mayor's Task Force, PopHealthNY

INITIATIVE

Priorities/goals

- To develop and empower resident leaders and other neighborhood residents who engage in a process of community transformation, in order to improve access to safe physical activity and healthy foods. Process involved five-step model: 1) organizing a group of community advocates, 2) involve advocates in determining root causes of a community issue and outline resources necessary to overcome it, 3) analyze the results and prepare findings, 4) involve advocates in selecting, planning, and implementing solutions to address issues, 5) ensure actions are maintained to effect long term change.
- To improve safety and walkability of neighborhoods through Walking Club walks, the special event "Walk the Falls," and other activities.
- To Support the Local Food Action Plan developed by the Niagara Falls Healthy Food Healthy People workgroup.
- To open and operate out of The Nest – a physical office to bring more visibility to their work and create a comfortable community space.
- To launch Community Currency, an innovation that involves participants using whatever skills they have to help others, by "trading" hours instead of money. CHNFC has researched the concept of linkages between social connection and improved public health, and planned to test this concept using Community Currency as a vehicle for social cohesion.

Signature accomplishments

- Walking clubs and walk events
- Serving as a visible catalyst for engaging the community
- To maintain sustainability going forward, CHNFC engaged in some structural re-organizing to better define roles andresponsibilities among the four volunteers running the collaborative.

Key challenges

- Lack of municipal resources
- Lack of density in urban core
- Hard to engage critical mass of effort
- Limited capacity of all volunteer co-chairs

Response to COVID

Much of CHNHC's activities involved organized groups, so most of their planned activities necessarily ceased with NY State's pandemic shut-down. They continued to meet remotely.

CHNHC acted as a community resource whenever possible – distributing masks, and responding to individual needs on a case-by-case basis. They also modeled a COVID-19-revised version of the walking club: taking solo (or podded) walks, and then meeting as a virtual group and sharing the experience. With this group encouragement, they've successfully been keeping their Mile & Smile Walking Club alive throughout the pandemic.

Funder: NYHealth Foundation

CLAREMONT, THE BRONX, NEW YORK

AREA DESCRIPTION

At the start of this Initiative, the target community of Claremont Village had a population of roughly 11,000. Located within the Morrisania section of the South Bronx, Claremont Village is characterized by large and dense public housing projects; essentially, all residents in the target area live in public housing. Bronx Care (previously known as Bronx Lebanon Hospital) sits on the edge of Claremont Village. While the area is served by several schools (charters) and community-based organizations, most commerce is found outside of the informal boundaries of Claremont Village. Although the Grand Concourse is less than a mile from the Claremont Village community, railroad tracks and a hilly terrain make the distance seem much greater.

Claremont Village sits within the poorest congressional district in the nation. About half of the residents live below the federal poverty level. At the start of the initiative, the median income for households in Claremont Village was below $23,000. Slightly less than two-thirds of the community identify as Hispanic, while slightly more than a third identify as Black.

People living in the larger South Bronx area have the highest rates of morbidity and mortality rates in NY State. Their heart disease rates are 40 percent higher, obesity rates 30 percent higher, and diabetes rates double that of the rest of New York City. Nearly 40 percent of South Bronx children are obese or overweight, a major concern given the high risk for lifelong diabetes or other chronic diseases.

CONVENER(S)

Claremont Neighborhood Center (2015-2019)	
Type	Community center
Mission	Youth Services
Prior work in focus areas	Active Living Pregnancy Prevention HIV Prevention
Key personnel	Program coordinator and community health worker supervisor

PARTNERSHIPS

Strategy for partner and community engagement

Building off of their prior collaborative efforts to improve the community's health, Claremont Neighborhood Center shared leadership of the initiative with what was then Bronx Lebanon Hospital, as well as HealthFirst initially. They held regular meetings to seek input from health, arts, and elder experts. The site staff relied on existing local leadership within the neighborhood housing projects, resident leaders from the local housing projects were frequently engaged in this work.

Organizations engaged

Claremont Neighborhood Center: BronxCare, DFOY/Butler Cornerstone, Healthfirst, DOHMH, NYCHA tenant leaders, Bronx Documentary Center, Casita Maria, GrowNYC, Police Dept., Hodson Senior Center, Local schools, Other South Bronx grantees

Political and Broader Coalitions: Councilmember Gibson, Community Board

INITIATIVE

Priorities/goals

- Train and engage youth as the agents of community change around environmental justice and social issues.
- Reactivate public spaces through the use of art and physical fitness activities.
- Improve healthy food access and nutrition education programs.

Signature accomplishments

- Mentoring and leadership work with youth. Developed Urban Youth Ambassadors program, which implemented activities including a successful Rock the Vote event; and which developed and won a participatory budgeting project to clean up the neighborhood parks.
- Developed youth summer intern program focusing on nutrition education, as part of Grow NYC's Learn It, Grown It, Eat It program, reaching 550 Claremont residents over the course of a summer.
- Improved relationships between the community and the neighborhood police precinct, due to connections fostered by the Claremont Healthy Village Initiative.

Key challenges

- Capacity of Claremont Grant funding was given to the Claremont Neighborhood Center, which had limited capacity to administer a grant of this size and scope. A shift was needed in the roles and responsibilities of the CNC and Bronx-Lebanon (Bronxcare), which began to be made.
- Some overly high expectations among community organizations and residents about what Bronx Lebanon would be able to support
- Public safety concerns/violence
- Quality of life in public spaces – sanitation concerns
- Youth unemployment
- Relative lack of youth engagement in community issues
- Lack of public responsiveness to the need for Claremont Village to be dealt with as one unified entity, not as individual housing complexes. Exacerbates competition for resources that should instead be shared.

Response to COVID

Funding ended prior to the onset of the pandemic.

Funder: New York Community Trust

HUNTS POINT, THE BRONX, NEW YORK

AREA DESCRIPTION

Hunts Point is a neighborhood within the South Bronx. The Hunts Point neighborhood is characterized by small apartment buildings and the community is on a peninsula that is cut off from the rest of the Bronx by the Bruckner Expressway. While the Hunts Point Market, the regional distribution hub for produce, meat, and other food items, can be found on the community's edge, the neighborhood lacks affordable, fresh, and healthy retail food outlets.

At the start of the initiative, there were approximately 12,000 residents in Hunts Point; nearly three-quarters of Hunts Point residents identified as Hispanic and most other residents identified as Black. Hunts Point is part of the poorest congressional district in the nation. Forty percent were households living below the poverty line, a rate of poverty far greater than the rest of the Bronx and of NYC.

The residents of the South Bronx, including those in Hunts Point, have among the highest morbidity and mortality rates in New York State. Their heart disease rates are 40 percent higher, obesity rates 30 percent higher, and diabetes rates double that of the rest of New York City. Close to 40 percent of South Bronx children are obese or overweight, a major concern given the high risk for lifelong diabetes or other chronic diseases.

CONVENER(S)

Urban Health Plan (2016-2019)	
Type	Community health center
Mission	Health
Prior work in focus areas	Active living Nutrition Healthy retail
Key personnel	Program Coordinator; Coordinator, Wellness; Assistant Director of Nutrition

PARTNERSHIPS

Strategy for partner and community engagement

Urban Health Plan began by partnering with organizations with which it had pre-existing relationships, and expanded to include additional community-based organizations. They developed the Healthy Hunts Point Action Group, a group of residents who organized to advocate for the neighborhood. Staff worked closely with local residents and organizations to create and coordinate local activities for the community.

Organizations engaged

Urban Health Plan: Hunts Point Alliance for Children, Rock the Boat, Local Schools, GrowNYC, Workforce Development, The Point, NYEDC, Family Enrichment Center, (Graham-Windham)

Political and Broader Coalitions: Longwood/Soundview Coalition, Councilmember Salamanca, Community Board

INITIATIVE

Priorities/goals

The original aim was to establish an open-air "mercado" in the neighborhood, envisioned as a focal point for healthy food, wellness and social cohesion. However, the timeframe for development did not coincide with grant funding, and the site's focus shifted to encompass a series of discrete activities related to healthy eating, neighborhood safety, and physical activity and to the development of a community resident Heath Action Group to help determine its future directions.

