

Conveners for Health and Equity in Six New York Communities

A blog series



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Introducing: Conveners for Health and Equity in Six New York Communities

January 26, 2022

In 2015, the New York State Health Foundation (NYSHealth) launched its Healthy Neighborhoods Initiative (HNI) to address urgent and longstanding community conditions that affect the health of New York State communities. Through the initiative, NYSHealth supported six community conveners across the state: Niagara Falls, Clinton County, Syracuse, East Harlem, Lower East Side, and Brownsville/Brooklyn.

Healthy Places by Design coordinated a learning collaborative of these HNI conveners to support their efforts to:

- engage and mobilize community partners and residents,
- improve equitable access to healthy and affordable food,
- enhance access to safe places where residents can be physically active,
- connect people to programs that support healthy behaviors, and
- make use of local resources to improve health and wellness.

In the coming weeks, this blog will feature conversations with these committed community health change agents. In talking to these conveners, the Healthy Places by Design team, who have worked with



them for more than six years, explore important questions that should resonate with and inform health funders and community health leaders. They also share advice for anyone leading and investing in community-led health equity initiatives. We invite you to read about their experiences—in their own words—and about the impact the HNI had on them personally and in their communities.

Below are a few sneak peeks from upcoming blogs.

“Starting back in 2015, I had no clue about community work. I was someone just moving along in life, just living day-to-day. Evelyn asked me what I would like to see happen in the community. Nobody had ever posed that question to me. That was an a-ha moment that helped me increase my connection to my community.” - BRIAN ARCHIE, Integrator and Co-Chair, Create a Healthier Niagara Falls Collaborative

“Love yourself. Take days off. You have to rest to make it sustainable. Be very intentional and strategic with your partners. Think about who you really love working with. Show up for the people who you want to show up for you.”– LEAH RUSSELL, Syracuse Peacemaking Project Coordinator

“Our definition of success: we are successful when we become obsolete. We succeed if the need has been addressed. That’s a hard sell to most people working in non-profits. We should be honest about the degree to which the program originally set out to be has somehow shifted for its survival and not its mission.” – LINDA BRYANT, Project EATS

“[Prior to getting started] I wish we would have met more with our partners. We should have gotten a tenant organization involved early. We can canvas the neighborhoods for resources that may not be known to us, and that we did not know about until the pandemic happened. Then, take more field trips to colleagues. Always take more field trips. Our Harlem field trip was inspiring and very helpful. It helped us move away from a dedication to one idea and made us recalibrate.” MICHELE RODRIQUEZ, University Settlement

“There is so much for us to do in public health. I think it’s a really refreshing approach that we were able to genuinely develop our community partners to take this work on themselves, to step back from it, and be proud of the fact that our partners are ready to do this work without us.” – MANDY SNAY, Clinton County Health Department

Stay tuned. Much more to come!



Conveners for Health and Equity in Six New York Communities: Community Convener Brian Archie – Create a Healthier Niagara Falls Collaborative

March 29, 2022

In 2015, the city of Niagara Falls, NY, was selected as one of six grantees to be part of the New York State Health Foundation’s (NYSHealth) Healthy Neighborhoods Initiative (HNI). The [Create a Healthier Niagara Falls Collaborative](#) (CHNFC) grew out of this investment—an entirely resident-led community convener. Brian Archie, with his partners on the CHNFC leadership team—Evelyn Harris, Keyona Dunn, and Sarah Obot—has been a committed champion of his community, connecting residents, building trust, advancing equity, and improving conditions for well-being. Healthy Places by Design talked to Brian about his experiences, here are highlights from our conversation.

PB: What was your role in the HNI and at Create a Healthier Niagara Falls Collaborative?

BA: At the beginning of the initiative, we used the term co-chair and change agent for our roles. In my own capacity as an organizer, I now use the term “integrator,” which is our version of executive director for the Collaborative. We still have a shared-leadership model.

What impact did your experience in the HNI have on you as a professional?

I often talk about the evolution of self. Starting back in 2015 I had no clue about community work. It was something that took place outside of my work at the community hospital in Niagara Falls. I was someone just moving along in life, just living day-to-day. Evelyn (Harris) brought me

into the fold since we worked together. She asked me straight what I would like to see happen in the community. Nobody had ever posed that question to me. I felt I had a say. I felt I had some power to change things. That was an a-ha moment that helped me increase my connection to my community. Unknowingly, I increased my professional capacity for leadership and team building, too. I've been able to transfer skills I didn't identify as skills that were second nature for me when used within my community. For example, I now speak on behalf of the Collaborative, being as direct and pointed as I need to be to draw people into our activities. I can communicate our goals, instructions, values, and what is going on in the moment. Early on, when we were planning our first "Walk the Falls" event our original coordinator told me, "Brian, you're the voice." From there it just took off. Now, when we need a spokesperson, it's me. I feel grateful now. I'm awakened to what was right in front of me.

