

Manchester, New Hampshire Innovation Fund Initiative



A Case Study of Background, Activities, Outcomes and Sustainability of the Manchester HEAL Committee

Prepared for HNH Foundation
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Evaluation Methods

The case study was a three-phase process. In phase one, preliminary background information on the Manchester Healthy Eating, Active Living (HEAL) Committee and National Convergence Partnership Innovation Fund was reviewed in order to develop an interview protocol to guide the qualitative interview process. The protocol was designed to address gaps in existing written records and to expand upon anecdotal accounts of HEAL Committee leadership.

Interviews were then conducted with five key members of the Committee. The list of interviewees was provided by a HEAL Committee leader, a Senior Public Health Specialist at the City of Manchester Health Department. Interviewees consisted of key members who were active in each of the two areas of focus of the HEAL Committee: the built environment and the food environment. Interviewees included a representative of the Police Department, Parks and Recreation Department, NH DHHS Diabetes Program, and two representatives of the Manchester Health Department, including the Senior Public Health Specialist.

The HEAL Committee leader established contact and provided an introduction to the evaluation process. Interviews with key players focused on background information on the Committee, the structure and staffing of the Committee, how the Committee identified and involved community partners, HEAL priorities and activities, participation in and outcomes of HEAL interventions, and expectations for sustainability. Notes were taken electronically during the interviews, and were then aggregated to bring out recurring themes across Committee members. These notes provided the basis for the perspective in the case study report.

In addition to key informant interviews, all major documentation provided by the Manchester Health Department and HNH Foundation was reviewed. This included the call for grant applications, the Manchester application for funding, a progress report at the mid-point of the grant, the final report, results from community corner store and community walkability assessments, survey results evaluating the utilization of the corner stores post implementation, and other material related to presenting HEAL Committee efforts to other audiences. In the table below, the specific documentation used in each section of the report is outlined, in an effort to make it easier to confirm comments in the report.

Report Section	Sources Reviewed and Used
Community Background	<ul style="list-style-type: none"> ▪ Final Grant Application ▪ Convergence Innovation Fund Request for Applications
History and Development	<ul style="list-style-type: none"> ▪ Final Grant Application ▪ Convergence Innovation Fund Request for Applications
HEAL Priorities and Activities	<ul style="list-style-type: none"> ▪ Neighborhood Watch Group Meeting Notes ▪ Assessment of Target Neighborhoods (HEAL Committee Meeting Report) ▪ Progress report (1 year) ▪ Final Progress report
HEAL Interventions: Participation, Outcomes, and Sustainability	<ul style="list-style-type: none"> ▪ Final Progress Report ▪ Results of walkability assessment/resident interviews ▪ “Healthy Corner Stores Initiative Update” – November 2011 ▪ Final evaluation results of Healthy Corner Stores initiative

Background

Community Background

With 109,830 people in 2011, Manchester is the largest urban community in New Hampshire.¹ Manchester was selected by the HNH Foundation as the location to receive funding from the Foundation and the National Convergence Partnership Innovation Fund for three main reasons: health disparities, poor health outcomes, and the potential for improvements through policy and environmental changes.

One goal of the Innovation Fund is to address health disparities. Thus, Manchester was first chosen for its health disparities as well as its ethnic and racial diversity. In 2011, 86.1% of the city of Manchester was white, compared to 93.9% of the rest of the state. Similarly, Manchester has a larger Black population (4.1% vs. 1.1%) and a larger Hispanic population (8.1% vs. 2.8%) than the rest of the state.² A larger majority of Manchester residents do not speak English at home compared to the rest of the state (18.9% vs. 7.9%), suggesting that the barriers related to language may be an issue.³

In addition to ethnic and racial diversity, Manchester is more disadvantaged compared to the rest of the state. In 2011, the poverty level in Manchester was 13.8% compared to 8.0% at the state level.⁴ While the per capita income during 2011 was \$32,357 in the state as a whole, the per capita income in Manchester was \$27,467 in 2011.⁵ In addition, 53% of students in the Manchester School District are enrolled in the Free and Reduced Meals Program, of which 90% qualify for Free Meals (130% of the Poverty Level and below.)

Within Manchester, the City of Manchester Health Department selected the city center to focus healthy eating and active living (HEAL) efforts. The city center area represents the areas that are most ethnically and racially diverse, and most socially and economically disadvantaged. The city center area has concerns surrounding safety, with high rates of reported assault, accidents, thefts, and rape. The area is also a haven for gang and drug activity. The approximate population of the neighborhood area within the city center that was targeted by HEAL efforts is about 10,000.

New Hampshire



¹ State & County Quick Facts, US Census Bureau. Manchester (city), New Hampshire.

<http://quickfacts.census.gov/qfd/states/33/3345140.html>

² US Census Bureau

³ US Census Bureau

⁴ US Census Bureau

⁵ US Census Bureau

Image credit: http://www.bestplaces.net/images/city/manchester_nh.gif

Perhaps because it is socioeconomically disadvantaged, Manchester reports worse health outcomes – the second reason it was selected as the location to receive funding from the Convergence Partnership Innovation Fund. In 2005, Manchester’s asthma related emergency department visits were 680 per 100,000 compared with 517 per 100,000 for the rest of the state (excluding Manchester). In addition, Manchester residents have significantly higher rates of coronary heart disease mortality (31.4 deaths per 10,000) as compared with other neighborhoods in Manchester that have lower rates of poverty (18 deaths per 10,000).

