

Evaluation of the Claremont Housing Healthy Village Partnership



**Fordham University
Center for Community-Engaged Research**

Evaluation - 09/2013

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September 2013

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Executive Summary

Background

Claremont Village is a New York City Housing Authority (NYCHA) public housing development located in the South Bronx. Claremont Village is home to more than 10,000 residents and is comprised of multiple housing complexes, namely Edmund Borgia Butler Houses, Gouverneur Morris I Houses, Gouverneur Morris II Houses, Morrisania Houses, Daniel Webster Houses, and the Claremont Parkway-Franklin Avenue Houses.

Claremont Village has two community centers and several on-site neighborhood resources including a day care center, a head start center, and a Child Health Clinic. These centers provide a number of community programs and services including art and educational programs and family, senior, and health services. Several housing complexes have resident associations, which provide residents with a voice and are dedicated to improving the quality of life in the housing developments and surrounding community.

Claremont Village is part of New York's 16th Congressional District, the poorest Congressional district in the United States, with 41 percent of residents living below the federal poverty line. In the largely Hispanic (57 percent) and Black (39 percent) communities that make-up Claremont Village, health inequities are evident. One quarter of residents do not have a regular doctor, are more likely to go to the ER when sick or need health advice, and 36 percent of residents are more likely to report being in fair or poor health. Incidence rates for many diseases are not only higher in these communities, but are also interrelated, with 27 percent of the adult population being obese, leading to extraordinarily high rates of diabetes (16 percent of all adults) and increased risk of heart disease. In addition to these serious health problems, residents are faced with a number of social, structural, and environmental inequities.

In light of the aforementioned health disparities, in the Fall of 2011, discussions between the American Diabetes Association (ADA) and NYCHA led to the development of an innovative project to address health status and diabetes in a NYCHA housing development. The project aimed to recruit, train and direct Community Health Workers (CHWs) to provide health and diabetes education to residents in a designated NYCHA housing development. The concept included bringing community partners together to help identify and create resources and activities to encourage and enable residents to make healthier choices.

In partnership with Bronx-Lebanon Hospital Center and Healthfirst, the ADA and NYCHA launched the Claremont Housing Healthy Village Partnership (CHHVP), a three year commitment to improving the health of and empowering residents in Claremont Village. The Healthy Village initiative was modeled on a four-tiered approach - medical wellness, physical wellness, nutritional wellness, and weight loss - to provide an overall coordinated program that would engage residents in creating and maintaining a healthy lifestyle.

Since its inception, the partnership has grown to include a number of local and national organizations including Claremont Neighborhood Centers, Inc., William Hodson Senior Center, Medical Education Cooperation with Cuba - Community Partnerships for Health Equity, STRONG Movement, Bronx Documentary Center, GrowNYC, New Amsterdam Fencing Academy, the YMCA, Police Service Area #7, and Fordham University - Center for Community-Engaged Research.

Scope and Purpose of Evaluation

The present evaluation sought to evaluate the CHHVP to identify effective practices regarding program operations and performance. The report articulates advancement and challenges faced in implementing this program, while identifying implications and making recommendations for the ADA to serve as a template for an expanded partnership to improve diabetes management, diabetes prevention, and general health of public housing residents in future years. In addition, the report aims to provide recommendations to the CHHVP that should be likely to help advance their efforts to improve the health and quality of life of Claremont Village residents.

This report is the result of several data collection and analysis methods employed over the period April–August 2013 by a team of researchers from Fordham University - Center for Community-Engaged Research. Data sources and collection included: 1) review of existing documents, and 2) site visits to conduct key informant interviews, focus group, and observations and discussions with staff, stakeholders, and representatives from CHHVP's partnering organizations. The report is designed to be a brief summary of the successes and challenges faced in 3 key areas: 1) Partnership Development and Management; 2) Program Delivery; and 3) Monitoring and Evaluation, in order to inform the ADA and stakeholders of the CHHVP.

Key Findings

Partnership Development and Management

- Partnering organizational goals did not differ greatly from the larger partnership goals. However, personal goals, those of individuals whose organizations are stakeholders, for partnership involvement reflected a desire to create and be a part of a coalition with multiple and varied partners working together for the creation of and involvement in something bigger than oneself. In addition, personal goals revealed a desire to be part of a partnership which works with and encourages residents to take ownership of their community.
- Partnership goals, although not well articulated and agreed upon, focused on a desire to change the health culture of Claremont Village by engaging and empowering community residents as well as the provision of services and resources to community members.
- Activities surrounding goal development, knowledge sharing, and decision making were described ideally as group processes, with all partners having equal voice and participation. Goal development among partners was described as a necessary means to establish improved structure, uniformity, accountability and ownership within the partnership.
- Collective agreement was expressed in terms of the long-term goal of creating a sustainable, positive, successful model of community engagement and empowerment which can be replicated and/or adapted for use in similar communities.
- Acknowledgment was given to the time and commitment necessary in creating a partnership and effecting change of such scale.

- Recognition was paid to the need to identify and engage with community members and leaders who will take ownership of this initiative and continue the work in the future and beyond, including the need for an established community advisory board (CAB).

Program Delivery

- The importance of trust was articulated by all respondents. Building trust with the community at large as well as partners was recognized as vital to the success of the partnership. Creating an atmosphere and space of trust for the community, acknowledging their presence and input was discussed as key to establishing and maintaining positive relationships.
- To date, community residents have been responsive and eager to actively participate in partnership initiatives and partners have been thrilled to witness and learn of the dramatic impact on participating residents.

Monitoring and Evaluation

- No formal information management system presently exists, including the collection and dissemination of data and the coordination of meeting minutes and activities; however, efforts have begun to create this platform.