Signature accomplishments

- The Hunts Point site represented a strong collaborative with common aims and a deep reservoir of mutual respect among the participating organizations. Its resident-led Healthy Hunts Point Action Group continued to be active throughout the grant period in identifying issues and organizing residents around them.
- What was initially a Fresh Food Box distribution program evolved into a weekly produce stand, establishing a year-round location for fresh fruits and vegetables.
- Creating "way finding" signage and advocating for the installation of more street lighting for safer streets; involvement in participatory budgeting

Key challenges

The central continued challenge involved the delay in the opening of the mercado. It was difficult to maintain momentum related to healthy food access while mercado development was on indefinite hold. While this presented a temporary derailment, narrowly speaking, to the fulfillment of the partnership's primary initial goal, it resulted in a more pronounced redirect to the other activities during the lifetime of the grant. Many of these activities were well-received but participation was limited by space and other resource limitations.

Response to COVID

Grant funding ended prior to the pandemic.

Funder: New York Community Trust

MOTT HAVEN, THE BRONX, NEW YORK

AREA DESCRIPTION

Mott Haven sits within the South Bronx; Lincoln Hospital and the Grand Concourse are located at the western edge of Mott Haven and both Yankee Stadium and the Bronx courthouse are just north of the Mott Haven community. The 35 acre St. Mary's Park is a significant presence within Mott Haven. The target community of Mott Haven had over 45,000 residents at the start of this initiative; about two-thirds live in public housing. The neighborhood may be considered a "food desert" with a dearth of affordable, fresh, and healthy food even as fast food and similar outlets are found in abundance on the neighborhood's commercial strips.

Mott Haven is part of the poorest congressional district in the nation; about half of the residents live below the federal poverty level. The poverty rate in Mott Haven is far higher than the city, as a whole. Two-thirds of the community identify as Hispanic and most others as Black.

The highest morbidity and mortality rates in New York State are for people living in the South Bronx, which includes the neighborhood of Mott Haven. Their heart disease rates are 40 percent higher, obesity rates 30 percent higher, and diabetes rates double that of the rest of the City. Close to 40 percent of South Bronx children are obese or overweight, a major concern given the high risk for lifelong diabetes or other chronic diseases.

CONVENER(S)

BronxWorks (2016-2019)	
Type	Settlement house
Mission	Community development
Prior work in focus areas	Food Active living
Key personnel	Project director, Program specialist, Nutrition Program Coordinator

PARTNERSHIPS

Strategy for partner and community engagement

BronxWorks initially brought together eight organizations with a wide range of expertise in health and social services, arts for social justice, food access, and government agencies, to develop its Mott Haven health improvement project. St. Mary's Park became a central focus of their engagement activities.

Organizations engaged

BronxWorks: Belvis Seguro Health Center, NY Restoration Project, NY DOH, Parks Dept./Rec Center, City Harvest, GrowNYC, South Bronx Farmers Market

Political and Broader Coalitions: Bronx Health Reach, Bronx Bodega Partners Workgroup, #Not62, Bronx Partners for Healthy Communities, Councilmember Ayala

INITIATIVE

Priorities/goals

- Enhance access to healthy foods by enlarging the ***Shop Healthy*** program for convenience stores in Mott Haven; mentoring area youth to complete a Shop Healthy culinary, customer service, and public speaking skills training; and provide avenues for food tours, cooking demonstrations; and farmers' market collaborations. A separate grant enabled BronxWorks to link patients with high blood pressure from the Belvis Segundo Ruiz Family Health Center to resources in Mott Haven that support healthy eating and active living.
- Enhance access to safe physical activity through advocating for a safer, cleaner St. Mary's park, an anchor park in the South Bronx. This included facilitating the St. Mary's Park Work Group; strengthening the St. Mary's Park ***Second Saturdays*** program by adding recreational, arts, culture, and fitness events and volunteer park stewardship days to engage 2,000 Mott Haven residents.
- Cross-initiative partnering with the two other NYCT-funded sites to amplify the Shop Healthy program, advocate to bring the Citi Bike program to the South Bronx, and launch an anti-littering drive.

Signature accomplishments

- The impact of NYCT funding on Bronxworks' was felt in its organizational growth. When the initiative began, a community health department didn't exist; in succeeding years, it not only was developed but subsequently doubled in size due to funding Bronxworks was able to leverage (the Snap-Ed grant).
- Bronxworks' ongoing partnership with Belvis Segundo Ruiz Family Health Center, resulting in an all-weather farmers' market hosted within the Center, and a mutually-supported blood pressure program which benefited from Bronxworks' trusted relationship within the community to recruit participants.
- Strong partnerships with NYC DOH, and other organizations involved with St. Mary's Second Saturdays programs. Networking with outside organizations has resulted in ancillary activities (in addition to those originally planned) and a small-scale influx of funds. These additional funds may demonstrate a trickle-down effect of a synergistic partnership.

Key challenges

The St. Mary's Park Working Group hoped to transfer leadership of its activity to resident stewards. They hoped that the future of the park could be placed in the hands of the local community. The Working Group was unable to identify or groom such resident leadership.

Response to COVID

Funding for this initiative ended prior to the pandemic.

Funder: New York Community Trust

APPENDIX B: Photo-Elicitation Interviews

In light of Covid-related restrictions on both travel and in-person meetings, the NYU evaluation team was required to rethink our methods for gathering data on site activities and neighborhood impact. Prior to the pandemic, our team made great use of site visits to gain insights and updates from program staff in the convening agencies and partner organizations. Further, we typically met with small groups of resident leaders who were working on key issues with the local convening agency and/or neighborhood participants in the site-supported activities. Additionally, we attended many events, and moved about the target communities, seeing firsthand the streets, stores, parks, schools, and homes in which the work was taking place and residents' lives were being lived. When Covid hit, we lost that opportunity to experience the community first hand.

In February 2020, during a collaborative meeting held just prior to the recognition of the pandemic's spread to the northeast of the United States we shared with all six sites an exciting addition to our evaluation methods. We planned to employ a relatively new technique, Photo Elicitation Interviews (PEI) to gain in-depth insight from community members about their perceptions of the local environments in regard to healthy food access and opportunities for physical activity. Photo-elicitation is a qualitative research technique; while first developed over 50 years ago, it has become far more common over the past decade, as digital cameras and smart phones make the technique cheaper and easier to use.[1] With PEI, community members or program participants are first asked to photograph (or video, in some cases) aspects of their environment or daily experience relevant to the research topic or question. Researchers then engage with the photographer resident, asking for comments on the images that they have provided. Photovoice, which makes use of photo-elicitation interviewing, is a strategy increasingly employed in action-oriented research. However, many studies, including our own evaluation, make use of PEI outside of the photovoice or action-oriented framework.

In program evaluations, PEI often can rely on enrolled program participants to serve as photographer informants. In our case, grant activities engaged but did not "enroll" local residents. Change was intended to occur at the neighborhood level; residents' lives were to be changed by improvements in the food and exercise environments and the access they provided. Without actual enrolled participants, we needed to identify a different strategy for finding our local photographers. We wanted those residents who had been "touched" by the initiative but not those who had taken on significant leadership roles. To do this, we needed the assistance of the convening agencies to help us identify and engage local residents willing to work with us in this way. We began the work of trying to identify four to eight residents in each of the six sites in February 2020 expecting to do two rounds, with the first interviews scheduled during the Spring 2020 site visits. These plans were uprooted by the pandemic; the Spring site visits were canceled altogether. After revamping our PEI methodology and getting the go-ahead to proceed with the PEI in Fall 2020, we were able to conduct one set of 12 interviews with residents in the three upstate sites between September 2020 and February 2021.

Engaging local residents proved a far more difficult task than imagined. To understand the roadblocks to successful use of the technique in this evaluation, one must first remember the degree of fear and isolation in the first 18 months of the pandemic. Simply going outdoors was perceived to be a risk and resident interaction with site activities was wholly virtual. Further, some convening agencies were reluctant to assist us with this new part of the evaluation. On

one level, there were staff who lacked trust of the evaluation; the many changes in convening agencies and their staff, combined with our own change in program director, made our relations with some sites less robust than earlier in the evaluation. They feared that the PEI might be used to put the site in a bad light, as they were concerned that resident photos would not (or could not, given Covid) reveal their impacts on the local communities. In some cases, they felt that they needed to "protect" residents from engagement with our "outside" evaluation team. We struggled with these barriers; in the end, we learned a great deal from out upstate interviews but were frustrated not to have the perspectives of the residents in the downstate communities participating in the initiative.