Finally, Manchester was selected as the site of funding from the HNH Foundation and the Convergence Partnership Innovation Fund due to a demonstrated need for environmental changes to promote healthy eating and active living. With a high concentration of older housing stock, many neighborhoods are densely settled with no yard space, limiting the area for activity around the home. Prior to funding, the parks in the priority areas were not well lit and were underutilized because they were perceived to be unsafe. There are no major supermarkets in the city center, and people rely on corner stores for their grocery shopping. Corner stores often have a limited supply of fresh produce and low fat items.⁶ These problems were identified as having potential solutions through environmental changes.

Project Background

In 2009, the National Convergence Partnership released a Request for Proposals (RFP) to local and regional grantmaking foundations to conduct policy and environmental change strategies to expand food access and enhance the land use/built environment to improve health and equity. The 50% matching funds, made available through the Innovation Fund, were available for a two-year term. Based on criteria defined in the RFP, the HNH Foundation worked with the City of Manchester Health Department to select the center-city of Manchester as the focus of the Innovation Fund application. The HNH Foundation is the lead funder for the statewide Healthy Eating Active Living (HEAL) Campaign. Following award notification, the HNH Foundation served as the grant coordinator while the City of Manchester Health Department served as the project manager.

⁶ “Why Low-Income and Food Insecure People are Vulnerable to Overweight and Obesity.” Food Research and Action Center. <http://frac.org/initiatives/hunger-and-obesity/why-are-low-income-and-food-insecure-people-vulnerable-to-obesity/> Accessed 5/22/13

History and Development of the HEAL Committee

Mission and History

The Manchester Healthy Eating, Active Living (HEAL) Committee was led by the City of Manchester Health Department's (MHD) Division of Chronic Disease and Neighborhood Health. The mission of the MHD is to *improve the health of individuals, families, and the community through disease prevention, health promotion, and protection from environmental threats*. As such, a Committee with the goal of creating environments that promote health was a natural fit for the Division of Chronic Disease and Neighborhood Health within the MHD.

The Division of Chronic Disease and Neighborhood Health was established in 2007. Prior to that, the MHD had been involved in neighborhood health and chronic disease efforts sporadically, but without any formal infrastructure. For example, MHD had been involved in the Weed & Seed Strategy, a violence prevention initiative, as a founding partner. In 2007, MHD mobilized efforts to create an integrated division to promote neighborhood health. The Weed & Seed Strategy was one of many efforts that fell under the leadership of the Division after it was established.



By the time HNH Foundation approached MHD to lead the Manchester Innovation Fund project, the Division had already established partnerships in the community that could be leveraged to create the HEAL Committee. MHD had already been working on individual coalitions on issues including cancer and cardiovascular health. MHD was able to merge the efforts of the two existing coalitions and bring on other existing partners to establish the HEAL Committee. Ultimately, MHD was awarded \$90,000 over two years to launch a Healthy Eating Active Living (HEAL) initiative, including \$60,000 from the HNH Foundation and \$30,000 in leveraged funds from the Innovation Fund.

Selection of Priority Areas and Interventions

In the request for applications, the Convergence Partnership specified a need for changing policies and environments in order to achieve their vision of healthy people living in healthy places. As part of this vision, the Convergence Partnership specified the need for safe neighborhoods for participating in physical activity, and fresh, local, and healthy foods that are available and affordable in all communities. The Convergence Partnership specified four core strategies through which grantees were to use funding dollars: 1) building support for environmental and policy changes to promote health, 2) promoting coordination across organizations in the field, 3) optimizing investments to expand the reach of these efforts, and 4) fostering market-based change to make healthy food and physical activity convenient for all residents.

Thus, from the beginning, the Manchester HEAL Committee was designed to focus on projects aimed at enhancing the built environment for physical activity and expanding food access for healthy eating. In the application for funding, the HNH Foundation and MHD specified two overarching goals for the Manchester HEAL Committee: 1) to create safe neighborhoods that support physical activity as part of every day life and 2) ensure that access to fresh, local, and healthy food is affordable and available to all community members.

To achieve the goal of **establishing safe places for physical activity**, the plan was to first conduct an assessment of the built environment within the city center area. The assessment was to provide quantification of residents' priorities and areas of need within the city, and to provide a comprehensive review of the existing infrastructure. Once the data were collected, the plan was to identify and prioritize recommended strategies for implementation and then to implement those strategies. Prior to conducting the assessment, HNH Foundation and MHD

Priority Interventions

- Conduct assessment of built environment and prioritize interventions to establish safe places for physical activity
- Conduct assessment of food environment and prioritize interventions to ensure fresh, local and healthy food is available and affordable in all neighborhoods

identified a Safe Routes to School Program as an example of a potential priority intervention for enhancing physical activity in a neighborhood with high levels of poverty.

The second priority area was **ensuring fresh, local, and healthy food was available and affordable in all neighborhoods**. As with the built environment, the plan was first to start by conducting a comprehensive assessment of the food environment within the city center, with a focus on neighborhood corner markets and

stores. The assessment would also provide a review of the existing infrastructure. Once the assessment was complete, the plan was to identify and prioritize recommended strategies for implementation and then to implement those strategies. Prior to conducting the assessment, HNH Foundation and MHD identified that one potential priority intervention might be to expand an existing community garden.