Program Recommendations

Partnership Development and Management

- **Strategic Planning of Lead Organizations:** Lead organizations of the partnership should meet to refine the specific goals, commitments, and roles of their respective entities in the ongoing development of this partnership. Strategies should be developed for how to ensure long term sustainability of the partnership, including how to empower and train the community and other partner agencies to eventually assume management of the partnership.
- **Explicit Group Development:** At present the majority of meetings function as report-outs and focus on logistic coordination. The partnership would benefit from more frequent use of structured activities that foster group cohesion and a sense of ownership and relationship-building among partner representatives. This process should include opportunities for partnership goal refinement, partnership analysis of the project work, strategic problem solving, personal development/reflection, and for collaborative team work that functions to build skills or advance goals.
- **Implementation of a Community Advisory Board:** Representatives from the community need to become active contributors to this partnership. A distinct board of interested community members should be created to regularly gauge community feedback, summarize discussion points and ideas and present feedback to the larger partnership body. A selection of community advisory board members should function as ongoing representatives in the larger partnership body.
- **Considerations in Planning for Long Term Sustainability:** Extension of the commitment timeline of the program. The current commitment of the lead organizations of 3 years is insufficient to accomplish long term change within this community. A strategic plan should be developed for eventually transferring management duties to community leaders and the larger partnership body.

Program Delivery

- **Formal Needs Assessment of the Community:** A proactive effort needs to be undertaken to obtain concrete feedback from the community. An ideal assessment would obtain feedback from a wide range of residents on the needs, strengths, resources, and suggestions of the community.
- **Building Trust and Respect within the Community:** The Claremont Housing Village is a struggling community that is often distrustful of outside researchers and program providers. Care should be taken to intentionally develop a sense of community whenever interacting with residents. Partnership representatives should be conscientious to express care and establish a connection in their interactions. When people feel like part of a community, they respond positively and engage.
- **Events and Outreach:** Provision of a greater variety of informational and training workshops for the community. Increased targeting of youth to participate in initiatives and programs. By capturing the attention of the youth, other segments of the population are more likely to consider participating. Development of a leadership development/empowerment and training program that provides mini-courses and mentoring to community residents to encourage leadership in the sustainability of partnership efforts and ownership.
- **Marketing and Communication:** Development and maintenance of a web-portal allowing community access. This web portal should provide information regarding upcoming events, the most recent statistical data, and any other resource or reference information beneficial to the community. This portal should also have mechanisms available for residents to provide feedback and suggestions to the partnership. Contact information should also be provided that allows residents the opportunity to interact directly with partnership representatives/service providers.
- **Increased Collaboration with Existing Programs:** Development and strengthening of relationships with existing programs and events for community residents. A presence at these sites can be a great avenue for disseminating information and recruiting participants.

Monitoring and Evaluation

- **Information Management, Data Collection and Analysis:** Creation of a dedicated staff position for information management, data collection/analysis, and an ongoing process evaluation. This individual should be responsible for note taking and dissemination, managing the collection and protection of community population data, and creating reports that convey quantitative statistics of impact on a semi-regular basis. This data is essential for monitoring the success and development of the program, for supporting future fundraising efforts, and for empowering community residents through dissemination of information.
- **Software Acquisition:** Procurement of a care management software package, which can be tailored to meet the partnership's specific needs. All community data collected should be maintained in a comprehensive data tracking program and maintained according to HIPAA regulations. Subsections of this data that are of value to the partnership should be decoupled from individual identifiers, and provided on a semi-regular basis to partnering representatives. For example, aggregate participation numbers, calculated rates of improved health indicators, etc.

- **Data and Information Access:** A web-portal should be developed and maintained for partner accessibility. This web portal should provide information regarding upcoming meetings and events, meeting minutes, the most recent statistical data, and any other resource or reference information deemed beneficial to members of the partnership body. Included in the internal web-portal should be a resource directory with short summaries of partnering organizations mission and focus areas, including related projects and/or services provided, along with the primary contact/representative. Also included should be upcoming meeting agendas, event flyers, and a comprehensive calendar of events.
- **Research:** Review emerging literature on the evaluation of informal programs, such as drop in or public access services. This research could provide insights into approaches for evaluating the workshops, classes, programs, and health fairs that are held by the partnership.

Background

Overview: Claremont Village

Claremont Village is a New York City Housing Authority (NYCHA) public housing development located in the South Bronx. Claremont Village is home to more than 10,000 residents and is comprised of multiple housing complexes, namely Edmund Borgia Butler Houses, Gouverneur Morris I Houses, Gouverneur Morris II Houses, Morrisania Houses, Daniel Webster Houses, and the Claremont Parkway-Franklin Avenue Houses. Edmund Borgia Butler Houses is a 12.81-acre Bronx development consisting of six, 21-story buildings containing 1,476 apartments and extending from East 169th to East 171st Streets, from Park to Webster Avenues. Gouverneur Morris I Houses is a 9.57 acre Bronx development consisting of ten buildings, 16 and 20-stories tall with 1,083 apartments and located between East 169th and East 170th Streets, and Third and Park Avenues. Gouverneur Morris II Houses is a 8.24-acre Bronx development consisting of seven buildings, 16 and 20-stories tall with 802 apartments situated between East 170th and East 171st Streets, and Third and Park Avenues. Morrisania Houses is a 1.40-acre Bronx development made up of two, 16-story buildings with 206 apartments located on East 169th Street, between Park and Washington Avenues. Daniel Webster Houses is a 4.53-acre Bronx development consisting of five, 21-story buildings with 605 apartments located between East 168th and East 169th Streets, and Park and Webster Avenues. Claremont Parkway-Franklin Avenue Houses is a 3.09-acre Bronx development consisting of three buildings, 3 and 7-stories tall with 187 apartments bordered by Claremont Parkway, East 171st Street, and Fulton and Third Avenues.

Claremont Village has two community centers sponsored by NYCHA and the Claremont Neighborhood Center. There are two senior centers sponsored by William Hodson Senior Center Inc., and the Institute for the Puerto Rican/Hispanic Elderly. In addition, Claremont Village has several on-site neighborhood resources including a day care center sponsored by the Claremont Neighborhood Center, a head start center sponsored by the S. Bronx Head Start Program, and a Child Health Clinic, sponsored by the New York City Health and Hospitals Corporation (HHC)¹. These centers provide a number of community programs and services including art and educational programs and family, senior, and health services. Several housing complexes have resident associations, which provide residents with a voice and are dedicated to improving the quality of life in the housing developments and surrounding community.

