

Case Study: Community Convener Leah Russell, Syracuse Peacemaking Project, Center for Court Innovation

In 2015, Syracuse, NY, became one of six communities chosen as part of the New York Health Foundation's (NYHealth) Building Healthy Communities Initiative (BHC). 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 Bostwick, 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 BHC in Syracuse. Here are highlights from our conversation.

PB: What was your role in the BHC 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. NYHealth was our largest—but not only—funder. The Peacemaking Project also runs a restorative justice initiative funded by county.

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

It was a life-changing professionally. Rebecca Bostwick, 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. As such, 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 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 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 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. We had 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 BHC site in Niagara Falls. We have built something very meaningful.

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

The BHC 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 next person to fly the plane and lead the work.

Programs come and go but it's the investments in people that lasts. 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 their money where their 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 paying 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 judgement."

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 NYHealth. 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 to get out 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.

Case Study: Community Conveners Arlen Zamula and Caitlin Falvey, Department of Health & Mental Hygiene

In 2015, East Harlem, NY, was one of six communities chosen to be part of the New York Health Foundation's (NYHealth) Building Healthy Communities Initiative (BHC). 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 non-profit 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 BHC. 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 BHC in East Harlem. Here are highlights from our conversation.

PB: What was your role in the BHC 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 BHC 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 BHC 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 BHC 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 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 show other community groups, step-by-step, how to create healthier environments.

What are the biggest or most lasting impacts of the BHC 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 BHC. 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 NYHealth 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.

Links:

- Community Engagement Almanac – <https://tythe-design.org/resources/>
- Link to the Health in Action Toolkit – <https://www.healthinactiontoolkit.com/home>
- Building El Barrio Bikes: Lessons from a Community Cycling Collaborative – <https://muse.jhu.edu/article/842150>
- Health in Action: Evaluation of a Participatory Grantmaking Project in East Harlem – <https://pubmed.ncbi.nlm.nih.gov/30845845/>

Case Study: Community Convener Linda Bryant, Project EATS

In 2015, Brownsville, Brooklyn, NY, became one of six grantees in New York Health Foundation's (NYHealth) Building Healthy Communities Initiative (BHC). In 2018, Project EATS, a nonprofit community-based enterprise creating greater food access and wellness through small-plot farms and gardens on vacant land, took leadership of the Brownsville initiative, whose food production work is integrated with community nutrition and workforce development programs. Project EATS' BHC 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 NYHealth 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 from our conversation.

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

LB: I am founder and president of Project EATS and oversee our operations and programs. My involvement in BHC flowed from those responsibilities. To me, it's more than a responsibility. It is based in what I value as a person and that we as an organization value—developing strong, respectful, and productive relationships with community residents and our partners.

What impact did your experience in the BHC 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 that if it 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 up front to understand and learn our partners' value systems. That way, when bumps in the road appeared, we could revisit to 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 Pharmacy prescription program was a source of pride, as well. We were able to bring on new partners and funding for because of the BHC. Residents acquired fresh produce that was fully subsidized. The BHC helped us view the Pharmacy it 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 BHC 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 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 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.

Case Study: Community Conveners Jennifer Vallone and Michele Rodriguez, University Settlement

In 2015, Lower East Side (LES), NY, was one of six grantees to be part of the New York Health Foundation's (NYHealth) Building Healthy Communities Initiative (BHC). 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 BHC 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 highlights from our conversation.

PB: What was your role in the BHC 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 BHC 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 BHC 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 to 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 BHC 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 resource 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's 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 neighborhood 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 BHC 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 NYHealth, 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.