

Georgia Health Policy Center

# Transforming Communities Initiative: Final Impact Evaluation

January 2021





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# EXECUTIVE SUMMARY

## The Transforming Communities Initiative

Funded by Trinity Health, the four-year Transforming Communities Initiative (TCI) supported eight communities to build capacity for — and successfully implement — policy, systems, and environmental (PSE) change strategies. Each collaboration — involving a lead community organization with a full-time TCI-funded program director, the local Trinity Health hospital, and other partners — received grant funding and technical assistance and participated in peer learning opportunities. These partnerships built community capacity, strengthened local coalitions, and worked on a range of strategies.

Over time, TCI evolved from a focus solely on implementing evidence-based PSE strategies related to tobacco use and childhood obesity to addressing a broader range of community needs and goals related to social influencers of health, commonly known as social determinants. Three principles define the initiative:

- The importance of strong collaboratives and community engagement
- The focus on PSE strategies and upstream work
- The spread of TCI resources across multiple strategies

### TCI Sites

Boise, Idaho: Promise Partnerships  
Fresno, Calif.: Fresno Community Health Improvement Partnership  
Hartford, Conn.: Well Being 360  
Maywood, Ill.: Proviso Partners for Health  
Montgomery County, Md.: Healthy Montgomery  
Springfield, Mass.: Live Well Springfield  
Syracuse, N.Y.: TCI Syracuse  
Trenton, N.J.: Trenton Health Team

While Trinity Health originally considered supporting a fifth year of TCI to focus on sustainability and evaluation, the COVID-19 pandemic restricted much of the sites' TCI work, and Trinity Health's operations shifted to pandemic response. The initiative launched in March 2016 and was operational from July 2016 to June 2020. TCI technical assistance (TA) was provided by [ChangeLab Solutions](#), [Community Catalyst](#), [Public Good Projects \(PGP\)](#), and [Campaign for Tobacco Free Kids](#), and the [Georgia Health Policy Center \(GHPC\)](#) conducted the cross-site evaluation in close collaboration with local evaluators.

## Collaborative Development, Community Capacity, and Community Engagement

All site leaders recognized TCI as an accelerant to their work. Sites have been able to reach more people and move faster in their work with (1) dedicated program director and support staff time to coordinate strategies, relationships, and resources and (2) dedicated funding and TA. See the [Impact and Influence section](#).

- Successful collaborative efforts to address PSE change require strong, mutually beneficial partnerships. Site partners reported positively on benefits they experienced from participating in TCI across the last four years. Sites described substantial progress in building collaboratives, strengthening partnerships, and leveraging funding. See the [TCI Impact in Coalition Development and Community Engagement section](#).

### Leveraging Funding

- Sites reported **\$13.5 million** in match funding and **\$2.1 million** in in-kind contributions.







- Well Being 360 established a new collaborative (the North Hartford Triple Aim Collaborative, or NHTAC), Proviso Partners for Health (PP4H), and the Fresno Community Health Improvement Partnership (FCHIP) developed coalition infrastructure, and Promise Partnerships contributed to the development of a new place-based health coalition.
- The Trenton Health Team and Live Well Springfield expanded their coalition through incorporating new areas of work and establishing a resident advisory council, respectively.
- Healthy Montgomery primarily worked in coordinating TCI-supported activities and connecting partners.
- TCI Syracuse as a group of collaborating partners was formed because of TCI.
- Two sites — PP4H and FCHIP — worked on [economic development and community capacity-building](#) goals, including the PP4H Community Leadership Academy (CLA), FCHIP's training to build capacity for trauma-informed organizations and services, and FCHIP's community health needs assessment.

Trinity Health's attention to community engagement increased over the course of the grant (see the [Community Engagement section](#)). Sites embedded community engagement into their TCI work to varying extents. Examples include:

- Establishing a community advisory board for the Montgomery County Food Council (Healthy Montgomery)
- Creating a coalition-level resident advisory council (Live Well Springfield)
- Engaging youth as advocates in Tobacco 21 policy (most sites)
- Developing a participatory budget project to engage residents in decision-making for funding in their community (TCI Syracuse)
- Creating a Community Leadership Academy (PP4H)

## Accomplishments In Policy, Systems, and Environmental Change Strategies

The table below summarizes PSE strategies across the eight sites. See each strategy section for more.

TCI Strategy	Accomplishment	Estimated Population Reach
 <a href="#">Tobacco Control</a>	Since TCI began, Tobacco 21 legislation passed in several local municipalities and six states — Connecticut, Illinois, Maryland, Massachusetts, New Jersey, and New York — prior to national legislation.	<b>9,158,809 youth</b>
 <a href="#">School Wellness</a>	District policy work and school-based initiatives, including Safe Routes to School, reached an estimated seven districts with 341 schools, in six TCI sites: Promise Partnerships, Proviso Partners for Health, Healthy Montgomery, Live Well Springfield, TCI Syracuse, and Trenton Health Team.	<b>235,924 students</b>
 <a href="#">Early Care and Education</a>	Four TCI sites had PSE objectives related to improving nutrition and physical activity environments in early care and education: Promise Partnerships, Live Well Springfield, TCI Syracuse, and the Trenton Health Team.	<b>3,336 children</b>
 <a href="#">Breastfeeding</a>	Three TCI sites had PSE objectives related to breastfeeding policy: Promise Partnerships (state policy), TCI Syracuse, and the Trenton Health Team (local environmental changes and policies, including public breastfeeding spaces).	<b>34,849 women</b>
 <a href="#">Built Environment</a>	Complete Streets principles were adopted in four TCI sites: Promise Partnerships, Well Being 360, Live Well Springfield, and the Trenton Health Team.	<b>181,353 people</b>
 <a href="#">Community Food Access</a>	Six TCI sites worked to increase the availability of healthy food: the Fresno Community Health Improvement Partnership, Well Being 360, Proviso Partners for Health, Healthy Montgomery, TCI Syracuse, and the Trenton Health Team.	<b>250,805 people</b>

## COVID-19 and Sustainability

In March 2020, the [COVID-19](#) pandemic changed the focus and work of the TCI sites. In response to the pandemic, the sites adapted their workplans and resource allocation to adjust to restrictions including school and business closings and to respond to increasing and changing needs in their communities. While some of the sites' [sustainability](#) plans and efforts were truncated at the end of the grant period, much of the work of TCI remains durable and sustainable by nature, including the investments made in capacity-building, infrastructure, relationship building, community engagement, and successful PSE changes.



# TRANSFORMING COMMUNITIES INITIATIVE: CROSS-SITE IMPACT

## Introduction

Trinity Health created the Transforming Communities Initiative (TCI) to improve health and well-being in eight participating sites through supporting community partnerships that focused on policy, systems, and environmental (PSE)<sup>1</sup> change strategies.

TCI invested \$19.9 million in grants, services, loans, and other contributions for eight sites over four years. Grantees were a collaboration between a local Trinity Health hospital and a local community-based organization (with a TCI-funded program director). TCI resources included grant dollars (with communities matching a proportion of funds), peer networking and learning opportunities, and technical assistance (TA). National TA organizations provided guidance on building effective collaborations; planning, implementing, and supporting PSE changes; developing supportive media and communication strategies; and evaluation. Trinity Health's Community Health & Well-Being (CHWB) department managed the four-year TCI initiative (July 2016-June 2020).

Over time, TCI evolved from having a focus solely on implementing evidence-based PSE strategies related to tobacco use and childhood obesity to addressing a broader range of community needs and goals related to social influencers of health (living conditions of a community that affect health, such as housing, education, employment, food, and the built environment).

As the first such endeavor pursued by Trinity Health, TCI did not have a clearly articulated program theory initially. CHWB approached TCI as a learning opportunity, and the initiative adapted over time. Three principles defined the initiative:

- The importance of strong collaboratives and community engagement
- The focus on PSE strategies and upstream work
- The spread of TCI resources across multiple strategies

While Trinity Health originally considered supporting a fifth year of TCI to focus on sustainability and evaluation, the COVID-19 pandemic restricted much of the sites' TCI work. During spring 2020, when hospital system resources were being strained by COVID-19, Trinity Health's operations shifted

### **Policy, Systems, and Environment (PSE) Change Definitions**

**Policy:** Changes in organizational, local, state, or national policies, rules, and procedures (such as legislation, ordinances, resolutions, mandates, guidelines, or rules).

**Systems:** Changes in organizational procedures (such as personnel, resource allocation, and programs).

**Environment:** Physical, observable changes in the built, economic, or social environment.

### **TCI Sites**

Boise, Idaho: Promise Partnerships  
Fresno, Calif.: Fresno Community Health Improvement Partnership  
Hartford, Conn.: Well Being 360  
Maywood, Ill.: Proviso Partners for Health  
Montgomery County, Md.: Healthy Montgomery  
Springfield, Mass.: Live Well Springfield  
Syracuse, N.Y.: TCI Syracuse  
Trenton, N.J.: Trenton Health Team

<sup>1</sup> See ChangeLab Solutions' website for more information on PSE work.  
<https://www.changelabsolutions.org/product/pse-101-webinar-building-healthier-communities>

completely to COVID-19 response, and they made the decision not to fund a fifth year. To the extent possible, TCI sites redeployed their TCI resources for the last three months of TCI Year 4 to support pandemic-related community needs, and the project ended in July 2020.

The Georgia Health Policy Center (GHPC) conducted the cross-site evaluation, in partnership with local site evaluators. GHPC conducted both a formative and impact evaluation.<sup>2</sup> This final impact evaluation report addresses the following questions:

1. What TCI strategies did sites plan, adopt, and implement? What coalition and community factors influenced their work?
2. To what extent and how did TCI resources contribute to the strategies?
3. What outcomes resulted from these strategies?
  - a. What changes in capacity; collaboration; and policies, systems, and environments occurred?
  - b. What was the population reach of the PSE strategies, and what was the predicted or measured impact on behavior or health?
4. How did COVID-19 impact TCI strategies and sustainability?

## Impact Evaluation Framework

The impact evaluation framework is organized around three principles defining TCI: strong collaboratives and community engagement, PSE focus, and the spread of resources across multiple strategies.

### Collaborative Development

Achieving sustainable, long-term transformation in communities requires the input, partnership, and leadership of the people most impacted by an issue. Coalitions and partnerships are essential strategic relationships for advocating, supporting, and implementing changes that improve environments and policies to positively impact community health. Coalitions and partnerships represent opportunities to pool resources and effort, and to mobilize a range of expertise and approaches.<sup>3</sup>

Site evaluators and GHPC use a range of evaluation tools to assess progress, impact, and lessons learned related to partnership development, collaboration, community engagement, and capacity-building. These evaluation strategies were qualitative or survey-based.

At the time this report is being written, the TCI communities, along with the rest of the world, are living through a global pandemic that has influenced the progress and methods of their work. For TCI communities, much of their community-based work slowed or stalled in the months immediately following March 2020. Additionally, the evaluation of TCI strategies did not occur at the level that was originally planned. This report primarily covers cross-site findings associated with the TCI communities' investments through March 2020.

The evaluation uses a local-national evaluator model and a flexible framework to address the range of strategies both across sites and within sites over time. The local and cross-site evaluation designs include approaches to assessing partnership and collaboration as well as PSE reach, implementation, and impact. Given the adaptive nature of TCI, the evaluation relied heavily on qualitative methods.

<sup>2</sup> The formative evaluation is published separately.

<sup>3</sup> Butterfoss, F. D. & Francisco, V. T. (2004). Evaluating community partnerships and coalitions with practitioners in mind. *Health Promotion Practice*, 5(2), 108-114.

## Policy, Systems, and Environment Change

Best practices in evaluating PSE initiatives emphasize measuring the implementation of the PSE strategies that are intended to influence community-level change, along with the population dose (the number of people reached combined with the anticipated strength of the intervention).<sup>4,5</sup> For the PSE work of TCI, the evaluation employed the RE-AIM framework, which includes five components: Reach, Effectiveness, Adoption, Implementation, and Maintenance.<sup>6</sup> Definitions of the components are:

- **Reach.** Proportion of people in the target population that benefit from the PSE change. Instructions for calculating reach followed the Centers for Disease Control and Prevention's (CDC's) guidelines for similar grant programs.<sup>7</sup> Reach calculations used in this report were reported by local evaluators in annual reports or compiled by the GHPC evaluation team using publicly available datasets (for example, the U.S. Census).
- **Effectiveness.** The PSE work is ultimately intended to improve health behaviors and health outcomes (for example, changes in rates of tobacco use, childhood obesity, physical activity, healthy nutrition practices, or breastfeeding). Because of the complexity of PSE change and longer time horizon for demonstrating effectiveness, we rely on published literature and reports that have already established the outcomes for particular PSE strategies when reporting on effectiveness. For example, there is already strong evidence that school wellness policies are associated with some student health behaviors, and that Tobacco 21 legislation has a measurable impact on youth tobacco use. This evaluation therefore is not designed to replicate these findings but is designed to report expected impact on behavior and health. Some effectiveness results were reported by local evaluators for specific strategies.
- **Adoption.** Describing or measuring progress in adoption of PSE strategies can incorporate qualitative or quantitative data on a broad range of indicators, including building knowledge and an advocacy base for policy change, recruiting legislative champions, recruiting new locations or partners, and achieving new or revised policies or systems change (for example, a school district adopting a stronger wellness policy or local schools adopting active recess as a practice). Adoption and implementation are closely linked and a critical part of the evaluation.
- **Implementation.** Describing or measuring progress in implementation of PSE strategies can also incorporate qualitative or quantitative data on a broad range of indicators to assess if the PSE strategies are implemented as intended (e.g., all components are implemented, at high quality or fidelity) and people use it. For example, after a systems change is adopted to screen patients for food insecurity and refer those with need to services and supports, indicators could include how many clinical staff complete food insecurity questions, how many referrals are made, and how many patients follow through with referrals.
- **Maintenance.** How PSE strategy is or will be institutionalized or sustained with community support, processes, and resources.

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<sup>4</sup> Dietz, W. H. & Gortmaker, S. L. (2016). New strategies to prioritize nutrition, physical activity, and obesity interventions. *American Journal of Preventive Medicine*, 51(5), e145-e150.

<sup>5</sup> Cheadle, A., Rauzon, S., & Schwartz, P. M. (2014). Community-level obesity prevention initiatives. *National Civic Review*, 103(1), 35-39.

<sup>6</sup> King, D. K., Glasgow, R. E., & Leeman-Castillo, B. (2010). Reaiming RE-AIM: using the model to plan, implement, and evaluate the effects of environmental change approaches to enhancing population health. *American Journal of Public Health*, 100(11), 2076-2084.

<sup>7</sup> ICF International. (2014). *DCH PICH and REACH awardees: A detailed approach to estimating reach*.

The GHPC evaluation team selected the RE-AIM framework because it permits standardization of high-level components to be reported across sites despite variation in local data sources available, community action plans, and timelines, and for its use as a framework within the PSE literature.

Role and Contribution of TCI in the Community Context

All the TCI communities — complex systems with their own contexts — had existing partnerships, coalitions, plans, and external funding, and for some strategies, implementation was already underway. Each TCI site spread the initiative’s resources across multiple strategies, sometimes initiating new work, sometimes accelerating existing work. This evaluation therefore presumes that TCI *contributes* to community change, but positive change cannot be solely caused by, or attributable to, TCI. The evaluation strives to reflect this complexity (1) by describing the role TCI played in different strategies (Table 1)<sup>8</sup> and (2) by soliciting site perspectives on whether a similar amount of progress would have been achieved without the TCI investment. The TCI role and contribution are incorporated into findings specific to PSE domains of work.

Table 1. Defining The Ways TCI Sites Used Their Resources to Advance Their Community Change Work

Role Of TCI	Definition
<b>Supporter</b>	Program director (and/or lead community organization staff) provides expertise, funding, visibility, and other resources that allow local organizations to implement the strategy. The program director/lead community organization staff is not actively engaged in the day-to-day work of the strategy and instead provides support to others who are actively engaged in implementing the strategy.
<b>Facilitator</b>	Program director (and/or lead community organization staff) creates the conditions to allow local stakeholders to plan, develop, and implement the strategy in line with their interests. This may include convening stakeholders or partners, connecting organizations with complementary interests, and taking a role in project management.
<b>Capacity-builder</b>	Program director (and/or lead community organization staff) provides training, consultation, and other assistance to bring people and organizations to a level where they are capable of accomplishing the strategy.
<b>Driver</b>	Program director (and/or lead community organization staff) takes the lead in choosing, designing, and developing the strategy. Provides staffing time that is essential to implement the strategy. This may include facilitation, capacity-building, and supporting activities as well. The key difference is the level of involvement and leadership by the program director/lead community organization staff.

<sup>8</sup> Easterling, D., Gesell, S., McDuffee, L., Davis, W., & Patel, T. (2019). The cultivation approach to place-based philanthropy: Evaluation findings from the Clinton Foundation’s Community Health Transformation initiative. *The Foundation Review*, 11(4), 12.

## Data Sources

This final evaluation report uses project documents, key stakeholder interviews, and a TCI partner collaboration survey as data sources.

### Document Review

The primary sources for this cumulative report are the final site reports and previous GHPC evaluation reports. The final reports, jointly prepared by program directors and evaluators, focused on Year 4 and overall reflections. Final site reports included a table of cumulative TCI strategies, the site's assessment of the TCI role and contribution to the progress in that strategy, and expenditures and match funding summaries. Cross-site reports from years 1-3 provided background and summaries of prior years' work. As needed, project documents, including community action plans, evaluation reports, and monthly performance monitoring reports, supplemented the primary sources.

### Interviews

Program directors (eight interviews), local Trinity Health hospital representatives (seven interviews), a coalition leader or key staff from the lead community organizations (seven interviews), local evaluators (seven interviews), and technical assistance providers (four interviews) participated in phone interviews between July and August 2020. Only one planned interview was not completed (due to the individual's early retirement). The final interviews covered the impact of TCI as well as COVID-19, addressed in this report, and solicited feedback and recommendations about the initiative. This feedback is incorporated into the formative evaluation.

### Final Partner Survey

In June 2020, site stakeholders received a brief online survey covering aspects of their TCI partnership, including communication, evaluation, reporting, benefits to participating in TCI, community engagement, and planning for the future. Participants also shared a key accomplishment or success and recommendations. Feedback about the initiative itself is incorporated into the separate formative evaluation report. Program directors confirmed their lists of key stakeholders for survey recruitment, partners received a tailored invitation, and the survey was open for three weeks. A lower proportion of stakeholders completed the survey in Year 4 compared to Year 3, with the rate more similar to Year 2 (Table 2).<sup>9</sup>

Table 2. Partner Survey Participation

Survey Participation	Year 2	Year 3	Year 4
<b>Number of partners invited</b>	126	118	126
<b>Number of partners responded</b>	81	98	72
<b>Response rate</b>	64%	83%	57%

<sup>9</sup> Each site received a report of their results in August 2020.

## TCI COMMUNITIES AND COALITIONS

Trinity Health initially selected six grantees (Table 3), then subsequently invited collaboratives in Fresno, Calif., and Hartford, Conn., to participate in the initiative because of their strong local work. These two sites received less grant resources than the other six.

Table 3. TCI Sites, Coalitions, Lead Organizations, and Regional Health Ministries

Project Site	Coalition Name	Lead Community Organization	Trinity Health Facility
<b>Boise, ID</b>	Promise Partnerships	United Way of the Treasure Valley	Saint Alphonsus Regional Medical Center
<b>Silver Spring, MD</b>	Healthy Montgomery	Institute for Public Health Innovation (IPHI)	Holy Cross Health
<b>Trenton, NJ</b>	Trenton Health Team (THT)	Trenton Health Team	Saint Francis Medical Center
<b>Maywood, IL</b>	Proviso Partners for Health (PP4H)	Public Health Institute of Metropolitan Chicago (PHIMC)	Loyola University Medical Center
<b>Springfield, MA</b>	Live Well Springfield (LWS)	Public Health Institute of Western Massachusetts (formerly Partners for a Healthier Community)	Mercy Medical Center
<b>Syracuse, NY</b>	TCI Syracuse	Center State CEO	St. Joseph's Hospital
<b>Fresno, CA</b>	Fresno Community Health Improvement Partnership (FCHIP)	Fresno Metro Ministries	Saint Agnes Medical Center
<b>Hartford, CT</b>	Well Being 360/North Hartford Triple Aim Collaborative (NHTAC)	United Way of Central and Northeastern Connecticut (Community Solutions for years 1-2)	Saint Francis Hospital and Medical Center

Each community's coalition is unique in terms of the community(ies) where it is located, its structure and history, and the initiatives it is undertaking with support from TCI. GHPC developed a profile for each site, summarizing partners, strategies, and impact. These are available separately from this report.