What were the greatest challenges as a community convener?

The biggest challenge is identifying change with data points that a funder understands as success. Community work takes time. We have goals and objectives to meet that are not necessarily grandiose. If the work is rushed, important pieces can be missed. Funders need to expect accountability and not be entirely hands-off, and they should expand their sense of what success can look like. Another challenge is the funding itself not being as available or as flexible if it's not within a particular funders' budget. If a funder can no longer fund in a particular area, they could connect us with another funder. Money can fix a lot, but not everything. It also takes relationships within the community and relationships with funders.

What are you most proud of as a convener?

I am proud of having a presence in the community, building our capacity, and becoming a trusted organization in Niagara Falls. I can remember when we started meeting with local agencies, we wondered, "Who are these folks?" Their meetings had a bunch of organization heads and no community people. We built on relationships we had and now we can call on any number of folks to get projects moving, share resources, or just ask for—and offer—assistance. Personal relationships and conversations helped us outlast changes in government administrations. I am proud that, year after year, there's an increase in community gardening and momentum of organizations getting more people to grow their own food. Some share a negative connotation of people in the North End, being "those folks," who aren't expected to garden. My grandparents came from Vicksburg, Mississippi. I can't remember a time when we didn't have a family garden. It helped to provide for us and many others in the community. To see those not exposed to this now be involved and gardening themselves is very encouraging.

What are the biggest or most lasting impacts of the HNI in your community?

The introduction and conversations around healthy food access have been huge. Community gardening can be done and sustained by anyone. Our "Walk the Falls" event, now in its fifth year running, has created space for the Mile n' Smile Walking Club that meets pretty much on a weekly basis. Other physical activities such as Zumba, yoga for youth, and biking were uplifted by residents. Being able to partner and share resources with other grantee communities benefitted and enhanced the work. Foundation funding allowed for resident engagement meetings, where social connection was strengthened, and ideas of change were born!

What is the impact on residents?

Residents and young people have benefitted most from the initiative. Engaging young people gets their parents involved. My little cousin came out to a neighborhood garden workshop and took some seeds back home with him. That year he grew cucumbers, tomatoes, kale, and watermelon. Every two weeks, I was getting a picture, from his mother, of him in his garden. Then he asked me for some Ashwagandha seeds. I had to talk with our plant experts to find out if that was available and safe to plant. They helped make it happen.

Once folks can identify with the messenger, it empowers them to do the same. This is living out specifically in the North End neighborhood, a predominantly African American neighborhood, where people say, “No we don’t do that.” They may say that for something as simple as riding a bike. I purchased a bike about five years ago and have been riding ever since. And the Collaborative secured some e-bikes through partnership with [Shared Mobility](#) to extend the program out into the neighborhood. We feel this work is about access and safety, so folks can take advantage of it. Previously, people did not even want to leave their front porch. But now I get calls such as someone asking for a free little library box for their front yard, which is a resident-driven project from a program of the Collaborative. It’s rewarding to see people having their a-ha moments, just like I did.

What is the impact on partners?

As a result of the HNI, our partners no longer see Niagara Falls as just this dead space where you put resources into and don’t see an output. There are many more opportunities to come here. When resources come to this region, they are usually for Buffalo and don’t make it across the bridge to Niagara Falls. Now, folks will make sure resources are shared. Collaboration is key to building and sustaining healthy communities.

What advice would you offer to organizers from other communities?

Be patient. Everybody does not learn at the same pace. We must meet people where they are and give them the opportunity and space to succeed. We need to be OK with everything not taking hold. Our work was about healthy eating, physical activity, and social connectivity. The pandemic just killed people’s chances to connect. Technology provided a way around that barrier. We have to continue to show up authentically. Organizers need to be consistent, not just in messaging, but in how we interact with each other. We try not to be seen as those who are just the mouthpiece of “big government.” We are not pushing anyone else’s agenda.

What advice would you offer to funders supporting community health equity initiatives?

Visit the communities that you’re funding as often as you can. We had a very different experience than others because our program officer was very deeply engaged with us. The relationship was built out beyond the regular reports due and check-in calls. Funders should make it their business to show up once or twice a year—to participate, not to review. Come out to the communities, see things through their lens, even prior to granting the funds. Before sending that email saying they made it to the second round, make a trip out to the community. This would ground funders in the work and the need from the start.