Residents from Syracuse's Near West Side, Clinton County, and Niagara Falls who were interested in participating in the PEI were provided a brief orientation to the approach and offered a $50 incentive for their time and effort. They were asked to take as many photographs as they wanted to on their phones over the course of a week and share them with us. We then scheduled a video conference with the resident photographer. The photographer chose seven to ten photos to discuss, and one member of the evaluation team guided the interview, while a second member took notes. All of the resident's photographs were placed on the screen. The resident selected the order in which they wanted to discuss the photographs. The resident photographer was asked to describe why they had taken the particular photograph and what they felt it represented in terms of their community. The interviewer would, then, ask probing and/or clarifying questions about the location of the photo or how one photo related to another. When relevant to the photos being shared, the interviewer also probed the residents' histories in the neighborhoods and general family situation, such as whether or not they had children. This process was continued until all photos had been discussed. All interviews were recorded.

The interviews were rich and the resident photographers showed great engagement and insight. They had selected what to photograph with care and thoughtfulness. They were anxious to share them and their meaning with us. While we have not meaningfully coded the interviews, we have come away with a deepened understanding of the communities and their food and activity environments. At this time, we would like to share some early themes and photos to go with them.

In regard to physical activity, parks and playgrounds were frequently the focus of the photographs. In many cases, these photos were provided as positive images of what was available to local residents. In others, the emptiness of the site (even if well maintained) was used as a reminder of Covid's impact (photos 1 and 2).

Photo 1. "I haven't been letting my son play on playgrounds because of COVID. Normally this would be a place he would go and play." (Niagara Falls)

Photo 2. "I took this very calm, quiet, peaceful picture of a basketball court. No rim… they took it down… because of Covid. With Covid, no one was outside." (Syracuse)

In a few cases, disrepair was noted. Beyond parks and playgrounds, the quality of the streets and sidewalks are often the focus on the photographs and interviews. Resident photographers, repeatedly, spoke of walkability in terms of safety, sidewalks, traffic, and visual aesthetics (such as trees or nearby factory buildings). Photos of dilapidated housing were provided as evidence of poor conditions (photo 3). In one case, a bikeshare program was highlighted; in another, a bike path (photos 4 and 5). The interviews reflected a deep understanding of how the physical space shaped people's choices of where to go and by what means.

Photo 3. "Not all of Niagara Falls is this bleak, but some, especially around downtown. A lot of houses sitting empty." (Niagara Falls)

Photo 4. "Reddy bikeshare program is very prominent in Niagara Falls." (Niagara Falls)

Photo 5. "That's a bike lane and a walk lane… this is a creek walk" (Syracuse)

In regard to the food environments, the photos were often intended to juxtapose examples of healthy food access and those of unhealthy options. Many of our resident photographers were anxious to share images of local farmers markets, food coops and community gardens (photo 6); that said, they often acknowledged that such options were used by relatively few residents. In some cases, well stocked grocery stores and grocery aisles were presented as examples of good food access (photo 7). On the other hand, convenience stores, fast food establishments, and closed up shops were presented as evidence of a poor food environment or limited community options. In several interviews, it was clear that the respondent did not make use of local food options, choosing instead to use their cars to shop elsewhere. A few residents chose to share photographs specifically related to adaptations to the food environment due to Covid, for example highlighting grab and go options and local food pantries.

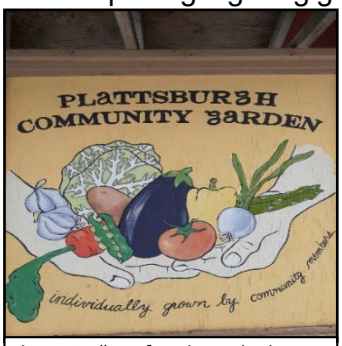

Photo 6. "My family and I have been participating for 5 years." (Clinton County)

Photo 7. "They have reduced prices, most often less than TOPS… it's very walkable and reachable by people downtown." (Niagara Falls).

The results of site activity showed up directly in a couple of interviews. The location of the convening agency or a trail they established were such examples. However, because the sites had been forced to work virtually with residents as a result of Covid, it was not surprising to us that the photographs were mostly focused on the community resources.

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Appendix C: Street-intercept survey results

As part of the evaluation of the Initiative, the NYU evaluation team surveyed 1,395 community residents both before and after the intervention to measure behavioral changes. Information was collected about the residents' health behaviors in two of the Healthy Neighborhood sites (Brownsville in New York City, and Near Westside in Syracuse) as well as in two matched comparison communities (East Bedford-Stuyvesant in New York City, and Northside, Syracuse). An additional 484 residents were surveyed in the Lower East Side's Two Bridges area and its matched comparison (Sunset Park) before the Initiative, however this site was dropped from the post survey because a change in the community convener moved the site to new geographic location which did not overlap, and served a different population.

The baseline survey was conducted in 2016. The post-intervention surveys which were planned for the final year of the Initiative (2020) had to be postponed to 2021 due to COVID. At the time of the post-survey collection, mitigating the pandemic was still very much dominating the sites' planned activities, replacing many of their original plans. Social distancing kept residents from gathering together, and otherwise affected their eating, shopping, and physical activity behaviors. Finally, the atmosphere for approaching strangers on the street was notably changed in 2021. Surveyors wore surgical masks while working, and it is likely that the samples were fundamentally different, as those who could social distance may have opted to stay home and/or not to engage with a surveyor on the street. Unfortunately, this combination of factors leads us to feel that the outcomes are not reliable and valid for determining the impact of the Healthy Neighborhoods Initiative on residents' behaviors. Topics addressed by the survey are: a) physical activity levels, b) healthy food purchasing and consumption, and c) knowledge and motivation toward healthy eating and physical activity, d) awareness of community-based resources, opportunities and activities for healthy eating and physical activity, and e) community involvement level.

Methods

Community Selection

Data were collected in three Healthy Neighborhoods communities: Brownsville in New York City, Lower East Side (Two Bridges) in New York City, and Near Westside in Syracuse. These communities were selected for the study through discussions with NYHealth staff. As described above, the Lower East Side was dropped from the study when the site's focus moved. The study's design includes a sample drawn from each community, rather than a sample limited to individuals who are known users of the program or intervention. We chose communities in which the convener a) planned to target residents living in a relatively small geographic area, b) planned multiple interventions and activities in that geographic area, c) planned approaches on different levels within that area, and d) planned at least one activity designed to reach a broad proportion of the area's population. While the Lower East Side had to be dropped altogether, the other two sites also had changes in the convening organization that affected the way these plans progressed. Syracuse's planned transition of the convener was by all accounts smooth and successful, though during the change from Community Solutions to Project EATS as the convener in Brownsville, some of the above goals changed.

Each of the sites was matched with a demographically similar comparison community, setting up the evaluation so that a difference-in-difference analytic approach can be used to measure impact. Using US Census data at the zip code level, we created a matching algorithm to select the community that is demographically "most similar" to each of our three study communities based on: percent of the population that is Black, White, Asian, Hispanic; percent of the population living in poverty; residents per square mile; and median age. To minimize outside influences, each

community's matched comparison area was selected from within the same city as the intervention community. New York City and Syracuse each have unique political, economic, and sociocultural climates, as well as city-wide policies that impact health (e.g., zoning laws and health, education, and housing policies). Thus for the New York City sites, we held these factors constant by limiting the field of possible matches to other communities in New York City. For Syracuse, we selected among all other communities in the city of Syracuse. Communities that were identified as the "most similar" were then reviewed to ensure there were no major City or State interventions planned to improve healthy eating or physical activity in the community. The matches selected were: Brownsville and East Bedford-Stuyvesant (NYC) and Near Westside and Northside (Syracuse).