Claremont Village is located in the South Bronx, an area of the New York City borough of the Bronx and is part of New York's 16th Congressional District, the poorest Congressional district in the United States, with 41 percent of residents living below the federal poverty line. In the largely Hispanic (57 percent) and Black (39 percent) communities that make-up Claremont Village, health inequities are evident. A 2006 community health survey conducted by the New York City Department of Health and Mental Hygiene², indicated that one quarter of residents do not have a regular doctor, are more likely to go to the emergency department when they are sick or need health advice, and 36 percent of residents are more likely to report being in fair or poor health. Incidence rates for many diseases are not only higher in the these communities, but are also interrelated. For example, 27 percent of the adult population is obese (compared to 18 percent citywide and 15 percent nationwide), leading to extraordinarily high rates of diabetes (16 percent of all adults compared to 9 percent citywide), and increased risk of heart disease. In addition to these serious health problems, residents are faced with a number of social, structural, and environmental inequities, including but not limited to, lack of access to healthy, affordable food

¹ The City of New York. (n.d.). NYCHA Housing Developments. *New York City Housing Authority*. Retrieved September 2, 2013, from <http://gis.nyc.gov/nycha/im/wmp.do?jsessionid=5961058371B8E8F3BA2087A42D9DD45C?>

² Olson EC, Van Wye G, Kerker B, Thorpe L, and Frieden TR. (2006). Take Care Highbridge and Morrisania. NYC Community Health Profiles, Second Edition, 6(42): 1-16.

choices, increased rates of unintentional injury and violence, poor sanitation (rodent infestation in home and building) and personal vulnerability (poverty and overcrowding).

Overview: Claremont Housing Healthy Village Partnership

In light of the aforementioned health disparities, in the Fall of 2011, discussions between the American Diabetes Association (ADA) and NYCHA led to the development of an innovative project to address health status and diabetes in a NYCHA housing development. The project aimed to recruit, train and direct Community Navigators (CNs) to provide health and diabetes education to residents in a designated NYCHA housing development. The concept included bringing community partners together to help identify and create resources and activities to encourage and enable residents to make healthier choices.

The project also included a targeted intervention (Health Happens Here!) for persons frequently admitted to the hospital or emergency room, and who have a high A1C level, which denotes an increased likelihood of the development of neuropathy, retinopathy and other dangerous complications of diabetes. The intervention participants are coached to reduce their A1C levels and implement positive lifestyle choices and thus change their future health and risk for developing complications. The goal of this intervention is a positive change in A1C level, blood pressure, and other health indicators.

Through December and January 2012, Tracy Leary, Director of Mission Delivery, American Diabetes Association, engaged in discussions and meetings with Sergio Matos, Executive Director of the Community Health Worker (CHW) Network of NYC and the Director for CHW Training and Development at Columbia University's Mailman School of Public Health, and Dr. Sally Findley, Professor of Clinical Population and Family Health and Clinical Socio-Medical Sciences at the Mailman School of Public Health at Columbia University. These discussions led to a greater understanding of the role and capability of the CHW and their ability to empower patients to better manage their health through improved monitoring and patient-physician interaction. It became evident that the CHW model was more appropriate for the goals set forth by the project team.

In January of 2012, the ADA began collaboration with Bronx-Lebanon Hospital Center and NYCHA on the project to engage the community and create positive health outcomes for residents of a NYCHA housing development. Discussions with Dr. Doug Reich and MaryAnn Jonatis at Bronx-Lebanon led to the choice of working with Bronx-Lebanon Hospital Center's well-established Community Health Worker program and the Claremont Village development in the Bronx (Webster, Morris and Butler Houses). The Healthy Village initiative was modeled on a four-tiered approach - medical wellness, physical wellness, nutritional wellness, and weight loss - to provide an overall coordinated program that would engage residents in creating and maintaining a healthy lifestyle.

In February, March, and April of 2012 representatives from NYCHA, Bronx-Lebanon and the ADA met to design and coordinate outreach and recruiting efforts to commence the project. Carl Douglas, President of the Tenants' Association, worked with the project team to establish relationships with leaders and community residents in the Claremont Village developments.

In early March of 2012, a project-designated CHW began training and outreach to Bronx-Lebanon patients in the community as well as all community residents to inform them of upcoming events, provide information on diabetes and nutrition, and recruit persons with high A1C levels into the targeted intervention. Kick-off events were held in March to begin recruitment for the targeted intervention and to provide health screenings, nutrition information, and coaching for healthy exercise.

In April of 2012, the project-designated CHW and interns began to conduct site visits, develop brochures, participate in health events, assist with recruitment, and discuss medication management with participants.

In May of 2012, Healthfirst, which has long and well-established working relationships with the ADA, NYCHA, and Bronx-Lebanon, was recruited to be a part of this innovative effort. Representatives from these four partnering organizations continued to meet and discuss project plans, which led to an agreement for a three year commitment to improving the health of and empowering residents in Claremont Village.

Throughout May, June, and July of 2012, health and nutrition workshops were begun, led by a community volunteer, CHW, and six ADA interns. During this time, a community survey was conducted in addition to Dr. Erica Childs conducting the first focus group for the project participants to explore life satisfaction and attitudes regarding diabetes.

During July and into the August project break, engagement continued with community residents, leaders from the various housing developments, representatives of local food markets, pharmacies, and other community leaders to assess the needs and expectations for Claremont Housing Healthy Village and changing the health culture of community residents.