From the beginning, the HNH Foundation and MHD planned to follow a structured process of assessment, planning, implementation, and evaluation. Although the priority areas and goals were identified prior to funding, the specific interventions were purposefully not specified in the application prior to funding, in order to base the interventions on the findings of the community needs assessment, and to include residents in the process of planning and identifying solutions.

Structure and Staffing

The Manchester HEAL Committee was governed by a group of approximately 14 members. These members represented municipal departments, community organizations, and residents from the prioritized neighborhoods. Efforts were managed by the project coordinator, whose job was to deal with the day-to-day activities. Leadership at the MHD Division of Chronic Disease Prevention and Neighborhood Health was also involved with managing the higher level

decisions and responsibilities. This included connecting HEAL efforts with other projects and assisting in the evaluation of HEAL activities.

According to HEAL committee members, the coordinator played an important role in the functioning of the HEAL Committee. Committee members felt that she connected them to resources and brought generic resources to the table for everyone to share. The coordinator was also in charge of sending out emails to inform Committee members of developments in ongoing efforts, and facilitated communication across members by encouraging the Committee to vote on issues (e.g. an appropriate Spanish name for an initiative). Anecdotally, the leadership at MHD was also strong; Committee members felt that the leadership at MHD was organized, smart and led the group well.

The Manchester HEAL Committee was characterized by strong leadership, and also by participatory engagement of partners. Committee members came together frequently to identify issues and to develop solutions to those problems. Meetings were discussion-based and members felt that their opinions were important. In addition to coming together as a larger Committee to discuss as a group, a Nutrition Subcommittee was created to provide added oversight of efforts in the food environment, specifically the creation of a Healthy Corner Stores Initiative. For example, the Nutrition Subcommittee was able to focus on crafting criteria to identify healthier options for the Corner Store Initiative. This structure allowed those with expertise in an area to participate more efficiently, but also enabled cross-organization collaboration when the Committee worked together as a group.

Interviewees were in agreement that a city health department was an effective lead organization. Being a city department, the Health Department was easily able to bring members to the table from other city departments, including the Police, Highway, and Parks and Recreation Departments. As a health department, MHD had existing contacts that could be convened, ensuring a multi-sector approach to planning and implementing HEAL efforts. Additionally, interviewees recognized that a mission of the MHD is to promote neighborhood health, and thus the health department was a logical coordinator for efforts related to healthy eating and active living.

Identification and Involvement of Partners

Overall, the Manchester HEAL Committee successfully included a range of municipal and community partners. Municipal partners included the Manchester Health Department, Manchester Planning and Community Development Department, Manchester Highway Department, Manchester Parks and Recreation Division, and Manchester Police Department. Community partners included the NH Food Bank, NH DHHS Diabetes Program, American Heart Association, Catholic Medical Center, Elliot Health Systems, NeighborWorks Southern NH, Southern NH Services, Southern NH Planning Commission, and NH Minority Health Coalition. Additionally, the Committee was joined by Manchester residents and neighborhood watch group captains.

A few key partnerships were forged during the grant period, including the NH Food Bank, Southern NH Planning Commission, Parks and Recreation Division, Planning and Community Development Department. A particularly important partnership was established between the

MHD and community residents. The majority of partnerships existed prior to receiving Innovation Fund funding, through coalitions that MHD participated on. Having applied for a grant prior to receiving HNH Foundation/Innovation Fund funding, the MHD had already reached out to this group of organizations to ask for their participation on a committee to promote healthy eating and active living. This enabled an efficient start to the grant, as there was no time lost in trying to convene partners. With a two-year grant period, an efficient start was critical to getting the HEAL activities off the ground.

One challenge that the Committee faced was ensuring representation of residents on the HEAL Committee. Because residents had to work, it was difficult to get them to come to daytime meetings. As a result, the Committee lost some resident input during the grant period. To counteract the negative effects of losing the resident perspective, the HEAL Committee sent partners to venues where residents were already meeting. For example, members from the Parks and Recreation Department, Highway Department, and Police Department attended Parent Teacher Association (PTA) meetings and meetings of neighborhood watch groups. HEAL Committee Members were then able to relay key feedback from residents to the HEAL Committee.

According to interviews with HEAL Committee members, members overwhelmingly felt that the coalition had a good mix of people. Committee members described a major strength of the Committee as the fact that it was multidisciplinary, and that various organizations were collaborating on the same goal. Having multiple organizations at the same table encouraged varying perspectives. It also enabled sharing resources and ideas. For example, when the Committee discussed public parks, the conversation not only included opinions from the Parks and Recreation Department, it also included voices from the Police Department saying that improving the built environment in Parks would prevent criminal activities, and residents saying that they would use the parks more if they felt safer in the environment.