Conveners for Health and Equity in Six New York Communities: Community Conveners Jennifer Vallone & Michele Rodriguez – University Settlement

April 5, 2022

In 2015, Lower East Side (LES), NY, was one of six grantees to be part of the New York State Health Foundation's (NYSHealth) Healthy Neighborhoods Initiative (HNI). Beginning in 2018, the LES initiative was led by University Settlement, a community social services agency based in Lower Manhattan. The grant was directed by Jennifer Vallone and coordinated by Michele Rodriguez, Alison Smith, and Eva Wong. The HNI was a new sort of endeavor for University Settlement because it emphasized the built environment and activating outdoor spaces. The team's approach was to engage older, largely immigrant adults to determine how the organization can support health, nutrition, and physical activity through changes in and outside of University Settlement's facilities. Healthy Places by Design talked to Jennifer and Michele about the initiative, here are the highlights.

PB: What was your role in the HNI in the Lower East Side?

JV: My role was as a supervisor making sure that the work was happening.

MR: I made sure nutrition work and some of the physical activity and exercise components were completed in our facilities.

What impact did your experience in the HNI have on you as a professional?

MR: The pandemic put a spotlight on the lack of access to healthy food in our neighborhoods. We became keenly aware of our centers as places where people come to enjoy nutritious meals. Now, I think more about the importance of nutrition to the participants, both here and at home. Listening to our HNI colleagues from other communities shaped the work we did. For example, we tapped into new local resources like the Essex Street Market healthy eating classes. We distributed Health Bucks to participants to purchase more fruits and vegetables, and we tried to improve what the local food pantry offered. Participants in our programs have always had a big say in menu choices and they are now more educated about healthy eating. They have begun to request more plant-based and whole-grain items in their menus.

JV: Personally, I took over this project as a new supervisor to this team. It is interesting to lead a project with so many people involved, to communicate clearly, and stick to deadlines. That's been a good learning curve for me. There were some partners who became more involved with us because of this project. It was good to get to know them, but in a different way. Our most active core partners in this project were the Cooper Square Committee, FABnyc, and the Chinatown NNORC (Neighborhood Naturally Occurring Retirement Community).

What were your greatest challenges as a community convener?

MR: In the beginning, we had great collaborators but not all of them remained involved as partners after the first couple of meetings. We also experienced a lot of staff turnover.

JV: We had some on-the-ground challenges — everyday things, such as needing to reallocate staff to various locations to make things happen. And, from our very first focus groups, the participants were 100% against the walking trail we proposed as one of our main strategies.

What are you most proud of as a convener?

JV: Our older adults support team has been working so well together. They don't always agree, but they're a cohesive team. I love how well they solve problems together, how they fix things, and how they share resources. This grant was a significant opportunity to work across various University Settlement sites for older adults.

MR: Our centers are now much more nutrition focused. We improved the quality of information getting to participants through classes and resources. We learned more about our neighbors and about safety in the neighborhood. We learned what participants would and would not do in their community. The oral history walks were an improvement on our original idea to create a fixed walking trail. I look forward to implementing it.

What are the biggest or most lasting impacts of the HNI in your community?

MR: One was keeping participants' needs at the forefront with elected officials, caregivers, and the community. Participants became advocates for their community. For example, during our

small group meetings with participants, someone asked if we would be raffling turkeys for Thanksgiving this year. When we told them we did not have the turkeys, they called their elected officials. Participants now feel empowered to request resources when they see that other neighborhoods have them and they don't. We used to hear, "Why didn't I get anything?" Now we hear, "Let's talk to elected officials get some fresh food in our pantry, Michele." FABnyc also has two wonderful artists creating oral and written history workshops.

JV: One other impact we see are stronger partnerships. The benefits of that include everything from better and more interesting programming to strengthened emergency relief food assistance. Now our older adult community, which is mostly low-income people of color and/or immigrants, has a larger, shared vocabulary about healthy eating and exercise that incorporates their lived experiences.

What advice would you offer to organizers from other communities?

JV: Do your homework about what you're proposing to do first. Our approach was way too top-down. And pull together a diverse group of partners early. The three partners who've stuck around with us are not government entities. They are from the arts world (FABnyc), housing (Cooper Square), and older adult services (the Chinatown NNORC).

MR: I also wish we had met with partners earlier. I suggest having a tenant organization as a partner. And organizers can canvas their neighborhoods for resources that they may not know about. We didn't know about some resources available to us until COVID hit. Also, take more field trips to learn from colleagues. The visits we made to our Harlem HNI peers were inspiring and very helpful. As a result, we recalibrated and moved away from the single walking trail idea.