Survey Development and Administration

The resident street-intercept survey utilized prior validated questions to the greatest extent possible and was pretested in the designated communities and refined by our team before use. The survey covered five domains: a) physical activity levels, b) healthy food purchasing and consumption, and c) knowledge and motivation toward healthy eating and physical activity, d) awareness of community-based resources, opportunities and activities for healthy eating and physical activity, and e) community involvement level, as well as demographic information. The physical activity measures were derived from the National Health and Nutrition Examination Survey (NHANES) 2013- 2014 Physical Activity Questionnaire and a 2012 survey of public opinions and attitudes on outdoor recreation conducted by the California State Parks Natural Resources Agency.[1,2] The healthy eating measures were derived from the CDC's Behavioral Risk Factor Surveillance System (BRFSS) 2011 Fruit and Vegetable Module.[3] The knowledge and motivation scales came from work on physical activity knowledge and attitudes by Young, et al. (1996) and from work on healthy eating by Conner, et al. (2002) and the University of Connecticut.[4-6] The awareness measures were developed from a survey of exercise behaviors in adults conducted by Roper (2002).[7] Community involvement level questions were developed from work examining community perceptions and involvement.[8,9] Finally, demographic questions were developed from the 2010 U.S. Census questions.[10]

The survey was translated into three languages—English, Spanish, and Traditional Chinese—according to the demographics most represented in the selected communities. For the baseline survey, a team of 12 data collectors, 7 of whom were bilingual in either Spanish or Chinese, was hired and trained (the baseline included two additional sites where many residents spoke Chinese). Ten were based in NYC and 2 in Syracuse. For the post survey, a team of 4 professional data collectors, two of whom were bilingual in Spanish, were trained. All 4 were based in Syracuse. To recruit participants, pairs of data collectors were stationed at selected locations throughout the communities from 10am – 6pm, on weekends and weekdays. These locations were consistent from pre to post. Surveys were collected on mobile tablets which allowed for immediate data entry.

Surveying locations were selected through several strategies. The NYU evaluation team walked each neighborhood to identify at least three areas that attracted moderate to high local pedestrian traffic. Particular attention was given to areas near housing developments, parks and other resources such as community centers or supermarkets, and to locations spread throughout the neighborhood. In addition, in the Initiative sites the convener organizations provided suggestions. Further, to identify community events and gathering places for local residents, we reviewed local publications for each neighborhood. The same sites were used to recruit pre- and post-, although additional sites were added during the post survey to compensate for extremely light street traffic in Syracuse's Near West Side during this period. The biggest change was the addition of an intercept site directly outside a local food bank where 25 surveys were collected. This location was

added because it was one of the only destinations that was attracting street traffic in the Near West Side.

Surveyors approached every person who appeared to be at least age 18 years of age. Upon engaging an individual, the data collector first screened to confirm age of 18 or older by asking, "Are you at least 18 years old?" Second, they screened to confirm residence in the community using a map of the relevant grantee catchment area or of the comparison community and asking, "Do you live within the area outlined on this map?" If the individual passed the screening questions, they were invited to participate in the baseline survey and were offered $2 in 2016, and $3 in 2021 as gratitude for their time. Surveys took approximately 5-10 minutes to administer.

Baseline surveys were administered from July 15th – October 19th, 2016, and post surveys were administered from September 3rd – October 14th, 2021. Data collection started later in 2021 than it did in 2016 because there were fewer surveys to collect without inclusion of Two Bridges and Sunset Park. Response rates (completed surveys out of all individuals approached) ranged from 23%-65% and are shown in figure 1 at right. The response rates for this survey are consistent with other cross-sectional studies that used street-intercept surveys and had similar sample sizes.[11-14]

Figure 1. Survey response rate

Site	Response Rate	
	Pre-survey	Post-survey
Brownsville, NY	45%	42%
East Bedford-Stuyvesant, NY	52%	65%
Near Westside, Syracuse	32%	52%
Northside, Syracuse	23%	43%

Data Analysis

We conducted either Wilcoxon rank-sum tests, Pearson's chi-square tests, or Fisher's exact tests (depending on variable type) to determine whether there were differences between the demographics of the intervention sites and their matched control sites at each time point. Wilcoxon rank-sum tests, Pearson's chi-square tests, or Fisher's exact tests (depending on variable type) were then used to assess changes in the outcome variables pre- to post- in each site without comparing to the control site. We then conducted difference-in-differences (DID) analyses to assess whether there were changes in the intervention sites in the pre to post period, over and above any changes in the comparison neighborhoods during the sample period. The DID modeling method produced an odds ratio for variables that are dichotomous (have two values, e,g., yes or no) or beta if they are continuous measures. The model for the DID was:

$$Y = \beta_0 + \beta_1 * Treatment + \beta_2 * Post + \beta_3 * Treatment * Post + \beta_4 * Age + \beta_5 * Race + \beta_6 * Gender + \beta_7 * Education + \beta_8 * Employment + \beta_9 * Maritalstatus + \beta_{10} * Children + \beta_{11} * Income + \beta_{12} * Food\ stamps + e$$

Where:

- *Y* represents the outcome variable
- *Treatment* is a dummy variable indicating the respondent lived in the treatment (=1) or comparison (=0) site
- *Post* is a dummy variable indicating pre, 2016 (=0) or post, 2021 (=1) survey
- *Treatment * Post* is a dummy variable indicating whether the outcome was observed in the treatment group and in the post period (=1), or any other case (=0). Coefficients for this variable are reported on Table 13.
- *Age* indicates the age of the respondent
- *Race* is a categorical variable indicating the racial characteristics of the respondent (*Asian or Pacific Islander non-Hispanic*, *Black or African American non-Hispanic*, *Hispanic*, *Multiracial*, *White non-Hispanic*, or *Other non-Hispanic*)

- *Gender* is a categorical variable indicating whether the respondent identifies as *Man, Woman* or with *Another identity.*
- *Education* is a categorical variable indication educational attainment of the respondent (*Less than high school*, *High school graduate/GED*, *Associates degree/technical school*, *Some college* or *Bachelor's or higher degree*)
- *Employment* is a categorical variable that indicates whether the respondent is *Employed, Not employed* or *Retired.*
- *Marital status* is a dummy variable that indicates whether the respondent is *Married/living as married* (=1) or *Other* (=0)
- *Children* is a dummy variable indicating whether the respondent has children living in the household (=1) or not (=0).
- *Income* is a categorical variable indicating the annual household income (*Less than $25,000*, *$25,000 to $49,000*, *$50,000 to $74,000*, *$75,000+* or *Refused*)
- *Food stamps* is a dummy variable indicating whether the respondent receives SNAP (=1) or not (=0)

Results

The section below describes the individual results and changes in the results over time. However, we remind you that given the changes over the time period due mainly to COVID, we are not comfortable attributing these results to the Initiative.

Brownsville and East Bedford-Stuyvesant, New York City

Table 1: Characteristics of Street Intercept Survey Participants. A total of 849 residents were interviewed in this pair of communities, 409 in Brownsville (intervention) and 440 in East Bedford-Stuyvesant (comparison). Table 1 indicates that there were differences between Brownsville and its comparison neighborhood in racial/ethnic distribution, highest level of education, annual household income, and receipt of SNAP benefits in both the pre-period and the post-period, and a difference in the gender distribution during the pre-period.

Table 2: Physical Activity Levels. This table shows each neighborhood compared with itself pre vs. post only, it does not compare rates of change across neighborhoods. Table 2 suggests no change in the level of physical activity among Brownsville residents (Table 2) pre- to post-initiative, and a significant decrease in the proportion of the sample who had visited Betsy Head Park in the past 7 days. The table also indicates there were changes in physical activity in the comparison neighborhood during the same period.

Table 3: Healthy Food Consumption. This table also shows each neighborhood compared with itself pre vs. post only, it does not compare rates of change across neighborhoods. It suggests a decrease in healthy foods (fruits and vegetables) eaten per week in Brownsville, as well as a decrease in unhealthy beverages (sugary drinks) consumed. During the same time period, there was also a decrease in unhealthy beverages consumed in the comparison neighborhood, East Bed-Stuy.

Table 4: Knowledge and Motivation toward Healthy Eating and Physical Activity. This table also shows each neighborhood compared with itself pre vs. post only, it does not compare rates of change across neighborhoods. Table 4 suggests knowledge and motivation toward healthy eating and physical activity improved in both Brownsville and in East Bedford-Stuyvesant during the study period.

Table 5: Awareness of Community-Based Resources, Opportunities and Activities for Healthy

Eating and Physical Activity. This table shows each neighborhood compared with itself pre vs. post only, it does not compare rates of change across neighborhoods. It suggests a decrease in awareness of, and participation in, community-based activities for healthy eating and physical activity in Brownsville, as well as in its comparison site, East Bedford-Stuyvesant.