### TCI Strategies by Site

Trinity Health's guidelines for community action plans required that sites use evidence-based or promising strategies to achieve their stated goals and objectives. Sites could include no more than 10 strategies over the project period. The plans also included community engagement and media/communication plans, either as stand-alone strategies or embedded as an approach to accomplish PSE strategies. Table 4 summarizes sites' strategies.

Table 4. Site Strategies from Community Action Plans (Years 1-4)







		FCHIP	Healthy Montgomery	Live Well Springfield	Promise Partnerships	Proviso Partners For Health	TCI Syracuse	Trenton Health Team	Well Being 360
 Coalition Development*	Coalition infrastructure, sustainability planning	√			√	√	√		√
	Resident engagement			√		√	√		√
	Media and communications	√		√		√	√		
 Tobacco Prevention and Reduction	Tobacco 21		√	√	√	√	√	√	√
	Other tobacco-free efforts	√		√	√		√	√	
 Early Care and Education (ECE) Centers and Public Schools	ECE physical activity and/or nutrition PSE strategies			√	√		√	√	√
	Healthier, safer public school PSE strategies		√	√	√	√	√	√	
	Safe Routes to School (SRTS), active transit		√	√	√	√	√		
	Community schools				√				
 Economic Development and Community Capacity	Economic development					√			
	Community needs assessment and planning*	√						√	
	Trauma and resilience	√							
 Breastfeeding	Breastfeeding policy and/or environmental changes				√		√	√	
 Built Environment	Complete Streets			√	√			√	√
	Community physical activity, wellness opportunities					√	√	√	
 Community Food Access, Nutrition, and Food Security	Community food access, including retail stores	√	√			√	√	√	√
	Sugar-sweetened beverage tax							√	

\*Other sites also worked to strengthen their coalition or partnerships and conducted community needs assessments and planning activities. However, these were not called out as specific strategies but embedded as an approach to accomplish other work.

## IMPACT AND INFLUENCES OF TCI

Sites recognize TCI as an essential contributor to many of the PSE accomplishments they have made since 2016. Much of the work that has happened in sites is (1) rooted in efforts that were established before the TCI grant was awarded and (2) has been supported by resources from complementary initiatives like Invest Health, California Accountable Communities for Health Initiative (CACHI), BUILD Health Challenge, and others. Still, many sites note that it is difficult to determine what coalitions would look like and what they would have accomplished without the support of TCI. Table 5 shows examples of the influence and estimated population reach of TCI.

Table 5. Examples of the Estimated Reach of TCI Influence by Strategy

TCI Strategy	Accomplishment	Estimated Population Reach*
 <b>Tobacco Control</b>	Since TCI began, Tobacco 21 legislation passed in several local municipalities and in six states: Connecticut, Illinois, Maryland, Massachusetts, New Jersey, and New York.	<b>9,158,809 youth</b>
 <b>School Wellness</b>	District policy work and school-based initiatives, including Safe Routes to School, reached an estimated seven districts with 341 schools in six sites: Promise Partnerships, Proviso Partners for Health, Healthy Montgomery, Live Well Springfield, TCI Syracuse, and Trenton Health Team.	<b>235,924 students</b>
 <b>Early Care and Education</b>	Four TCI sites had PSE objectives related to early care and education: Promise Partnerships, Live Well Springfield, TCI Syracuse, and Trenton Health Team.	<b>3,336 children</b>
 <b>Breastfeeding</b>	Three TCI sites had breastfeeding PSE objectives: Promise Partnerships (state policy), TCI Syracuse, and Trenton Health Team (local environmental changes and policies).	<b>34,849 women</b>
 <b>Built Environment</b>	Complete Streets principles were adopted in four TCI sites: Promise Partnerships, Well Being 360, Live Well Springfield, and Trenton Health Team.	<b>181,353 people</b>
 <b>Community Food Access</b>	Six TCI sites worked to increase the availability of healthy food: the Fresno Community Health Improvement Partnership, Well Being 360, Proviso Partners for Health, Healthy Montgomery, TCI Syracuse, and the Trenton Health Team.	<b>250,805 people</b>

\*Population reach for tobacco uses census data. Otherwise, estimated population reach is a sum of the population reach numbers as reported by sites in annual or monthly reports. Some duplication in counts may occur within sites with multiple strategies.



TCI partners, including program directors, were asked in a survey to share what they viewed as the *most* significant highlight, achievement, or success of their work and how likely this progress would have been without TCI funding or support. Table 6 summarizes these highlights. These highlights reflect 52 TCI stakeholders, 41% of the total partners asked to participate in the survey.

More than half (56%) of the most significant highlights were policy, systems, and environmental changes — and stakeholders indicated these accomplishments were not likely (70%), or somewhat likely (30%) without the funding and support of TCI. These accomplishments ranged across PSE areas, from a positive impact overall on PSE change to specific accomplishments in the built environment, public school wellness, food access, and others.

While TCI was planned as a PSE initiative, many stakeholders (44%) highlighted their most significant accomplishment as related to building capacity — within their community members as leaders, within their collaborative, or through leveraging funds. Stakeholders indicated these accomplishments were not likely (50%) or only somewhat likely (50%) without the funding and support of TCI.

Although these impact stories were reported by a subset of partners and did not represent all perspectives, TCI clearly contributed to community change beyond PSE goals — and that impact was unlikely to be achieved without this initiative.

Table 6. Most Significant Highlight or Success of TCI Work (TCI Partners Survey)

Theme	Number of Highlights/Successes, by Primary Theme	% of All Highlights/Successes Described in Surveys	Quotations
<b>Total</b>	<b>52</b>	<b>100%</b>	<i>Stakeholders described what they viewed as the most significant highlight, or success, of their TCI work. Each was categorized into a primary theme.</i>
<b>Capacity-Building Accomplishments</b>	<b>23</b>	<b>44%</b>	<ul style="list-style-type: none"> <li>The development of the Community Leadership Academy led to opportunities for business ownership and nonprofit funding that community members may not have had the knowledge, ability, or guidance to pursue otherwise.</li> <li>We did recently receive over a half-million dollars in a new grant to continue our efforts around food insecurity in Springfield. That wouldn't have been possible without all the work that has taken place in TCI over the last four years.</li> <li>Direct investments in the community and support of genuine community engagement. Most funders seem focused on the product, not the process. Given that TCI allowed for both was critical and much appreciated.</li> <li>Our partnership did not exist at the start of TCI funding. In four years, we created a coalition, engaged the anchor institutions in the city, collaborated with National Partners, developed a funding stream, and organized a governance structure.</li> </ul>
Capacity development	6	12%	
Leveraging funds	3	6%	
Meeting community needs	4	8%	
Resident engagement	3	6%	
Building a collaborative	7	13%	
<b>PSE Accomplishments</b>	<b>29</b>	<b>56%</b>	<ul style="list-style-type: none"> <li>For me, the most interesting piece of work has been the Open Streets initiative. It is intending to provide residents with safe use of the streets in their neighborhood, freed from vehicles, so that families and kids can socialize without crowding each other, without the safe practice of social distancing.</li> <li>Creating the Giving Garden and the network of initiatives and partners that it anchors. The Giving Garden provided physical representation of PP4H, brought new partners on board, and facilitated the growth of food access strategies, including VeggieRx, Urban Garden Connection, and a youth urban agriculture training program.</li> <li>Being able to pursue statewide public policy, which is not otherwise funded by most local and state funders and allowed my organization to take the lead in social influencer of health advocacy, which it had not yet done.</li> <li>Rapid expansion of the community schools strategy in the Treasure Valley and specifically rural communities.</li> <li>Adoption of vaping registration ordinance potentially reducing outlets in the community selling these products.</li> </ul>
Overall PSE focus and impact	7	13%	
Community food access	5	10%	
Early care centers	1	2%	
Built environment	3	6%	
Public schools	8	15%	
Tobacco	5	10%	

## Cross-Site Findings and Insights

All site leaders recognized TCI as an accelerant to their work. According to interviews conducted annually, sites have been able to reach more people and move faster in their work with (1) dedicated program director and support staff time to coordinate strategies, relationships, and resources and (2) dedicated funding and TA.

Site leaders discussed the influence that TCI had on the work and accomplishments in their communities during interviews. Themes include:

- Convening partners, coordinating strategies, and aligning resources had an impact on the pace, reach, and ingenuity of the work. Leaders often described these as intangible influences or ripple effects of TCI.
- Several Trinity Health leads discussed the value of TCI to (1) the hospital brand and (2) the connection they have developed with their communities. TCI and system-level Trinity Health goals became more aligned over time.
- Residents had a greater presence and influence in the work of TCI in several sites, which increased the level of ownership.
- Site leaders were able to leverage the accomplishments and momentum of local TCI work to secure additional resources from funders, members, local governments, and residents.

## Challenges

During interviews, site leaders discussed some of the challenges they met throughout TCI that they believed may have diminished the influence that TCI had on their communities:

- The work of TCI is relationship-based. Key personnel, community leaders, and champions can influence the impact of the work through maintaining communications, coordinating resources, supporting the work of TCI, making connections among partners, and leveraging personal and professional relationships. If there is an issue that arises (vacancy, conflict, diminished capacity, or financial restrictions or burdens) it can reduce the influence that TCI has in a community.
- Similarly, the structure of partnerships and the coalition can influence the effectiveness and sustainability of TCI efforts. Site leaders noted addressing the following challenges:
  - Decision-making bodies that are not reflective or inclusive of the communities impacted by the work.
  - Decision-making processes and workflows that negatively impacted the work.
  - Agreements, such as long-term contracts and memorandums of understanding, can limit the flexibility that sites have to respond to changing priorities.
  - The need to formalize the governance structure, charge, and charters to be more sustainable.
  - A lack of alignment and mutual benefit between partners.
- The level of resources — time and money — available to adopt, implement, scale, and maintain PSE changes can restrict the progress and impact of the work.

- Site leaders made a connection between expected outcomes and levels of funding. Sites that did not commit large sums of money to their TCI strategies over multiple years through subawards and contracts noted a smaller influence of TCI in their communities.
- Successful pilots were not always able to expand their reach due to a lack of committed resources.
- Site leaders noted that they did not communicate the accomplishments of TCI as well as they would have liked to a variety of audiences.
  - Site leaders noted that residents and partners do not always know what work TCI is funding because the lead organization — usually the recipient of TCI funding — manages multiple funding and reporting streams behind the scenes in a way that aligns funds with the community priorities.

# TCI IMPACT IN COALITION DEVELOPMENT AND COMMUNITY ENGAGEMENT

## Background: TCI Grant Structure

In TCI, each local Trinity Health hospital partnered with a lead community organization — the primary subawardee. Grant guidelines included expectations for local Trinity Health hospitals to prioritize investing in community organizations while reserving portions for key functions (like communication and evaluation). Trinity Health also outlined criteria for sites to seek matching funding — both as a strategy to make sure community partners bought into the work and as a critical part of sustainability planning.

## Lead Community Organizations and TCI Coordination

The lead community organizations, or backbone organizations, included three public health institutes, two regional United Way organizations, two community health/health care collaboratives, and one economic development/chamber of commerce organization. The roles of these lead community organizations were largely similar, where the TCI program director coordinated the TCI grant and the work of partners. Some lead community organizations also directed particular strategies (for example, United Way of Treasure Valley leads the community schools work). All lead community organizations were making subawards by Year 4 and sought match funding.

Overall, site partners reported positively on key coordination functions of their TCI partnerships, including internal and external communication, evaluation, and reporting (Table 7). While ratings were higher in Year 4, the survey response rate decreased. Year-over-year difference should be interpreted as snapshots in time rather than trends.

Table 7. Site Partners’ Ratings of Partnership’s Communication, Evaluation, and Reporting

‘Very Good’ or ‘Excellent’	Year 2 %	Year 3 %	Year 4 %
<b>Coordinating communication among partners</b>	63%	70%	76%
<b>Coordinating communication with people and organizations outside the partnership</b>	41%	52%	68%
<b>Evaluating the progress and impact of the partnership</b>	57%	57%	69%
<b>Developing manageable reporting processes</b>	49%	56%	66%
<b>Response rates</b>	81 surveys (64% participation)	98 surveys (83% participation)	72 surveys (57% participation)
<i>Participants responded to these questions using a five-point scale: poor, fair, good, very good, or excellent. Very good and excellent were combined and reported in this table.</i>			

## TCI Partners' Benefits of Participation

Successful collaborative efforts to address PSE change require strong, mutually beneficial partnerships. Site partners reported positively on benefits they experienced from participating in TCI across the last three years of TCI (Table 8).<sup>10</sup> Partners reported benefits to their organization (for example, developing relationships, acquiring knowledge) and in terms of their impact.

Table 8. Survey Respondents' Reported Benefits of TCI Participation

<b>Participants Felt Their Participation in TCI Work/Projects Allowed Them to:</b>	<b>Year 2 %</b>	<b>Year 3 %</b>	<b>Year 4 %</b>
<b>Develop valuable relationships</b>	100%	99%	100%
<b>Make a contribution to the community</b>	94%	95%	96%
<b>Enhance their ability to address an important issue</b>	95%	96%	94%
<b>Acquire useful knowledge about services, programs, or people in the community</b>	94%	96%	94%
<b>Have a greater impact than they could have had on their own</b>	94%	97%	94%
<b>Enhance their ability to affect policy, systems, and environments</b>	82%	83%	90%
<b>Increase the utilization of their expertise or services</b>	90%	89%	89%
<b>Heighten their public profile</b>	74%	79%	88%
<b>Enhance their ability to meet the needs of their constituency or clients</b>	86%	84%	85%
<b>Acquire additional financial support</b>	74%	71%	78%
<b>Develop new skills</b>	65%	77%	75%
<b>Response rates</b>	81 surveys (64% participation)	98 surveys (83% participation)	72 surveys (57% participation)

### TCI Sites' Accomplishments in Coalition Development

Depending on the maturity and structure of their TCI partnership and their intentions for growth, sites engaged in a range of collaborative development activities and varied in the amount of resources invested in coalition building (Table 9). Overall, sites identified diverse sources of match funding.

<sup>10</sup> These questions were not asked in Year 1.

Table 9. TCI Sites' Structure and Key Accomplishments in Coalition Development

Coalition Name/ Lead Organization	Structural Characteristics	Summary	Leveraged Funds
<p><b>Promise Partnerships/United Way of the Treasure Valley</b></p>	<p>Promise Partnerships is not a coalition; it was how United Way described the set of strategies supported by TCI. United Way housed the program director position and provided organizational infrastructure.</p>	<p>The newly formed Caldwell Health Coalition, with capacity-building support from the TCI program director and Saint Alphonsus Regional Medical Center, established a vision and mission that address health equity in Caldwell through six health initiatives.</p> <p>TCI resources informed the work, including the updated 2020 community health needs assessment, Caldwell Healthy Conditions Assessment, Safe Routes to School outreach, school Activity Connection plans, and soon the updated bike/pedestrian plan.</p> <p>The coalition has begun to look at food security issues in the community, and youth members of the coalition have been involved in tobacco policy work and education.</p>	<p>\$785,242 cash match</p> <p>\$215,523 in-kind match</p> <p>Cash match from local health systems and businesses. In-kind contributions from Boise State for evaluation and United Way for staff time.</p>
<p><b>Healthy Montgomery/Institute for Public Health Innovation</b></p>	<p>IPHI's coordination of TCI became less connected to the Healthy Montgomery coalition. IPHI focused on coordinating the different TCI strategies.</p>	<p>In the first years of TCI, the Eat Well Be Active (EWBA) Partnership — a subcommittee of the county's Healthy Montgomery community health needs assessment (CHNA) and improvement process — provided input and guidance on TCI. Healthy Montgomery experienced leadership and structural changes and was not convening in the last years of TCI. The TCI partners continued their collaborative work under the direction of IPHI.</p>	<p>\$1,135,000 cash match</p> <p>\$235,000 in-kind match</p> <p>Cash match includes foundation and health system grants to cover IPHI backbone and staff, and Food is Medicine program. In-kind includes IPHI staff time and indirects not covered by TCI.</p>
<p><b>Trenton Health Team</b></p>	<p>THT was both the lead organization and the coalition. THT is a community health care collaborative (established 2006).</p>	<p>Building on their existing Community Advisory Board, THT expanded the range and type of partners and collaborations. TCI was the genesis for the creation of several task forces/working groups that became housed within THT. TCI shifted THT's work into public health and addressing upstream, social determinants of health.</p>	<p>\$2,839,451 cash match</p> <p>THT did not report in-kind match because match requirements were met by cash.</p>

Coalition Name/ Lead Organization	Structural Characteristics	Summary	Leveraged Funds
<b>Proviso Partners for Health/Public Health Institute of Metropolitan Chicago</b>	PHIMC provided coalition support to PP4H — a grassroots effort established 2012. In the first two years, the program director reported to Loyola University.	A substantial part of PP4H’s work involved strengthening the coalition’s infrastructure to promote leadership and sustainability. As PP4H’s collaborator, PHIMC developed operations, fiscal management, and internal communications across hubs — which continued to support the PSE work. Over time, PP4H added five partner organizations, strengthened their relationship with Loyola Medicine through collaboration on the community health improvement planning process, developed a communications plan and quarterly newsletter, and expanded the coalition’s contact database.	\$432,557 cash match \$829,402 in-kind match  In-kind includes uncompensated hub leads, community partners, and volunteer time. PP4H systematically tracked in-kind contributions. Cash match included foundation grants.
<b>Live Well Springfield/Public Health Institute of Western Massachusetts</b>	The TCI program director position reported to hospital leadership until the last year of the grant. PHIWM provides coalition support for LWS, established in 2007.	LWS brings together over 25 organizations working together to build and sustain a culture of health in Springfield. Throughout the project, LWS continued to strengthen their TCI team within the larger coalition and worked to create a structure to support resident leadership in the coalition. Informed by current resident advocates, LWS created a resident advisory council and developed goals, an operating structure, and a Resident Engagement Guide for this group.	\$541,488 cash match \$15,000 in-kind match  Cash match for grants received by Square One, the Culinary and Nutrition Center, and Way Finders.
<b>TCI Syracuse/Center State CEO</b>	The TCI program director position reported to the hospital leadership. TCI Syracuse was newly formed for the TCI grant.	TCI Syracuse was formed at the beginning of TCI, and in many ways, was shaped by the TCI grant structure. As the partners worked together to accomplish the TCI grant objectives and build a successful coalition, they evolved from a group of independent organizations to a more cohesive unit, creating an opportunity to leverage their collective strength to pursue a more health equity–focused agenda for future efforts.  Community residents are often excluded from giving input and making decisions around how policies and resources are invested in their neighborhoods, particularly around social influencers of health. In Year 4, TCI Syracuse began designing a participatory budgeting process in which community members would participate in decisions about how to spend funds to address a community need.	\$4,249,533 cash match  Cash match for wellness space development and school wellness. In-kind reflects local Trinity Health staff time on TCI.



Coalition Name/ Lead Organization	Structural Characteristics	Summary	Leveraged Funds
<b>Fresno Community Health Improvement Partnership/Fresno Metro Ministries</b>	FCHIP is a coalition of community health leaders established in 2014. Fresno Metro Ministries housed the TCI program director position and other staff.	During the course of TCI, FCHIP made significant progress in the development of the elements of a coalition backbone structure, implemented a request for proposals (RFP) process to award TCI funds to partners through the TCI Wellness Fund, and diversified funding through a fee-for-service contract with the Fresno County Department of Public Health to conduct a CHNA. FCHIP also established the Founding Member Fund to provide a mechanism for local investment in FCHIP. FCHIP is organized into an evolving network of workgroups.	\$421,422 cash match  \$86,700 in-kind match  Cash match includes CACHI funding. Saint Agnes Medical Center does not fund TCI directly and awarded community benefit grants to projects that support TCI (e.g., tobacco control).
<b>Well Being 360/North Hartford Triple Aim Collaborative/United Way of Central and NE Connecticut</b>	Well Being 360 is not a coalition; it was the set of strategies supported by TCI. Forming the NHTAC collaborative was the primary strategy in the Well Being 360 portfolio. United Way housed the program director position and provided organizational infrastructure for the NHTAC. For the first two years of TCI, Community Solutions served in this role.	Well Being 360's main focus for the TCI funding was to develop a strong, sustainable collaborative. The leadership team devoted more than 1,200 meeting hours to building NHTAC — with this time supported by TCI. NHTAC now has 13 members — with the majority of organizations contributing funding to the collaborative — and 11 active projects in its portfolio.	\$403,500 cash match  \$615,000 in-kind match  Saint Francis Hospital and Medical Center contributed \$200,000 annually in community benefits dollars. Other sources of match funding included Invest Health, Wellville TA, and a grant for health-promoting services of the Healthy Hartford Hub.