The project resumed in September of 2012 with the initiation of a number of programs and services (see Appendix A for 2012-2013 calendar of events) including, but not limited to the following:

Physical Activity

- Weekly Physical Fitness Sessions
- Zumba Workouts
- Bronx 10K Run/2 Mile Walk

Youth Engagement

- Self-Esteem and Fencing Program for Girls
- Midnight Basketball League

Diet and Nutrition

- Nutrition Sessions - Corbinhill Farms
- Food Box Distribution Program

Health and Wellness

- Healthy Living Discussion Workshops
- Health Screenings
- Arthritis Workshops - Walk with Ease
- Safe at School Diabetes Management Training
- Chronic Illness/Self-Management Program
- Healthy Heart for Your Sweetheart Workshops
- Diabetes Awareness Day
- ADA Diabetes Workshops
- Community Health Fair

Community Engagement

- Movies at Sundown Film Screenings
- Gun Violence in Our Community Forum
- Community Council Meeting
- Teaching Garden/Plant Day
- Holiday and Cultural Celebrations
- Parent Coordinator Awards Breakfast
- Immigration Seminar
- Career Day

The vision for the enhancement of the Claremont Village “Healthy Village” project includes ambitious changes in the local environment, with a number of new initiatives in development. These include, but are not limited to, the following:

- Preparation for the Medical Education Cooperation with Cuba (MEDICC) Community Partnership for

Health Equity (CPHE) Educational Exchange to Cuba. The CPHE program will provide an opportunity to learn from Cuba's models of community health in order to enhance the efforts being put forth in the transformation of the health status and culture of Claremont Village.

- Development of the 20/20 and 36/36 Weight Loss Challenge. Participants will be challenged to lose 20 pounds in 20 weeks, or 36 pounds in 36 weeks, respectively. The challenge will be setup as an on-site program, the incentive for residents to join is based on the ease of not having to leave the comfort of their local residence in order to participate.
- Discussions to bring spring plantings to open up new areas for community gardens to help encourage healthy eating, and to enhance the neighborhood foliage by adding trees and flowers to the area.
- Discussions regarding outdoor walking path(s) have continued and engagement with the New York Police Department has begun to assist in the identification and public designation of safe walking routes.

Since its inception, the partnership has grown to include a number of local and national organizations including Claremont Neighborhood Centers, Inc., William Hodson Senior Center, Medical Education Cooperation with Cuba - Community Partnerships for Health Equity, STRONG Movement, Bronx Documentary Center, GrowNYC, New Amsterdam Fencing Academy, the YMCA, Police Service Area #7, and Fordham University - Center for Community-Engaged Research (see Appendix B for detailed list of partner organizations).

Scope and Purpose of Evaluation

The present evaluation sought to evaluate the Claremont Housing Healthy Village Partnership (CHHVP) to identify effective practices regarding program operations and performance. The report articulates advancement and challenges faced in implementing this program, while identifying implications and making recommendations for the American Diabetes Association (ADA) to serve as a template for an expanded partnership to improve diabetes management, diabetes prevention, and general health of public housing residents in future years. In addition, the report aims to provide recommendations to the CHHVP that may help to advance their efforts to improve the health and quality of life of Claremont Village residents.

The overall purpose of this evaluation is to provide the ADA and CHHVP with the following:

1. Identification of operational recommendations for current and future planning, implementation, and monitoring of ADA and CHHVP's funded programs, projects, and activities.

It is designed to be a brief summary of the successes and challenges faced in 3 key areas: 1) Partnership Development and Management; 2) Program Delivery; and 3) Monitoring and Evaluation, in order to inform the ADA and stakeholders of the CHHVP.

Study Design and Methodology

Data Collection and Analysis

This report is the result of several data collection and analysis methods employed over the period April–August 2013 by a team of researchers from Fordham University - Center for Community-Engaged Research. Data sources and collection included:

1. Review of existing documents that were available from the American Diabetes Association, Healthfirst, and Bronx-Lebanon Hospital Center - Department of Family Medicine.
2. Site visits to conduct key informant interviews, focus group, and observations and discussions with staff, stakeholders, and representatives from CHHVP's partnering organizations.

The present evaluation included a number of interview and focus group research questions created by the evaluation team (see Appendices C and D for a complete list of questions and prompts for stakeholders and community partners, respectively).

Study Limitations

The aforementioned data sources provide a wealth of information about the ADA and CHHVP's funded projects and initiatives during its initial year. Nonetheless, these sources have several important limitations that should be considered in relation to study findings and recommendations. The present evaluation employed the use of a convenience sample of documents and stakeholders chosen for their association and involvement with relevant CHHVP projects. Further, most of the respondents in the study were identified by—and often received funding from the ADA through a grant provided by the Leon Lowenstein Foundation. This may have made respondents more likely to speak favorably about the project.

Findings

In this report, we seek to address questions falling into three broad categories: 1) partnership development and management, 2) program delivery, and 3) monitoring and evaluation and have organized the findings and recommendations in alignment with each of these categories. Each category is followed by an overview discussion and quotes (in bold text) upon which they are based.

The following responses represent the views, opinions, and understanding of stakeholders from partnering organizations that vary in level and length of involvement in the partnership.

Partnership Development and Management

Responses in this section addressed four primary areas including 1) personal goals in relation to participation in the CHHVP, 2) partnership goals, 3) goal development, partner roles, and decision making, and 4) future planning, long term goals.

1. Personal Goals: Responses regarding personal goals in relation to partnership involvement beyond that of organizational affiliation varied. Several respondents discussed the desire to create and be a part of a coalition with multiple and varied partners working together for the creation of and involvement in something bigger than themselves; in addition to the desire to establish and sustain relationships. Others discussed the desire to advocate for the patients and residents of Claremont Village, and to act as the liaison between the patient, clinic, and provider, by making sure that residents receive appropriate and accessible care, coordination, education, encouragement, and resources. Personal success was described by one respondent as the building of a community.

My personal goals were and continue to be to have a dramatic impact on the quality of life of people that live in Claremont Village. It sounds somewhat grandiose or lofty, but I actually think that through partnerships and collaborations that we can be successful there.

Being part of a partnership that works with the residents to change the healthcare culture of Claremont Village was espoused as a personal goal for one member of the partnership. While others stressed being part of a partnership which works with and encourages residents to take ownership of their community and the programs that are initiated. The idea of empowering residents was highlighted, in addition to the creation of sustainable programs.