Table 6: Community Engagement. This table shows each neighborhood compared with itself pre/post only, it does not compare rates of change across neighborhoods. It suggest some moderate increase in community engagement levels in Brownsville, as well as some in the comparison site, East Bedford-Stuyvesant.

Near Westside and Northside, Syracuse

Table 7: Characteristics of Street Intercept Survey Participants. A total of 546 residents were surveyed in this pair of communities, 276 in Near Westside (intervention) and 270 in the Northside (comparison). Table 7 suggests there were differences between the sample in the Near Westside and its comparison neighborhood in racial/ethnic distribution, education level, employment status, and SNAP participation during the pre period, and differences in the racial/ethnic distribution of the sample across neighborhoods during the post period.

Table 8: Physical Activity Levels. This table shows each neighborhood compared with itself pre vs. post only, it does not compare rates of change across neighborhoods. It suggests some increase in the number of days per week that residents of Near West Side exercised, and a decrease in the amount of time spent exercising daily. It also suggests changes to physical activity in the comparison neighborhood during the same time period. No changes to the use of Skiddy Park are indicated.

Table 9: Healthy Food Consumption. This table shows each neighborhood compared with itself pre vs. post only, it does not compare rates of change across neighborhoods. The results suggest an increase in vegetable consumption in both the Near West Side and Northside. They also suggest an increase in sugary beverage consumption. No change in fruit consumption is indicated.

Table 10: Knowledge and Motivation toward Healthy Eating and Physical Activity. This table shows each neighborhood compared with itself pre vs. post only, it does not compare rates of change across neighborhoods. The table indicates change in knowledge and motivation toward healthy eating and physical activity in a positive direction in both Near West Side and Northside.

Table 11: Awareness of Community-Based Resources, Opportunities and Activities for Healthy Eating and Physical Activity. This table shows each neighborhood compared with itself pre vs. post only, it does not compare rates of change across neighborhoods. It suggests an increase in participation in neighborhood healthy eating programs in the Near West Side, and greater awareness of them. Similar patterns were seen in Northside.

Table 12: Community Engagement. This table shows each neighborhood compared with itself pre vs. post only, it does not compare rates of change across neighborhoods. Improvements in self-assessed community engagement and in attitudes toward local parks were shown in both communities.

Table 13. Community Safety. This set of questions was asked only in the Syracuse communities. Table 13 shows each neighborhood compared with itself pre vs. post only, it does not compare rates of change across neighborhoods. A slight drop in the perception of safety was observed in the Near West Side, particularly in parks/playgrounds/recreation areas, and walking at night. There was a larger decline in the perception of safety in the Northside.

Difference-in-differences results

Table 14. Difference-in-differences results. Table 14 shows the results of difference-in-difference analyses for outcome variables in both Initiative sites. In Brownsville, there were essentially no changes in the expected direction (increasing health) over and above the changes in the comparison neighborhood of East Bedford-Stuyvesant. The changes that were significant were in the other direction. In Near West Side, there were increases in the expected direction over and above the changes in the comparison neighborhood of Northside in: days of physical activity per week, attitudes toward parks, self-assessed community engagement, and desire to increase healthy eating and exercise, in addition to several results in the unexpected direction. Again, we caution and advise that these should not be interpreted as evidence of or against the effectiveness of the intervention.

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Table 1. Characteristics of Street Intercept Survey Participants

		Brownsville		East Bedford-Stuyvesant		Differences between Neighborhoods[1,2]	
	Total	Pre, %	Post, %	Pre, %	Post, %	Pre	Post
Number of respondents	(849)	(209)	(200)	(238)	(202)		
Age (mean)	43	48	38	47	38		
Gender							
Woman	52	57	51	48	54	**	
Man	46	43	47	52	43		
Another identity	1.3	0.5	2	0	3		
Race						***	***
Asian or Pacific Islander, non-Hispanic	1.4	0	1.5	0.4	4		
Black or African American, non-Hispanic	66	80	64	70	49		
Hispanic, Latino, or Spanish origin	18	15	25	17	17		
Multiracial	2.5	1.5	1.5	2.6	4.5		
Other, non-Hispanic	3.4	2	5.1	3.9	2.5		
White, non-Hispanic	8.4	1	3	7	23		
Education level						**	***
Less than high school	17	28	12	22	6.4		
High school graduate/GED	35	42	44	36	19		
Associates degree/technical school	7.5	4.8	7.8	9.3	7.4		
Some college	14	15	18	11	14		
Bachelor's or higher degree	26	10	19	21	53		
Employment status							
Employed	55	39	65	42	73		
Not employed	30	44	21	40	16		
Retired	15	17	14	18	11		
Marital status							
Married/living as married	30	29	28	28	34		
Never married, divorced/separated, and widowed	70	71	72	72	66		
Children in household							
Yes	51	51	56	47	50		
No	49	49	44	53	50		
Annual household income						***	***
Less than $25,000	25	31	21	32	13		
$25,000 to $49,000	19	14	21	22	18		
$50,000 to $74,000	10	4.3	15	7.1	16		
$75,000+	13	1.9	8	6.7	37		
Refused	33	49	36	32	15		
Receives SNAP benefits						**	***
No	62	43	66	53	86		
Yes	38	57	34	47	14		

[1] Wilcoxon rank sum test; Pearson's Chi-squared test; Fisher's exact test
[2] * p < 0.1
** p < 0.05
*** p < 0.01

Table 2. Physical Activity Levels

		Brownsville		***East Bedford-Stuyvesant***		*Differences between period*[3,4]	
	Total	Pre, %	Post, %	Pre, %	Post, %	Brownsville	East Bed-Stuy
Average # days exercised during the last 7 days							***
0	13	8.9	10	16	17		
1	3.9	4.9	3	4.6	3		
2	11	11	10	14	7.9		
3	15	17	14	11	17		
4	10	13	9.5	7.6	11		
5	10	6.9	9.5	11	12		
6	4	3	5.5	1.3	6.9		
7	33	34	38	33	25		
Minutes of exercise on an average day *(median)*	60	60	60	60	90		
Minutes of exercise on an average day						*	
Less than 30 minutes	9.3	14	7.5	7.8	7.3		
30-60 minutes	42	41	44	44	38		
61-90 minutes	4.3	4.4	1.7	5.2	6.1		
More than 90 minutes	45	41	47	44	48		
Minutes of vigorous activity on an average day *(median)*	25	15	28	20	30		*
Minutes of vigorous activity on an average day							***
Less than 30 minutes	51	61	50	53	39		
30-60 minutes	31	24	32	31	39		
61-90 minutes	1.5	1.5	0	3.8	0		
More than 90 minutes	16	13	18	13	21		
Went to Betsy Head Park (Br) or Reinaldo Salgado playground (EBS) in last 7 days	35	49	30	32	28	***	
Of those who visited (Betsy Head or Reinaldo Salgado) in the last 7 days, number of visits						*	***
1	25	18	35	16	40		
2	25	28	29	19	23		
3	21	28	13	14	25		
4	12	16	7.7	17	4.2		
5	12	7.3	9.6	27	4.2		
6	4.9	2.4	5.8	7.8	4.2		
Of those who visited (Betsy Head or Reinaldo Salgado) in the last 7 days, most time was spent there							***
Being active	76	82	92	60	68		
Sitting	19	16	5	37	18		
Class or event	1	0	0	2.7	1.8		
Other	4.1	2.9	3.3	0	12		

[3] Wilcoxon rank sum test; Pearson's Chi-squared test; Fisher's exact test

[4] * $p < 0.1$

** $p < 0.05$

*** $p < 0.01$

Table 3. Healthy Food Consumption

		Brownsville		***East Bedford-Stuyvesant***		*Differences between period*[5][6]	
	Total	Pre	Post	Pre	Post	Brownsville	East Bed-Stuy
Average cups of fruit per week *(median)*	7	14	7	7	7	***	
Average cups of vegetables per week *(median)*	7	14	7	7	7	***	
Average number of sugary drinks per month *(median)*	9	30	9	17	2	***	***
Size of usual sugary drink						***	***
Less than 12 oz	26	16	49	12	35		
12 oz	33	28	34	37	33		
16 oz	28	37	11	34	24		
20 oz	9.7	12	3.4	13	7.7		
32 oz	2	2.7	1.7	3	0		
More than 32 oz	0.2	0.7	0	0	0		
Don't know	1.5	3.3	0.9	0.6	1		