## Cross-Site Findings and Insights

### Coalition Development

Over the four years of TCI, sites described substantial progress in building collaboratives, strengthening partnerships, and leveraging funding. Well Being 360 established a new collaborative, PP4H and FCHIP developed coalition infrastructure, and Promise Partnerships contributed to the development of a new place-based health coalition. The Trenton Health Team and Live Well Springfield expanded their coalition through incorporating new areas of work and establishing a resident advisory council, respectively. TCI Syracuse and Healthy Montgomery primarily worked in coordinating TCI-supported activities and connecting partners. TCI Syracuse was formed solely for the purpose of TCI. Themes related to coalition development include:

- TCI has been instrumental in supporting backbone<sup>11</sup> functions in collaborative work, largely through dedicated staff time covered by the grant.
- Several coalitions strengthened aspects of their governance and structure, requiring both time and commitment.
- Sites continued work on coalition composition and processes (i.e., establishing workgroups), recruitment of new partners, additional community-engagement strategies, increased focus on sustainability, and external communication.

### Match Funding

Matching funds were secured through partners' contributions and external funders awarding competitive and noncompetitive grants. The strategy used to secure each type of funding varied by site:

- Each site had at least one partner matching TCI grant dollars through financial or in-kind contributions. Match contributions have been made by as few as one and as many as eight TCI partners in each site. These contributions represent ownership among partners and can promote the sustainability of TCI work in communities.
- The majority of match funding came from competitive grant awards made by external funders to support the work of TCI. Many of the grants were multiyear grants that spanned two to five years.
- Some sites had access to a grant writer either among coalition member organizations or through the local Trinity Health hospital. Sites without access to a grant writer reported more difficulty meeting the match funding requirements.
- While sites were successful in identifying matching funds, several site leaders identified that meeting match requirements was challenging, took considerable effort, and at times diluted the effort available to do the work of TCI.
- In-kind contributions were not captured well for most sites. In most cases, there are additional dollars and in-kind contributions supporting the work of TCI that are not being captured.

#### Total Match Contributions Reported

- **Cash contributions = \$13,507,722**  
(including \$1.6 million match during COVID period)
- **In-kind contributions = \$2,058,099**
- **Total = \$15,565,821**

<sup>11</sup> *Backbone* functions generally refer to budget and fiscal management, staffing and contracting, coordinating meetings and workplans, managing internal and external communications, reporting, and grant writing.

Site leaders (including program directors and Trinity Health local hospital leads, depending on the site’s approach) used the following parameters when counting match contributions:

- The funding supported the TCI work in any way; for example, support for a TCI partner or strategy directly or supporting the backbone functions of TCI.
- Match funding had to be documented and traceable in the event there was an audit.
- If match funding requirements had not been met for the year, sites continued to seek funding opportunities, write proposals, and account for in-kind contributions.

Some sites specifically requested matched contributions from community funders or partners.

## Community Engagement

The investment that Trinity Health made in community engagement through TCI increased over the course of the grant. Community Catalyst, one of the national TA providers for TCI, developed a process for sites to follow and provided ongoing individualized TA to build additional capacity within communities to integrate community engagement into their strategies. While community engagement was always a value of TCI, Trinity Health and the TA provider increasingly recognized that sites might benefit from a more intentional and consistent focus on putting community engagement into practice. In future initiatives, building in this intentional focus on community engagement should be instituted at the beginning.

For the purposes of TCI, *community engagement* is defined as the activities and process each site uses to work collaboratively with and through community residents, groups, and organizations that are from, led by, or partner closely with the populations that are the intended beneficiaries of the TCI grant award.

All sites embedded community engagement into their TCI work to varying extents depending on the strategy, and these activities are described throughout this report. Examples include:

- Establishing a community advisory board for the Montgomery County Food Council (Healthy Montgomery).
- Creating a coalition-level resident advisory council (Live Well Springfield).
- Engaging youth as advocates in Tobacco 21 policy (most sites).
- Developing a participatory budget project to engage residents in decision-making for funding in their community (TCI Syracuse).
- Creating a Community Leadership Academy (PP4H).

Table 10 shows the online survey responses from TCI partners when asked to state their level of agreement with three statements regarding community engagement within their TCI partnership.

Table 10. Survey Participants’ Opinions on TCI Partnerships’ Community Engagement

Percentage of Participants Who Agreed/Strongly Agreed with Statements Regarding Their Partnership’s Community Engagement	Year 2 %	Year 3 %	Year 4 %
The partnership seeks out and <b>facilitates the participation</b> of community members affected by the partnership’s decisions	84%	84%	88%
The partnership <b>includes the views and priorities</b> of community members affected by the partnership’s work	83%	83%	82%
The partnership <b>facilitates the development of leadership</b> by community members affected by the partnership’s decisions	62%	67%	76%
<b>Response rates</b>	81 surveys (64% participation)	98 surveys (83% participation)	72 surveys (57% participation)

Opinions on “participation of community members” and “inclusion of views and priorities of community members” were similar across years 2-4 (88% and 82% respectively agreed or strongly agreed with these statements). The proportion of participants who agreed or strongly agreed that the TCI partnership “facilitates community member leadership” was 62% in Year 2 and 76% in Year 4.

Results continued to show site variability in each area of community engagement. Live Well Springfield, PP4H, and TCI Syracuse had the highest level of agreement on community member leadership development. These three sites are developing specific strategies to build leadership (resident advisory council, Community Leadership Academy, and participatory budgeting, respectively).

Engagement: Themes from Key Stakeholder Interviews

Throughout TCI, interviews with key stakeholders have included questions about the role of community engagement, accomplishments, and challenges. Themes include:

1. Several sites indicated that they are building lasting capacity within their coalition/partners for community engagement — and this supports the sustainability of their work.
  - Several interviewees noted that community engagement could reduce the amount of work each individual has to accomplish by increasing the number of accountable people working toward a common end.
  - Empowering residents through training is valuable for establishing a sustained voice in communities. One interviewee said, “Long after TCI, we hope partners and residents — maybe a parent or grandparent — will still convene, and still go to city council meetings and ask questions about food issues within the school system.”
  - One interviewee said, “[We are] thinking about, how we can use what we’ve learned, and the relationships that we’ve developed even more in Year 3 to help launch us into deeper, more meaningful community engagement in Year 4 and beyond.”
  - Several interviewees noted that it has been valuable to engage institution leaders and decision-makers as stakeholders and champions.

- Several also indicated they are approaching projects using codesign principles, sharing in decision-making as opposed to just informing community members.
2. Nearly all interviewees noted the benefit of the TA provided by Community Catalyst to the community engagement, collaboration, and PSE efforts taking place in their communities. While the tools and approach did not always merge well with existing coalition structure, the emphasis on community engagement still had an influence on sites. Some of the benefits included that TA:
    - Increased awareness about the function and value of formal community-engagement processes.
    - Created a more formal and intentional approach to community engagement and partnership.
    - Surfaced opportunities for coalition development and growth.
    - Provided the tools needed to act on community-engagement conversations that had been happening in their coalitions.
  3. Sites continued to seek out opportunities to engage their communities in meaningful ways where community priorities aligned with TCI-funded work:
    - Some partners approached their TCI work looking for ways that residents can participate and collaborate on strategies, a departure from previous practices.
    - Several interviewees noted that it is important to balance the funded work of TCI with community and coalition priorities when the two are not fully aligned.
    - Reciprocity between coalitions and engaged residents is vital to successful community engagement. One interviewee said it this way: “[It’s about] making sure they know about all that we do [as a coalition], but also letting them know that they’re very powerful, because they can get more stuff done that we can’t as employees and paid staff.”
  4. Interviewees continually described how community engagement takes time and requires organizational fit and leadership commitment:
    - In their efforts to engage residents in the work of coalitions, several noted that it is important to be patient and ensure everyone is speaking the same language and on the same page to be effective.
    - One interviewee noted that engaging residents in decision-making is time-intensive and not always the right approach to PSE change. Interviewees discussed how vital it is that community-engagement strategies fit the context of the PSE work.
    - One interviewee said, “Getting buy-in from the administration [can take time] because of fear of getting community people involved in having a voice. But I would say in general, time and how long it has taken to get some of these things up and running or approved has been the greatest challenge.”
    - Several explained that the way that their coalition or partners define community engagement has an impact on the strategies that they are implementing. Partners that defined community engagement as securing feedback from residents employed focus groups and surveys. Partners that defined community engagement as empowering residents to codesign the work used advocacy training and developed community advisory groups.

- Not all partners believed it was necessary or valuable for community representatives to inform coalition decisions. In some settings, coalitions are community organizations that represent community members — and leadership has decided that this model of representation is appropriate for their current work.
  - Organizational commitment includes an examination of how they do this work — from when and where they hold meetings to how they compensate residents or organizations for greater levels of commitment — and a recognition of power dynamics.
5. Interviewees described ongoing challenges in engaging community members after strategies are set, changing organizational practices — particularly funding — to support community engagement, and demonstrating the impact of community-engagement work:
- Interviewees continued to note the challenges posed by implementing a mandated community-engagement process (in Year 2) after partnerships were solidified and strategies were being implemented. Participants noted that the Community Catalyst–developed process was not able to be fully integrated into TCI strategies in some communities by the end of Year 3 as a result.
  - Interviewees noted that it remains important to have the flexibility to align opportunities with community interests.
  - Several also noted that resources and capacity can limit the effectiveness of community-engagement strategies. For example, funded partners that are leading the TCI strategies may not have the capacity (time, structure, funding, relationship, or language skills) necessary to ensure equitable representation and effective community engagement in workgroups and decision-making teams.
  - Conversely, several sites noted a benefit when there were partners or members that had experience in community engagement and had the capacity to inform planning and implementation.

# TCI IMPACT IN TOBACCO USE PREVENTION AND REDUCTION

## Background: Youth Tobacco Use and Impact on Health

Tobacco use is a serious public health issue that causes more than 480,000 deaths each year in the United States.<sup>12</sup> While tobacco-prevention and cessation efforts have led to an estimated 8 million fewer premature deaths, nearly 40 million Americans still smoke, and tobacco use remains the leading cause of preventable disease in the United States.<sup>15</sup> Adolescents and young adults are particularly important populations in continued tobacco-control efforts. Tobacco use typically starts during adolescence, with nearly 90% of cigarette smokers initiating smoking by age 18, and 98% initiating by age 26.<sup>13</sup> Use of any tobacco product by youth is harmful and associated with many health risks including cancer and exposure to other harmful chemicals. Nicotine is addictive, impacting the developing adolescent brain, and may serve as a primer to the brain for future addiction to other drugs. In 2019, 36.5% of high school students reported current use of any tobacco product. While current cigarette smoking, cigar, and smokeless tobacco use have all declined in recent years, the use of electronic vapor products has risen dramatically, increasing from 24.1% in 2015 to 32.7% in 2019.<sup>14</sup>

### Highlights

In 2019, high school youth reported current use of:

- Electronic vapor tobacco products **(32.7%)**
- Cigarettes **(6%)**
- Cigars **(5.7%)**
- Smokeless tobacco products **(3.8%)**

As of February 2020, more than **2,800** e-cigarette, or vaping, product use-associated lung injury (EVALI)-related hospitalizations or deaths, across the U.S. were reported.<sup>12-15</sup>

Advocacy groups and public health have long advocated for raising the minimum legal age of purchase of tobacco products from 18 to 21 years. The Institute of Medicine has estimated that a national Tobacco 21 policy could:<sup>15</sup>

- Decrease tobacco use by 12% by the time today's teenagers are adults.
- Reduce smoking initiation by 25% for 15- to 17-year-olds and 15% for 18- to 20-year-olds.
- Prevent 223,000 deaths among people born between 2000 and 2019.

By September 2019, over 500 localities in 30 states had adopted local Tobacco 21 ordinances, and 18 states had passed Tobacco 21 legislation. National legislation was signed into law in December 2019. This legislation, overseen by the Food and Drug Administration, prohibits and penalizes retailers that sell any nicotine or tobacco products to persons under the age of 21.

<sup>12</sup> U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. (2014). [The health consequences of smoking — 50 years of progress: A report of the surgeon general](#). Atlanta, GA: Retrieved February 22, 2018.

<sup>13</sup> U.S. Food and Drug Administration, Centers for Disease Control and Prevention. (2018). [Notes from the field: Use of electronic cigarettes and any tobacco product among middle and high school students—United States, 2011-2018](#). *MMWR*, 67(45), 1276-7.

<sup>14</sup> Creamer, M. R., Jones, S. E., Gentzke, A. S., Jamal, A., & King, B. A. (2020). Tobacco product use among high school students—Youth risk behavior survey, United States, 2019. *MMWR supplements*, 69(1), 56.

<sup>15</sup> Committee on the Public Health Implications of Raising the Minimum Age for Purchasing Tobacco Products; Board on Population Health and Public Health Practice; Institute of Medicine; Bonnie, R. J., Stratton, K., Kwan, L. Y., editors. *Public health implications of raising the minimum age of legal access to tobacco products*. Washington (DC): National Academies Press (US); 2015 Jul 23. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK310412/> doi: 10.17226/18997.

In addition to Tobacco 21 law, work continues on local, state, and federal levels to address youth tobacco use, including enforcement of Tobacco 21, ending the sale of all flavored tobacco products, stopping online and remote sales, passing smoke-free laws, and increasing taxation of all tobacco products (including vaping).<sup>16</sup>

#### TCI Sites' Work in Tobacco Prevention and Reduction

All sites worked on tobacco use prevention and reduction — primarily in Tobacco 21 policy — as part of their TCI strategies. Sites worked at different levels of geography and used various strategies to further this work. By the end of Year 3, legislation had been passed in seven states — California (passed in 2016 prior to the launch of TCI), Connecticut, Illinois, Maryland, Massachusetts, New Jersey, and New York — effectively signaling the achievement of the tobacco policy goals for all sites except Promise Partnerships (Idaho), where Tobacco 21 remained unpassed and work shifted to vaping parity legislation.

#### **Advocating for Vaping Parity Legislation in Idaho**

After attempting to introduce Tobacco 21 legislation in 2018 and meeting strong opposition that defeated the bill, the group pivoted to address e-cigarettes and vaping regulations. This broadened the coalition's scope, allowing for more partnerships and relationships, adding school district partners, law-enforcement with school resource officers, health departments, medical and dental associations, as well as youth engagement.

Table 11 summarizes the TCI tobacco work across sites, including the role and contribution of TCI, policy successes, and estimated reach (number of people estimated to benefit from work).

Sites used their TCI resources differently to pursue similar policy goals (Table 11). For Healthy Montgomery, Promise Partnerships, and the Trenton Health Team, TCI was a driver of the tobacco work where program directors led in developing and implementing tobacco strategies. FCHIP, PP4H, and TCI Syracuse mainly supported tobacco work led by other coalitions or partners through providing financial resources, expertise, and visibility. Live Well Springfield mainly served in a facilitating role — creating conditions for local stakeholders to develop and implement tobacco strategies. Well Being 360 built capacity within the community for tobacco advocacy. Reflecting the considerable momentum for Tobacco 21 legislation prior to TCI, most program directors considered that the progress made in tobacco work was somewhat or very likely to have been achieved even in the absence of the TCI grant. Successes in Promise Partnerships' varied advocacy work, the Trenton Health Team's social media and local ordinance advocacy work, and PP4H's work within the township were not likely without TCI.

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<sup>16</sup> Campaign for Tobacco Free Kids. (n.d.) What We Do: U.S. Initiatives. Available from: <https://www.tobaccofreekids.org/what-we-do/us>



Table 11. TCI Communities' Work in Tobacco Prevention and Reduction

Site	TCI Years	Summary	TCI Role*	How Likely Was This Progress Without TCI? **	Policy Adoption	Policy Population Reach ***
FCHIP	3	Secured a city ordinance in May 2018 in Selma City that requires all city parks and city events to be smoke- and tobacco-free. In May 2019, the city of Firebaugh became the first city in Fresno County and the Central Valley to pass an ordinance for smoke-free, multiunit housing and to update tobacco-related definitions in the municipal code.	Supporter	Very likely	Selma City ordinance May 2018; Firebaugh city ordinance May 2019	33,143 people, including Selma's 24,807 population and Firebaugh's 8,336 population
Healthy Montgomery	1-4	The American Lung Association and the Maryland Tobacco-Free Coalition led the TCI Tobacco 21 advocacy work. After Tobacco 21 passed, the TCI work turned to a local focus on an e-cigarette prevention campaign in Montgomery County.	Driver	Very likely	Tobacco 21: April 2019 (state)	784,000 youth 15-24 years
Live Well Springfield	1-4	Community and youth peer health advocates successfully campaigned for city- and state-level Tobacco 21. Peer health advocates worked to support local implementation of policies that reduce youth access and targeting, including flavor restrictions and limiting tobacco permits.	Facilitator	Very likely	Tobacco 21: January 2018 (local), July 2018 (state) Local ordinances: 2019	950,000 youth 15-24 years
PP4H	1-4	Led by the Respiratory Health Association (RHA), PP4H's tobacco efforts focused on passing Tobacco 21 legislation at the township and state levels. RHA created sustainable educational outreach materials related to Tobacco 21 implementation (for retailers) and the impact of e-cigarette use (for students).	Supporter	Not likely	Tobacco 21: May 2017 (local), April 2019 (state)	1.74 million youth 15-24 years
Promise Partnerships	1-4	The Tobacco 21 Coalition advocated and lobbied for Tobacco 21, a statewide tobacco tax increase, and e-cigarette legislation at the state and local levels. Media coverage of their work reached up to 8,500 people. TCI support helped the coalition successfully introduce and influence passage of a vape-parity bill establishing e-cigarettes as a tobacco product and requiring them to be regulated and taxed as such.	Driver	Not likely	The Idaho legislature passed a vaping parity and retailer licensing bill in March 2020.	1.34 million adults 18 years and older

Site	TCI Years	Summary	TCI Role*	How Likely Was This Progress Without TCI? **	Policy Adoption	Policy Population Reach ***
TCI Syracuse	1-4	TCI Syracuse supported the reconstitution of the Tobacco Action Coalition of Onondaga (TACO) as the primary partner advocating for local and state-level Tobacco 21. TCI also assisted TACO in their point of sale (POS) initiative, where they geocoded and generated maps of tobacco retailers within 1,000 feet of a school, hospital, or library. TCI Syracuse purchased 490 tobacco-free signs for all school department buildings.	Supporter	Somewhat likely	Tobacco 21: December 2017 (county), July 2019 (state)	2.66 million youth 15-24 years
Trenton Health Team	1-4	Contributed to advocacy efforts for Tobacco 21 municipal and state legislation, and a municipal vaping ordinance — benefiting 8,800 Trenton and 1.15 million New Jersey youth 15-24 years. The vaping ordinance includes licensing fees and more effective monitoring of the location and number of retailers. THT’s anti-tobacco social media campaign developed with PGP reached over 23,000 users. A THT grant supported a public anti-smoking mural.	Driver	Not likely	Tobacco 21: February 2017 (local), July 2017 (state) Local ordinance: January 2020	1.15 million youth 15-24 years
Well Being 360	3-4	The community engagement team trained more than a dozen youth to advocate for Tobacco 21 — contributing to successful local passage in 2019. This local work gave momentum to state efforts and built a cohort of youth advocates in the community and passed legislation in June 2019. They advocated for Tobacco 21 at the state level in collaboration with Tobacco Free Kids and the MATCH coalition.	Capacity builder	Somewhat likely	Tobacco 21: October 2018 (local), June 2019 (state)	Over 495,000 youth 15-24 years

\*Program directors reported the type of role TCI played in their tobacco work. Categories are described in detail [here](#).

\*\*To reflect the level of contribution of TCI to progress, program directors answered the following question about their tobacco work: How likely is it that your community would have made the **same amount** of progress in this strategy if TCI funding or support was not available? (Not likely, somewhat likely, very likely)

\*\*\*Source of population estimates: U.S. Census data, 2019 estimates. Numbers are rounded.

Table 12 presents the primary strategies used across TCI sites in their tobacco-control efforts. While some strategies are common across most sites, others were used less frequently.