HEAL Committee Members

Municipal Partners

- City of Manchester Health Department
- City of Manchester Planning and Community Development
- City of Manchester Highway Department
- City of Manchester Parks and Recreation
- City of Manchester Police Department

Community Partners

- NH Food Bank
- Manchester residents/Neighborhood watch group captains
- NH Diabetes Program
- American Heart Association
- Catholic Medical Center
- Elliot Health Systems
- NeighborWorks Southern NH
- Southern NH Services
- NH Minority Health Coalition
- Southern NH Planning Commission

HEAL Priorities and Activities

Development of HEAL Priorities and Activities

By building in an assessment and planning period into the grant period, HNH Foundation and MHD enabled the HEAL activities to develop according to the community needs. The first activity of the Manchester HEAL Committee was to conduct an assessment of the built environment to determine what changes were most critical. Based on poverty rates, the Manchester HEAL Committee decided to narrow the focus within four census tracts to three smaller neighborhood areas. HEAL conducted a walkability assessment in these three neighborhoods. The Manchester HEAL Committee adapted a walkability tool developed by the San Francisco Department of Public Health, including an audit of standard infrastructure elements (e.g. sidewalks) and also an audit of social and cultural factors that influence neighborhood walkability.

In conjunction with the walkability assessment, the Manchester HEAL Committee conducted a door-to-door survey to gain qualitative feedback from neighborhood residents. The Dartmouth Prevention Research Center assisted in developing the survey, which focused on determining accessibility to local goods and services, and perceptions of neighborhood quality of life and safety. The results of the walkability assessment and qualitative interviews were brought to the HEAL Committee for input about which priorities to pursue. The HEAL Committee used the Prevention Institute Environmental Nutrition and Activity Community Tool (ENACT) to identify potential interventions strategies. In total, 109 surveys were completed with residents. An example of the results of the walkability assessment is shown in Figure 1.

A similar process was repeated for the food environment. Using the Nutrition Environment Measures Survey (NEMS), members of the HEAL Committee completed an audit of corner stores in the city. Assessment of corner stores also included a store owner survey and a resident survey tool to provide a better understanding of eating and consumer practices. According to resident surveys of the built environment, approximately 75% of the neighborhood residents were regularly shopping at corner stores in the neighborhood. Thus, the HEAL Committee decided that an initiative to improve the nutritional offerings of corner stores would have a large impact.

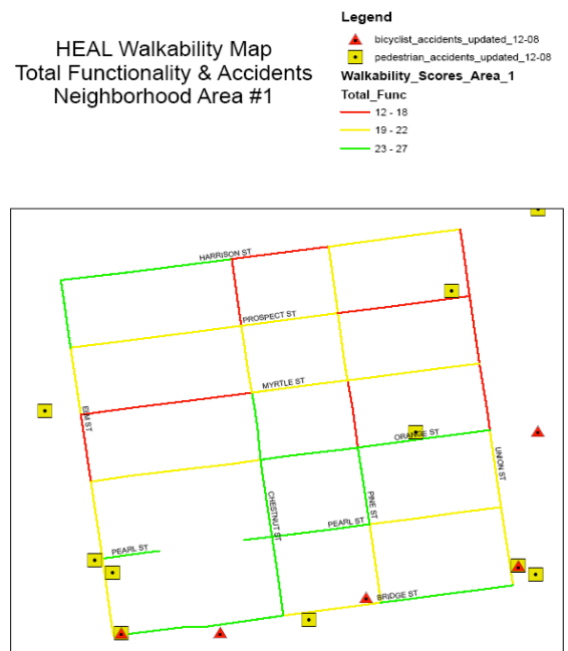


Figure 1: Example of Walkability Assessment Results

Focus Efforts

In the following section, the implementation of HEAL interventions within the built environment and food environment are summarized. These interventions represent activities that HEAL was actively engaged in, either in a leadership or supporting role. Community partnerships facilitated by HEAL were key to the development of many of these activities. Here, the specific implementation efforts of the Manchester HEAL Committee are stated. Discussion of the participation, outcomes, and sustainability of these efforts are discussed in the following section.

Built Environment

The Manchester HEAL Committee worked with the Orange Street Neighborhood Watch Group and the Oak Park Neighborhood Watch Group, incorporating resident input into the results of the walkability assessment and resident surveys. Results from meetings and surveys indicated that there was a need for safe places for children to play, and areas for social gatherings. To meet these needs, the HEAL Committee decided to focus on an existing but underutilized park space, called Oak Park, by converting a passive green space into a park for family recreation. The City's Parks and Recreation Division also created a complete conceptual plan for improvements in Oak Park, including a children's play area and walking path.

Pedestrian safety, lighting, and traffic speed were also identified as concerns in the resident surveys and meetings with the Orange Street Neighborhood Watch Group. This was further confirmed during the walkability assessment. Using this information, the HEAL Committee developed a proposal for a series of improvements for pedestrian safety.

Additionally, the Manchester HEAL Committee worked with the Beech Elementary School's Parent/Teacher Association to incorporate resident input into the results of the walkability assessment and resident surveys within the Beech Street Neighborhood. Originally, the HNH Foundation and MHD had expected that a Safe Routes to School (SRTS) application would be a priority intervention. Early in the grant period, HEAL Committee members met with the school administration. However, in 2010 the school administration changed and the school was not in a position to apply for SRTS funding. The HEAL Committee decided to postpone until the following year to see if applying for SRTS funding would be feasible at that time. However, it was determined that there were other priorities identified in the Beech Street Neighborhood that took precedent over the SRTS Program.