Table 4. Knowledge and Motivation toward Healthy Eating and Physical Activity

		Brownsville		***East Bedford-Stuyvesant***		*Differences between period*[7][8]	
	Total	Pre, %	Post, %	Pre, %	Post, %	Brownsville	East Bed-Stuy
I want to exercise more in the future						***	***
Strongly agree	39	15	58	22	63		
Agree	55	78	34	71	31		
Neither agree nor disagree	3.3	3.8	2.5	2.9	4		
Disagree	2.7	2.9	3	2.9	2		
Strongly disagree	0.8	0	1.5	1.3	0.5		
There are safe places in my neighborhood to exercise						***	***
Strongly agree	18	8.1	29	7.1	32		
Agree	60	71	44	70	51		
Neither agree nor disagree	9.2	6.7	12	10	7.4		
Disagree	11	13	11	11	7.4		
Strongly disagree	1.6	1	3.5	1.3	1		
Don't know	0.4			0	1.5		

[5] Wilcoxon rank sum test; Pearson's Chi-squared test; Fisher's exact test
[6] * p < 0.1
** p < 0.05
*** p < 0.01
[7] Wilcoxon rank sum test; Pearson's Chi-squared test; Fisher's exact test
[8] * p < 0.1
** p < 0.05
*** p < 0.01

It is easy for me to fit exercise into my life						***	***
Strongly agree	19	9.6	31	11	26		
Agree	58	77	48	66	38		
Neither agree nor disagree	8	4.3	10	6.3	12		
Disagree	13	9.6	9	14	19		
Strongly disagree	2.5	0	1.5	2.9	5.4		
It is important to exercise at least 25 minutes every day for good health						***	***
Strongly agree	38	17	55	21	61		
Agree	57	78	43	72	33		
Neither agree nor disagree	2.8	1.9	2	4.6	2.5		
Disagree	1.9	1.9	0.5	2.1	3		
Strongly disagree	0.1	0.5	0				
I want to eat a healthy diet in the future						***	***
Strongly agree	42	12	60	23	78		
Agree	54	83	37	71	20		
Neither agree nor disagree	1.9	2.9	1.5	2.1	1		
Disagree	1.9	1.4	1	3.4	1.5		
Strongly disagree	0.1			0.4	0		
It is easy for me to eat a healthy diet in the future						***	***
Strongly agree	27	11	38	14	46		
Agree	55	75	42	64	34		
Neither agree nor disagree	6.9	3.8	6.6	6.3	11		
Disagree	11	10	11	14	7.5		
Strongly disagree	1.4	0	3	1.3	1.5		
There are places in my neighborhood to buy affordable fresh fruits and vegetables						***	***
Strongly agree	18	6.7	28	8.4	29		
Agree	55	78	42	63	36		
Neither agree nor disagree	10	2.9	12	11	16		
Disagree	13	9.6	12	16	15		
Strongly disagree	3.2	2.4	5.5	1.7	3.5		
Don't know	0.2	0	0.5	0	0.5		
Eating healthy is the most important thing you can do for good health						***	***
Strongly agree	37	19	49	23	60		
Agree	57	79	43	71	31		
Neither agree nor disagree	4.4	1	5.1	5	6.4		
Disagree	1.7	1	1.5	1.3	3		
Strongly disagree	0.1	0	0.5				
Don't know	0.1	0	0.5				

Table 5. Awareness of Community-Based Resources, Opportunities and Activities for Healthy Eating and Physical Activity

		Brownsville		***East Bedford-Stuyvesant***		*Differences between period*[9][10]	
	Total	Pre, %	Post, %	Pre, %	Post, %	Brownsville	East Bed-Stuy
Ever participated in a healthy eating class or program in the community						***	***
Yes	18	31	6	24	9.9		
No	79	68	83	75	89		
Don't know	3.3	1	11	0.4	1.5		
Of those who ever have, currently participate in healthy eating classes or programs in the community						*	
Yes	41	36	58	46	30		
No	58	62	33	54	70		
Don't know	1.3	1.5	8.3				
How many programs and services are available in your community for someone who is interested in eating healthier?						***	***
Many	4.7	7.7	1.5	5.9	3.5		
Some	12	15	13	9.2	8.9		
A few	24	35	14	28	17		
None	18	11	24	26	12		
Don't know	41	31	47	31	59		
Ever participated in a physical activity class or program in the community						***	*
Yes	34	46	22	36	31		
No	63	53	68	64	66		
Don't know	3.3	0.5	10	0.4	3		
Of those who ever have, currently participate in physical activity classes or programs in the community							
Yes	33	41	41	23	31		
No	66	59	55	77	68		
Don't know	1	0	4.5	0	1.6		
How many programs and services are available for someone who is interested in becoming more physically active?						***	***
Many	8.7	15	5	9.2	5.4		
Some	16	20	14	13	20		
A few	33	39	20	43	26		
None	13	11	18	18	5		
Don't know	29	15	43	17	44		

[9] Wilcoxon rank sum test; Pearson's Chi-squared test; Fisher's exact test

[10] * $p < 0.1$

** $p < 0.05$

*** $p < 0.01$

Table 6. Community Engagement

		Brownsville		***East Bedford-Stuyvesant***		*Differences between period*[11][12]	
	Total	Pre, %	Post, %	Pre, %	Post, %	Brownsville	East Bed-Stuy
Parks in this community are a benefit to the people who live here						***	***
Strongly agree	33	12	38	17	70		
Agree	55	73	45	74	25		
Neither agree nor disagree	5.3	7.2	6	5.5	2.5		
Disagree	5.1	6.7	9	2.9	2		
Strongly disagree	0.8	1	1	0.4	1		
Don't know	0.1	0	0.5				
Parks in this community are attractive						***	***
Strongly agree	17	8.6	26	6.3	31		
Agree	52	62	44	61	38		
Neither agree nor disagree	16	14	14	18	16		
Disagree	14	15	13	15	13		
Strongly disagree	1.4	0.5	2.5	0.8	2		
Don't know	0.1			0	0.5		
Parks in this community are used by many people						***	***
Strongly agree	30	13	38	18	53		
Agree	57	78	46	64	37		
Neither agree nor disagree	8.4	5.3	10	12	5.9		
Disagree	4.5	3.8	4.5	5.9	3.5		
Strongly disagree	0.4	0	1.5				
Don't know	0.1			0	0.5		
Parks in this community are safe						***	***
Strongly agree	11	5.3	14	3.4	24		
Agree	47	44	35	60	45		
Neither agree nor disagree	22	22	23	20	23		
Disagree	17	26	20	14	6.9		
Strongly disagree	3.4	2.4	8.5	2.9	0		
Don't know	0.1			0	0.5		
I consider myself involved in the community						***	***
Strongly agree	15	7.2	20	11	23		
Agree	47	64	36	52	33		
Neither agree nor disagree	9.9	6.7	9.5	9.7	14		
Disagree	25	22	25	27	27		
Strongly disagree	3.2	1	8.5	0.4	3.5		
Don't know	0.1			0	0.5		
I value the contributions that community groups make to the community						***	***

[11] Wilcoxon rank sum test; Pearson's Chi-squared test; Fisher's exact test
[12] * p < 0.1
** p < 0.05
*** p < 0.01

Strongly agree	26	11	27	14	55		
Agree	56	69	55	63	35		
Neither agree nor disagree	9.5	10	9	16	2.5		
Disagree	5.8	8.1	4.5	7.1	3		
Strongly disagree	1.5	1	4.5	0	1		
Don't know	0.7			0	3		
People in this community help each other out						***	***
Strongly agree	18	8.1	26	6.7	36		
Agree	50	52	44	56	47		
Neither agree nor disagree	19	20	22	24	10		
Disagree	9.9	19	6	12	2.5		
Strongly disagree	1.5	1.4	2.5	1.3	1		
Don't know	0.8	0	0.5	0	3		