Table 12. Strategies for Tobacco 21 and Other Tobacco-Control Initiatives

Tobacco Strategies Supported By TCI	FCHIP	Healthy Montgomery	Live Well Springfield	Promise Partnerships	Proviso Partners for Health	TCI Syracuse	Trenton Health Team	Well Being 360
<b>Train and support youth advocates</b> <i>Efforts taken to train youth to be effective advocates in community outreach and engagement, and policy change work around tobacco cessation and policy</i>	√	√	√	√	√		√	√
<b>Conduct community outreach and education</b> <i>Activities done with youth, community stakeholders, and organizations to increase community awareness and buy-in for Tobacco 21 policies and other tobacco-control initiatives</i>	√	√	√	√	√	√	√	√
<b>Build or strengthen coalition</b> <i>Relationships developed and fostered with organizations outside of TCI to strengthen the work of TCI-funded coalitions and hubs</i>	√	√	√	√	√	√	√	√
<b>Testify at hearings, lobby, or meet with legislators or local government officials</b>		√	√	√	√	√	√	√
<b>Develop and implement communications and social media campaigns</b>	√	√	√	√	√	√	√	√
<b>Tobacco 21 policy passage</b>	N/A	√	√		√	√	√	√
<b>Support or guide policy implementation and enforcement</b> <i>Activities undertaken following the passage of Tobacco 21 ordinances and policies to support compliance by local businesses, agencies, and organizations</i>			√	√	√	√	√	
<b>Advocate for smoke-free housing policy</b>	√		√					
<b>Survey implementation to gather local data</b>	√					√		

### Cross-Site Findings and Insights on Tobacco

Through TCI's four years, sites expanded grassroots efforts to train youth and community residents to advocate for Tobacco 21 policies and tobacco-free ordinances and to educate on the risks of tobacco use. Some sites, such as Promise Partnerships and the Trenton Health Team, shifted their focus to advocacy efforts that support policies regarding Juul, vaping, and e-cigarette cessation among youth. Sites implemented strategies that strengthened their coalitions, increased their media presence, and added to their community outreach or lobbying efforts. Three trends to highlight are youth advocacy, communication strategies, and increasing focus on e-cigarette use.

#### **Trenton Health Team Builds Capacity for Social Media Campaigns**

Trenton Health Team worked with Public Good Projects (using TCI funds) and their local social media influencers to develop a series of three anti-tobacco videos. Each video has reached over **23,000** social media users with a combined number of **870,000** impressions. For THT, this has opened up a new world of using social media and influencers in public health and shaped THT's communications strategy to more authentically include community voices and perspectives.

### Youth Advocates

Youth advocates, volunteers, and champions were essential to the advocacy process in many sites. Youth advocates and volunteers participated in activities influencing passage of tobacco legislation, including educating community stakeholders, testifying and lobbying at state legislative sessions and events, and meeting with policymakers. For example:

- In Springfield, peer health advocates traveled to Boston to talk to senators about the effects of tobacco in their communities and why they required the lawmakers' support in resolving these issues. The advocates received a citation from two senators and were awarded the Peer Outreach Award. Peer health advocates also conducted a Photovoice project that focused on the impact of tobacco on the youth of the Mason Square neighborhood of Springfield.
- In Fresno, members of the Youth Leadership Institute educated the community-at-large at several events, including sporting events, block parties, and farmers markets. They also collected public opinion surveys to gauge resident support for a Fresno County-wide smoke- and tobacco-free park policy.

### Communication Strategies

Utilizing mass communication strategies — including social media — helped spread the Tobacco 21 messages to target communities. For example, Healthy Montgomery worked with a communications consultant to develop a targeted media campaign that included Facebook advertisements, press releases, media pitches, and online youth engagement strategies. As a result, Healthy Montgomery's work was featured in the *Baltimore Sun* and on the region's largest Spanish-language radio station. The TCI project director also recorded a video with a retired Army colonel to garner support from the veteran community.

#### **Recommendation Highlights**

- Switch focus from passing Tobacco 21 legislation to implementation and enforcement.
- Focus advocacy efforts on addressing the high rates of vaping.
- Train youth advocates for tobacco work, then connect them with other issues and opportunities.

### Increasing Focus on E-Cigarette Use

As several states passed Tobacco 21 legislation, and with the passage of national legislation, several sites began to shift their focus to vaping and e-cigarette use among youth:

- Because of flavored tobacco and electronic tobacco devices' appeal to youth, Live Well Springfield expanded their advocacy efforts to include flavored tobaccos and electronic tobacco devices. Peer health advocates will continue to advocate for Tobacco 21 implementation while focusing on increases in youth Juul and e-cigarette use.
- In the Proviso community, PP4H's Tobacco-Free Living Hub and School Hub members met with the Proviso East Wellness Committee to share information about the inclusion of vaping and e-cigarette use in the updated school wellness policy. Students in attendance at the meeting indicated vaping and e-cigarette use was an issue among their peers.
- In Trenton, THT worked with tobacco-prevention stakeholders to pursue the adoption of vape ordinances that require licensing of retailers that sell Juul, vape, and e-cigarette products.

# TCI IMPACT IN SCHOOL WELLNESS

## Background: School Wellness Policies and Impact on Health

Each day, 55 million students have the opportunity to learn and practice healthy behaviors at 132,000 schools in the United States. Within the context of increased obesity rates over the last 30 years, the school environment is critical for improving health behaviors and managing or preventing chronic health conditions like diabetes.<sup>17</sup> Healthy children and adolescents are more successful students — in academic performance (including grades and standardized test scores), education behavior (including attendance and discipline), and skills and behaviors like concentration and mood.<sup>18</sup>

### Highlights

- School policies that address nutrition and physical activity are related to calories consumed and expended, and to students' weight and body mass index (BMI).
- Schools with active wellness teams have students with lower BMI and healthier nutrition habits.
- Implementing model practices supported by research, including community schools, Safe Routes to School, and active recess, will positively impact students' health.

### Policy

Strong policy is the bedrock for addressing health in schools.<sup>19</sup> Policy support, implementation, and sustained practice locally must accompany the policy to improve student health and well-being. Without implementation, even the strongest policy will not have the intended effects on student health.

- Federal law requires that districts participating in federal child nutrition programs (including the National School Lunch Program and School Breakfast Program) develop and implement wellness policies that address nutrition, physical activity, and other school activities to promote student wellness.<sup>20</sup>
- A wellness policy is a written document that outlines a school district's plans for supporting student health. Assessment surveys like the WellSAT can measure the strength and comprehensiveness of policies to identify strengths and opportunities for improvement as well as to measure policy change over time.<sup>21</sup>

### Implementation

The practices that are implemented under wellness policies should be based on the best available evidence and align with local needs and priorities. Many resources, toolkits, and training and evaluation tools are available publicly for implementation of different strategies. For example, research increasingly demonstrates that school wellness teams (also called committees and councils) are drivers for putting wellness policies into practice.

<sup>17</sup> Centers for Disease Control and Prevention. *At a glance 2016: Healthy schools*. According to this report, obesity rates increased from 7% (1976-80) to 18% (2011-14) among children 6-11 years, and from 5% to 21% for adolescents 12-19 years.

<sup>18</sup> Centers for Disease Control and Prevention. (2014, March). Health and academic achievement. Atlanta, GA. Available at [https://www.cdc.gov/healthyschools/health\\_and\\_academics/index.htm](https://www.cdc.gov/healthyschools/health_and_academics/index.htm)

<sup>19</sup> Piekarz, E., Schermbeck, R., Young, S. K., Leider, J., Ziemann, M., & Chriqui, J. F. (2016). *School district wellness policies: Evaluating progress and potential for improving children's health eight years after the federal mandate. School years 2006-07 through 2013-14*. Volume 4. Chicago: Bridging the Gap Program and the National Wellness Policy Study, Institute for Health Research and Policy, University of Illinois at Chicago. [www.go.uic.edu/NWPSproducts](http://www.go.uic.edu/NWPSproducts)

<sup>20</sup> Centers for Disease Control and Prevention. (2018, November). Local school wellness policy. Available at <https://www.cdc.gov/healthyschools/npao/wellness.htm>

<sup>21</sup> Rudd Center for Food Policy and Obesity, University of Connecticut. Wellness school assessment tool (WellSAT). Available at <http://www.wellsat.org/>

## TCI Sites: Strategy Impact and Population Reach

TCI sites were actively involved in efforts to improve school environments. Throughout the project, sites worked to strengthen policies, implement evidence-based practices under these policies, and improve the physical, nutritional, and social environment at schools. Key strategies included policy assessment, policy changes, local wellness committees/councils, building capacity to use evidence-based models and curricula through staff trainings and toolkits, school gardens, environmental changes, and offering direct services to families and caregivers. Sites implemented this work through pilot programs, working with champions and parent advocates and responding to community and school needs. Table 13 presents the primary strategies across TCI sites impacting school wellness. While some strategies are common across most sites, others have been used less frequently.

### School Policy Assessment

TCI TA provider ChangeLab Solutions used the WellSAT assessment tool to measure the comprehensiveness and strength of wellness policy language for TCI target school districts. All TCI sites working on school wellness used the assessment results to recommend policy revisions and to advocate for districts to adopt stronger wellness policies. **As of the close of the project, four districts (in four sites) adopted stronger policies, and one was in the process of reviewing proposed changes.**

Five sites engaged in efforts to plan and adopt Safe Routes to School. The strategies and approaches to Safe Routes to School are highlighted in the next section. The sites also worked with the Public Good Projects to design and launch a social media influencer campaign to promote school wellness and engage parents and caregivers in school wellness advocacy and activities.

Table 13. PSE Strategies for School Wellness Promotion

School Wellness Strategies Supported By TCI	Healthy Montgomery	Live Well Springfield	Promise Partnerships	Proviso Partners for Health	TCI Syracuse	Trenton Health Team
<b>Assess district or school-level policies and practices</b> <i>This includes comparisons with model wellness policies and school-level assessments using the CDC's School Health Index or other tools</i>	√	√	√	√	√	√
<b>Advocate for district-level wellness policy change</b> <i>Includes education and outreach to school board, city council, and other municipal leaders</i>	√	√	√	√	√	√
<b>Train teachers on evidence-based programs or best practices for physical activity, nutrition, and wellness in the classroom</b>		√	√	√	√	
<b>Build or strengthen organizational partnerships outside school districts</b> <i>Food service providers, food policy councils, community-based organizations, and private foundations</i>	√	√	√	√		√
<b>Provide direct services to families at schools</b> <i>Health, wellness, and other community services provided on-site at schools to students or parents</i>			√	√	√	

School Wellness Strategies Supported By TCI	Healthy Montgomery	Live Well Springfield	Promise Partnerships	Proviso Partners for Health	TCI Syracuse	Trenton Health Team
<b>Implement strategies to strengthen social, emotional, and behavioral support at schools</b> <i>Positive Behavioral Interventions and Supports (PBIS), community schools</i>			√			
<b>Engage parents in advocacy</b> <i>Includes advocacy for district-level wellness policy and procurement</i>		√				
<b>Promote physical activity through environmental or system improvements</b> <i>Active recess, school walking trails, playground enhancements, partnerships with after-school enrichment</i>	√	√	√	√	√	√
<b>Improve nutrition environment</b> <i>Includes changes to school-level policy implementation of healthy snack standards, access to drinking water, and other changes</i>	√	√	√	√	√	√
<b>Advocate for or implement school gardens</b>	√	√	√			√
<b>Establish, activate, or train district or school-level wellness committees/councils</b>	√		√	√	√	√
<b>Develop and deploy new communication strategies/materials</b>	√			√		
<b>Build learning collaborative/practice network</b> <i>Among wellness champions, physical education teachers, resource coordinators</i>	√		√			

Note: Well Being 360 and FCHIP are not included because they did not focus on school wellness.

The TCI district policy work and school-based initiatives, including Safe Routes to School, reached an estimated seven districts, 343 schools, and 235,924 students. Table 14 below summarizes the reach of school wellness work at both the school level and at the district level. The reach of this work — the estimated number of students to benefit — is derived from local evaluation data from community action plans and annual reports.

Several sites also have other initiatives underway — including other grant programs — to improve public school wellness policies and environments, augmenting TCI.



Table 14. Reach of TCI School Wellness Work, Including Safe Routes to School

Site	Focus Area	PSE Work at the School Level		PSE Work at the District Level		
		Schools	Students	Districts	Total schools	District enrollment
<b>Healthy Montgomery</b>	Local school wellness councils, Safe Routes to School	102	81,016	1	206	161,546
<b>Live Well Springfield</b>	School Gardens, Safe Routes to School, Physical Activity Curriculum pilot, district policies	6	9,066 <sup>i</sup>	1	59	26,444
<b>Promise Partnerships</b>	PBIS/Whole Child Initiative at Caldwell schools; Safe Routes to School	10 <sup>ii</sup>	6,425	1	10	6,425
	Community schools	25 <sup>iii</sup>	10,368			
<b>Proviso Partners for Health</b>	Active recess schools, training in classroom activity breaks, Smart Routes, district policies	9	6,752	2	12	9,466
<b>TCI Syracuse</b>	Safe Routes to School, environmental changes, teacher training	10 <sup>iv</sup>	5,937	1	33	19,543
<b>Trenton Health Team</b>	Local school wellness councils, School Gardens, physical activity infrastructure	4	Not reported <sup>v</sup>	1	21	12,500
<b>Total</b>		<b>166</b>	<b>119,564</b>	<b>7</b>	<b>341</b>	<b>235,924</b>

<sup>i</sup> Student population at the LWS target schools. Project efforts reached students beyond the target schools, but this number was not reported.

<sup>ii</sup> This reflects 10 schools working on PBIS in the Caldwell District.

<sup>iii</sup> This reflects participating schools across seven districts in the Treasure Valley and includes intensive support for implementation at Sacajawea Elementary in Caldwell and training and support for other schools.

<sup>iv</sup> This includes schools with more intensive work in systems and environmental change. Teachers from other schools also participated in Math & Movement and Literacy & Movement training.

<sup>v</sup> Population reach for THT's work in specific schools could not be calculated with reported data.

Table 15 summarizes the work of TCI sites in school wellness. FCHIP and Well Being 360 are not included because they did not work on school wellness. Strategies, and specific ways of rolling out strategies, depended on the local context, partnerships, and capacity. Four of the sites — PP4H, Promise Partnership, the Trenton Health Team, and LWS — provided capacity-building for the school wellness work in their communities. For Promise Partnerships, Healthy Montgomery, and the Trenton Health Team, TCI was a driver of the school wellness work, where program directors led in developing and implementing strategies. For these sites that either were the driver or capacity builder, the partners indicated the work was not likely or only somewhat likely to have occurred without TCI. In Syracuse, where TCI funding supported the county's implementation, this work was described as somewhat to very likely to have occurred without the support of TCI.

Table 15. TCI Sites' Work in School Wellness

	TCI Years	Summary	TCI Role*	How Likely Was This Progress Without TCI?*	Policy, Systems, and Environmental Changes
Healthy Montgomery	1-4	<ul style="list-style-type: none"> <li>Montgomery County Public Schools (MCPS) implemented local school wellness councils (LSWCs) in 102 schools, reaching 81,016 students, and developed a School Wellness Toolkit to guide schools on how to create a local school wellness council.</li> </ul>	Driver	Somewhat likely	Systems change: LSWCs
Live Well Springfield	1-4	<ul style="list-style-type: none"> <li>LWS partners, including the Springfield Food Policy Council, parents, and caregivers, successfully advocated to amend the school district wellness policy and procurement policies. The updated wellness policy strengthens nutrition standards and Safe Routes.</li> <li>Springfield Public Schools piloted an evidence-based physical activity curriculum, increased the number of school gardens from 16 to 29 and adopted a new school garden curriculum, and expanded recess and before- and after-school programming. District food provider Sodexo and regional food experts increased local food purchasing from 9% to 16%.</li> </ul>	Capacity builder Facilitator Supporter	Somewhat likely	District wellness policy and procurement policy  Systems change: evidence-based programs  Environmental change: school gardens
Promise Partnerships	1-4	<ul style="list-style-type: none"> <li>The Initiative for Healthy Schools at Boise State University assessed and made recommendations for how to strengthen wellness policies in three districts.</li> <li>TCI partners implemented Smart Snacks in School Standards, comprehensive physical activity programs, and a whole child initiative, based on PBIS, at 10 schools.</li> <li>United Way of Treasure Valley implemented community schools with intensive support at one elementary school, which served as a model demonstration site. A learning community and multiple large-scale trainings helped to create regional and statewide structures for the program to expand in 25 schools across seven districts in Idaho.</li> </ul>	Driver and capacity builder	Not likely	Systems change: evidence-based programs

	TCI Years	Summary	TCI Role*	How Likely Was This Progress Without TCI?*	Policy, Systems, and Environmental Changes
Proviso Partners for Health	1-4	<ul style="list-style-type: none"> <li>PP4H funded playground upgrades and active recess trainings at five schools, supported the passage of a policy to increase mandated daily lunch/recess time from 30 to 40 minutes, and expanded Grab and Go salad systems from 100 per day to more than 570.</li> <li>Partners established a districtwide wellness committee that sets wellness policy priorities, provided recommended revisions to wellness policies for two districts, and co-led a new district wellness committee focusing on student mental health.</li> </ul>	Capacity builder	Not likely	District wellness policy Systems change: evidence-based programs Environmental change: playgrounds and cafeteria
TCI Syracuse	1-4	<ul style="list-style-type: none"> <li>The Onondaga County Health Department engaged with 10 schools, formed wellness committees at eight schools, trained 200 teachers in evidence-informed physical activity curricula, installed walking trails at seven schools, and supported other environmental changes, including a playground, climbing wall, and farmers markets.</li> <li>The district wellness committee used the WellSAT report prepared by ChangeLab Solutions to strengthen district wellness policy language. The district adopted an enhanced policy in May 2019.</li> <li>The Community Impact Team implemented pop-up play events and library active toy check-out to engage residents in communities.</li> </ul>	Supporter	Very likely	District wellness policy  Systems change: LSWC and evidence-based programs  Environmental change: playgrounds and equipment
Trenton Health Team	1-4	<ul style="list-style-type: none"> <li>THT worked with the district wellness council to review and strengthen the district wellness policy. A revised wellness policy incorporating virtually all of the changes proposed by the THT-led review committee was adopted by the board in September 2020.</li> <li>THT supported the expansion of recreational soccer with Play Soccer Nonprofit International, supported family bike rides with Trenton Cycling Revolution, installed high school circuit training equipment, and installed public housing soccer field lights.</li> <li>THT influenced the district to implement state-mandated daily recess for elementary schools a year earlier than required.</li> <li>Isles Inc. expanded efforts to increase school-based gardens and teacher training at Trenton's public schools with TCI subawards.</li> </ul>	Driver  Capacity builder	Not likely	Systems change: LSWC, physical activity programs  Environmental change: gardens, physical activity equipment

\* Program directors reported the type of role TCI played in their school wellness work. Categories are described in detail [here](#).

\*\* To reflect the level of contribution of TCI to progress, program directors answered the following question about their school wellness: How likely is it that your community would have made the *same amount* of progress in this strategy if TCI funding or support was not available? (Not likely, somewhat likely, very likely)

## Cross-Site Findings and Insights on School Wellness

Throughout the four years, TCI sites improved school wellness through policy changes, implementing best practices, and environmental improvements. The sites worked at the district policy level, at the building implementation level, through state-level advocacy, and by spreading best practices with organized groups and learning. While the work varied widely from site to site, four overarching themes emerged as common aspects of these efforts: (1) the sites worked on both district-level policy and school-level policy and practice; (2) key stakeholders, champions, and community advocates helped to catalyze the work; (3) wellness committees and communities of practice supported implementation; and (4) sites responded to local context and need.

### **Highlight: School Wellness Policy**

In Springfield, TCI partners from the school district and food policy council and community members successfully advocated to update the district wellness policy. The advocates used the WellSAT assessment (conducted by TA provider ChangeLab Solutions) to identify and justify revisions to the policy. Community involvement was a key component of this effort. A survey of the School Committee (the legislative body for the district) indicated that advocacy from the community made committee members more aware of school food issues. The updated policy includes strengthened nutrition standards and language around Safe Routes to School. A follow-up WellSAT assessment shows that the updated policy significantly strengthened the school wellness policy.

### **Working at Both District and School Levels**

During the project, all sites started working on district-level policy, and most also included or pivoted to addressing school-level policy and practice. In some cases, school-level work supported implementation when a strong district policy was already in place. At other sites, when policy change was challenging due to political context, TCI partners were able to make progress in modifying school-level policies and practices. Policy and practice work at the school level also served as a demonstration or pilot for some sites and created paths for district-level work and practice adoption. Working at a smaller scale allowed sites to demonstrate success, learn how to implement in specific contexts, and develop tools and resources for scaling up programs.

At the building level, sites used a variety of best practices and evidence-based curricula to help support the implementation of school wellness policies. These tools range from large-scale evidence-based programs such as community schools, Whole Child/PBIS, active recess, and Safe Routes to School to smaller trainings and curricula like Math & Movement, Brain Breaks, and School Garden curricula. Many sites conducted teacher training and professional development on school wellness programs and curricula.