What advice would you offer to funders supporting community health equity?

JV: Regarding NYSHealth, we initially had some mixed feelings about the self-reflection required during evaluation visits, peer convening meetings, and monthly 1-on-1 meetings. We definitely experienced some stress about the number of check-ins, but, by far, the relationships and ability of the Foundation and the technical assistance team outweighed those issues. Ultimately, the check-ins were helpful and deepened our relationship. We were also challenged by the evaluations and never felt that we fit into that process. At the end of the day, we enjoyed the opportunity to take our time. Not every foundation allows that. They brought a remarkable group of people together for learning.

Funders should trust grantees, even if something is not working. Be nice. Allow for collective learning. Allow for regular check-ins even though they create anxiety. Offer constant resource sharing and celebrate your grantees.

The Foundation shared resources and opportunities to participate with community partners. This was a huge benefit and something not all funders do. For example, a government funder recently asked us to coordinate an equity and participatory budgeting project. They offered us \$40,000 to do it, too, but wouldn't allow us to compensate the partners we needed. In the end, we felt that we would need to give them financial resources, so, ultimately, we said no to the project.

MR: The format of the check-in calls was a new experience for me that made me reflect on our work and progress. We took the time to talk out the issues and none of those conversations felt

judgmental. The technical assistance provider and Foundation staff listened, heard us, and offered resources. It was tremendously helpful to know they supported us and didn't question why things weren't always working. I never worked with another funder quite like that.



Conveners for Health and Equity in Six New York Communities: Community Convener Mandy Snay – Clinton County Health Department

April 12, 2022

In 2015, Clinton County, NY, was one of six grantees to be part of the New York State Health Foundation's (NYSHealth) Healthy Neighborhoods Initiative (HNI). In Clinton County, the initiative was led by Clinton County Health Department's (CCHD) Health Planning & Promotion Division, directed by Mandy Snay and coordinated by Karen Derusha, Alexandra Mesick, Amanda Prenoveau, and Lisa Turner. The HNI was a new endeavor for the health department that sought to develop partnerships with town officials throughout the county and provide skill-building opportunities, education, and mini-grants for built-environment projects. Healthy Places by Design talked to Mandy about her experiences, here are highlights from our conversation.

PB: What was your role in the HNI in Clinton County?

MS: My role changed some over time, from program implementation to oversight. I was responsible for staff supervision and provided guidance to our team about adjustments to plans and how best to meet goals.

What impact did your experience in the HNI have on you as a professional?

I can honestly say the connection to other people who understand this built-environment work and its impact on life-long health made an impression on me. One of our goals was to start building a local team that believed in that work, too. Even within our own department, our work is often misunderstood, so whenever we got together in HNI learning sessions or even virtual calls, it was just so motivating and reassuring to see and hear about the work that other coordinators were doing that was very similar to ours. It meant that we weren't just these "misfits." We are doing work that's worth the time and resources to do. Sometimes, people within our own organization assume that our work is just for fun, or it's silly, or it's easy. It's really not. It takes a different kind of health professional to do this work because you don't see immediate results. It changed how we recruit and what we're looking for in people. It's important to find people who don't need that instantaneous gratification.

What were your greatest challenges as a community convener?

We were often hindered by competing priorities and, obviously, by the pandemic. We also faced constant turnover internally and with our partners. We have wonderful advocates in our community, but sometimes it seems we take ten steps forward and then five steps back. We can invest a lot in nurturing an advocate who then retires or moves on. For example, a woman from one of the local towns was an early adopter. She was great at writing grants, always attended meetings, and participated actively. She pushed her town to be better and to look forward, but she eventually moved on from that role. There hasn't been a strong advocate to take her place. In other instances, we saw supportive elected officials move on as their terms ended.

What are you most proud of as a convener?

I'm proud of the future impact of our work in the county. I'm proud of the growing interest among the local governments and townships, and how those towns responded when we pointed out what other communities were doing or how they were progressing. I'm blown away every time I talk to potential new partners because their interest is so high, especially among elected officials. We even had to turn a few people down for mini-grants in recent rounds and rather than giving up, it inspired them to ask how they could do better in their next applications, which is exactly the attitude we want them to have.

What are the biggest or most lasting impacts of the HNI in your community?

The most direct impact was on township leadership. As we were putting out small funding opportunities, such as mini-grants, so many of our partners participated in those opportunities and were looking to do things in their own communities. I know we were somewhat different from other HNI grantees because we were spreading the funding across different sectors versus having a very focused project in a single neighborhood. The county has very distinct townships and they are each different in their own ways. We felt it was important to support as many communities as possible. After the work is done, they will continue to be advocates in the future. We've been able to build their skills so next time they can do this work on their own and not rely on us. I'm very proud of that.