Table 7. Characteristics of Street Intercept Survey Participants

		Near West Side		North Side		Differences between Neighborhood[13][14]	
	Total	Pre, %	Post, %	Pre, %	Post, %	Pre	Post
Number of respondents	(546)	(126)	(150)	(120)	(150)		
Age (mean)	40	32	44	33	45		
Gender							
Woman	50	42	57	48	50		
Man	50	58	43	52	50		
Another identity	0	0	0	0	0		
Race						***	***
Asian or Pacific Islander, non-Hispanic	0.9	0	0	2.6	1.4		
Black or African American, non-Hispanic	46	54	41	67	28		
Hispanic, Latino, or Spanish origin	21	38	29	6.9	11		
Multiracial	4.9	1.6	5.5	1.7	9.5		
Other, non-Hispanic	2.3	0	4.8	0	3.4		
White, non-Hispanic	24	6.5	19	22	47		
Education level						**	
Less than high school	22	16	31	11	26		
High school graduate/GED	40	35	48	29	45		
Associates degree/technical school	13	21	5.4	16	10		
Some college	19	18	12	37	13		
Bachelor's or higher degree	6.1	9.5	3.4	6.7	5.3		
Employment status						***	
Employed	48	52	32	83	33		
Not employed	44	47	54	14	54		
Retired	8.1	1.6	13	2.5	13		
Marital status							
Married/living as married	17	17	81	20	87		
Never married, divorced/separated, and widowed	83	83	19	80	13		
Children in household							
Yes	47	59	37	55	41		
No	53	41	63	45	59		
Annual household income							
Less than $25,000	56	32	78	34	72		
$25,000 to $49,000	18	18	12	23	19		
$50,000 to $74,000	3.7	4	3.3	5.8	2		
$75,000+	0	0	0	0	0		
Refused	23	46	6.7	37	7.3		
Receives SNAP benefits						**	
No	38	43	26	60	32		
Yes	62	57	74	40	68		

[13] Wilcoxon rank sum test; Pearson's Chi-squared test; Fisher's exact test
[14] * p < 0.1
** p < 0.05
*** p < 0.01

Table 8. Physical Activity Levels

		Near West Side		***North Side***		*Differences between period* [15][16]	
	Total	Pre, %	Post, %	Pre, %	Post, %	Near West Side	North Side
Average # days exercised during the last 7 days						***	***
0	16	19	6.7	34	12		
1	3.5	5.3	2.7	5.1	2		
2	12	15	8.7	19	8		
3	18	27	11	31	8		
4	7.6	16	3.3	9.1	4.7		
5	8.4	7.1	11	1	12		
6	1.4	0	2	0	2.7		
7	33	12	55	0	51		
Minutes of exercise on an average day *(median)*	120	120	120	120	180		***
Minutes of exercise on an average day							
Less than 30 minutes	3.4	1.1	5.7	3.3	2.3		
30-60 minutes	27	32	31	23	21		
61-90 minutes	1.4	1.1	1.4	1.7	1.6		
More than 90 minutes	68	66	62	72	75		
Minutes of vigorous activity on an average day *(median)*	60	60	30	120	60	*	***
Minutes of vigorous activity on average day							***
Less than 30 minutes	28	31	40	3.6	24		
30-60 minutes	36	36	32	32	42		
61-90 minutes	0.3			1.8	0		
More than 90 minutes	36	33	29	62	34		
During the last 7 days, visited Skiddy Park							
Yes	21	26	18				
No	77	73	81				
During the last 7 days, visited Union Park							*
Yes	13			8.3	17		
No	85			89	81		
Of those who visited [Skiddy/Union] Park in the last 7 days, number of visits							*
1	42	45	28	70	42		
2	28	28	40	20	21		
3	18	10	20	0	33		
4	4.5	3.4	8	10	0		
5	6.8	14	4	0	4.2		
6		0	0	0	0		
Of those who visited, spent						**	
Being active	80	83	85	100	64		
Sitting	11	0	15	0	24		
Class or event	4.4	13	0	0	0		
Other	4.4	3.3	0	0	12		

[15] Wilcoxon rank sum test; Pearson's Chi-squared test; Fisher's exact test
[16] * p < 0.1
** p < 0.05
*** p < 0.01

Table 9. Healthy Food Consumption

		Near West Side		***North Side***		*Differences between period*[17][18]	
	Total	Pre, %	Post, %	Pre, %	Post, %	Near West Side	North Side
Average cups fruit eaten per week *(median)*	7	6	7	4	7		***
Average cups vegetables eaten per week *(median)*	7	5	7	4	7	***	***
Average number of sugary drinks per month *(median)*	15	9	30	10	21	***	
Size of usual sugary drink						***	***
Less than 12 oz	5.9	1	12	4.5	5.1		
12 oz	22	13	40	8.1	24		
16 oz	28	23	23	29	40		
20 oz	30	37	17	47	21		
32 oz	4.2	7.8	2.6	1.8	5.1		
More than 32 oz	3	2.9	6.1	0	3.1		
Don't know	6.6	16	0	9.9	1		

Table 10. Knowledge and Motivation toward Healthy Eating and Physical Activity

		Near West Side		***North Side***		*Differences between period*[19][20]	
	Total	Pre, %	Post, %	Pre, %	Post, %	Near West Side	North Side
I want to exercise more in the future						***	***
Strongly agree	36	24	49	11	52		
Agree	50	59	37	68	41		
Neither agree nor disagree	7	13	4	10	2.7		
Disagree	6.6	4.8	8	11	3.3		
Strongly disagree	1.1	0	2.7	0	1.3		
There are safe places in my neighborhood to exercise						***	***
Strongly agree	18	16	25	3.3	26		
Agree	34	35	34	38	32		
Neither agree nor disagree	14	18	8	27	8		
Disagree	24	29	16	32	21		
Strongly disagree	8.4	1.6	16	0	13		
Don't know	0.4	0	1.3				
It is easy for me to fit exercise into my life						***	***
Strongly agree	30	13	45	3.3	51		

[17] Wilcoxon rank sum test; Pearson's Chi-squared test; Fisher's exact test
[18] * p < 0.1
** p < 0.05
*** p < 0.01
[19] Wilcoxon rank sum test; Pearson's Chi-squared test; Fisher's exact test
[20] * p < 0.1
** p < 0.05
*** p < 0.01

Agree	35	40	35	30	35		
Neither agree nor disagree	15	17	6	35	6.7		
Disagree	15	21	11	23	5.3		
Strongly disagree	4.6	7.9	2	8.3	1.3		
It is important to exercise at least 25 minutes every day for good health						***	***
Strongly agree	45	28	59	22	63		
Agree	43	49	35	65	29		
Neither agree nor disagree	11	22	4.7	12	6		
Disagree	1.1	0.8	1.3	0	2		
I want to eat a healthy diet in the future						***	***
Strongly agree	42	24	59	14	62		
Agree	51	69	33	79	32		
Neither agree nor disagree	4.8	7.1	2	6.7	4		
Disagree	1.3	0	4	0	0.7		
Strongly disagree	1.1	0	2.7	0	1.3		
It is easy for me to eat a healthy diet in the future							
Strongly agree	26	6.3	42	4.2	43		
Agree	46	54	39	56	39		
Neither agree nor disagree	14	22	6.7	22	6		
Disagree	11	10	9.4	16	8		
Strongly disagree	3.9	7.1	3.4	1.7	3.3		
There are places in my neighborhood to buy affordable fresh fruits and vegetables						***	***
Strongly agree	23	7.1	39	1.7	39		
Agree	37	38	44	25	39		
Neither agree nor disagree	18	25	5.3	46	2.7		
Disagree	19	28	8	28	15		
Strongly disagree	2.4	1.6	4	0	3.3		
Don't know	0.2			0	0.7		
Eating healthy is the most important thing you can do for good health						***	***
Strongly agree	43	21	59	25	59		
Agree	46	56	35	62	35		
Neither agree nor disagree	8.1	19	2	12	2		
Disagree	3.1	4	4	1.7	2.7		
Strongly disagree	0.2			0	0.7		

Table 11. Awareness of Community-Based Resources, Opportunities and Activities for Healthy Eating and Physical Activity