### **Engaging Stakeholders, Champions, and Community Advocates**

Cultivating multiple levels of stakeholder champions and connections with community members and organizations was a key driver of school wellness success. Identifying and nurturing champions, both at the grassroots and decision-maker levels, helped to expand and sustain school wellness work. Explicit support from champions who are key figures and decision-makers — such as district administrators, directors of school wellness, city councilors, and school board members — gave credibility to school wellness strategies and helped to move school

### **Highlight: From Pilot to Statewide Expansion**

In Boise, United Way of Treasure Valley (UWTV) led a successful pilot of the community schools model at one elementary school. To help grow the model, they started a community school learning community, which contributed to the rapid regional adoption and scale-up of the strategy by providing technical assistance, resources, and thought leadership. In Year 4, TCI funds supported partners in developing the Idaho Community School Coalition, a formal collaboration between the State Department of Education, RISE (formerly Treasure Valley Educational Partnership), and UWTV to spread and support the community school strategy in Idaho. Twenty-five schools across the state have adopted the model.

wellness decisions along more quickly. Parent, caregiver, and community voices pushed districts and decision-makers to act on school wellness policy. In Springfield, parent advocates were key in creating changes to district wellness policy and procurement policy language, and in changing school breakfast menus. In Maywood, a funded Safe Routes to School pilot was championed by a community resident coalition, and PP4H played a supporting role.

School wellness work, especially projects around food access and Safe Routes to School, required building partnerships with sectors outside of health and education. Sites that overlapped school wellness with Complete Streets or food policy work built partnerships with organizations that had the expertise and power to make changes in those areas — local departments of transportation, local food policy councils, and food services vendors.

#### Wellness Committees and Communities of Practice

Local school wellness councils or committees served as catalysts for implementing district wellness policies and for building-level activities, such as schoolwide campaigns and challenges, extracurricular and wellness activities, and fundraising. These groups also raised awareness about school wellness and helped galvanize support from parents, students, and staff. In Boise and Maywood, learning communities of practitioners (like PE teachers and community schools coordinators) supported the implementation of evidence-based practices through sharing resources, ideas, and successful strategies, and also increased connections and leadership among key staff.

#### **Highlight: Local School Wellness Councils**

Healthy Montgomery's school wellness work started with a pilot program to launch 15 local school wellness councils (LSWCs) at elementary schools within TCI priority communities. An LSWC is an action-oriented advisory group that focuses on the health and well-being of students, staff, and families in a school community. Accelerated by TCI investments, the councils spread to **102** schools — reaching half of the district's schools and students. A survey of LSWCs indicated a high level of commitment and progress toward developing school wellness goals, strategies, and funding for wellness activities.

#### Working Within Local Context and Needs

The TCI school wellness work shifted throughout the project to align with, accommodate, and support changing district and community priorities. By responding to community and school needs, even when they were different from initial plans, the sites strengthened partnerships and built trust, which placed them in a strong position to advocate for change and to sustain work with the schools. Some sites such as Syracuse and Promise Partnerships use building-level assessment tools to help determine school-level needs and tailor work to the individual school context. At other sites, community events and changes shaped the school wellness work. When PP4H supported the community and district response to a mental health crisis, the district turned to them as a partner to lead a new District Wellness Council — a goal they had not previously been able to achieve.

### TCI Impact in Safe Routes to School

Safe Routes to School is a federally supported program to increase walking and biking to school through education, incentives, and city planning and legislative efforts to improve infrastructure. Safe Routes to School has been shown to increase active travel to school, contributing to increased physical activity and pedestrian safety.<sup>22</sup> The Robert Wood Johnson Foundation named it a priority policy in their State of

<sup>22</sup> County Health Rankings. (2017, May 25). Safe Routes to Schools. Available at <http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/safe-routes-to-schools>

Childhood Obesity project.<sup>23</sup> There are publicly available planning and implementation resources for Safe Routes to School, and from 2005 to 2015 more than 17,400 schools and 6.8 million students nationally have benefited from Safe Routes to School programs.<sup>24</sup> Best practices for implementing Safe Routes to School include:<sup>25</sup>

- Starting out with education and encouragement activities such as walk- and bike-to-school days to build interest and momentum.
- Setting up a community task force or steering committee at the school or district level.
- Identifying a coordinator, ideally a paid full- or part-time position — paid coordinators (vs. volunteer coordinators) stay longer, have more time to devote to the program, and are more likely to have the skills to be successful.
- Partnering with city or county staff for street and infrastructure improvements.
- Advocating for district and municipal policies. School districts can include policy language in the district wellness policy; municipalities may include safe routes in a comprehensive plan or as a separate resolution.

TCI work on Safe Routes to School stems from both school wellness and built environment projects. The strategies and approaches to safe routes vary by site, but most sites included a mix of advocating for funding from school districts and municipalities, working with city or county municipal departments to make streetscape or infrastructure changes, collecting data through national survey tools and walk audits, and educating and engaging parents, caregivers, and students through conversations and activities on safe walking and biking. Three sites, Healthy Montgomery, LWS, and Promise Partnerships, all played a key role as a driver of the safe routes work in their communities and indicated that their progress was not likely without TCI support. TCI Syracuse and PP4H both played a supporting role for safe routes by bringing together key players to do the work. At these sites, safe routes progress was likely to have occurred without the support of TCI.

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<sup>23</sup> Robert Wood Johnson Foundation. (2019). State of Childhood Obesity, Priority Policy: Safe Routes to School. Available at <https://stateofchildhoodobesity.org/policy/safe-routes-to-school/>

<sup>24</sup> National Center for Safe Routes to School and U.S. Department of Transportation Federal Highway Administration. (2015, September). *Creating healthier generations, a look at the 10 years of federal Safe Routes to School program*. Available at [http://www.pedbikeinfo.org/pdf/SRTSfederal\\_CreatingHealthierGenerations.pdf](http://www.pedbikeinfo.org/pdf/SRTSfederal_CreatingHealthierGenerations.pdf)

<sup>25</sup> Williams, H., Lieberman, M., & Zimmerman, S. (2019, January). *Building blocks, a guide to starting and growing a strong Safe Routes to School program*. Safe Routes to School National Partnership. Available at [https://www.saferoutespartnership.org/sites/default/files/resource\\_files/buildingblocks\\_final.pdf](https://www.saferoutespartnership.org/sites/default/files/resource_files/buildingblocks_final.pdf)

The following tables summarize the cross-site work of TCI communities in Safe Routes to School:

- Table 16 summarizes communities’ impact and accomplishments in safe routes strategies.
- Table 17 presents the primary strategies across TCI communities used for safe routes.

Table 16. TCI Sites’ Work in Safe Routes to School

	TCI Years	Summary	TCI Role*	How Likely Was This Progress Without TCI**	PSE Focus
Healthy Montgomery	2-4	TCI provided funding to the Montgomery County Department of Transportation (MCDOT) to conduct route assessments and create an SRTS story map that shows pedestrian safety needs and recommendations. MCDOT partnered with local school wellness councils and district stakeholders in the assessment process and to incorporate SRTS into school wellness plans. SRTS is being implemented at eight schools, and evaluation data collected at one school indicated a small increase in students walking and biking to school.	Driver	Very likely	Systems change: Assessments and SRTS in school wellness plans
Live Well Springfield	1-4	Way Finders and the Pioneer Valley Planning Commission (PVPC) worked with students and residents to conduct walk audits, develop walking maps, and advocate for change around schools. The city implemented walk audit recommendations near five out of six target schools. Two schools developed walking and biking clubs, and one school piloted a walking school bus. TCI advocacy led to the Springfield School Committee revising the district wellness policy to include language supporting active transportation and approving the use of a safe routes curriculum in the schools. TCI partners collaborated with the city to apply for nearly \$800,000 in funding for Complete Streets and Safe Routes to School.	Driver	Not likely	Environmental Change: walk audit recommendations  District wellness policy
Promise Partnerships	1-4	Vitruvian Planning developed school-specific walkability and bikeability recommendations through parent surveys, observations, and community walk audits for all 10 schools within Caldwell city limits. The city of Caldwell used these recommendations to secure a \$250,000 state grant for sidewalk and bike infrastructure around one school.	Driver	Not likely	Environmental change: infrastructure improvement
Proviso Partners for	3-4	The Built Environment Hub worked with a local resident committee to develop a successful proposal for a pilot safe routes initiative at one middle school. The village of Maywood, School District 89, and Proviso Township approved an	Supporter	Very likely	Systems change: funding and staffing for safe routes

	TCI Years	Summary	TCI Role*	How Likely Was This Progress Without TCI**	PSE Focus
		intergovernmental cost-sharing agreement that provided \$117,952 in funds for eight part-time employees to staff safe routes to the school and a full-time coordinator for the pilot. The Smart Routes to School pilot launched in August 2019; 100 youth participated in Smart Routes each day between Aug. 1, 2019, and Nov. 30, 2019.			
TCI Syracuse	1-4	The Onondaga County Health Department and HealtheConnections worked with five schools to conduct walk audits to identify and map safe routes and to successfully advocate for the city of Syracuse to place signage along the routes. The city of Syracuse plans to formally study Safe Routes to School and change systems to facilitate future projects.	Supporter	Somewhat likely	Environmental change: route signage
<p>* Program directors reported the type of role TCI played in their safe routes work. Categories are described in detail <a href="#">here</a>.</p> <p>** To reflect the level of contribution of TCI to progress, program directors answered the following question about their safe routes: How likely is it that your community would have made the <b>same amount</b> of progress in this strategy if TCI funding or support was not available? (Not likely, somewhat likely, very likely)</p>					



Table 17. PSE Strategies for Safe Routes to School

Strategies Supported by TCI*	Healthy Montgomery	Live Well Springfield	Promise Partnerships	Proviso Partners for Health	TCI Syracuse
Advocate for safe routes funding and policy support with local policymakers, school board, municipal leadership		√	√	√	
Engage district and/or school staff		√		√	√
Partner with city/municipal planning departments <i>Department of transportation, department of public works, or other city/county planning</i>	√	√			√
Build awareness, interest, and participation among parents, students, and community members <i>Advocacy, walk audits, safe walking education</i>	√	√	√	√	√
Conduct assessments (e.g., baseline data) and planning <i>Street audits, walk audits, student tally, parent survey, observational studies</i>	√	√	√	√	√
Advocate for active commuting language in school wellness policy		√			
Improve school and community infrastructure <i>Changes to streetscapes and school environments</i>			√		√
Conduct community events <i>Walk &amp; Roll to School days, bike rodeo</i>		√			
Implement walking school bus		√		√	
Develop and deploy new communication strategies/materials	√			√	√

\*While the Trenton Health Team worked in public school wellness, they did not have strategies related to Safe Routes to School and so are not included in this table.

The TCI sites’ work on Safe Routes to School primarily happened at the school level through implementing school-level assessments, changes, and activities. Two sites, Live Well Springfield and PP4H, worked at the district and municipal levels on policy change and fundraising, respectively. Across all of the sites, one of the most important catalysts for safe routes was designated staff and funding for the project. Sites that saw the greatest progress had a combination of designated staff at either the school district or department of transportation, and funding from the district or city to support infrastructure changes or staffing. Other key themes for safe routes to school include using pilot and demonstration projects, building partnerships with built environment players, buy-in and advocacy with families and community, and using data to make the case and tell the story.

- As with other school-based work, many of the sites started with pilot or demonstration projects at a few schools and then scaled up their work to additional schools or to the district

level. In Springfield, a pilot program helped to catalyze district-level advocacy for adding active transport language to the wellness policy.

- Strong partnerships between the district and city or county were key facilitators for safe routes work. City and county departments of transportation or public works are decision-makers in this space and need to be on board for environmental changes to occur, and school district buy-in is critical for school site changes and programs. Sites without a direct line into the district or municipal departments made progress but experienced more delays.
- Buy-in and advocacy from parents and caretakers is also an important facilitator. In Maywood, Ill., the district and town funded a safe routes pilot program in part because the request came from parents and there was strong community support. Walk audits can be a good way to get parents and community involved and invested in the project.
- Data collection is a key strategy and step for Safe Routes to School. Sites are using national tools to conduct student tallies, parent surveys, and walk audits. These tools help to inform decisions about the routes and provide baseline data for evaluation.
- With COVID, sites that had planned data-collection efforts to assess change in walking/biking to school were unable to complete these final assessments.

#### **Highlights**

- PP4H and community partners secured **\$117,952** from the district and two local governments to fund a pilot program.
- The city of Boise used TCI safe routes data and recommendations to secure **\$250,000** in state grant funds to update the sidewalks and bike lanes.
- Springfield passed new district policy language addressing active transportation.
- Syracuse placed safe routes signage along five safe routes.
- TCI supported the Montgomery County Department of Transportation to create a story map of safe routes data and information for five target schools.

# TCI IMPACT IN EARLY CARE AND EDUCATION SETTINGS

## Background: ECEs and Impact on Health

Over 20% of U.S. children aged 2-5 years are overweight or obese. Obesity in early childhood puts children at risk for type 2 diabetes, asthma, anxiety and depression, and low self-esteem. Early intervention could reverse the course of obesity, as it's easier to influence children's nutritional and physical activity choices before habits are formed. Accordingly, ECE centers are ideal settings to reach young children with obesity-prevention efforts.<sup>26</sup> Over 60% of U.S. children aged 3-5 years are in weekly nonparental care. Moreover, 11 million children under age 6 spend an average of 30 hours in ECE facilities weekly. Thus, ECE providers are well poised to directly influence what children eat and drink and how active they are.<sup>26</sup>

### Highlights

- Over **20%** of U.S. children aged 2-5 years are overweight or obese.
- ECE providers are well poised to directly influence children's nutrition and physical activity.

### Policy

State and center-level policies each can serve as effective strategies in combating childhood obesity. State and center-level efforts could focus on the promotion of standards that address nutrition and physical activity. Center-level activities could involve the implementation of practices, programs, and policies that promote healthy eating and physical activity among young children. Childcare, unlike public school wellness, is generally regulated at the state level, so it can be harder for local coalitions to change ECE policy. For that reason, it can be more strategic for TCI communities to focus on systems and environmental changes.

### Implementation

Research suggests that the implementation of childhood obesity-prevention efforts often requires a multipronged approach. Evidence-based approaches include:

- Providing a varied and balanced diet that emphasizes minimally processed foods.
- Offering adequate opportunities for outdoor play daily.

The policies that are implemented to improve childhood nutrition and physical activity practices and programs should be based on the best available evidence and align with local needs and priorities. Many resources, toolkits, and training and evaluation tools are available publicly for implementation of different strategies. For example, the CDC developed a framework for obesity prevention in the ECE setting known as the Spectrum of Opportunities. The spectrum outlines how a state's ECE system can embed recommended standards and best practices for obesity prevention.<sup>27</sup>

<sup>26</sup> U.S. Department of Health and Human Services. (2017). *Helping young children thrive in the early care and education (ECE) setting*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. Division of Nutrition, Physical Activity, and Obesity. <https://www.cdc.gov/obesity/downloads/Early-Care-Education-ECE-WEB-508.pdf>

<sup>27</sup> U.S. Department of Health and Human Services. (2018). *The spectrum of opportunities framework for state-level obesity prevention efforts targeting the early care and education setting*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. Division of Nutrition, Physical Activity, and Obesity. [https://www.cdc.gov/obesity/strategies/early-care-education/pdf/TheSpectrumofOpportunitiesFramework\\_May2018\\_508.pdf](https://www.cdc.gov/obesity/strategies/early-care-education/pdf/TheSpectrumofOpportunitiesFramework_May2018_508.pdf)

## TCI Sites' Work in Early Care and Education Settings

Through TCI, four sites invested in PSE work in the early care and education domain (Table 18). Live Well Springfield, TCI Syracuse, and the Trenton Health Team invested in center-level strategies, and Promise Partnerships invested in state-level policy advocacy. Three sites — Well Being 360, Promise Partnerships, and Healthy Montgomery — explored opportunities for wellness policy and programmatic work during TCI. Without a meaningful policy mechanism or partner momentum, these sites pivoted. Promise Partnerships shifted to state policy advocacy, Well Being 360 made a small investment in a food exposure and nutrition program for pre-K and focused on other TCI strategies, and Healthy Montgomery pursued TCI strategies other than early childcare nutrition and physical activity.

### **TCI Impact on Early Care and Education Centers**

- Four TCI sites focused on early care settings.
- Approximately **3,600** children benefited from TCI-supported TA, nutrition programming, and policy and practice change.
- This work impacts as many as **45** ECEs across four sites.

Among the three sites that focused on center-level strategies, each used their TCI resources differently to produce improvements. In Springfield, the coalition partner Square One was the driver of this work and they indicated this progress was unlikely to occur without TCI's support. TCI Syracuse supported the expansion of ongoing work led by the county. The Trenton Health Team played a facilitating role in the menu review strategy and supported the work of improving centers' equipment and garden infrastructure through subawards — progress unlikely to have been accomplished without TCI.

Table 18. TCI Sites' Impact in Early Care and Education Settings

Site	TCI Years	Summary	TCI Role*	How Likely Was This Progress Without TCI? **	Policy Objective	Population Reach
Live Well Springfield	1-4	Square One — an early care and education nonprofit that operates childcare centers and offers a range of family support services — focused on creating sustainable PSE change within their organization and promoting and advocating for similar change among other early education and care providers in Springfield. Their pre-K wellness policy improved nutrition standards and food quality and placed a focus on local purchasing. By Year 4 of TCI, pre-K classes were using a new nutrition curriculum and an evidence-based physical activity curriculum.	Driver	Not likely	Center-level wellness policy adoption and implementation	218 children across three centers (20% of Springfield's pre-K population)
TCI Syracuse	1-4	The Onondaga County Health Department built relationships with centers by providing assessments; training on best practices and policies on nutrition standards, mealtime practices, and nutrition education; and TA in implementation. Sixteen centers were engaged, with 14 (88%) improving their organizational nutrition policies.	Supporter	Very likely	Center-level wellness policy adoption and implementation	960 children in 14 centers
Trenton Health Team	1-4	The Trenton Health Team funded Rutgers Cooperative Extension to conduct a menu analysis of 19 of 32 centers; eight centers engaged in nutrition training and TA as a result. To better address centers' priority needs, THT awarded grants to six centers (totaling over \$40,000) to improve their environments to promote physical activity. Grant language encouraged wellness policy adoption and implementation. Isles Inc., a local community development and environmental organization, received TCI funding to install gardens at two centers. Isles worked directly with teachers to ensure the gardens were used to their fullest extent as teaching tools for students.	Facilitator and supporter	Not likely	Center-level environmental changes and programming	Menu reviews: eight centers, 1,150 children Playground enhancements: six centers, 740 children School gardens: two centers, 300 children***

Site	TCI Years	Summary	TCI Role*	How Likely Was This Progress Without TCI?***	Policy Objective	Population Reach
Promise Partnerships	3-4	Idaho is one of four states that does not fund pre-K. TCI provided financial support during 2019 for the Idaho Association for the Education of Young Children (IAEYC) to lobby for a policy change that would allow Idaho to accept federal funding and allocate state budgetary resources to support early education. When legislation did not pass, TCI partners worked with stakeholders to restructure and create a new coalition to work on advocacy and programs. The coalition gained the new governor's support to apply for and receive a federal Preschool Development Grant. With this grant, a broad group of partners is conducting a needs and resources assessment. In the future, the state will be eligible to apply for federal program implementation funding.	Supporter	Somewhat likely	Statewide policy supporting pre-K development	Up to 116,000 children under 5 in Idaho would be affected by pre-K policy
<p>* Program directors reported the type of role TCI played in their early care and education work. Categories are described in detail <a href="#">here</a>.</p> <p>** To reflect the level of contribution of TCI to progress, program directors answered the following question about their work: How likely is it that your community would have made the <b>same amount</b> of progress in this strategy if TCI funding or support was not available? (Not likely, somewhat likely, very likely)</p> <p>*** Some centers and children may be duplicated as the playground enhancements and gardens were with some of the 32 centers invited to participate in the menu review process.</p>						

# TCI IMPACT IN PROMOTING BREASTFEEDING

## Background: Breastfeeding and Impact on Health

Outside of ECE settings, breastfeeding is another factor in the promotion of early childhood nutrition. According to the American Academy of Pediatrics, breastfeeding can also provide protection against childhood obesity, type 1 and type 2 diabetes, allergies, and celiac disease, among others.<sup>28</sup> Exclusive breastfeeding also averts inappropriate feeding practices such as early introduction of complementary foods that could lead to unhealthy weight gain.<sup>29</sup> There are also several maternal health benefits, including earlier return to prepregnancy weight, decreased risk of breast and ovarian cancers, and increased child spacing.<sup>29</sup>

### Policy and implementation

Research suggests that the implementation of breastfeeding-friendly policies and programs often requires a multipronged approach, as women face multiple barriers to initiating and continuing breastfeeding. According to *The Surgeon General's Call to Action to Support Breastfeeding*,<sup>30</sup> barriers include a lack of knowledge regarding breastfeeding, poor social and family support, social norms around breastfeeding, and employment and childcare challenges. Evidence-based approaches and policy opportunities include (1) providing private rooms for breastfeeding and pumping activities, (2) advocating for policies that protect mothers' rights to breastfeed in public and in the workplace, (3) increasing hospital policies and practices supportive of breastfeeding, and (4) improving access to professional and peer breastfeeding support.