We also saw an impact on our team's confidence within the health department. I have definitely seen a pattern where the health department did not want to let things go when our partners developed skills to accomplish things independently. Some wondered, "Why would we give our

work away? What else are we going to do?” But there’s so much else to do in public health. When we can empower our partners with the skills we have, or take on this work themselves, it means we can revisit other unaddressed public health problems and start checking them off the list. It’s a really refreshing approach and I’m proud of our team for being comfortable and confident enough to trust in that process.

What advice would you offer to organizers from other communities?

My advice is to expect turnover and try not to put all your eggs in one basket. Continued flexibility from NYSHHealth helped us go down other avenues when we needed to alter certain deliverables.

As a result of the HNI and the pandemic, we started planning more realistically. Everything takes more time than you expect. We always thought we’d be able to move faster, but we always ended up feeling behind. For coordinators making a work plan, add two to three months to what you think it will take. There are always unforeseen hold-ups, like turnover in staff and leadership. And then, when working with partners, think about how much anxiety you create when we push forward too quickly. Give it time.

What advice would you offer to funders supporting community health equity?

What allowed us to build a strong foundation was the additional time provided to us by NYSHHealth. Knowing we had that leeway we were able to make so much progress. Community health initiatives should be given five years, at least. Better yet, a ten-year grant—how fantastic that would be?! Longer-term funding gives staff the confidence that their jobs won’t go away.

Funders should know that the connection to other people doing similar work is also very reinforcing. Access to technical assistance and education to build skills was an important bonus, too. It would be amazing if every funder gave this level of support. If nothing else, we would have appreciated more examples from rural communities. But there was still so much to learn from some very urban communities, which was eye-opening.



Conveners for Health and Equity in Six New York Communities: Community Conveners Arlen Zamula & Caitlin Falvey – Department of Health & Mental Hygiene

April 19, 2022

In 2015, East Harlem, NY, was one of six communities chosen to be part of the New York State Health Foundation's (NYSHealth) Healthy Neighborhoods Initiative (HNI). The East Harlem initiative was co-led by the Bureau of Harlem Neighborhood Health for the NYC Department of Health and Mental Hygiene (DOHMH) with nonprofit affiliate, Fund for Public Health, serving as fiscal agent. The Bureau's work, coordinated by Arlen Zamula and Caitlin Falvey, mobilized community residents and nonprofit organizations to activate public spaces and improve conditions for walking and bicycling in East Harlem. The initiative also built capacity among neighborhood groups as catalysts for community health and created free tools for neighborhood organizers that were informed by the HNI. In Spring 2020, the team was abruptly redeployed to assist the health department's COVID-19 response. Healthy Places by Design talked to Arlen and Caitlin about the HNI in East Harlem. Here are highlights from our conversation.

PB: What was your role in the HNI and the Bureau?

CF: I came in about a third of the way into the initiative as the program coordinator. Arlen served as program manager providing oversight.

What impact did your HNI experience have on you as a professional?

AZ: I learned about budgeting and operations both with the Foundation and in my own organization. I was unfamiliar with foundation grant management. The HNI was my first real foundation grant and it was helpful. I also really appreciated the Foundation's flexibility toward the end of the grant when the pandemic hit. Government tends to be pretty rigid, so it was good to see grantee organizations given that flexibility. It was a partnership, not just me entering information into a database.

CF: This opportunity gave us the flexibility to challenge what it means to be in government. It allowed me to try new things and approaches. I even developed new communications channels and that improved how I work with people.

What were the greatest challenges as a community convener?

AZ: COVID—it hurt us in every aspect. Two team members had to be pulled off the HNI work to respond to the crisis. We had to figure a way to “MacGyver” our work with partners who were also suffering. It was very tough. It's still tough. Whenever I'm asked about challenges, COVID will always be my answer.

CF: COVID turned out as an extreme example of trying to balance the needs of the community, the funder, and our own group, a governmental organization. We also had to adjust to new organizational changes when DOHMH restructured and rebranded itself. Maintaining relationships can also be challenging, so it was helpful that the Foundation extended funding in the latter years.

What are you most proud of as a convener?

CF: We were able to overcome challenges of COVID, while developing so many relationships. Previously, I worked in academia where we did not have solid relationships with community partners. I'm proud of how we built trust in those relationships. For example, the biking coalition, [El Barrio Bikes](#), would never have built a relationship with the health department without this grant. I am still in contact with the folks from the coalition and members of our Health Action Panel.