Well, we want people to be better informed and better educated about their options. And, if they're better informed as to what makes a healthy lifestyle and what doesn't, what their options are, then we think we can work with them so that they will be more responsible for self-management of their care.

2. Partnership Goals: Concerning the goals of the partnership, responses varied. One respondent alluded to the goal of the partnership being to bring people together; to empower them so that they can sustain change over time. While another noted that group goals focused on helping the community in general to providing services and planning workshops. However, several respondents were unable to fully articulate the partnership goals and noted that lack of formalized and expressed goals created a sense of inconsistency. One respondent noted the intentionality behind lack of formalized goal setting as an attempt to encourage the free flow and exchange of ideas.

No, intentionally at the beginning; there was non-structure. That was because we recognized that we needed to have a variety of people to come to the table; that it was less threatening if people had the opportunity to sit around the table and throw around ideas, and it actually served us quite well.

Several respondents commented that the partnership's primary goal was to help the community but also noted that each partnering organization has its own agenda in achieving such, which creates a feeling of separateness.

I think everybody has their own agenda. Every organization that is participating has their own goals. So when we get together, you can hear it. Because they say 'oh, I have to do this, I have to do that, I have to, I have to.' You can hear that it's not a 'we' thing.

3. Goal Development, Partner Roles, and Decision Making: Multiple members felt that goal development should be a group process, with every partner on the same page with a collective voice. Goal development among partners was described as a means to establish improved structure, uniformity, accountability and ownership.

I think we have to develop that together. This is something that we have to do together if we're going to call ourselves partners and so forth.

A number of respondents discussed a limited understanding of partnering organizations roles, expertise, responsibilities, and contributions which served to impact the union and sense of collective amongst partners.

I think there's a collective understanding of what the idea is. But ask somebody what a certain person's doing, and they might not have any clue on how important that is, and what that piece is. How does that compliment the work that I do? We're not understanding how does one program compliment the other program.

Regarding decision making within the partnership, presently, there seems to be a structure or hierarchy of decision making amongst partnering organizations, with some partners contributing less to the decision process, but certainly providing a 'stamp of approval' on decisions that are made. Partnering organizations and their role and involvement within the partnership was acknowledged as evolving over time including their participation and influence in partnership decision making.

Initially it [structure] was intentional because that's who stepped up to the plate, sat at the table and said we're going to move this forward. They showed the passion early on, they were the ones that were out reaching to other organizations to pull them in. But I think that the leadership group is respectful of other organizations and we've come to find there are many leaders in the organization who are now able to, who are now stepping into the executive or the A team, whatever you want to call it, and are participating in making decisions.

4. Future Planning, Long Term Goals: Regarding long-term goals, there was resounding agreement that the partnership strives to create a sustainable, positive, successful model of community engagement and empowerment which can be replicated and or adapted for use by similar communities.

With our success I think we have a model that can be duplicated not just around the city of NY but around the country. I think we can successfully change healthcare culture and as a result change healthcare outcomes for a lot of people. And if we can do it in a public housing complex in the South Bronx in one of the lowest income counties in the entire nation, then I think we can do it any place in the country.

Respondents alluded to the recognition of the time and commitment necessary in creating a partnership and effecting change of such scale. In addition, to recognizing the need to identify and engage with community members and leaders who will take ownership of this initiative and continue the work in the future and beyond.

People commit themselves to something in the community, they're there, they get what they want, and then they leave. I'm hoping that doesn't happen here. That's my biggest thing. I'm really passionate about what can happen if we all come together and do what we have to do as a whole. I just hope I won't find myself a year from now saying the project didn't work out and everybody pulled out. I'm just really hoping that won't happen.

The need and creation of a Community Advisory Board (CAB) was expressed by the majority of respondents and is being initiated by the partnership.

So we need more people connected with the community and more people providing this advice and direction, so that's why this community advisory board is an exciting concept to us.

One aim of the CAB is to provide a voice for the residents of Claremont Village and in the process create a sense of empowerment among members of the community. Members will include residents from the building, resident association leadership, local business owners, faith based leaders, and other key stakeholders from the community as well as representatives of elected officials.

I see this partnership, it's really the community. You know there can be no partnership without the residents and the resident association presidents and leadership. So it's got to be the residents, because we can't tell them what is good health, they've got to tell us what they expect and we've got to try to work within those parameters to give them that service. And so I see the partnership as the residents.

Program Delivery

This section includes a series of responses related to respondents attitudes and opinions regarding relationship formation and the importance of respect and trust in establishing community partnerships and the immediate program impact of the partnership and its initiatives within the community.

1. Relationships, Respect, Trust: The importance of trust was articulated by all respondents. Building trust with the community at large as well as partners is vital to the success of the partnership. Creating an atmosphere and space of trust for the community, acknowledging their presence and input was discussed as key to establishing and maintaining positive relationships. One respondent discussed the possibility for training on cultural and community awareness, with an exploration of what community means, particularly for those partnering organizations unfamiliar with community engagement and collaborative initiatives. Acknowledging that beyond the niceties that are provided by programs, people care about the "other" stuff, that is, being respected and acknowledged.

Create a safe space for my community that I respect, and I'm going to share some information with them. They feel appreciated, they want to come back. And that's the whole point. Trust, you can't just get it like that. You gotta work on it. You gotta work on that.

2. Immediate Program Impact: Regarding events and outreach, a number of respondents were pleasantly surprised regarding the responsiveness and eagerness of residents to actively participate in project initiatives and thrilled to witness and learn of their dramatic impact for participating residents.

They enjoy all these events. They enjoy the things that are happening in their community. They enjoy the change. So when you see them, they're like 'Oh my God, I can't believe this is happening, this is really great.' I work, again, really closely with some of our patients who live at Claremont, and they mentioned that this whole project has changed their life completely. I am thinking of one woman who recently told me her life changed the minute I knocked on her door to recruit her. So ever since then, she was out more, she was attending the exercise program. She came out of her home.