## TCI Sites' Work in Promoting Breastfeeding

Through the four years of TCI, three sites worked on PSE strategies for breastfeeding (see Table 19). TCI Syracuse and the Trenton Health Team established breastfeeding spaces, Promise Partnerships and the Trenton Health Team advocated for state-level policies, and TCI Syracuse launched a social media campaign to change breastfeeding norms.

Sites used their TCI resources differently to pursue different breastfeeding policy and environmental change strategies. TCI Syracuse supported county-led technical assistance and supplies/furniture purchases to create breastfeeding rooms throughout the county. TCI resources played an important role in Promise Partnerships' state policy advocacy, where the policy advocacy was unlikely to have had the same impact without the TCI investment. The Trenton Health Team played a facilitating role in establishing a breastfeeding unit in the public library and a supporting role in state-level policy advocacy.

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<sup>28</sup> Eidelman, A. K., & Schanler, R. J. (2012). Breastfeeding and the use of human milk. *Pediatrics*, 129(3), 598-601.

<sup>29</sup> World Health Organization. (2014, September) *Exclusive breastfeeding to reduce the risk of childhood overweight and obesity: Biological, behavioural and contextual rationale*. [https://www.who.int/elena/titles/bbc/breastfeeding\\_childhood\\_obesity/en/](https://www.who.int/elena/titles/bbc/breastfeeding_childhood_obesity/en/)

<sup>30</sup> Centers for Disease Control and Prevention. (2011). *The surgeon general's call to action to support breastfeeding*. <https://www.ncbi.nlm.nih.gov/books/NBK52688/>

Table 19. TCI Sites' Work in Breastfeeding and Reach

	TCI Years	Summary	TCI Role*	How Likely Was This Progress Without TCI? **	Policy, Systems, or Environment Focus	Reach
Promise Partnerships	2-3	The Idaho Breastfeeding Coalition and Mosaic Advisors used grassroots advocacy, lobbying, and communications to successfully advocate for legislation to exempt breastfeeding mothers from indecent exposure laws. Idaho passed the legislation during the spring 2018 session.	Driver	Not likely	State-level policy	22,800 women annually (based on 2018 number of births)
TCI Syracuse	1-4	As the TCI lead on breastfeeding work, the Onondaga County Health Department partnered with community-based organizations, health care facilities, county offices, childcare centers, and others to normalize breastfeeding, provide breastfeeding-friendly rooms, and support the adoption of breastfeeding-friendly policies. Exceeding their goal of 11 rooms, 27 breastfeeding rooms were created throughout the community, and multiple organizations have adopted breastfeeding policies. The county also launched a successful social media campaign to normalize breastfeeding. The campaign content made 289,958 impressions and received 974 ad clicks, linking to the CDC's page on breastfeeding information.	Supporter	Somewhat likely	Environmental changes: creating breastfeeding-friendly spaces	12,038 women potentially benefit from access to newly designated breastfeeding rooms
Trenton Health Team	2-3	In Year 3, THT partnered with the Trenton Free Public Library to install a Mamava unit — a self-contained, turn-key lactation space — for breastfeeding patrons and employees.  In Year 2, THT joined advocacy efforts for state legislation expanding civil rights protections to breastfeeding mothers and requiring employers to provide accommodations for breastfeeding employees.	Facilitator  Supporter	Not likely  Very likely	Environmental changes: creating breastfeeding-friendly spaces  State policy	11 documented visits to Mamava unit during Year 4
<p>* Program directors reported the type of role TCI played in their early care and education work. Categories are described in detail here.</p> <p>** To reflect the level of contribution of TCI to progress, program directors answered the following question about their work: How likely is it that your community would have made the <b>same amount</b> of progress in this strategy if TCI funding or support was not available? (Not likely, somewhat likely, very likely)</p>						



# TCI PROGRESS IN THE BUILT ENVIRONMENT

## Background: The Built Environment and Impact on Health

According to Healthy People 2020, a majority of adults (81.6%) and adolescents (81.8%) in the United States do not get the recommended amount of physical activity.<sup>31</sup> About \$117 billion in annual health care costs and about 10% of premature mortality are associated with inadequate physical activity (not meeting the aerobic key guidelines). The benefits of physical activity include bone health; improved cognitive functioning; mental health; reduced risk of cancer, injury, and mortality; and improved quality of life.<sup>32</sup>

### Highlights

- Environmental improvements that make neighborhoods more walkable are related to increases in adult physical activity and lower BMI in children.
- Implementing model practices supported by research, including Complete Streets, and establishing community fitness programs can increase physical activity.

### Policy

Environmental improvements that make neighborhoods more walkable are also associated with lower body mass index among children<sup>33</sup> and greater physical activity rates among adults.<sup>34</sup> There is strong evidence that streetscape<sup>35</sup> design improvements, often implemented via Complete Streets initiatives, increase both physical activity and pedestrian and cyclist safety.<sup>36</sup> Groups generally work on transportation codes, building codes, and land use codes at both the state and local level. An understanding of transportation funding is also helpful to Complete Streets work; funds typically flow from federal to state to local jurisdictions. Policy measures to improve the built environment might include:

- A pedestrian and bicycle master plan that assesses the environment for pedestrian and bicyclist use and makes infrastructure improvements that enhance safety and walkability.
- Separate traffic lanes for bicyclists and sidewalks for pedestrians.
- The promotion of moderate traffic speeds, especially on local residential and commercial streets, by designing narrower streets, sidewalk curbs, raised and clearly painted crosswalks, raised medians, wide sidewalks, and streetscaping, which can include adding trees, hedges, and planter strips.
- Other critical safety measures, including appropriately timed lights, pedestrian signals, crossing guards near schools, and sufficient street lighting at night.

<sup>31</sup> Healthy People.gov: Physical Activity. Available at <https://www.healthypeople.gov/2020/topics-objectives/topic/physical-activity#two>

<sup>32</sup> U.S. Department of Health and Human Services. (2018). *Physical activity guidelines for Americans*, 2nd edition. Washington, DC: U.S. Department of Health and Human Services.

<sup>33</sup> Duncan, D. T., Sharifi, M., Melly, S. J., Marshall, R., Sequist, T. D., Rifas-Shiman, S. L., & Taveras, E. M. (2014). Characteristics of walkable built environments and BMI z-scores in children: evidence from a large electronic health record database. *Environmental Health Perspectives*, 122, 1359-1365; Available at <http://dx.doi.org/10.1289/ehp.1307704>

<sup>34</sup> Wilson, L. A., Giles-Corti, B., Burton, N. W., et al. (2011). The association between objectively measured neighborhood features and walking in middle-aged adults. *American Journal of Health Promotion*, 25(4), e12-21.

<sup>35</sup> *Streetscaping* includes improving traffic management and adding landscaping, sidewalks, building fronts, and street amenities, such as garbage cans and benches.

<sup>36</sup> County Health Rankings. (2017, November 16). *Complete Streets & streetscape design initiatives*. Available at <http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/complete-streets-streetscape-design-initiatives>

- Retrofitting existing roads or integrating improvements as new roads are designed.<sup>37</sup>

### Implementation

Successful implementation once a policy is passed includes:

- Ensuring relevant procedures, plans, regulations, and other processes are revised, reflecting the new policy.
- Increasing awareness and support for the policy and its purpose.
- Collecting data to measure the influence of the policy.<sup>38</sup>

The streetscape design improvements that are implemented in communities should be based on the best available evidence and align with local needs and priorities. Many resources, toolkits, and training and evaluation tools are available publicly for the implementation of Complete Streets. Several examples include:

- A Complete Streets approach integrates people and place in the planning, design, construction, operation, and maintenance of transportation networks. This helps to ensure streets are safe for people of all ages and abilities, balance the needs of different modes, and support local land uses, economies, cultures, and natural environments. As of 2020, over 1,600 Complete Streets policies were adopted at the local, regional, and state level, including those adopted by 35 state governments, the Commonwealth of Puerto Rico, and the District of Columbia. Smart Growth America’s National Complete Streets Coalition offers toolkits, training, and TA.<sup>38</sup>
- The Robert Wood Johnson Foundation offers guidance and support to local and state leaders nationwide in their efforts to promote healthy, active communities. Leadership for Healthy Communities authored the Action Strategies toolkit focused on active transportation, land use, parks and recreation, safety, and crime prevention, among other strategies.<sup>37</sup>
- The CDC offers a variety of resources related to healthy lifestyles, including a toolkit with guidance on 10 strategies, including street-scale and community-scale urban design and land-use policies, and transportation and travel policies and practices.<sup>39</sup>

## TCI Sites’ Work to Improve the Built Environment

TCI’s built environment work in communities ranged from planning to implementation over the four-year project period. Four TCI communities (Hartford, Conn.; Springfield, Mass.; Syracuse, N.Y.; and Trenton, N.J.) focused their resources and expanded their work to improve the built environment over time. Sites used their TCI resources to leverage \$4.81 million in match funding to support built environment efforts, and each took different approaches to the work. Three of the four communities supported the implementation of Complete Streets measures, and one worked to establish community

<sup>37</sup> Leadership for Healthy Communities. (2009). Action strategies toolkit: A guide for local and state leaders working to create healthy communities and prevent childhood obesity. Princeton, NJ: Robert Wood Johnson Foundation.

<sup>38</sup> Smart Growth America and National Complete Streets Coalition. (2013, April). *The best Complete Streets policies of 2012*. Available at <https://www.smartgrowthamerica.org/app/legacy/documents/cs-2012-policy-analysis.pdf>

<sup>39</sup> Centers for Disease Control and Prevention. (2011). *Strategies to prevent obesity and other chronic diseases: The CDC guide to strategies to increase physical activity in the community*. Atlanta, GA: U.S. Department of Health and Human Services.

spaces to support wellness.<sup>40</sup> There were two communities (Fresno, Calif., and Maywood, Ill.) that explored built environment strategies during Year 1 and Year 2, and chose to focus resources on other strategies. Table 20 summarizes the TCI work across sites, including the role and contribution of TCI, focus of the work, and estimated reach (number of people estimated to benefit from work).

These communities:

- Completed studies or plans to guide and inform their built environment work. Sites worked with consultants and architects to assess the feasibility and demand for projects and offered plans to guide implementation to regulators and governing agencies, funders, and partners.
- Facilitated or participated in local and municipal committees that informed decisions about the built environment, with five TCI communities adopting or embedding some measure of Complete Streets principles into the municipal decision-making structure in a way that will improve the built environment in the future.
- Supported fundraising for built environment projects. Once a policy is passed, progress can stall for a variety of reasons. Financing is one common reason that Complete Streets policies do not get implemented. Investments in the built environment are usually large investments. TCI communities have supported the fundraising efforts required to implement Complete Streets policies in their communities.
- Focused efforts on improving bicycle infrastructure. Three of the four communities focused part of their efforts on increasing bicycle infrastructure and resources. Well Being 360 advocated for the completion of a bike plan, THT supported bicycle advocacy groups to increase awareness and use of local trails, and Live Well Springfield advocated for bicycle infrastructure.
- Supported environmental changes to increase opportunities for exercise. TCI Syracuse and THT both worked on activating community space to increase physical activity.

#### Highlights

- Local governments have adopted Complete Streets principles in four TCI cities (Boise, Idaho; Hartford, Conn.; Springfield, Mass.; and Trenton, N.J.).
- Since the beginning of TCI, sites have raised approximately **\$4.81 million\*** to support built environment projects, with more than **75%** raised by TCI Syracuse.
- Built environment strategies reached an estimated **188,519** people.

*\*Sum of match contributions earmarked specifically for built environment projects across all TCI sites.*

The following tables summarize the cross-site work of TCI communities related to the built environment:

- Table 20 summarizes communities' objectives for PSE change in the built environment, the estimated number of people that benefited (from the documents reviewed for this report), and progress and accomplishments in improving the built environment during TCI.
- Table 21 presents the primary strategies across TCI communities that impacted the built environment.

This section concludes with cross-site findings and insights.

<sup>40</sup> Many TCI communities also worked simultaneously on SRTS, which was part of the school wellness work. From Year 2 to Year 3 there were two communities that shifted their built environment investments to focus more on SRTS (see the TCI Progress in School Wellness section for more detail). FCHIP's index was completed in Year 2, and there were no further investments in the built environment planned for TCI.

Table 20. TCI Communities' Work in the Built Environment

Site	PSE Objective	Focus of the Work	Years	Summary	TCI Role*	How Likely Was This Progress Without TCI? **	Estimated Population Reach***
Live Well Springfield	Support Complete Streets implementation	Policy passage and implementation Infrastructure	1-4	Pioneer Valley Planning Commission along with other TCI partners and residents advocated for Complete Streets policy implementation in target neighborhoods and helped the city secure more than \$800,000 to implement Complete Streets and Safe Routes to School improvements.	Facilitator	Somewhat likely	9,066 (100% of students living in a priority neighborhood or attending a priority school)
TCI Syracuse	Create community wellness spaces	Infrastructure Implementation Programming	1-4	TCI Syracuse facilitated the development of two community spaces that encourage physical activity, Women's Wellness Center and Performance Park, funded by \$1.35 million in private funding.	Supporter	Somewhat likely	29,006 residents (15,807 residents living within 1 mile of Performance Park and 13,199 women living within 1 mile of the Northside Women's Wellness Center)
Trenton Health Team	Support Complete Streets implementation, make streets accessible to everyone	Policy advocacy Programming	2-4	TCI funded an existing conditions survey with Rutgers University' Voorhees Transportation Center — key for grant applications and planning. THT convened the Complete Streets Steering Committee with municipal leaders and community organizations. THT also funded tactical urbanism projects at two key intersections, Artworks to revitalize a key pedestrian corridor, and advocated for statewide policy for the installation of public art along NJDOT roadways and structures.	Driver, Capacity-builder, and Supporter	Not likely	1,287 pedestrians, students, and motorists (tactical urbanism projects)

Site	PSE Objective	Focus of the Work	Years	Summary	TCI Role*	How Likely Was This Progress Without TCI? **	Estimated Population Reach***
Well Being 360	Support Complete Streets implementation	Policy implementation	2-4	NHTAC supported the Complete Streets Task Force’s collaborative work — through contributing program director time and expertise.	Supporter	Very likely	The city of Hartford (125,000 people between 15 and 65 years of age)
PP4H	Park quality and safety	Policy adoption Programming	1	The Adopt-A-Park strategy — intended to increase opportunities for physical activity — was met with low community interest. Community residents viewed parks as unsafe and prioritized community safety. PP4H changed the strategy to promoting safe passage to schools (see school wellness section). The Maywood Park District is now leading the Adopt-a-Park strategy.	Driver	Not likely	24,160 Maywood residents
Promise Partnerships	Develop a comprehensive Bicycle and Pedestrian plan for the City of Caldwell planning department	Policy adoption	3-4	Vitruvian Planning provided recommendations to the city of Caldwell through a Complete Streets evaluation and updated Caldwell’s bike and pedestrian plan. The city of Caldwell adopted the local street design guidelines that were recommended by the Caldwell Complete Streets evaluation, and the Caldwell comprehensive plan was adopted in 2018.	Driver	Not likely	46,000 Caldwell residents
<p>* Program directors reported the type of role TCI played in their built environment work. Categories are described in detail <a href="#">here</a>.</p> <p>** To reflect the level of contribution of TCI to progress, program directors answered the following question about their built environment work: How likely is it that your community would have made the <i>same amount</i> of progress in this strategy if TCI funding or support was not available? (Not likely, somewhat likely, very likely)</p> <p>*** Population estimates are taken directly from sites’ reporting of the overall reach of their built environment strategies.</p>							

Table 21. PSE Strategies for the Built Environment

Built Environment Strategies Supported by TCI*	Live Well Springfield	TCI Syracuse	Trenton Health Team	Well Being 360	PP4H	Promise Partnerships
<b>Engage or train policymakers</b> <i>Advocacy days, meetings, and active engagement of decision-makers. Planning and activities to educate and facilitate discussions with policymakers related to infrastructure improvements.</i>	✓		✓		✓	✓
<b>Conduct assessments</b> <i>Efforts to study and better understand the problem or the solution (e.g., feasibility study, market assessment, walk audits, etc.)</i>	✓	✓	✓		✓	✓
<b>Engage or train community members</b> <i>Work with community members and stakeholders to raise awareness of and advocate for built environment efforts, which may include town halls, workshops, advocate training, demonstration projects, letter-writing campaigns, social media, and other events.</i>	✓	✓	✓	✓	✓	✓
<b>Build or strengthen partnerships</b> <i>Relationships developed and fostered with organizations outside of TCI to strengthen the work of TCI-funded coalitions and hubs</i>	✓	✓	✓	✓	✓	✓
<b>Fundraising</b> <i>Efforts to secure funding to improve the built environment, which may include grant writing, providing a letter of support, securing a loan, etc.</i>	✓	✓	✓	✓		✓
<b>Engage committees or workgroups</b> <i>Establishing, leading, or participating in a workgroup or committee that makes decisions about the built environment work</i>	✓		✓	✓	✓	
<b>Improve infrastructure</b> <i>Efforts undertaken by sites to improve city or neighborhood infrastructure</i>	✓	✓	✓	✓		
<b>Used TCI technical assistance (TA)</b> <i>Assistance provided by TCI national TA providers, primarily focused on community engagement and policy analysis</i>	✓		✓	✓	✓	

\*Healthy Montgomery and FCHIP did not focus on built environment strategies except for Safe Routes to School in the case of Healthy Montgomery (covered in school wellness).

## Cross-Site Findings and Insights

PSE efforts related to the built environment focused on advocating for the implementation of municipal and state codes and statutes, securing funding for projects, and improving walking and biking infrastructure in TCI communities.

Once a Complete Streets policy was adopted, implementation required continued engagement and observation to ensure the policy was incorporated into the planning and development of municipal projects. Not all communities had the level of funding required to effectively implement Complete Streets principles. Not all communities had the capacity — people power, expertise, employee buy-in, etc. — to incorporate Complete Streets principles into their municipal construction and roadway projects. Without these elements, a passed policy may never have influenced outcomes because it was not able to be implemented.

TCl sites supported implementation efforts by collaborating with elected officials, planning experts, and government staff and establishing themselves as a supportive resource. During the grant period, TCl sites found:

- Increased coordination through workgroups and open lines of communication led sites to be more effective.
- Permitting processes impact the pace of built environment projects.
- Because sites invested in building relationships with elected officials, planning experts, and governmental officials, when there was turnover in a position, the pace of the work changed drastically at times. One site experienced an acceleration of their built environment work after an election replaced many elected officials, and another site experienced a stall in the built environment work when a city official transitioned to another job and the position was vacant for a period of time.

#### **The Value of Collaboration and Buy-In**

THT convened the Trenton Complete Streets Steering Committee, which quickly gained the attention (and active participation) of representatives of the Department of Public Works, Division of Planning, City Engineer as well as numerous organizations and individuals concerned with traffic, cyclist, and pedestrian safety and wayfinding signage. By the end of TCl, the city:

- Was able to secure state and federal funding to launch four major road projects, each of which was guided by Complete Streets principles as appropriate
- Merged efforts to install appropriate differently abled access ramps at all city street intersections
- Issued guidelines for approving traffic-calming techniques, which requires active engagement of affected residents

Engaging community members and identifying local champions were integral to built environment efforts:

- Training residents to advocate for Complete Streets and infrastructure improvements in their communities (1) provided a reporting mechanism for problem areas and (2) proved valuable and meaningful to officials in their efforts to secure buy-in, resources, and approval from other officials and agencies.
- The input of community members continuously informed strategy selection and project design and increased the success and sustainability of built environment projects.
- Local champions were effective at increasing resources, securing necessary approvals, and problem-solving.
- Changing the built environment requires a significant investment of time and resources, and sites found that it was necessary to manage the commitment and expectations of funders, partners, and advocates.

#### **Built Environment Improvements for Residents by Residents**

TCl Syracuse established a comprehensive approach to codesigning their local wellness spaces in partnership with residents from the communities where they were located:

- Kitchen table talks informed the design and programming of Performance Park.
- Design charrettes were facilitated with women to develop the Northside Wellness Space. One partner noted that “Getting input on the Wellness Center from the community, and really building that idea from the ground up, has influenced lots of partners in Syracuse to do community engagement in a deeper way.”

By the end of TCl, the long-awaited construction of Performance Park was completed in the Near Westside, and the Women’s Wellness Center obtained additional funding to sustain operations for the first three years and finalized the design and permitting process for construction in the Northside.

Local pivotal events, such as death or violence, influenced the pace of the work:

- The Complete Streets work in one site was accelerated by the death of an individual in a crosswalk; whereas the work in another site was slowed due to gun violence at an annual event.

As TCI ends, most communities are supporting implementation or evaluation of the built environment work. While the policies that have been passed are durable by nature, much of the improvements in the built environment that have occurred during implementation have required relationship building, oversight, and securing buy-in from authorities that are responsible for implementing those policies.