More specifically, the HEAL Committee focused on developing a conceptual design for alleyway improvements to transform these areas into livable spaces in the Beech Street Neighborhood. The conceptual plan was created by the City's Planning and Community Development Department. Some of the elements in the design concept were implemented in an alleyway that abuts the local elementary school, including lane striping to narrow the

Priority Efforts: *Built Environment*

- Improvements to pedestrian safety (e.g. crosswalks)
- Oak Park
- Alleyway improvements

roadway for car travel through the alleyway and an imprinted crosswalk to improve pedestrian safety. In the summer/fall of 2013, an alleyway clean-up, murals, and block party are being organized to engage the neighborhood in the improvement efforts.

Food Environment

After deciding to focus on corner stores, the Manchester HEAL Committee completed a number of assessment activities. This included an audit of 16 corner stores to find out what kinds of fruits, vegetables, and other healthy food they carried, interviews with seven owners of corner stores, and a survey of 114 people who live and/or shop in the city center neighborhoods. Interviews with the owners of the corner stores identified three major challenges regarding selling fruits and vegetables: (1) spoilage before the fruits/vegetables are sold, (2) the need for refrigeration equipment, and (3) sourcing and getting affordable prices. The interviews also identified three resources that Manchester HEAL could provide: (1) energy efficient lighting and refrigeration, (2) in store promotional signage, and (3) help with external improvements.

Priority Efforts: *Food Environment*

- Healthy Corner Stores Initiative

The results of the survey with residents indicated that 21% of respondents disagreed with the statement that “it is easy to find fresh fruits and vegetables in my neighborhood without a car.” About 50% of respondents said they shopped at corner stores. Additionally, an overwhelming majority of respondents said they purchased fresh fruit (96%) and fresh vegetables (93%) but few corner stores carried fresh fruit and vegetables at the time of the survey.

Finally, the goal of the audit process was to identify corner stores with the greatest likelihood of embracing and sustaining the initiative. Corner store owners were asked to improve their selection of healthier food options, advertise the healthier snack foods both internally and externally, and improve store layout by highlighting healthy options and enhance the overall neighborhood perception of the store as a place for healthy, affordable foods. Early on in the grant period, when the initial interviews took place with corner store owners, there seemed to be buy in from the owners. All seven owners who were interviewed were interested in the idea of the Corner Store Initiative. All seven also indicated that they select products based on what the customer requests, and sales, in general.

HEAL Interventions: Participation, Outcomes, and Sustainability

Realizing that it is still early to fully assess the impact and long-term sustainability of the Manchester Innovation Fund Project, this section documents participation in HEAL activities outlined in the previous section, outcomes of those activities, and efforts in place to sustain HEAL interventions. Documentation of participation focuses on the reach of the intervention (i.e. the number of people involved and the number of people impacted). Assessment of outcomes includes the policy and environmental changes as a result of HEAL efforts. The section discusses three levels: 1) the interventions, 2) the target sector (i.e. the built environment and food environment), and 3) the community.

Built Environment

Oak Park

Using the feedback from resident interviews and the walkability assessment, the HEAL Committee ultimately decided to turn an existing green space into an “active park.” The City Division of Parks and Recreation created a plan for transforming the park. Improvements included clearing of trees to improve sightlines, increased and improved lighting, and repairs to existing walkways to the park. The plan also included larger-scale improvements, including a playground. The HEAL Committee is working to find additional sponsorship and/or funding to implement this, and the other remaining proposed improvements.

Implementing improvements in Oak Park, the Manchester HEAL Committee was faced with several challenges. One challenge was an underestimation of needed resources. After an extensive assessment process, the HEAL Committee identified some improvements that were not feasible given the remaining resources. For example, the HEAL Committee identified a playground as a positive improvement, but had to postpone implementation until more resources were obtained.

Although no formal evaluation was done regarding increased utilization or satisfaction with the park, anecdotal evidence suggests that the residents of the area responded positively to the changes. Interviewees report that residents are seen enjoying the park (e.g. sitting on benches, riding bikes on the sidewalks) more now than when it was a passive green space. In general, interviewees reported that residents were excited about the changes. This was evidenced by the community block party to celebrate the park improvements. Additionally, when the HEAL Committee held a park cleanup event, a large number of residents came out to participate, suggesting that they were willing to commit to maintaining the park. Overall, interviewees felt that the impact of the Oak Park improvements had been more than expected.

Intervention: Oak Park				
Implementation	Location	Participation	Environmental/ Policy Change	Sustainability
Turn passive green space to active park	Oak Park	Residents of the Oak Park neighborhoods	<ul style="list-style-type: none"> Cleared trees, improved landscaping, increased and improved lighting, repaired existing walkways, constructed a central Ramada area with seating Seeking funding additional plans for larger-scale improvement (e.g. playground, walking path) 	Existing changes are sustainable given large degree resident buy-in

Pedestrian Safety Improvements

Interviews with residents and results of the walkability assessment suggested that pedestrian safety was a primary concern. As a result, the HEAL Committee implemented several improvements to the built environment to improve pedestrian safety. The Manchester HEAL Committee oversaw the implementation of 15 new pedestrian crosswalks (including one imprinted crosswalk in a high pedestrian and high traffic area). Additionally, the Committee organized pedestrian crossing signage at two high pedestrian and high traffic locations. The proposal for these changes was approved by the Mayor and the Board of Alderman in 2011.

