

# Claremont Healthy Village Initiative

## BEST PRACTICES

Process Evaluation

Community Engagement

Aligning Stakeholders' Missions and Goals

## ISSUE FOCUS

Crime and Poverty

Diabetes

## Background

Claremont Village is an enormous **New York City Housing Authority** (NYCHA) public housing development in the South Bronx and home to over 13,000 residents. The Village consists of a group of NYCHA buildings, a few of which are near to or house community resources managed through **Claremont Neighborhood Centers**. There are two community centers, one senior center, a day care center, a Child Health Clinic and several resident associations.

## Community Challenge

As outlined in the table, Claremont Village and its surrounding neighborhood suffer from immense poverty and poor health outcomes like obesity and diabetes. In addition, Claremont Village has low availability of and access to healthy foods. Unhealthy environmental conditions like poor sanitation, crime and overcrowding are pervasive.

## Solution

### INITIAL COLLABORATION

In the fall of 2011, the **American Diabetes Association** (ADA) and Bronx-Lebanon's **Department of Family Medicine** (BLFM) partnered to reduce the high rate of diabetes in Claremont. Through interactions with patients and community members, the partnership was well aware of the problems, which were confirmed by long-term trends identified by the city's Health Department. In addition to partnering with community organizations, ADA and BLFM jointly developed an intervention program to target people with the highest risk of developing health complications from type 2 diabetes. Within a few months, program staff members were talking and partnering with experts at the Mailman School of Public Health at Columbia University and the **Community Health Worker (CHW) Network of NYC**.

Demographics	Neighborhood	NYC
Population	13,000	8,405,83
African American	39%	26%
Latino/Hispanic	41%	29%
Persons below poverty level	41%	20%
Median income	\$23,452	\$52,259
SNAP/EBT recipient	51%	21%
Health Stats	Neighborhood	NYC
Obese	27%	20%
Diabetes	16%	9%
Does not exercise	54%	43%

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### CLINICAL-COMMUNITY COLLABORATION CASE EXAMPLES

By January 2012, Bronx-Lebanon Hospital Center, where approximately a third of the Claremont residents are patients, joined ADA and NYCHA's partnership to improve the health outcomes of residents in the Village. BLFM provided health records data on the community and advocated for improvements through relationships with its patients and the community.

The growing partnership met with NYCHA resident representatives to connect to community leaders and members. The Leon Lowenstein Foundation awarded ADA a grant to implement a CHW program within Claremont Village, where they recruited two community members to become CHWs. Of the two, one successfully completed the training and went on to engage, recruit and educate community members. Meanwhile, BLFM hired a project-designated CHW to conduct training and outreach to the community as well as to Bronx-Lebanon patients, with responsibilities including health education, care coordination and the recruitment of clinical program participants.

**HealthFirst**, an HMO that covers 11 percent of Claremont Village's residents, joined the partnership between ADA, NYCHA and the Bronx-Lebanon Hospital Center in May 2012. Representatives from each organization committed to a three-year initiative called **Claremont Healthy Village Initiative** (CHVI). CHVI aims to improve the health of the community at Claremont Village and is the first phase of a continuous, iterative project.

During phase one, CHVI partners met on a bi-monthly basis to share information, build relationships with one another and develop goals. The main goal was to "create a comprehensive, multi-disciplinary, coordinated program that would engage residents in creating and maintaining a healthy lifestyle" through a "four-pronged approach: medical wellness, physical wellness, nutritional wellness and social wellness."

### DEVELOPING PROGRAMS

To achieve this main goal, the CHVI partners organized many services and types of programming for the community including:

- **Physical Activity:** weekly fitness classes, zumba workouts, Bronx Run
- **Youth Engagement:** self-esteem and fencing program for girls, midnight basketball league
- **Diet and Nutrition:** nutrition sessions, food box distribution (GrowNYC)
- **Health and Wellness:** health screenings, diabetes management training, walking clubs
- **Community Engagement:** gun-violence-in-our-community forum, immigration seminar, career day, teaching garden/plant day, Community Council meeting

### PROCESS EVALUATION

In September 2013, **Fordham University's Center for Community-Engaged Research** conducted an evaluation (see Evaluation of the Claremont Housing Healthy Village Partnership under Tools) that outlined successes and challenges of the initiative as well as recommendations for future programming. The evaluation team collected data through many sources, including site visits with key informants, focus groups and observations of staff, stakeholders and partnering organizations. Below are recommendations from the evaluation:

- Improve strategic planning through ongoing refinement of goals, commitments and roles.
- Foster cohesion, positive group dynamics and shared goals among partnership.
- Formalize processes: logic models, bylaws, goal development and timeline.
- Increase collective impact—leaders have their own agendas. One united agenda is necessary.
- Create a Community Advisory Board, which is a distinct board of community member representatives.
- Plan for long-term sustainability:
  - Foster skills and partnerships in grant writing, data analysis, and data dissemination to develop a sustainable, long-term plan.
  - Enrich partnership by cultivating relationships with more community organizations.
  - Develop a resource center to help other groups implement this model.
  - Create a plan to engage policymakers, funders and media outlets.
- Implement a strategy to collect concrete feedback from community.
- Build trust and respect within the community.

- In terms of marketing, develop and maintain a web-portal allowing the community to access information. Create physical hubs where information can be accessed and shared.
- Procure a care management software package and employ at least one person to manage it.

every month is now a time to clean up the neighborhood as part of the new Community Beautification Project. Community members attend, clean up and provide feedback so that the Bronx-Lebanon team can address program gaps.

**“We need the community at the table because we can’t just have professionals around the table and think we know the best.”**

The Coordinator is also increasing community engagement by cultivating new relationships with community resources and organizations; for example, Community School 55 is now partnering with CHVI to help engage youth. Similarly, knowing that the West African population of Claremont Village is increasing, the Coordinator reached out to the local Community Board, which connected her to local faith-based organizations serving this population so she could engage them in these efforts.

### **ALIGNING STAKEHOLDERS’ MISSIONS AND GOALS**

Fordham University’s Evaluation also recommended formalizing the leadership meetings and developing more structured decision-making and strategy processes. The Coordinator has also developed five sub-committees that include community members and leaders, and representatives from local community boards, community organizations, civic groups and city agencies. These groups will develop priorities and an action plan, identify partners and resources needed to implement and sustain the plan and then record outcomes. These five sub-committees ensure that CHVI is building capacity and programming in areas imperative to its success: community engagement and public relations; data collection and management; youth engagement and leadership;

## **Outcomes**

### **COMMUNITY ENGAGEMENT**

In May 2014, Bronx-Lebanon Hospital Center’s Department of Family Medicine assigned an existing employee, Maria Murphy, as the Healthy Village Coordinator to lead the project. The Coordinator had previously worked as a CHW for the Department and was already connected to community members and aware of their personal barriers and environmental challenges. Fordham University’s “Evaluation of the Claremont Housing Healthy Village Partnership” is helping the Coordinator to prioritize process and program development, demonstrating the importance of process evaluation throughout the implementation of a program or model. The Evaluation recommended more engagement and trust-building within the community. As a result, Claremont Healthy Village Initiative (CHVI) developed a Community Advisory Board in which Claremont Village’s community leaders provide feedback and offer a representative voice.

As Maria, the Coordinator, said in an interview in March 2015, “we need the community at the table because we can’t just have professionals around the table and think we know the best.” She is creating new opportunities to involve the community and engage them in activities that improve their environment and health. For instance, the third Friday of

**SOUTH BRONX, NEW YORK**  
CLINICAL-COMMUNITY COLLABORATION CASE EXAMPLES

program sustainability planning; and environmental change and beautification. As the sub-committee list reveals, the future of this program relies on:

- a) changes to data inquiry, collection, management, and sharing;
- b) community engagement and leadership;
- c) sustainability; and
- d) environmental factors including the built environment and social determinants of health.

In January 2015, the Claremont Neighborhood Center was awarded \$45,000 from the **New York Community Trust's South Bronx Healthy and Livable Neighborhoods Initiative** to plan a comprehensive neighborhood health improvement program. Bronx-Lebanon Hospital Center is a sub-awardee of the grant. During the planning period of this grant, the CHVI partners met monthly, reviewing their process and recognizing the nature of this project as iterative, requiring commitment and persistence. Through working with community members and peer organizations, reviewing existing programs and looking closely at local data, the partners became more actively engaged in the decision-making process and developed a powerful vision statement together:

*The Claremont Healthy Village Initiative envisions a Claremont Village of empowered residents who, both as individuals and collectively, have the motivation, information and resources needed to take charge of their own health and wellbeing while also building a vibrant, nurturing and sustainable community.*

The first step toward this vision was identifying three main strategies:

- 1) youth engagement and advocacy,
- 2) active and creative placemaking, and
- 3) nutrition and food access.