Monitoring and Evaluation

In this section, responses reference data and information management, as well as knowledge sharing amongst partnering organizations.

1. Information Management and Knowledge Sharing: In relation to information management, including the collection and dissemination of data and the coordination of meeting minutes and activities no formal data collection and maintenance structure presently exists; however, efforts have begun to create this platform.

In an effort to foster group cohesion and knowledge sharing, it was suggested that partners be encouraged to share experience and expertise with the larger body to strengthen the partnership and group cohesion. This was described as beneficial in that, everyone's input would be acknowledged for what they do and respected for what they know. Participation in a partnership training/retreat was discussed and agreed upon by the majority of respondents as a good idea, with opportunities for professional development amongst partners strongly encouraged. Bi-weekly meetings were also suggested as an opportunity for soliciting and sharing knowledge and ideas amongst partners.

I would say though that other participants may not be as clear as far as what the role of different, of other organizations. They're pretty clear about what their role is but might not be as clear about the role of others. Part of that is because we don't slow down sometimes at our group meetings, at our meetings to explain, okay this is the role of this organization, or this organization, but we probably don't articulate that during our formal monthly or bi-monthly, twice a month meetings.

Program Recommendations

The primary views expressed regarding partnership development and management, program delivery, and monitoring and evaluation served to inform the following program recommendations focused on strategic planning, explicit group development, CAB implementation, planning for long term sustainability, assessing need, building trust and respect, outreach, marketing, and communication, increased collaboration, information management, and data and information access and usage.

Partnership Development and Management

- **Strategic Planning of Lead Organizations:** Lead organizations of the partnership should meet to refine the specific goals, commitments, and roles of their respective entities in the ongoing development of

this partnership. Strategies should be developed for how to ensure long term sustainability of the partnership, including how to empower and train the community and other partnering organizations to eventually assume management of the partnership.

- I. Formation and articulation of a set of specific and defined objectives to assess how well partnership goals are being met over time.
 - II. Creation and utilization of a logic model to describe program components and desired results, and that can serve as a basis for developing strategies by which the program is expected to achieve its goals. A logic model will be helpful as a program planning, communication, program implementation, and evaluation tool.
 - III. Establishment of systematic ongoing monitoring and reporting of program accomplishments and goals.
- **Explicit Group Development:** At present the majority of meetings function as report-outs and focus on logistic coordination. The partnership would benefit from more frequent use of structured activities that foster group cohesion and a sense of ownership and relationship-building among partner representatives. This process should include opportunities for partnership goal refinement, partnership analysis of the project work, strategic problem solving, personal development/reflection, and for collaborative team work that functions to build skills or advance goals.
 - I. Creation of bylaws that are developed by the group, including policies and structure regarding decision making. This process will help to develop group ownership, consensus, and clarity around policies and practices.
 - II. Formation of a more explicit process for determining responsibility and timeline of program initiatives. Development of a clear understanding of what data are necessary to collect, how they will be routinely collected, and what will be done with them. This should also include a discussion of where data will be stored and what information will be available to whom for the different purposes of tracking progress, evaluation, etc.
 - III. Establishment of a goal development meeting/retreat in which all partners contribute ideas, build toward a consensus and merge these into the existing mission and primary objectives of the partnership. As a part of this discussion, expansion of the group's understanding of how the various partners fit into the objectives and how the services provided support the larger mission would be helpful.
 - IV. Creation of opportunities for partnering organizations to provide presentations/mini-trainings in their areas of expertise (community engagement/awareness, how to use specific technology, how to fundraise, etc.). This will support skill development, will encourage partner recognition, and ultimately will build a stronger sense of community within the partnership.
 - V. Increase opportunities for partners to work collaboratively as a team. Develop subcommittees for specific programs (i.e., fencing, nutrition, weight loss, parenting skills) and project areas (i.e., fundraising, community outreach/public relations, communication and logistics, and training leaders for long term sustainability).
 - VI. Inclusion of social gatherings/events with opportunity for networking and socializing: learning full names, personal interests, backgrounds. Highlighting the importance of taking an active interest in building relationships between individuals in the partnership.
 - VII. Hosting outside speakers for presentations and education, as appropriate.
 - **Implementation of a Community Advisory Board:** Representatives from the Claremont Village community need to become active contributors to this partnership. A distinct board of interested community members should be created to regularly gauge community feedback, summarize discussion

points and ideas and present feedback to the larger partnership body. A selection of community advisory board members should function as ongoing representatives in the larger partnership body.

- **Considerations in Planning for Long Term Sustainability:**
 - I. Extension of the commitment timeline of the program. The current commitment of the lead organizations of 3 years may be insufficient to accomplish long term change within this large , high need community. A strategic plan should be developed for eventually transferring management duties to community leaders and the larger partnership body. To achieve this, the group must utilize group development processes to develop stronger cohesion and effective lines of communication among partner groups and with the community. Representatives will also need training and support to learn skills necessary to sustain the partnership’s management and information systems such as networking, grant writing, the collection, archiving, analysis and dissemination of data, etc.
 - II. Consideration of incorporating the partnership into an independent 501(c)(3) organization.
 - III. Invite and follow-up with additional, appropriate organizations to join the partnership, including but not limited to, local public schools, the faith-based community, and perhaps interested/appropriate corporate partners.
 - IV. Development of a proposal for housing a general practitioner as a residential doctor in each housing development, which would permit the provision of available medical care to residents. Alternately, seek funding to run a clinic on-site.
 - V. Development of a resource center that consults with, trains, and supports other entities in implementing a similar model of community engagement.
 - VI. Development of a strategy for regularly informing and engaging policymakers, funders, and media outlets of the positive improvements resulting from the Healthy Village Partnership.