Intervention: Pedestrian Safety Improvements				
Implementation	Location	Participation	Environmental/Policy Change	Sustainability
Changes to built environment to improve pedestrian safety	High pedestrian/high traffic areas	Pedestrians and drivers in high traffic areas	<ul style="list-style-type: none"> 15 new pedestrian crosswalks Pedestrian crossing signage at two locations 	With regular upkeep by Highway Department, changes will be sustained

Summary: HEAL Impact on the Built Environment

Overall, the Manchester HEAL Committee facilitated some successful changes to the built environment. Changes to pedestrian safety will impact both pedestrians and drivers in high-traffic areas. The changes in Oak Park are focused, impacting residents in that community. A major success of this project was generating excitement among the community members. Because residents played an important role in choosing the focus effort of Oak Park, there is a sense of ownership among those residents to maintain the changes that have been made. Additionally, by focusing efforts in the Orange Street Neighborhood, home of Oak Park, the HEAL Committee was able to begin to affect health disparities, altering the dynamic such that residents in disadvantaged areas of Manchester also have access to safe places for physical activity.

Ongoing Efforts: Built Environment

- Sweeney Park Playground
- “Adopt-A-Spot” funding/investment program for neighborhood improvements
- Incorporation of walkability indicators in roadway improvement projects by Highway Department

Given the success of the Oak Park project, Manchester HEAL Committee members have conducted a similar project in another neighborhood, with the goal of providing additional areas for physical activity to city residents. The Manchester HEAL Committee worked directly with residents of West Granite neighborhood, by organizing resident meetings to augment results from the walkability assessment and resident surveys that had been previously compiled in two reports – Dan Burden’s Action Plan and the UNH Capstone Team’s Walkability Recommendations. Results from meetings and surveys demonstrated a need for improved pedestrian safety, increased aesthetic appeal of walking trails, and improved sidewalks. A popular idea among residents was to improve a local neighborhood park, Sweeney Park. Ultimately the Manchester HEAL decided to focus on implementing several physical improvements in Sweeney Park. This project is ongoing.

The HEAL Committee began built environment projects that are currently ongoing. The Division of Parks and Recreation facilitated a process to establish a mechanism for donor sponsorship/investment in city spaces (e.g. parks, green space, and alleyways). This would allow individuals or organizations to “Adopt-A-Site” in Manchester, as a way of providing a source of funding for more substantial improvements in neighborhoods where HEAL worked. An Adopt-A-Site Program was officially launched in the City this year.

Additionally, the Manchester HEAL Committee is pursuing the development of a formal system to incorporate walkability indicators in the identification/prioritization of roadway improvement projects by the Highway Department. The Highway Department currently prioritizes projects based on available resources and the timeframe of the most recent repairs. The Health Department would like to support the creation of a system where indicators of neighborhood walkability are also considered, e.g. prioritizing roadway repairs based on the proximity of neighborhood destination and investing in infrastructure that supports pedestrian transportation and biking.

Focus Area: Built Environment		
Intervention	Reach	Outcomes/Impact
Oak Park	<ul style="list-style-type: none"> ▪ Residents in Oak Park neighborhoods 	<ul style="list-style-type: none"> ▪ Clearing of trees, increased and improved lighting, and repairs to existing walkways ▪ Resident buy-in (especially among Neighborhood Watch Group) suggests that changes will be maintained
Improvements to Pedestrian Safety	<ul style="list-style-type: none"> ▪ Pedestrians and drivers in high traffic areas 	<ul style="list-style-type: none"> ▪ 15 new pedestrian crosswalks ▪ Pedestrian crossing signage at two locations
Sweeney Park	<ul style="list-style-type: none"> ▪ Residents of Sweeney Park neighborhoods 	<ul style="list-style-type: none"> ▪ Physical and safety improvements in the park are currently being implemented
Adopt-A-Site	<ul style="list-style-type: none"> ▪ Manchester city 	<ul style="list-style-type: none"> ▪ Division of Parks and Recreation launches an Adopt-A-Site program as a source for targeted funding for built environment improvements
Prioritizing Walkability for Roadway Improvements	<ul style="list-style-type: none"> ▪ Manchester city 	<ul style="list-style-type: none"> ▪ MHD is working with Highway Department to include walkability indicators when prioritizing roadway improvements

Food Environment

Healthy Corner Stores Initiative (HCSI)

The Healthy Corner Stores Initiative (HCSI) was piloted in four corner stores within the center-city neighborhood. In these corner stores, Manchester HEAL Committee members implemented a Healthy Foods Rack, with fresh fruits and vegetables, and healthier snacks. Dietitians on the Manchester HEAL Committee worked with corner store owners to select other healthier snack foods to be displayed/promoted in the store, according to what the corner store owners thought would work with their customer population and nutritional value. Shelf signage was used to identify these healthier options for customers. Additionally, stores participated in taste testings, hosted by the Manchester HEAL Committee. Stores received signage to advertise the initiative, and recipe cards highlighting the healthier products.

There were several challenges to implementing the HCSI. Launching the project was labor intensive. It took multiple conversations with corner store owners before they would agree to participate, and ultimately only four owners did make the commitment. Although HEAL Committee members were careful to phrase the project in a way that would highlight the benefits to the owners, some owners were still hesitant. Another challenge was finding appropriate, culturally relevant, healthy food items. Dietitians working with the HEAL Committee wanted to provide items that would appeal to the Spanish-speaking customers, but were unfamiliar with some of the snack items. Reviewing an extra group of snack items took additional time, but was ultimately considered to be worthwhile because it increased the customer audience of the project.