AZ: I'm proud of the relationships and trust that we built. People know they can ask us when they need help. We're also proud of tangible things. We published papers, for example. We worked with [TYTHEdesign](#) on the [Community Engagement Almanac](#) website and Health Action Tool Kit. Together, we produced some really good work that shows other community groups, step-by-step, how to create healthier environments.

What are the biggest or most lasting impacts of the HNI in your community?

AZ: We built capacity in the community organizations we worked with directly. They blossomed into organizations that are now leaders in the work we were doing. For example, one person we trained as a ride leader now heads a local bike organization.

The Health in Action Panelists are more motivated to get involved with the health department. There's a newly developed neighborhood panel and two panelists from our Health in Action panel have applied.

Also they can see that investment in the process produces good outcomes. The Health in Action grants proved to be low risk and high reward and that encouraged people to take on projects they wouldn't ordinarily do.

CF: We have several examples of capacity-building that are based on trust. During our pandemic response, DOHMH set up communications channels to get health information out into neighborhoods. We saw community organizations in East Harlem getting the word out about COVID because of our work with them on physical activity access and capacity-building.

The health department also benefited from the HNI. We were able to get money out quickly to local partners. And the organizations we funded with mini-grants benefited from skill-building sessions and access to financial resources. For example, the Health in Action grantees sat down with the TYTHEdesign team to develop evaluation plans with minimal resources. That capacity-building focus transferred power and skills from us to the community organizations which helped with finding grants, especially. They felt empowered to do that on their own.

What advice would you offer to organizers from other communities?

CF: Funders should allow grantees to focus on relationships that will carry through and adapt to that change. We had fun with the biking, walking, and crime prevention work we did, but we shouldn't be wedded to any particular focus areas that could change.

AZ: Always have a Plan B and be ready to change on a dime.

What advice would you offer to funders supporting community health equity initiatives?

AZ: Funders in general have wonderful goals, they want to solve problems. But we have to be realistic about the problems we want to solve through investments and how long they will last. Funders need to make sure money and time are adequate to accomplish everything you want to achieve.

It was lovely getting little notes from the Foundation team in the thick of the pandemic. We had a very human relationship and it provided a certain measure of calm that was quite welcome as we had grant deadlines during the peak of the madness. Everybody the funder brought in to help with the grant was just a pleasure to work with. They looked at us as people, not just a grantee. Any other funder could have just said, "You still have to get it all done."

CF: Everything NYSHealth did in the last few years was good. They started by listening and *hearing* us. It felt like they were coming up with solutions. They were still guiding what we did, but in the last few years, the Foundation let us make decisions about our initiatives.



Conveners for Health and Equity in Six New York Communities: Community Convener Leah Russell – Syracuse Peacemaking Project, Center for Court Innovation

April 26, 2022

In 2015, Syracuse, NY, became one of six communities chosen as part of the New York State Health Foundation’s (NYSHealth) Healthy Neighborhoods Initiative (HNI). The Syracuse initiative was co-led by the Center for Court Innovation’s (CCI) Syracuse Peacemaking Project and initially by Syracuse University’s Lerner Center for Public Health Promotion. Another funded partner in Syracuse, Missio Church, organized programs and events to activate public spaces and provide young people and their families with opportunities for physical activity and development. Missio Church’s work was led by Justin Baratta and Adam Bregou. The Peacemaking Project’s work, coordinated by Leah Russell and Rebecca Bostick, mobilized community residents and local organizations to activate public spaces, improve conditions for physical activity, and improve food access in the Near Westside neighborhood. The initiative also built capacity and leadership skills among residents to initiate positive changes in their neighborhoods. Healthy Places by Design talked to Leah about the HNI in Syracuse. Here are highlights from our conversation.

PB: What was your role in the HNI and at CCI?

LR: I was the project lead coordinating the Peacemaking Project. My role now is Coordinator of Community Development. I oversaw the implementation of the grant, the documentation of deliverables, grant reporting, design of the work, coordination of our partners, and the work the Peacemaking Project did in the Near-Westside neighborhood. NYSHealth was our largest—but not only—funder. The Peacemaking Project also runs a restorative justice initiative funded by the county.

What impact did your experience in the HNI have on you as a professional?

It was a life-changing professionally. Rebecca Bostick, from the Lerner Center, approached the Center for Court Innovation and suggested that they should take over the work. My bosses were over the moon about it. They told me to write down all my crazy ideas. This was the first grant where we had the freedom to write like that. The project reframed the way I see my work as an agent of systems change, period. We began to view our justice system work through the lens of public health and explore the intersections between public safety, justice system involvement, community health, and wellness. Rather than being solidly in one field or the other, we should be working at that intersection. It's been a real paradigm shift.