Bronx-Lebanon is working hard to expand, solidify and institutionalize processes and programs in CHVI. The program coordinator, Maria, is cultivating

relationships, building and strengthening committees and developing programming. She is including community leaders in CHVI activities so that they can be trained and lead workshops in the future, and the project leaders attend training events to develop mutual goals and break down siloes within the group. Her work is leading to stronger organization between partners and collective action among the partnership's leaders.

## **PARTNERSHIPS**

The CHVI program continues to cultivate new relationships and enhance its partnerships. Here is a list of some of them, in addition to American Diabetes Association (ADA) which withdrew its participation in 2015, HealthFirst, and New York City Housing Authority (NYCHA):

- William Hodson Senior Center
- **Community Partnership for Health Equity** through **MEDICC** (funded a health education exchange trip for hospital staff to visit Cuba)
- **Butler Houses Community Center**
- **Partnerships for Parks**
- **NYCHA Tenant Association**
- **Grow NYC**
- **Bronx Documentary Center** (which along with teens created a fantastic short film)
- **MAPSCorps**
- **Mayor De Blasio's Community Parks Initiative**
- **Bronx District Public Health Office**

## **DATA COLLECTION**

While the hospital already has capacity to collect data on its patients, it is increasing its data collection abilities and sharing this capacity. In June 2015, the CHVI Coordinator began to work with a public health graduate student from Columbia University to utilize data from NYCHA and the Department on Health in order to write a Community Needs Assessment.

The CHVI Coordinator is also working with NYCHA leadership to exchange more information about residents so that activities can be informed by community-wide data and adapted to community-wide needs. In 2015, the CHVI partnership worked with public health graduate students to write a Community Needs Assessment Report that identified social determinants of health that are particularly impactful in the Claremont neighborhood. When asked to choose a major problem in the neighborhood, the community reported crime as number one, followed by employment, cleanliness of the environment, food access, access to healthcare and physical inactivity. The community's self-reported needs align with the program's mission and functions.

### **SUSTAINABILITY:**

As Bronx-Lebanon delves into the second phase of CHVI, it is excited to make lasting changes to the community's environment and health behavior in order to improve health outcomes. Partnerships continue to develop and grow, pushing the movement forward with committed groups and goals appropriate to the community's needs. The idea that health disparities can be reduced to improve community health is contagious; the Healthy Village model is already being replicated by HealthFirst and local hospitals in impoverished parts of Brooklyn, like Brownsville. The environmental changes, cultivation of relationships and continuous capacity building ultimately strengthened the sustainability of this project.

**The leadership of Bronx Lebanon's Department of Family Medicine has been innovative and supportive, improving sustainability.**

The leaders of the Department of Family Medicine recognize that it is necessary for their staff to integrate into the community in order to make long-term changes to quality of life, not simply taking fast action for quick results. They have been patient and committed to cultivating longstanding relationships with the community. In addition, leaders have recognized the importance of supplementing administrative and back-office support as the program evolves and builds.

To further ensure sustainability, the Program Developer at Bronx Lebanon's Department of Family Medicine is applying for funding and developing a business plan. New opportunities are developing: the Robert Wood Johnson Foundation is supporting the Bronx Community Partnership for Health Equity's "Building Capacity that Supports Change" to strengthen community leadership, which will help the community advocate for itself and foster community engagement; the Levitt Foundation is funding "Food Justice For All" to build Claremont youth's knowledge and advocacy skills around food systems; and the Fan Fox and Leslie R. Samuels Foundation awarded a 2-year grant to support an integrated mental health program for seniors that connects BLFM to various partners including a behavioral scientist, the William Hodson Senior Center, and **Dances for a Variable Population**. The progress they are making reinforces the concept that real community change is an iterative process and requires reflection, evaluation, team alignment, community engagement, leadership development and a strong-willed commitment.

## **Tools**

- **Fordham University's Evaluation:**

Edwards T, Olazabal A. Evaluation of the Claremont Housing Healthy Village Partnership. New York: Fordham University, Center for Community-Engaged Research; 2013.

- **Claremont Healthy Village Initiative, Community Needs Assessment Report, Summer 2015**

- Healthy Village Community Needs Survey

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