An additional challenge was that the store owners needed regular support, and the HEAL coordinator had to make routine visits to the stores to ensure that the healthy racks were in the right place and that the owners had all of their questions answered. On the other hand, those owners that did agree were happy to have some attention, as corner stores can be overlooked for health initiatives. One interviewee commented that owners seemed happy to be asked to join the effort.

A follow-up evaluation suggested that customers were benefiting from the initiative efforts. A total of 80 residents were surveyed after the implementation of the Healthy Corner Stores Initiative, with between 16 and 28 reporting from each of the four corner stores. Of those interviewed 25% reported visiting the corner daily, and 41% reported visiting the corner store weekly. Overall, over 50% of customers noticed the Healthy Foods Rack, and 38% of customers bought products from the Healthy Foods Rack. Of those customers who reported coming to the corner store daily or weekly, 66% noticed the Healthy Foods rack and 50% bought from the Healthy Foods Rack. The most common responses for why customers weren't purchasing the items were that they didn't like the items, they didn't notice the sign, and that the items were too expensive.

All customers were asked "Overall, what do you think of the Manchester Healthy Corner Store Project." Forty percent of residents rated the project excellent, 36% rated it very good, and 24% rated it good. No one rated it fair or poor. Of note, this was not limited to customers that had heard about the project, so some customers might have been responding about the idea of the project, instead of the actual implementation. Respondents reported that they liked

that the project made it easier to get fruits and vegetables, that they liked learning what was healthy, and they appreciated having healthy foods for their kids. Suggestions from customers included more and better advertisements, and a greater variety of healthy choices.

Although the evaluation results were positive, mechanisms for sustainability of this initiative within the pilot stores is still being determined. HEAL Committee members recognized that the ongoing support that corner store owners relied on will no longer be there after the HNH Foundation/Innovation Fund funding ends, and there is concern that the owners were not committed enough themselves to continue the Initiative. At least in the short term, HEAL Committee members plan to continue with the effort, and are currently exploring the establishment of a formal wholesale distribution network, and the enforcement of city ordinances that limit advertising signage as a way to reduce advertising for alcohol and tobacco. Additionally, MHD is exploring systems changes in its operations to support the ongoing collection of healthy foods data and support for participating stores.

Intervention: Healthy Corner Store Initiative (HCSI)				
Implementation	Location of pilot project	Participation	Environmental/ Policy Change	Sustainability
Healthy Foods Rack, Point of Decision Signage, Taste-testings, Promotional Signage, Recipe Cards at Corner Stores	Four corner stores in the center city neighborhood	Store owners and customers at four corner store locations	The environment in the 4 corner stores was changed for the grant period; no policy change	<ul style="list-style-type: none"> • Uncertain given the lack of commitment from owners to continue into the future • MHD is exploring systems changes to support participating stores

Summary: HEAL Impact on the Food Environment

Overall, the HEAL Committee launched a small but successful pilot program in corner stores in the city. Results from the customer survey suggested that customers were seeing the changes made by the Manchester HEAL Committee, and were purchasing from the rack of healthier foods. However, it is questionable if repeating such a program in other areas would be worthwhile. Although the survey results were positive, the initiative was time and energy consuming, requiring ongoing monitoring of the corner stores.

With regards to addressing health disparities, the corner store initiative included a component that was targeted toward Spanish-speaking populations. By including healthy products that were culturally relevant to Spanish-speaking customers, the Manchester HEAL Committee ensured that the Spanish-speaking customers were included in the initiative. However, no formal evaluation regarding ethnic or racial differences in access to corner stores took place either before or after the implementation of the initiative.

Ongoing Efforts: Food Environment

- Expansion of community gardens
- Exploration of a Manchester Food Hub

Although the Healthy Corner Store Initiative was the primary project, there were a number of other developments in the food environment. The Manchester Health Department is working with the Parks and Recreation Department and a local non-profit agency to explore the expansion of an existing community garden. This project was one that was initially identified as

a potential target initiative in the applications for HEAL funding, and the Health Department and Parks and Recreation Department have decided to follow up and see this project through. Together, they have applied for funding for this project from several sources during the past year.

Finally, the Manchester HEAL Committee working with the International Institute of NH to create a feasibility plan for the establishment of a Manchester Food Hub. Over the past few months, they partnered with the IINH to submit a grant proposal to support pilot implementation of the Food Hub in Manchester. These are projects that are just starting up as the HEAL funding ends, a testament that the relationships between Committee members were strengthened during the grant period.

Focus Area: Food Environment		
Intervention	Reach	Outcomes/Impact
Healthy Corner Store Initiative	<ul style="list-style-type: none"> ▪ 4 Corner Stores (owners and residents) 	<ul style="list-style-type: none"> ▪ Healthier products offered and promoted in corner stores ▪ Uncertain sustainability; MHD is pursuing systems changes to support the initiative
Expanding Community Gardens	<ul style="list-style-type: none"> ▪ Community residents 	<ul style="list-style-type: none"> ▪ MHD and Parks and Recreation Dept. have applied for funding from other sources to pursue expansion of community garden
Manchester Food Hub	<ul style="list-style-type: none"> ▪ Community residents 	<ul style="list-style-type: none"> ▪ MHD and International Institute of NH have applied for funding to establish pilot project for Manchester Food Hub

Overall Lessons Learned

Looking back over the two years of the Innovation Fund grant, members of the Manchester HEAL Committee identified a number of lessons learned from their experiences. These lessons are intended to guide future cross-sector committees in their efforts to make a large and lasting impact on their communities.