As such, it remains important for sites to continue supporting the implementation of Complete Streets principles. It is equally important to clearly define performance measures that support sustainability and continue to inform decision-making and project prioritization. The TCI evaluation was not designed to measure change in behavior as a result of built environment strategies. There is not a “one size fits all” measure or metric related to bicycle and pedestrian travel. The measure should align with (1) the site’s objectives and strategies, (2) the reason for measurement, and (3) the capacity for measurement.<sup>41</sup>

#### **Planning for Sustainability**

- Live Well Springfield’s work to improve the built environment through TCI was notable in many ways, and they were able to secure three grants that will leverage TCI accomplishments and continue the Complete Streets work past the end of the TCI grant period. While the population focus has shifted from youth to seniors and other-abled persons, the approach and strategies remain largely the same.

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<sup>41</sup> Federal Highway Administration, Office of Human Environment. (2016). *Guidebook for developing pedestrian and bicycle performance measures*. Washington, DC: U.S. Department of Transportation.



# TCI IMPACT IN COMMUNITY FOOD ACCESS

## Background: Community Food Access and Impact on Health

Poor nutrition is one of the leading causes of the obesity epidemic. In the United States in 2018, 11.1% of households (15 million) had difficulty at some time during the year providing enough food for all their members due to a lack of resources.<sup>42</sup> Efforts to increase access to healthy nutrition in communities can contribute to strengthened local and regional food systems; increased access to fruits and vegetables; increased fruit and vegetable consumption in low-income communities, including among children and diabetics; improved dietary choices; and prevented and reduced obesity.<sup>43</sup>

### Highlights

- Efforts to address access to healthy nutrition in the community are related to increases in access to and consumption of fruits and vegetables.
- Implementing model practices supported by research, including establishing farmers markets, community gardens, healthy food in convenience stores, and fruit and vegetable taste testing, positively impacts fruit and vegetable consumption.

### Policy

Environmental and policy interventions may be among the most effective strategies for creating populationwide improvements in eating.<sup>44</sup> Many efforts to increase access to healthy nutrition in communities can be supported by municipal zoning policies and state legislation. For example:

- Adopting zoning policies and ordinances that allow and encourage agricultural practices (e.g., community gardens, public land use and sharing, edible landscape, growing produce, raising bees or chickens, etc.); and
- Working with municipal and state departments to identify and remove barriers such as cumbersome permitting processes, high water usage rates, and regulations related to food recovery.

### Implementation

Research shows that policy change efforts are most effective as part of multicomponent interventions that may include other elements like demonstrations, education, incentives, and referral or navigation support.<sup>45</sup> There is evidence to support a variety of interventions, including:

- Increasing access to healthy food in communities.
- Offering educational information and active demonstration, such as fruit and vegetable taste testing.

<sup>42</sup> Coleman-Jensen, A., Rabbitt, M. P., Gregory, C. A., & Singh, A. (2019, September). *Household food security in the United States in 2018*. U.S. Department of Agriculture. Available at <https://www.ers.usda.gov/publications/pub-details/?pubid=94848>

<sup>43</sup> Bell, J., Mora, G., Hagan, E., Rubin, V., & Karpyn, A. (2013). *Access to healthy food and why it matters: A review of the research*. Philadelphia: The Food Trust. Available at [http://thefoodtrust.org/uploads/media\\_items/access-to-healthy-food.original.pdf](http://thefoodtrust.org/uploads/media_items/access-to-healthy-food.original.pdf)

<sup>44</sup> Story, M., Kaphingst, K. M., Robinson-O'Brien, R., & Glanz, K. (2008, April). Creating healthy food and eating environments: Policy and environmental approaches. *Annual Review of Public Health, 29*, 253-272. Available at <https://doi.org/10.1146/annurev.publhealth.29.020907.090926>

<sup>45</sup> Mikkelsen, B. E., Novotny, R., & Gittelsohn, J. (2016, October). Multi-level, multi-component approaches to community based interventions for healthy living — A three case comparison. *International Journal of Environmental Research and Public Health*. Available at <https://doi.org/10.3390/ijerph13101023>

The practices to increase food access in communities should be based on the best available evidence and align with local needs and priorities. Many resources, toolkits, and training and evaluation tools are available publicly for the implementation of different strategies. Several examples include:

- **Establish and support community gardens.** Local governments, nonprofits, and communities may support gardens — land that is gardened or cultivated by community members — through community land trusts, gardening education, distribution of seedlings and other materials, zoning regulation changes, or service provision such as water supply or waste disposal. There is evidence that community gardens increase access to and consumption of fruits and vegetables. Toolkits are widely available and offer guides that cover topics ranging from initial planning to management of a community garden.<sup>46</sup> Some toolkits offer templates and sample documents (e.g., policies, forms, letters, and checklists).<sup>47</sup>
- **Farmers markets.** Farmers markets usually sell fresh fruits and vegetables, though meat, dairy, grains, prepared foods, and other items may also be available. Most farmers markets are organized and operated by community organizations, public agencies, or public-private collaborations with volunteer support. There is evidence that farmers markets increase access to fruits and vegetables.<sup>48</sup>
- **Healthy food in convenience stores.** Multicomponent corner store interventions that include changes to food provision (e.g., increasing produce availability, reducing availability of unhealthy foods), infrastructure (e.g., adding or increasing refrigeration, adding produce displays, moving unhealthy foods to the back of the store), and communication (e.g., point-of-purchase signs, educational flyers, promotional giveaways) have shown consistent improvements in the availability and sale of healthy foods as well as consumer knowledge about healthy eating, especially in food deserts and low-income urban and rural communities.<sup>49</sup>
- **Fruit and vegetable-taste testing:** Taste-testing opportunities are usually offered as part of a multicomponent intervention, and there is some evidence that taste tests increase fruit and vegetable consumption among children, adolescents, and adults.<sup>50</sup>
- **Food recovery and reducing food waste:** Recovering food that would otherwise be thrown away can help feed hungry people and reduce food insecurity. The most common types of food recovery are field gleaning — collecting extra crops from farms; perishable food rescue or salvage — collecting produce from wholesale or retail; food rescue — of prepared foods from food service; and nonperishable food collection — foods with long shelf lives.<sup>51,52</sup>
- **Food prescription programs:** In fruit and vegetable prescription programs such as VeggieRx and farmers market prescriptions, clinics prescribe patients coupons to purchase produce at

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<sup>46</sup> County Health Rankings. (2017, November 2). *Community gardens*. Available at <http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/community-gardens>

<sup>47</sup> ChangeLab Solutions. (2019). *Digging in: local policies to support urban agriculture*. Available at <https://www.changelabsolutions.org/product/digging>

<sup>48</sup> County Health Rankings. (2018, February 16). *Farmers markets*. Available at <http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/farmers-markets>

<sup>49</sup> County Health Rankings. (2015, June 11). *Healthy food in convenience stores*. Available at <http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/healthy-food-in-convenience-stores>

<sup>50</sup> County Health Rankings. (2014, January 8). *Fruit & vegetable taste testing*. Available at <http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/fruit-vegetable-taste-testing>

<sup>51</sup> U.S. Department of Agriculture. (2019). Food loss and waste. Available at <https://www.usda.gov/foodlossandwaste>.

<sup>52</sup> Missouri Department of Health and Senior Services. (2019) Definitions and services: food recovery. Available at <https://health.mo.gov/living/wellness/nutrition/foodprograms/foodrecovery/definitionservices.php>

local markets. The coupons are sometimes accompanied by nutrition education. These programs have been shown to increase food security and produce consumption and help patients decrease their weight.<sup>53,54</sup>

## TCI Sites' Work in Community Food Access

During the course of the project, six TCI sites worked to address food access using community-based strategies to increase the availability of and access to healthy produce; to raise awareness about how to acquire, prepare, and consume healthy foods; and to convene key stakeholders around the food system.<sup>55</sup> TCI communities employed promising practices such as food reclamation, food prescription programs, farmers markets, and food retail. The strategies, and specific ways of rolling out strategies, are unique to the local context, partnerships, and capacity. All of the sites worked on systems and environmental changes; Trenton Health Team also worked on a state-level sugar-sweetened beverage policy. Table 22 presents the primary strategies across TCI communities impacting community food access.

Table 22. PSE Strategies for Community Food Access

Community Food Access Strategies Supported By TCI*	FCHIP	Healthy Montgomery	Proviso Partners For Health	TCI Syracuse	Trenton Health Team	Well Being 360
<b>Support urban agriculture</b> <i>Community gardens, greenhouses, and farms. Includes storage and distribution of farm produce.</i>	√		√			
<b>Farm stands or farmers markets</b> <i>Support for direct-to-consumer sales of farmed goods</i>			√		√	√
<b>Health care and food system partnerships</b> <i>Includes screening for food security, referrals for assistance, produce prescription programs, and Food is Medicine</i>		√	√		√	
<b>Improve the coordination of food distribution</b> <i>Includes assessment and planning, food recovery and gleaning, procurement, etc.</i>	√	√	√			
<b>Convene partners to improve the accessibility of food</b> <i>Includes assistance resources and food system stakeholders</i>		√	√	√	√	√
<b>Food retail</b> <i>Includes new retail, assessments, and direct TA on procurement, product placements, and advertisements</i>				√		√
<b>Advocate for state-level sugar-sweetened beverage policy</b>					√	
<b>Data and resource system development</b> <i>To track indicators of need, access, and resources</i>		√				
<b>Nutrition education and cooking classes</b>	√		√		√	√

\*Promise Partnerships and Live Well Springfield did not have strategies on community food access, so these sites are not included above. Live Well Springfield's work in food access was focused on schools and is included in the school wellness section.

<sup>53</sup> Ridberg, R. A., Bell, J. F., Merritt, K. E., Harris, D. M., Young, H. M., & Tancredi, D. J. (2019) Effect of a fruit and vegetable prescription program on children's fruit and vegetable consumption. *Preventing Chronic Disease*, 16, 180555. Available at <http://dx.doi.org/10.5888/pcd16.180555external icon>

<sup>54</sup> County Health Rankings. (2018, May 31). *Nutrition Prescriptions*. Available at <https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/nutrition-prescriptions>

<sup>55</sup> Many TCI communities also worked simultaneously on school-based food access strategies, which were part of the school wellness work (see the TCI Progress in School Wellness section for more detail).

Table 23 summarizes communities' accomplishments on PSE change in community food access and the estimated number of people to benefit (from the documents reviewed for this report). TCI played a variety of roles in the food access work. Healthy Montgomery, PP4H, the Trenton Health Team, and Well Being 360 were all drivers of this work and played a key role in implementing their strategy efforts. The Trenton Health Team, Well Being 360, and FCHIP worked to build capacity in the food access domain. TCI Syracuse played a supporting role in the form of funding and technical assistance. For many sites, their food access work built off existing projects and relationships, and sites indicated that progress was likely without TCI, but that TCI resources helped to accelerate this effort. In Trenton, progress in food access would not have been likely without TCI resources.

Table 23. TCI Communities' Work in Community Food Access

Site	Years	Policy, Systems, or Environment Focus	Summary	TCI Role <sup>†</sup>	How Likely Was This Progress Without TCI? <sup>‡</sup>	Reach
FCHIP	3-4	Systems change: food disposal and recovery  Environmental change: urban agriculture	<ul style="list-style-type: none"> <li>The Food to Share program increased food recovery sites from 13 to 36 and food distribution sites from 43 to 49, and redistributed a total of 1.2 million pounds of food during the TCI grant period.</li> <li>The community garden hosted three trainings; had 84 fruit-bearing trees, shrubs, or vines planted; and was home to 14 active farmers.</li> <li>Cooking Matters classes increased fruit and vegetable consumption and confidence in budgeting and cooking healthy meals among the majority of 159 participants in 15 classes.</li> </ul>	Capacity builder  Supporter	Very likely	2,450 people on average weekly benefited from Food to Share.  Community garden — 1,138 people, and Cooking Matters — 159 people
Healthy Montgomery	2-4	Systems change: food security screening and referrals  Systems change: partner and resource coordination	<ul style="list-style-type: none"> <li>The Montgomery County Food Council (MCFC) used TCI resources to develop and implement a five-year Food Security Plan. Over 30 food assistance providers and 100 community partners convened to network and share knowledge and resources. The council hired a full-time manager and developed a community advisory board with 13 residents who help inform their work.</li> <li>MCFC created and maintains FoodStat and the county food assistance directory to incorporate new resources and partners.</li> <li>The Primary Care Coalition implemented the Food is Medicine program to integrate food insecurity screening into routine clinical care and to refer patients to food assistance. The Food is Medicine program screened 3,453 patients for food insecurity and connected around 2,500 families with food assistance.</li> </ul>	Driver	Very likely	3,453 patients screened as part of Food is Medicine program  83,700* residents impacted by food security plan
Proviso Partners for Health	1-4	Environmental change: urban agriculture	<ul style="list-style-type: none"> <li>The Giving Garden produced 8,724 pounds of produce since its inception in 2015 and sold 926 pounds at low-cost farm stands in Maywood. An additional 13,174 pounds of produce (valued at \$24,004), harvested from the Giving Garden and</li> </ul>	Driver	Somewhat likely	11,946 residents**

Site	Years	Policy, Systems, or Environment Focus	Summary	TCI Role <sup>†</sup>	How Likely Was This Progress Without TCI? <sup>‡</sup>	Reach
		Systems change: partner coordination; food prescriptions	<p>partner farms, was donated to community partners since 2016.</p> <ul style="list-style-type: none"> <li>The Food Justice hub partners developed a memorandum of agreement with the parks department to use their kitchen and refrigerator space to store garden produce.</li> <li>The hub also partnered with Windy City Harvest and the Loyola Health Center to run two VeggieRx programs that distributed 395 bags of produce to 111 people.</li> </ul>			
TCI Syracuse	1-4	<p>Environmental change: food retail best practices</p> <p>Systems change: partner coordination</p>	<ul style="list-style-type: none"> <li>The Onondaga County Health Department engaged 12 corner stores to offer and promote healthy options, and painted one mural to promote healthy food outside a corner store. Stores that received TA as part of the program showed an increase in produce available, healthier ads, and healthier foods near the checkout counter.</li> <li>TCI partners convened stakeholders and supported the establishment of the Syracuse-Onondaga County food policy council, developed a website, and created and maintained a map of Emergency Food Distribution sites. 464,140 Onondaga county residents have the potential to benefit from food policy council work</li> </ul>	Supporter	Somewhat likely	99,727*** people within a one mile radius of stores
Trenton Health Team	2-4	<p>Systems change: convene partners</p> <p>Policy change: sugar-sweetened beverages</p>	<ul style="list-style-type: none"> <li>THT convened cross-sector partners to address food system needs, supported a summer farmers market reaching 232 customers, and created seven videos for a social media campaign on limiting sugar-sweetened beverage consumption.</li> </ul>	<p>Capacity builder</p> <p>Driver</p> <p>Facilitator</p>	Not likely	Farm stand: estimated 232 customers

Site	Years	Policy, Systems, or Environment Focus	Summary	TCI Role <sup>†</sup>	How Likely Was This Progress Without TCI? <sup>‡</sup>	Reach
Well Being 360	2-4	Environmental change: food retail	<ul style="list-style-type: none"> <li>The Healthy Hartford Hub will bring a critically needed full-service grocery store to the North End of Hartford. NHTAC participates on the steering committee and has provided financial and capacity-building support to the 20-member Community Advisory Task Force. This development will positively impact the nearly 48,000 residents of North Hartford.</li> <li>TCI funds were used to support the North End Farmers Market and Cooking Matters classes, reaching an estimated 6,000 residents (including approximately 350 program participants).</li> </ul>	Capacity Builder	Somewhat likely	48,000 residents
				Driver	Not likely	6,000 residents****

<sup>†</sup> Program directors reported the type of role TCI played in their food access work. Categories are described in detail [here](#).

<sup>‡</sup> To reflect the level of contribution of TCI to progress, program directors answered the following question about their food access strategies: How likely is it that your community would have made the **same amount** of progress in this strategy if TCI funding or support was not available? (Not likely, somewhat likely, very likely)

\*Represents county population who are food-insecure; 8% of the county population.

\*\*Reflects 30% of the population within 1 mile of a Proviso Partners for Health-supported farm stand.

\*\*\*This includes 3,548 students attending schools within 1,000 feet of all corner stores.

\*\*\*\* This is a duplicated count of visitors to the North End Farmers Market and includes participants in the Cooking Matters classes

## Cross-Site Themes and Insights on Community Food Access

In community food access, sites primarily worked on implementing systems and environmental changes, sometimes combining targeted programming to reach community members with greater need. This work provided food-insecure families, including immigrant populations, with increased access to fresh produce and food and nutrition services. In addition to increasing access to healthy foods, work in this area also built new strategic partnerships, created opportunities for community building and education, and provided a base for partners to expand work and leverage additional funding.

### Strategic Partnerships

Healthy Montgomery, PP4H, and the Trenton Health Team partnered with health care organizations and fostered links between health care and community organizations for referrals to programs such as VeggieRx, Food is Medicine, and farmers market prescription programs. Partnerships between health care and food service providers can help reach people who are experiencing food insecurity and connect those people to food distribution services.

In Fresno and Maywood, TCI partners developed and leveraged partnerships with local parks departments and churches to use kitchen space to store and prepare food from their urban farms.

Food (policy) councils are facilitating connections between diverse partners and provide a forum for resource- and data-sharing among partners. For example:

- TCI Syracuse supported the establishment of the Syracuse-Onondaga County food policy council, which facilitates cross-sector collaboration to address food-related issues in Central New York.
- In Montgomery County, TCI helped develop and launch a searchable resource directory to help organizations find partners and resources. Because of TCI, the Montgomery County Food Council garnered \$500,000 from the business community to support this initiative for the next three years.
- PP4H is a part of the Cook County Good Food Purchasing Program Task Force and advises on policy implementation (policy passed 2018).

### **Highlight: Screening and Referral, Montgomery County, Md.**

The Primary Care Coalition (PCC) of Montgomery County established the Food is Medicine program to conduct food security screening with patients in local safety net health systems and refer them to food assistance resources. The program screened and referred over **3,500** patients, and **71%** of referrals were successfully connected to food assistance.

- PCC conducted focus groups with food assistance beneficiaries to better understand how people use the food assistance system and their experiences.
- PCC implemented screening and referral processes with six clinics, and the Care for Kids system (low-income child health coverage).
- In partnership with the school district, PCC implemented a screen-and-intervene process at school-based health centers. The health centers incorporate a food access questionnaire into their well child visits and electronic medical records.

### Community Building and Education

Gardens and urban agriculture not only increased access to produce in food deserts and resource-poor areas, but also created educational and community-building opportunities:



- In Maywood, the Giving Garden was the setting for an Urban Agriculture Internship that has trained over 90 youth in urban agriculture and entrepreneurial skills, and the garden is also a space for residents to connect through free gardening workshops and volunteer days.
- In Fresno, 19 resident gardeners who might not have otherwise connected have taken ownership to engage others and build a garden community. The farm provides a green space and walking paths for the neighborhood and serves as a site for gardening workshops and trainings.

#### Leverage for New Projects

Sites are building off their TCI food access work to expand and seek new funding for food security projects:

- In Syracuse, the food policy council secured \$25,000 from the Onondaga County Agriculture Council and is pursuing other grant opportunities.
- Healthy Montgomery partner PCC was asked to expand their successful Food is Medicine screening and referral program into the neighboring county.
- The Trenton Food Stakeholders worked to identify and assess food access issues and submitted five grant applications to help support their strategies.

#### **Highlight: Shared Use Agreements in Maywood, Ill.**

- PP4H negotiated a land use agreement with a community recycling and material reuse facility to permit year-round growing and production of vegetables at PP4H's Giving Garden.
- PP4H also negotiated a shared facility use agreement with the Maywood Park District to permit the processing and storage of Giving Garden produce.
- These land use and shared use agreements have increased the capacity of the Giving Garden to grow, harvest, and deliver produce and expand Maywood's access to healthy produce, while also promoting a more robust community infrastructure to deliver PP4H programs in the community.
- With no operational space of its own, PP4H can engage a broader population and sustain its physical presence in the Maywood community through these shared use agreements.

# TCI IMPACT IN ECONOMIC DEVELOPMENT AND COMMUNITY CAPACITY-BUILDING

Two sites — PP4H and FCHIP — worked on community capacity-building goals during the TCI grant period. Over time, Trinity Health recognized that sites might not be ready to, or have prioritized as a need, PSE work in tobacco use or childhood obesity. Trinity Health shifted to support several sites' use of TCI resources to develop the local economy and build community capacity for longer-term impact. As a result, these investments increased the resilience in communities as they responded to the global pandemic at the end of TCI. FCHIP employed its community engagement network, built through the CHNA process, to assess and meet emerging community needs. PP4H's investment in social enterprises and business development in Proviso Township became more valuable as an alternate path for addressing unemployment as rates increased due to mandatory business closures resulting from the pandemic.