In our initiative, the philosophical thread that connects it all is community empowerment. Public health and education professionals working for local agencies had been leading the work, but we felt residents should at least stand alongside the professionals, if not lead the work altogether. The key idea was to leverage resources to lift people in this community. How do we stop doing things *for* people and start doing them *with* and *alongside* people?

What were the greatest challenges as a community convener?

Recruitment of community members for the Community Impact Team (CIT) continues to be a struggle. It requires constant staff time and there are only 24 hours in the day. We also coordinate a partner group. It's easier with paid partners because they show up for work. Unpaid community members need to see the value of getting involved after years of agencies coming in and asking things of them. Membership in the CIT was intentionally flexible and purposefully inviting. Many community members see it as an honor, not as a challenge. They are pleased to help. For us, we really have to put the time in. It was essential to our success. We are a people-first organization and have to make sure we're spending enough time outside our offices to stay in touch with the community and its people.

Another challenge is evaluation. We're always experimenting with new strategies, so our work evolves more quickly than the evaluation framework can accurately reflect or measure our impact.

What are you most proud of as a convener?

First, I'm extremely proud of our innovative and ever-evolving home agency, the Center for Court Innovation. The Peacemaking Project has changed so much over time and often the work goes where it needs to go to make the greatest impact.

But it's the relationships we've built that are my biggest point of pride. I'm so proud to give residents those first-time experiences as community organizers. The people who hosted Kitchen Table Talks early on are still involved. We were able to take CIT members to a conference in

Atlanta. The Peer Learning Network meetings took us to other communities and nurtured transformative bonding experiences with others doing work like us, such as those at the HNI site in Niagara Falls. We have built something very meaningful.

What are the biggest or most lasting impacts of the HNI in your community?

The HNI propelled our work to a new level. We've since been able to secure an influx of new resources. When the pandemic hit, we learned we are a well-organized community. The social infrastructure is there to absorb the blows that come our way. It reframed the way we see our work, especially in the last year with the technical assistance provided. We got to hand-pick consultants who helped me dive into project management and build an evaluation framework, identify resources, and create materials. Before, we were flying a half-built plane but now we have instruction manuals ready to go for the next person to fly the plane and lead the work.

Programs come and go but it's the investments in people that last. The Near-Westside Neighborhood will still be standing for 100 years after we're gone.

For service providers, the initiative changed the way they work. It brought a public health focus to their meetings and put a much-needed focus on well-being. It brought *purpose* to our monthly meetings. The service providers' involvement has made them advocates within their own agencies and helped get them out of their offices and into the neighborhoods. You have to be *in* communities. You have to hire from the neighborhood.

With the Peacemaking Project, CCI has put its money where its mouth is. It was an all-White organization. Now, we have hired from and invested in the community, setting an example for and inspiring others to do the same. The women who participate the most in the CIT have embraced the training and dived into the hands-on projects. They had the opportunity to travel and be trained as community health workers.

Young people in the neighborhood now see their aunts, uncles, moms, and fathers—their elders—being in a different place. For the first time, mothers in the community help run the programs and the young people now see them as examples and are inspired to care about the community as they never have before.

We still have a long way to go, but we were able to increase residents' capacity. They now have the knowledge and confidence to speak up and to get paid work, too. We need to scale it up to build more leaders like them.

What advice would you offer to organizers from other communities?

My first advice is to love yourself. Take days off. You need to rest to be sustainable. Sometimes in community work, you will give more than you get back, but the grass is only green where you water it.

Don't say yes to everything, but do build meaningful relationships. Once you start rolling, you'll know you're doing it right because people will want to work with you. Our team mottos are "Under promise and over-deliver," "Be a big heart with giant ears," and "Listen first and listen from the heart without judgment."

Be very intentional and strategic with your partners, too. Think about who you really love working with. Show up for the people you want to show up for you. Some partners just come to promote their own work. It's fine to have them at the table, but you also need people who will show up to get work done.

What advice would you offer to funders supporting community health equity initiatives?

Funders should be more like NYSHealth. They really heard us and they heard the community. When the Lerner Center checked in with community residents about their goals for the grant, residents told us they had more pressing concerns than what was proposed. They told us to focus first on building a safer community. We needed to listen to that and get out of the way—let the community lead. We needed to be more creative and free-flowing, not them. And we were empowered to do that by our funders.

Funders should be flexible about what the work and deliverables will look like. Listen, visit, see the work, and hang out. And more funders should use the peer learning approach. Build-in travel money and hold more convenings between communities. Lastly, I wish funders would do more multi-year grants for larger amounts of money. Three-year grants are hard to come by these days.