		Near West Side		***North Side***		*Differences between period*[21][22]	
	Total	Pre, %	Post, %	Pre, %	Post, %	Near West Side	North Side
Ever participated in a physical activity class or program in this community							***
Yes	22	23	27	0.8	33		
No	78	77	73	98	67		
Don't know	0.2			0.8	0		
Of those who ever have, do you currently participate in physical activity classes or programs							
Yes	24	34	25	0	18		
No	76	66	75	100	82		
How many programs and services are available for someone who is interested in becoming more physically active?						***	***
Many	13	18	17	1.7	13		
Some	27	35	17	45	14		
A few	25	23	26	22	30		
None	15	0.8	25	1.7	27		
Don't know	21	23	15	30	16		
Ever participated in a healthy eating class or program in this community						***	***
Yes	11	5.6	17	0.8	19		
No	88	94	82	99	80		
Don't know	0.7	0.8	0.7	0	1.3		
Of those who ever have, do you currently participate in healthy eating classes or programs							
Yes	29	50	27	100	21		
No	71	50	73	0	79		
How many programs and services are available in community for someone interested in eating healthier?						***	***
Many	7.7	6.3	11	5.8	7.3		
Some	24	30	12	37	20		
A few	26	26	27	25	25		
None	14	0	25	5	21		
Don't know	29	37	26	28	26		

[21] Wilcoxon rank sum test; Pearson's Chi-squared test; Fisher's exact test
[22] * p < 0.1
** p < 0.05
*** p < 0.01

Table 12. Community Engagement

		Near West Side		North Side		Differences between period[23][24]	
	Total	Pre, %	Post, %	Pre, %	Post, %	Near West Side	North Side
I consider myself involved in the community						***	***
Strongly agree	18	7.9	29	2.5	29		
Agree	32	31	37	23	35		
Neither agree nor disagree	21	29	11	42	8		
Disagree	23	31	16	31	17		
Strongly disagree	5.5	1.6	6.7	1.7	11		
I value the contributions that community groups make to the community						***	***
Strongly agree	31	17	43	1.7	55		
Agree	45	60	48	35	37		
Neither agree nor disagree	19	22	3.3	55	3.3		
Disagree	3.1	1.6	1.3	8.3	2		
Strongly disagree	0.5	0	2				
Don't know	1.3	0	2	0	2.7		
People in this community help each other out						*	***
Strongly agree	18	15	25	0.8	26		
Agree	41	52	47	28	37		
Neither agree nor disagree	23	16	13	53	13		
Disagree	15	15	10	18	17		
Strongly disagree	3.8	1.6	6	0	6.7		
Parks in this community are a benefit to the people who live here						***	***
Strongly agree	32	25	45	9.2	44		
Agree	54	65	35	87	37		
Neither agree nor disagree	6.6	7.9	8.7	2.5	6.7		
Disagree	4.2	1.6	7.3	1.7	5.3		
Strongly disagree	2.7	0	4	0	6		
Don't know	0.2			0	0.7		
Parks in this community are attractive						***	***
Strongly agree	17	8.7	29	5	23		
Agree	49	49	41	73	39		
Neither agree nor disagree	14	21	11	18	9.3		
Disagree	14	19	11	4.2	21		
Strongly disagree	4.6	1.6	7.3	0	8		
Don't know	0.2	0	0.7				
Parks in this community are used by many people						***	***
Strongly agree	24	12	28	3.3	45		
Agree	46	52	40	65	31		
Neither agree nor	16	25	8.7	26	8.7		

[23] Wilcoxon rank sum test; Pearson's Chi-squared test; Fisher's exact test
[24] * p < 0.1
** p < 0.05
*** p < 0.01

disagree							
Disagree	11	10	16	5.8	12		
Strongly disagree	1.6	0.8	4	0	1.3		
Don't know	1.3	0	3.3	0	1.3		
Parks in this community are safe						***	***
Strongly agree	9.3	8.7	11	5	11		
Agree	40	48	33	57	27		
Neither agree nor disagree	23	23	16	34	21		
Disagree	17	17	21	3.3	24		
Strongly disagree	10	3.2	18	0	16		
Don't know	0.4	0	0.7	0	0.7		

Table 13. Community Safety

		Near West Side		***North Side***		*Differences between period*[25][26]	
	Total	Pre, %	Post, %	Pre, %	Post, %	Near West Side	North Side
How safe do you feel in your home during the day							*
Very safe	84	83	83	91	82		
Somewhat safe	13	15	15	9.2	13		
Somewhat unsafe	1.6	1.6	2	0	2.7		
Very unsafe	0.7	0	0.7	0	2		
How safe do you feel in your home at night						*	***
Very safe	73	70	74	82	66		
Somewhat safe	21	21	20	17	24		
Somewhat unsafe	2.6	7.1	1.3	0.8	1.3		
Very unsafe	3.8	1.6	4	0	8.7		
How safe do you feel walking in the community during the day time						**	***
Very safe	63	58	62	84	51		
Somewhat safe	30	38	27	15	38		
Somewhat unsafe	3.9	3.2	4.7	0.8	6		
Very unsafe	3.1	0.8	6.7	0	4		
How safe do you feel walking in the community at night						***	***
Very safe	23	23	25	30	15		
Somewhat safe	31	34	21	59	17		
Somewhat unsafe	20	33	15	9.2	24		
Very unsafe	25	9.5	39	1.7	43		
How safe do you feel in parks, playgrounds, and other outdoor recreational areas						***	***
Very safe	43	48	32	66	32		
Somewhat safe	37	43	32	32	41		
Somewhat unsafe	9.7	7.9	16	1.7	12		
Very unsafe	7.9	0.8	16	0	13		

[25] Wilcoxon rank sum test; Pearson's Chi-squared test; Fisher's exact test
[26] * p < 0.1
** p < 0.05
*** p < 0.01

Table 14. Difference-in-differences coefficients and significance levels for outcome variables

	Brownsville			Near West Side		
	N	Beta	OR	N	Beta	OR
Physical activity levels						
Average # days exercised during the last 7 days	703	-0.01		466	-1.0**	
Minutes of exercise on an average day	591	48		384	-48	
Minutes of vigorous activity on an average day	459	-2.8		347	39**	
Healthy food consumption						
Average cups fruit eaten per w eek	691	-2.9		433	-5.9	
Average cups vegetables eaten per w eek	680	-6.3***		433	-2.8	
Average number of sugary drinks per month	694	-2.7		426	-1.9	
Size of usual sugary drink	442	0.49*		361	0.39**	
Knowledge/motivation toward healthier behaviors						
I w ant to exercise more in the future	708		1.20	493		0.41**
There are safe places in my neighborhood to exercise	706		0.66	491		0.79
It is easy for me to fit exercise into my life	708		1.05	493		0.28***
It is important to exercise at least 25 minutes every day for good health	708		0.74	493		0.99
During the last 7 days, did you go to [named park] at all?	665		0.52*	487		0.3*
Of those w ho visited [named park] in the last 7 days, number of visits	209	1.1**		78	-0.73	
I w ant to eat a healthy diet in the future	708		0.69	493		0.47*
It is easy for me to eat a healthy diet in the future	705		0.71	493		0.59
There are places in my neighborhood to buy affordable fresh fruits and vegetables	707		0.61	493		0.6
Eating healthy is the most important thing you can do for good health	708		0.71	493		0.99
Awareness of community-based resources						
Ever participated in a physical activity class or program in the community	691		0.44**	493		0.00
Of those w ho ever did, currently participate in physical activity classes or programs in the community	230		0.52	110		[27]
How many programs and services are available for someone w ho is interested in becoming more physically active in this community?	506		0.22***	402		0.80
Ever participated in a healthy eating class or program in this community	688		0.33**	490		0.00
Of those w ho ever did, currently participate in healthy eating classes or programs in this community	127		16.4**			[28]
How many programs and services are available in your community for someone w ho is interested in eating healthier?	416		0.23***	364		0.78
Community engagement						
Parks in this community are a benefit to the people w ho live here	707		0.36***	492		0.71
Parks in this community are attractive	707		0.75	492		2.95***
Parks in this community are used by many people	707		0.44***	486		0.43**
Parks in this community are safe	707		0.42***	491		1.53
I consider myself involved in the community	707		0.77	493		0.77
I value the contributions that community groups make to the community	703		0.29***	486		0.11***
People in this community help each other out	701		0.69	493		0.48**
Community safety						

[27] There were no respondentswho were participating pre-initiative in the control group.
[28] These questionswere asked in Syracuse only.

How safe do you feel in your home during the day?			[28]	493		2.11
How safe do you feel in your home at night?			[28]	493		3.18***
How safe do you feel walking in the community during the day time?			[28]	491		4.86***
How safe do you feel walking in the community at night?			[28]	491		3.00***
How safe do you feel in parks, playgrounds, and other outdoor recreational areas?			[28]	480		1.64