## PP4H's Work in Community Economic Development and Leadership Capacity

The PP4H Community Leadership Academy (CLA), supported by TCI, offered residents with lived experience of racial and economic inequities the opportunity to develop their leadership skills and learn innovative strategies for sustainable community transformation and economic development. The coalition also recognized a need for economic opportunities and, with the support of TCI, worked with partners to promote social enterprises and develop businesses in Proviso Township.

### Building Community Leaders

CLA introduced the foundations of PP4H and coached potential partners on their model of racial and economic equity.

PP4H worked with partners to empower resident leaders through the CLA, incorporating community engagement, capacity-building, training, and curriculum development.

The CLA developed three unique tracks that coached residents on PSE leadership, evaluation, and business and social enterprise development.

### Highlights:

- **943** residents were coached in PSE leadership
- Five social enterprises connected with **20** potential institutional clients
- Three social enterprises incorporated as businesses

### Supporting Social Enterprises and Business Development

Recognizing the need for economic opportunities for their community, in years 2 and 3, New Hope Rising served as the primary partner in PP4H's efforts to promote social enterprises<sup>56</sup> and develop businesses in Proviso Township. This work included:

- Connecting social enterprises in Proviso with potential local institutional and CLA business track participants to small-business lenders.
- Contributing to statewide advocacy for policies supporting worker-owned cooperatives.

<sup>56</sup> *Social enterprises* are "organizations that address a basic unmet need or solve a social or environmental problem through a market-driven approach," generally through employing people who experience barriers to mainstream employment, through creating innovative products or services that have social or environmental impact, or through contributing a portion of profits back to support basic community needs.

- Exploring a project-based live-work arts development in Maywood by commissioning a feasibility study, convening a community steering committee, and completing focus groups with artists and residents.
- Collaborating with residents to establish a Maywood-Proviso Arts Council.

Coalition-led efforts in years 3 and 4 focused on equitable economic development and local wealth creation, encompassing local entrepreneurship, a local arts economy, and the local food economy in Maywood. Much of this effort was focused on Maywood’s inequitable tax structure, which has been a significant barrier to economic development and developing a coalition-led people, place, and power model for equitable economic development based on community visioning discussions.

## FCHIP’s Work in Trauma and Resilience and Community Needs Assessments

### Increasing Knowledge and Skills in Trauma-Informed Practices

FCHIP partnered with Every Neighborhood Partnership, other community-based organizations, local school districts, and the police chaplaincy through the Trauma and Resilience Network workgroup to increase the capacity of organizations to create trauma-informed environments through trainings and coaching. The trauma and resilience work focused on Community Resilience Initiative (CRI)<sup>57</sup> trainings to create a trauma-informed community and a Stress Health Campaign.<sup>58</sup> During TCI, the FCHIP Trauma and Resilience Network:

- Aligned strategies to create trauma-informed communities in partnership with the CACHI cohort, the Cradle to Career Network, and many of FCHIP’s partners.
- Provided preliminary ACEs and trauma information presentations to 250 people (see footnote).
- Facilitated training and certification of three train-the-trainers for CRI’s courses. These trainers are now training and certifying groups of people and entire organizations in one or both of CRI’s first two courses.
- Completed 73 CRI trainings with 815 people trained and certified.
  - Received funding from the Fresno County Department of Behavioral Health for the ACEs Connection Community Tracking system to track the steps organizations have taken toward becoming trauma-informed across 11 evidence-based milestones.
  - Supported collaboration with the Center for Youth Wellness in San Francisco to create a strategic plan on how to best implement the Stress Health Campaign for Fresno.
  - Hosted eight workshops that reached 550 participants to assess how ACEs and toxic stress

#### Highlights

- FCHIP held two trauma conferences.
- The certified trainer conducted **73** trainings with **815** participants.
- The needs assessment team involved **480** community participants in the needs assessment process.
- FCHIP surveyed more than **300** residents to inform COVID response efforts.

<sup>57</sup> A train-the-trainer approach to the Community Resilience Initiative’s Trauma-Informed Certification.

<sup>58</sup> A national ACEs movement being driven by pediatric clinicians, educators, parents, policymakers, and other child-serving professionals and advocates who are working to implement universal screening for adverse childhood experiences (ACEs), and treat the effects of toxic stress.

affect residents of Southwest Fresno, and listened to ideas, recommendations, and advice for how to best engage with the community and the potential contributions they could make to the Stress Health Campaign.

#### Conducting Community Health Needs Assessment and Improvement Plan

FCHIP partnered with Fresno Metro Ministry, Fresno State Central Valley Health Policy Institute (CVHPI), and a network of community-based organizations and agencies to conduct a CHNA and identify key priorities that would be the basis for a community-driven community health improvement plan (CHIP). The CHNA focused on identifying and addressing health needs and social influencers of health through deep community engagement, completing 38 focus groups and 49 key informant interviews that engaged 480 participants. FCHIP worked with these groups to identify the top health priorities and reported those priorities back to the community. Priorities included public transportation; income, jobs, and lack of stable economic opportunity; health care services — i.e., access to quality and affordable care, access to specialty care, and cultural humility and appropriate services in the health care system; air pollution; parks and safe public spaces; community engagement; affordable, quality housing; and access to healthy foods (listed in order of community priority).

In response to the emerging needs resulting from the pandemic, FCHIP conducted a community survey to assess residents' most urgent needs related to the pandemic and crisis response in Fresno. The survey gathered over 300 responses that have been used to inform local networks and leaders' collective COVID-response efforts.

## COVID-19 IMPACTS ON PSE WORK

In March 2020, the COVID-19 pandemic changed the focus and work of the TCI sites, as the partner organizations and the communities addressed the illnesses, the quarantine, and the economic pressures communities were facing. In response to the pandemic, the sites adapted their workplans and resource allocation to adjust to restrictions, including school and business closings, and to respond to increasing and changing needs in their communities. The changing environment brought on by the COVID-19 pandemic disrupted TCI work in some areas while accelerating work in other areas. Most notably, all TCI sites shifted resources and leveraged their partnerships to address food access and provide emergency food resources in their communities.

Stay-at-home orders and physical-distancing requirements halted face-to-face engagement, which interrupted sites' work in coalition building, community engagement, advocacy, and community data collection. While some community meetings and data-collection activities moved online, many sites paused or closed out this work. For most sites, work in domains such as tobacco control, the built environment, and safe routes to school slowed or were put on hold. Some organizations working on these projects pivoted to assist their TCI partners in addressing immediate community needs and connecting residents to key services.

As schools and childcare centers closed, TCI sites shifted their work to support the transition to online learning and to address food insecurity and basic needs among students and families. In Boise, partners shared resources for staying connected to students while teaching online, and Healthy Montgomery offered online wellness activities for students and teachers. Sites also provided teachers and administrators with connections to food pantries and other social service agencies that could provide emergency assistance to families in need. At many sites, including Boise, Montgomery County, Springfield, and Maywood, TCI partners and funds helped to provide direct food assistance to students and families through fruit and veggie boxes and meal pickup points. From March to June, Springfield Public Schools served over 1 million meals and partnered with Springfield Food Policy Council and other nonprofits to provide fresh fruits and vegetables, masks, toiletries, and other resources for families at the meal sites. In Maywood, Smart Routes employees were retrained to help coordinate the continued distribution and pickup of "Grab and Go Meals" for students.

The work to address food insecurity and basic needs extended beyond the schools. In Fresno, reallocated TCI funding provided food boxes, diapers, wipes, formula, and minigrants to families. Funds in Trenton were redeployed to support produce box distribution and produce pickup through free farm markets. Trenton, Healthy Montgomery, Springfield, and Syracuse partners played a critical role in organizing food assistance partners, identifying gaps in food access and information, communicating with the community about resources, and connecting underserved and immigrant populations to food assistance and other benefits.

"I think the collaborative partnerships that we had already been engaging in over the previous three and a half years really positioned us well to be able to respond and to respond quickly [to COVID-19]."

As noted in the [Economic Development section](#), the investments that TCI made in community engagement and economic development increased the resilience in several of the TCI communities as they responded to the global pandemic at the end of TCI. One such example was the way that FCHIP

employed their community engagement network, built through the CHNA process, to assess and meet emerging community needs.

Overall, the partner organizations that had collaborated through TCI were an integral and effective part of their communities' COVID-19 response. The partnerships and relationships that the sites built through TCI placed the partner organizations in a strong position to identify and support community needs during the crisis.

## SUSTAINABILITY OF TCI

Sustainability was a growing focus of sites' TCI work during the final year of TCI. The final Learning Institute focused on sustainability planning, and many sites had a sustainability planning focus in Year 5, which was not able to occur because of the global pandemic. For the sites that had developed and begun to implement their sustainability plans, some found themselves adjusting to shrinking budgets and shifting priorities of funders.

While some of the sites' sustainability plans and efforts were truncated at the end of the grant period, much of the work of TCI remains durable and sustainable by nature, including the investments made in capacity-building, infrastructure, relationship building, community engagement, and successful PSE changes:

- **Capacity-building and collaborative or coalition infrastructure.** Several sites either strengthened existing coalitions or built a coalition where one did not exist. Many of these coalitions continue to focus on and support policy, systems, and environmental change projects. One example of this is the work that the Western Idaho Community Health Collaborative (WICHC) (supported by Promise Partnerships and the Saint Alphonsus Health System) is doing to establish a local wellness fund to address social influencers of health throughout Western Idaho. For many of the strategies, the activities are now in the hands of those trained, educated, and informed by the work TCI produced, and that capacity-building has empowered communities to advocate for themselves, audit the safety of their streets, assess the implementation of local wellness policies on schools, and evaluate the effectiveness of their own change efforts, to name just a few.
- **Relationship building and community engagement.** There are connections among nonprofits, hospitals, health districts, state agencies, higher education, and other partners that did not exist five years ago in many TCI sites. Those relationships support collaboration, buy-in, and codesign efforts that have been valuable to progress and achievements in TCI communities.
- **Successful changes in policy, systems, and environments.** Many sites were able to pass local or state-level policies. While these policies may require additional resources to implement, they are foundational to long-lasting change. For example, the adoption of Complete Streets principles or school district wellness policies will influence the built environment and school environment long after the TCI grant has ended. While sites will continue to need funding and

“Comparing this project to a lot of other grant-funded work, so much of what we did has really taken hold and kept going. Whereas in many grant programs, you start programs [that] tend to sunset when the grant sunsets, but I think that especially given the duration of funding and then the nature of how Trinity [Health] structured the program has really allowed the work to have built momentum, which is such a huge part of sustainability.”

approval for implementation under these policies, the foundation is laid for projects that will have a positive impact on health.

## TCI Partners’ Plan for the Future

When asked about how adaptable, realistic, concrete, and connected/integrated the plan for the future was, site partners reported positively on the TCI partnership’s ability to adapt to changing conditions (mean of 4 on a five-point scale), realistic nature of the plan to continue the work (mean of 3.8 on a five-point scale), and networked connections to continue the work (mean of 4.3 on a five-point scale). Partners were less likely to agree that their TCI partnership had concrete plans to continue building their membership (mean of 3.5 on a five-point scale). Table 24 shows that partner’s ratings of their coalitions’ plans for the future were similar across the three years that this survey was administered.

Table 24. Site Partners’ Rating Their Partnership’s Plan for the Future

Planning for the Future	Year 2 Average	Year 3 Average	Year 4 Average
<b>The TCI partnership is able to adapt to changing conditions, such as fewer funds than expected, a changing political climate, a change in leadership, or a change in membership.</b>	3.9	4.1	4.0
<i>Number Who Disagreed/Strongly Disagreed</i>		1 (1.0%)	3 (4.2%)
<b>The TCI partnership has developed a realistic plan for how to continue work on the TCI strategies when the TCI grant ends.</b>	3.5	3.8	3.8
<i>Number Who Disagreed/Strongly Disagreed</i>		8 (8.1%)	6 (8.3%)
<b>The partnership has developed a realistic, concrete plan for how to continue building their membership.</b>	3.4	3.5	3.5
<i>Number Who Disagreed/Strongly Disagreed</i>		6 (6.1%)	9 (12.5%)
<b>We have organized a strong network, including formal and informal connections, to carry on this work.</b>	3.9	3.9	4.2
<i>Number Who Disagreed/Strongly Disagreed</i>		6 (6.1%)	2 (2.8%)

*Each question had five response options: strongly agree, agree, neutral/no opinion, disagree, strongly disagree. Mean (average) scores are reported along with the number of participants who disagreed/strongly disagreed. See the TCI Impact in Coalition Development and Community Engagement section for more complete partnership survey results and a detailed description of the survey methodology.*

A summary of each site’s sustainability plan is presented in Table 25. The most common approaches to establishing the sustainability of the PSE work were:

- Taking steps to embed strategies, projects, or the backbone functions of a collaborative into compatible and sustainable organizations.
- Securing additional grant funding that will support current projects and TCI-funded partners past the end of the TCI grant cycle.

- Increasing the visibility of the accomplishments and outcomes of TCI projects or teams.
- Increasing community and member ownership through community-engagement efforts and encouraging the financial contributions of coalition members.

Table 25. Sustainability of TCI Work by Site

Site	Plans for Sustainability
<b>FCHIP</b>	<ul style="list-style-type: none"> <li>• FCHIP’s investment in building the coalition and infrastructure was focused on sustainability throughout TCI. This effort included the development of multisector partnerships, strategic planning that established a more formal governance structure, and a framework for collaboration to ensure continuous, sustainable partnerships.</li> <li>• Established the FCHIP Founding Member Program and an annual State of Our Health fundraiser breakfast to diversify funding streams that will support backbone and operations funding, and serve as a renewable resource for the wellness fund from members and community organizations.</li> <li>• Engaged a fund-development support consultant to identify prospective funding opportunities and support fundraising efforts.</li> <li>• Conducted and shared results from a communitywide sustainability audit that sought input from its stakeholders and partner organizations.</li> </ul>
<b>Healthy Montgomery</b>	<ul style="list-style-type: none"> <li>• IPHI will no longer convene TCI partners.</li> <li>• The work of the partners will continue, including the work previously funded by the TCI grant.</li> <li>• Partners are advocating to incorporate the work into the regular county and school district funding streams and working to identify new sources of funding.</li> </ul>
<b>Live Well Springfield</b>	<ul style="list-style-type: none"> <li>• LWS moved away from siloes toward integrative solutions of connected problems through different funding resources. The PSE change framework will continue to be integrated in all initiatives, including the response to the global pandemic and historic social injustice.</li> <li>• The coalition has secured several new grants that will leverage TCI accomplishments and expand in Complete Streets, food access, climate change, and other work to address social determinants of health past the end of the TCI grant.</li> <li>• The resident advisory council better connects the coalition to the community and increases ownership and buy-in. This strengthens the coalition’s competitiveness for future funding opportunities.</li> </ul>
<b>Promise Partnerships</b>	<ul style="list-style-type: none"> <li>• The Treasure Valley 2020 Community Assessment was published in June 2020 and will help to inform transformation efforts with partners across sectors for the next three years.</li> <li>• WICHHC, the newly formed regional community health collaborative, will continue the tenets of community-based solutions, collective impact, and PSE work and provide a structure for partners to scale and spread the TCI work to other communities within the Treasure Valley. In this way, the TCI work will be scaled to other communities in the Treasure Valley.</li> <li>• Community support structure beyond TCI will continue many TCI strategies. Tobacco policy reform efforts have secured a home within the Tobacco Free Idaho Alliance, and partners remain committed to preventing youth initiation. The Idaho Breastfeeding Coalition will sustain efforts to support breastfeeding. The Idaho Community School Coalition, a newly established state-level coalition, will share the workload of scaling the utilization and implementation of the community school strategy across the state. The United Way has committed to gradually blend funding for the community school coordinator position at Sacajawea Elementary School with school funds and supporting the spread of the model within the Caldwell School District.</li> <li>• Long-term financial support is being developed by TCI partners, including the United Way, and Saint Alphonsus Health System is committed to maintaining resources to support the Promise Partnership initiatives beyond Year 4.</li> </ul>



<b>Proviso Partners for Health</b>	<ul style="list-style-type: none"> <li>• The coalition committed to grounding sustainability planning in equity, evidence, and the sustainability of people to ensure its flexibility to respond to emerging issues in the community. The sustainability plan included continuing the collaboration with Loyola Medicine, diversifying revenue and resources, and building assets and strategic partnerships; building resident capacity to lead PSE change; supporting racial and economic opportunity; and community-driven cross-sector collaboration.</li> <li>• A strategic planning process drove decisions about where the coalition would develop capacity and focus resources, and where it would scale back or pass the work on to local partners through succession planning, and narrowed the future focus to three sustainable strategies that invest in people, place, and power: (1) resident leadership and stewardship, (2) resilient local food systems, and (3) equitable economic development.</li> <li>• The coalition diversified revenue sources from fees for service, both for community solutions facilitation and leading a proof-of-concept initiative engaging small urban farmers and a hospital procurement system. PP4H also raised \$13,680 directly from community members through an online fund that PP4H established with its partner, Housing Helpers, to support its emergency food access work.</li> </ul>
<b>TCI Syracuse</b>	<ul style="list-style-type: none"> <li>• From the beginning, TCI Syracuse embedded the work of TCI into partner organizations. The path to sustainability for the participatory budgeting process and the tobacco work are not as clearly defined as they are not embedded in any partner organization or funded by external grants.</li> <li>• TCI Syracuse Engaged local consultants in their sustainability planning process, which reviewed TCI Syracuse’s origin, vision and mission, history, and opportunities to continue the community-based public health work beyond TCI funding. TCI Syracuse established that a health equity focus, neutral backbone organization, target funding, and the program director’s expertise were all priorities in the future of TCI Syracuse. The process proposed several value propositions and sustainability scenarios.</li> <li>• TCI Syracuse was poised to begin to explore the feasibility of identified sustainability options when TCI was transformed to focus on COVID-19 relief.</li> </ul>
<b>Trenton Health Team</b>	<ul style="list-style-type: none"> <li>• While THT’s portfolio of projects and programs more than doubled, with a strong representation of PSE approaches during the TCI grant period, they began TCI as a mature and sustained collaborative entity.</li> <li>• The Trenton Health Team incorporated a focus on PSE change into the five-year strategic plan that was completed during Year 3.</li> <li>• The Trenton Health Team aligned its work in a way that was mutually reinforcing through grants that continued to fund the work of TCI past the end of the grant cycle.</li> </ul>
<b>Well Being 360</b>	<ul style="list-style-type: none"> <li>• NHTAC has established funding through fiscal year 2021 and expects that it will remain active at least through 2025 — which is the timeline for a number of the NHTAC initiatives like Wellville and the Promise Zone.</li> <li>• NHTAC has been supported by other philanthropic grants like Invest Health and the Health Enhancement Communities (HEC). These project-based grants should continue, with the role of NHTAC being the backbone and partners contracting the bulk of the programmatic work.</li> <li>• The PSE and community-engagement work of TCI is embedded in mutually reinforcing grants that will continue despite the end of the TCI grant.</li> <li>• The Community Investment department of the United Way chose to host NHTAC, and the stability of this anchor institution will support the sustainability of the collaborative.</li> <li>• Financial commitments are expected from many members, and nonfinancial contributions from members are also expected, including consulting services and grant-writing support.</li> </ul>

## Cross-Site Themes and Insights of Sustainability

The COVID-19 global pandemic challenged sites to varying extents as they addressed sustainability. The TCI sites that were either managed by a mature coalition or supported by a backbone organization where TCI work could be embedded had greater success in establishing sustainability. In a couple of TCI sites, the work was attached to a newly formed coalition or a coalition in transition, and these sites had less success in establishing the sustainability of the coalition.

The sustainability of grant-funded initiatives can be integrated into the design of the program, the policies and procedures, and structure of the funding. Interviewees recognized throughout the course of TCI that the TCI grant encouraged sustainability through:

- Setting grant requirements for multisectoral partnerships and match funding.
- Permitting investments in coalition development.
- Affording flexibility to communities when rebudgeting or repurposing funds.

Interviews also noted that future initiatives could support the sustainability of the work and coalitions overseeing the work more by:

- Offering technical assistance in sustainability planning from the beginning of the grant period.
- Encouraging the salaries of program directors and other staff be shared among multiple funding streams, to provide professional growth and continued employment after TCI.
- Supporting and sharing the grant-writing and development efforts of sites without this capacity.
- Encouraging even more collaboration and blending of resources among partners

The investment of TCI in policy, systems, and environmental changes will have a sustainable influence on communities where change efforts were successful, and the work of partners will continue to evolve and grow in most TCI communities as their sustainability plans are implemented over time.

Georgia Health Policy Center  
Andrew Young School of Policy Studies  
Georgia State University  
[ghpc.gsu.edu](http://ghpc.gsu.edu)