Conveners for Health and Equity in Six New York Communities: Community Convener Linda Bryant – Project EATS

May 3, 2022

In 2015, Brownsville, Brooklyn, NY, became one of six grantees in New York State Health Foundation’s (NYSHealth) Healthy Neighborhoods Initiative (HNI). In 2018, [Project EATS](#) took leadership of the Brownsville initiative. Project EATS is a nonprofit community-based enterprise creating greater food access and wellness through small-plot farms and gardens on vacant land. Their food production work is integrated with community nutrition and workforce development programs. Project EATS’ HNI strategy provided fresh organic produce in the community grown at the Brownsville farm site. Complementary efforts included youth training and mentorship in urban agriculture and a partnership with local healthcare providers for a fresh produce prescription program. The NYSHealth grant was led by Project EATS’s founder, Linda Bryant, and coordinated with her team. Healthy Places by Design talked to Linda about the initiative. Here are highlights:

PB: What was your role in the HNI and at Project EATS?

LB: I am founder and president of Project EATS and oversee our operations and programs. My involvement in HNI flowed from those responsibilities. To me, it’s more than a responsibility. It

is based in what I value as a person and what we as an organization value—developing strong, respectful, and productive relationships with community residents and our partners.

What impact did your experience in the HNI have on you as a professional?

It helped me be more experientially aware of the challenges and benefits of working with other organizations as a convener. I am able personally to build on those insights. Our participation as a convener is different than if it is instigated from the outside, by a funder for instance. The approach and values of this initiative are what brought us together as partners. It forced us to think about the differences between organizations—their structures, approaches, and expectations. The Foundation had its own vision, goals, and approach for what it wanted to achieve, but they were not at the table with community partners doing the work. We had to learn to deal with how our collective achievements aligned with what the Foundation was hoping we would achieve. That was new to me.

From my experience, it was more critical to invest time upfront to understand and learn our partners' value systems. That way, when bumps in the road appeared, we could revisit the agreed-upon values and approaches. At Project EATS, we learned to identify, develop, and work from a shared value system when working with our partners.

What were the greatest challenges as a community convener?

Sometimes, it's necessary to have uncomfortable conversations with partners. As human beings, for the sake of what Project EATS brings to this community, and from our desire to have relationships with them, we needed to do it. Uncomfortable conversations are part of life. They aren't opportunities for an organization to assert authority. Each partner is in a different place. That has to be recognized, addressed, and balanced to build a collaborative environment. We were brought together to work together, that's the bottom line.

Competitiveness is unproductive and corrupts what we are all trying to achieve. It's important that we work that out. Make it part of the agenda to talk honestly about what's working well and what you wished worked better. Talk about the structure on the ground. Talk about the funder relationship. Talk about how they affect your work.

What are you most proud of as a convener?

I'm proud of direct employment through our youth program. It was huge. We originally started with three youths in a nine-week program. Those numbers grew and we reaped more funding for it. We also provided experiential learning by partnering with STEM teachers in schools. The Farmacy prescription program was a source of pride, as well. We were able to bring on new partners and funding because of the HNI. Residents acquired fresh produce that was fully subsidized. The HNI helped us view the Farmacy as more than a prescription program. It was about getting people to change to a healthy diet and lifestyle.

What are the biggest or most lasting impacts of the HNI in your community?

The young people appreciate food and its importance in life and in our community. Kids have so few opportunities for experiential learning in school. Every student can participate in Project EATS. One high school we worked with had police on campus and kids couldn't just hang out. We simply asked the police not to hang around the garden beds as we worked with students. And it worked. And school staff wondered how we did it, but the students were creating something together.

What advice would you offer to organizers from other communities?

My advice for conveners is to make it part of your job to have fundamental conversations about values, what's working well structurally and what's not. And do it early on. As an organization, we should be honest about the degree to which an organization's original intent may have shifted for its own survival, not its overall mission for change in the community. My definition of success is when we as an organization become obsolete in a community—the residents can do it themselves. That should always be part of the equation for nonprofits. That means, in Brownsville for example, our work is done when the farm is viable and being operated by the people of the community. Then it's time to move on to another community that needs our help. That's a hard sell, but we should be working to make ourselves obsolete.

What advice would you offer to funders supporting community health equity initiatives?

Funders in leadership roles need to be aligned with their staff and the board. Sometimes, program staff are supporting partner organizations and residents engaging in hands-on community-building and place-based work, while the board leadership is more interested in changes at the policy level. Those diverging perspectives need to be brought into alignment.