Program Delivery

- **Formal Needs Assessment of the Community:** A proactive effort needs to be undertaken to obtain concrete feedback from the community. An ideal assessment would obtain feedback from a wide range of residents on the needs, strengths, resources, and suggestions of the community.
 - I. Flexible data collection approaches and meeting times are useful in engaging residents with competing demands and limited availability.
 - II. Questions should be succinct and clear. Present suggestions include: 1) Key priorities for improving health among residents, 2) Useful services and/or resources, and 3) Challenges and/or barriers in obtaining health care.
 - III. Interview a sampling of community members regarding needed services and activities, but also appropriate methods for engagement and building trust within the community. Suggestions include: 1) How do you feel about the partnership and its representatives? 2) How can the partnership build stronger relationships with the community? 3) How could promoting health be more interactive with residents?
 - IV. Due to the specific characteristics of this community, multiple approaches are encouraged:
 1. Community health workers who already work one-on-one with community members could be utilized to proctor a questionnaire or conduct interviews/focus groups.
 2. Town hall style community meetings could be held on several occasions at a variety of times (day, evening, weekend), in the various housing developments.
 3. Youth via the local schools or community programs could be surveyed or interviewed.
 4. Direct service providers and local figureheads could be interviewed to gauge their knowledge of community needs.

5. A door-to-door survey could be conducted for a sampling of residents.
 6. Advertise a ~20 person sit-down dinner conversation, which residents can sign up/RSVP to attend.
- **Building Trust and Respect within the Community:** The Claremont Housing Village is a struggling community that may be distrustful of outside researchers and program providers. Care should be taken to intentionally develop a sense of community whenever interacting with residents. Partnership representatives should be conscientious to express care and establish a connection in their interactions. When individuals feel part of a community, they respond positively and engage. Suggestions for increasing trust and credibility include, but are not limited to:
 - I. Promptness, reliability, regularity, and professionalism in interactions are vital. A truncated presence or a lack of regard for residents' time has an impact on public perception of partnership representatives.
 - II. Creation of a safe space for participants, especially when asking personal/confidential questions is essential.
 - III. Make a concerted effort to present the partnership and its events with consistency and consideration. Following through on commitments and claims, including programs promoted to the community are key.
 - IV. Provision of reminder emails or phone calls to recurring participants before events. These efforts increase participation and reinforce to residents that partners care and are paying attention to them, which is important to establishing rapport and trust.
 - V. Extend invitations to residents for social gatherings/events for the purpose of getting to know them: learning their names, their interests, what sort of projects they participate in. Take an active interest in building relationships with individuals in the community and developing a social network.
 - VI. Extend invitations to active and engaged community members to join the partnership and/or the CAB. Their presence would provide consistent community feedback and improve trust between residents and the partnership body. The participants can also promote the partnership to community residents.
 - **Events and Outreach:**
 - I. Provision of a greater variety of informational and training workshops for the community: technology (using the internet, navigating websites, writing emails, etc.), navigating the health care system, specific disorders/health issues, nutritional information, cooking classes, etc.
 - II. Increase targeting of youth to participate in initiatives and programs. By capturing the attention of the youth, other segments of the population are more likely to consider participating.
 1. Consider education focused efforts - tutoring and academic support, SAT or GED preparation, college preparation and scholarship workshops, vocational programming, a positive youth development intervention, etc.
 2. Consider exercise focused efforts - other exercise programming and team sport organizing, training in proper use of weights/equipment, etc.
 3. Consider arts focused efforts – workshops in drawing, painting, sculpture, street art, dancing, singing, etc.
 - III. Improve recognition and increase engagement of residents with specific talents and skills. Organize and promote events and opportunities for these individuals to teach youth or other members of the community skills-based instruction (sewing, cooking, arts, sports, etc.)
 - IV. Host outside speakers for presentations and education, as appropriate.

- V. Develop a leadership development/empowerment and training program that provides mini-courses and mentoring to community residents to encourage leadership in the sustainability of partnership efforts and ownership. Trainings would need to include technology training, program management, public speaking, public relations, data collection and analysis, fundraising, etc.
 - VI. Development of a trash intervention to encourage people not to litter and to take pride in the aesthetics of the environment. One suggestion for this is the development of beautification projects undertaken by the community, such as tile walls, sculpture art, murals, etc.
 - VII. Development of a smoking cessation intervention.
- **Marketing and Communication:**
 - I. Information should be conveyed (flyers, website, etc.) in English and Spanish. A large percentage of the residents are native Spanish speakers, and would be more likely to participate if they received materials in their native language.
 - II. Development and maintenance of a web-portal allowing community access. This web portal should provide information regarding upcoming events, the most recent statistical data, and any other resource or reference information beneficial to the community. This portal should also have mechanisms available for residents to provide feedback and suggestions to the partnership. Contact information should also be provided that allows residents the opportunity to interact directly with partnership representatives/service providers.
 - III. Introduction of a dedicated committee for providing information to the community on events and services. Hubs to ‘connect the dots’.
 - 1. The dissemination of information on events and workshops ought to be more widespread. Signs, flyers, newsletter advertisements and other marketing approaches should be utilized to increase exposure.
 - 2. Bulletin Boards that are regularly updated in the entryways or public spaces of the buildings.
 - 3. Street banners and signs that make it clear when residents enter the Healthy Village.
 - 4. Promote case studies/specific examples of individuals who have been helped by participating in the various programs.
 - **Increased Collaboration with Existing Programs:** Development and strengthening of relationships with other existing programs and events for community residents. A presence at these sites can be a great avenue for disseminating information and recruiting participants.

Monitoring and Evaluation

- **Information Management, Data Collection and Analysis:** Creation of a dedicated position for information management, data collection/analysis, and an ongoing process evaluation. This person should be responsible for note taking and dissemination, managing the collection and protection of community population data, and creating reports that convey quantitative statistics of impact on a semi-regular basis. This data is essential for monitoring the success and development of the program, as well as for supporting future fundraising efforts.
- **Software Acquisition:** Procurement of a care management software package, which can be tailored to meet the partnership’s specific needs. All community data collected should be maintained in a comprehensive data tracking program, maintained according to HIPAA regulations. Subsections of this data that are of value to the partnership should be decoupled from individual identifiers, and provided

on a semi-regular basis to partnering representatives. For example, aggregate participation numbers, calculated rates of improved health indicators, etc.

- **Data and Information Access:** A web-portal should be developed and maintained for partner accessibility. This web portal should provide information regarding upcoming meetings and events, meeting minutes, the most recent statistical data, and any other resource or reference information deemed beneficial to members of the partnership body. Included in the internal web-portal should be a resource directory with short summaries of partnering organizations mission and focus areas, including related projects and/or services provided, along with the primary contact/representative. Also included should be upcoming meeting agendas, event flyers, and a comprehensive calendar of events.
- **Research:** Review emerging literature on the evaluation of informal programs, such as drop in or public access services. This research could provide insights into approaches for evaluating the workshops and health fairs that are held by the partnership.

Discussion

Findings from this evaluation are consistent with those found throughout the literature regarding community-based approaches to improving public health. In a pivotal review, Israel and colleagues³ outline several issues related to developing community-based partnerships, including facilitating factors, lessons learned, and recommendations. Issues outlined in this review include:

- Lack of trust and respect
- Inequitable distribution of power and control
- Conflicts associated with differing perspectives, priorities, assumptions, values, beliefs, and language
- Conflicts over funding
- Conflicts associated with differing emphases on task and process
- Time-consuming process
- Community representation and definition

These researchers suggest a number of facilitating factors in addressing these challenges, including:

- Jointly developed operating norms and procedures, including confidentiality among partners
- Identification of common goals and objectives for the partnership
- Fostering of democratic processes and decision-making
- Presence of a community organizer
- Involvement of support staff
- Identification of partners based on pre-existing trusting relationships
- Identification of key community members
- Conduct community assessment as an ongoing analysis of community strengths, resources, structure and dynamics.
- Conduct educational forums and training opportunities.

Lastly, Israel et al provide a number of key principles of community-based research and engagement which are applicable across multiple focus areas in the development of community-based collaborative research and intervention development. These consist of:

³ Israel BA, Schulz AJ, Parker EA, and Becker AB. (1998). Review of community-based research: Assessing partnership approaches to improve public health. *Annual Review of Public Health*, 19: 173-202.

- Recognition that the concept of community is a socially constructed dimension created through social interaction and characterized by a sense of identification and emotional connection to other members, shared values and norms, and a commitment to meeting shared needs.
- Identifies and builds on strengths, resources, and existing relationships within the community.
- Facilitates collaborative partnerships in all phases with shared control amongst those within and outside of the immediate community of identity.
- Integrates a broad body of knowledge with community change efforts to address community needs and inform actions.
- Promotes co-learning and an empowering process with an emphasis on sharing information, decision making power and support among members of the partnership.
- Involves a cyclical and iterative process, including partnership development and maintenance, community assessment, and establishment of sustainability.
- Addresses health from multiple perspectives with an emphasis on social, economic, cultural, historical, and political factors as determinants of health.
- Dissemination of knowledge and findings to all partners involved in an understandable and respectful manner.

The authors of this report recognize that the recommendations provided are extensive. This is not intended to diminish the significant accomplishments achieved to date by the Claremont Housing Healthy Village Partnership. In our efforts to provide the utmost utility, we felt it important to include the bulk of the suggestions made during the course of this evaluation. In doing so, our intention is to provide an abundance of constructive feedback for the partnership to consider as it continues to solidify and expand this monumental and innovative effort to improve public health in a challenging urban community.

This partnership has an abundance of strengths which we wish to acknowledge. From the outset, each contributing organization and representative has approached this partnership with a selfless, humble perspective. The focus has consistently remained on the collective goal of improving the Claremont Village community through health education and services. This collaborative atmosphere has fueled the attraction of new member organizations and generated an inspirational momentum that continues to build.

Additionally, the community outreach efforts undertaken by the community health workers and the outreach specialists have been extraordinary. The challenges of engaging a community with low resources and complex, systemic problems are daunting. The individuals conducting outreach have remained optimistic and dedicated, despite the discouraging obstacles. They have also shown a commendable inclusiveness and creativity, by engaging local organizations that might have been overlooked in this effort, such as faith-based and corporate entities. Their efforts are the backbone of this initiative and we cannot stress enough our respect for their hard work.

We also think it is important to acknowledge the leadership, including the decision makers and funders of the partnering organizations for their commitments and support of this endeavor. This work would not be possible without these institutions giving their staff the freedom, flexibility and resources to fully realize this project. This partnership utilizes an experimental, holistic framework to addressing serious health issues from a systemic perspective. It would not be possible to implement without leaders in large, established institutions taking a big-picture viewpoint and committing their resources to enable change to happen.

In summation, this partnership seeks to accomplish what many would deem as impossible – it is attempting to create a fundamental shift in health-affecting behaviors among residents in one of the most challenging

environments in the country, through a progressive, grassroots approach that encourages individual empowerment and generates an authentic sense of community. Furthermore, the partnership is accomplishing this through effectively leveraging limited resources and finite amounts of manpower. While progress may be slow at times, it is consistent, and provides increasing evidence that substantive change is attainable. These accomplishments are only possible because of the passion and commitment of the partnership members and their willingness to commit to the long, hard task of making a difference. We commend this effort and acknowledge the resilience and courage it takes to suspend disbelief and commit to being a stand for positive change. We are inspired by the work being implemented and look forward to collaborating to further solidify and strengthen this partnership.

When you're involved in, to a degree, a disenfranchised community, neighborhood as Claremont is, and people accepting the status quo, it takes a lot of energy, a lot of time to stem the tide to actually change the direction which they're going. But if you have a drive, if you have a reason to be there, you can accomplish things. You have to look, you constantly have to be moving in and out, looking, and what I mean by that is, looking at individuals who you're touching and changing because that feels good and then looking at the big picture which sometimes can be overwhelming. But if you realize that you're affecting individuals by focusing on the big picture, you can actually be, you could be successful. It's about creating a sustainable product and empowering people in the community because that's who will create the change.

-Interview respondent

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