Build in Assessment: The Manchester HEAL Committee planned from the beginning to assess the needs and existing resources in the neighborhoods within which they wanted to focus. This **enabled the Committee to focus on activities that were meaningful to residents, and facilitated a high degree of resident ownership of HEAL activities.** This was particularly demonstrated by the Oak Park improvements, which have generated excitement in the Orange Street neighborhood.

City Health Departments Can be an Effective Leader for Cross-Sector Efforts: As a city health department, MHD was able to leverage existing contacts within the city (e.g. the Parks and Recreation Department, Police Department, Highway Department) and outside the city (e.g. the American Heart Association, Dartmouth Prevention Research Center, NH DHHS Diabetes Program.) In this way, **MHD was able to ensure representation of voices that are critical to planning around the built environment and food environment** at the Committee meetings.

Reach out to Residents: A cornerstone of the Manchester HEAL Committee was including resident input in prioritizing HEAL efforts. However, at some points in the grant period, it became challenging to ensure representation from residents, as the residents frequently worked and were unable to make daytime HEAL-related meetings. To avoid losing the residents' voice, **leadership of the Manchester HEAL Committee traveled to meetings of residents (e.g. PTA, Neighborhood Watch Groups) instead of relying on residents to come to HEAL meetings.**

Create Mechanism for Sustainability: When incorporating a period of assessment, it is critical to **build in a mechanism to ensure sustainability of efforts.** It will be impossible for a community committee to implement every effort identified in the assessment; thus it is necessary to make plans for how those efforts will continue to be implemented after the grant period is over. The Manchester HEAL Committee has numerous ongoing projects that suggests that after HNH Foundation and Innovation Fund funding ends, efforts to improve neighborhood health will continue, and those efforts will continue to be guided by the assessment done for HEAL.

Tying it All Together: Impact on the Manchester Community

In conclusion, the Manchester HEAL Committee led a participatory process that resulted in a few promising changes to the built environment and food environment. The improvements to pedestrian safety encourage pedestrians to walk. Oak Park has been turned into a venue where residents can safely participate in physical activity and gather socially. Although the Healthy Corner Store Initiative was only a pilot, it was a promising approach to improving the nutritional offerings by a venue that many community members rely on for regular shopping. The customer surveys regarding the initiative were positive, but it remains to be seen if the store owners have the means to continue with the effort without a systems change resulting in real capacity to support them.

The legacy of the Manchester HEAL Committee has been in the methodological approach to intervention planning; the community engagement at every step of the process; and the facilitation of conversation across organizations, departments, and sectors. From the beginning, the Manchester HEAL Committee planned to conduct a needs assessment, choose interventions according to demonstrated need, implement those interventions, and then evaluate. The strength of this approach was that the interventions were meaningful to the residents who were meant to benefit from them. The Manchester HEAL Committee was able to pinpoint where resources should be focused based on demonstrated need, and more important, identify resident-generated solutions. A downside of this approach was that the assessment phase took away from the time for implementation; however, those interventions that were implemented were specifically designed to have an impact on the community.

The second major strength of the Manchester HEAL Committee was the emphasis on community involvement. Community residents provided feedback throughout the process, through resident interviews and customer evaluations. Community members also served periodically on the Manchester HEAL Committee, and when the Committee struggled to get representation from residents, Committee members sought out residents at other meeting venues. Using this approach, the Manchester HEAL Committee increased the likelihood that interventions would be sustained due to resident ownership of HEAL-initiated changes. Residents could take pride in the fact that their responses to surveys and their input at meetings were used to decide what changes should be made. Although there wasn't an

“When talking about improvements to the parks, for example, the conversation included input from the Police Department about how changes would prevent or encourage criminal activities.”

- HEAL Committee member

evaluation that could adequately assess changing public opinions, anecdotally, interviewees report that residents are more engaged with healthy eating and active living efforts.

The third strength of the Manchester HEAL Committee was the collaboration between sectors. Interviewees consistently reported that the meetings were participatory, and that those in various departments were consistently engaged in productive conversations about how and where to prioritize. For

example, the Highway Department supported conversations about crosswalks by discussing how crosswalks would be perceived and how they would impact physical and social connections between neighborhoods. Interviewees overwhelmingly felt that a key to any

Committee’s success lies within its ability to pull many disciplines together, and to collaborate across disciplines to make decisions on behalf of the community as a whole.

As a result of having multiple voices from various sectors at the table, MHD has recognized a shift. In the past, MHD had to seek out agencies to participate in efforts. Now, other organizations are seeking out MHD, suggesting that MHD has established itself as a critical partner neighborhood planning and community development efforts. HEAL Committee members, including those at MHD, felt that multi-disciplinary partner work has never been as strong as it is today. They attributed that sentiment, at least in part, to the HEAL work.

The Committee was faced with some challenges. Though the efforts in Oak Park, and more recently Sweeney Park, were positive, they represented just two of the neighborhoods that HEAL planned to work with. This may have been a reflection of the fact that the assessment phase of the grant period took away time for implementation of some improvements to other problems that were identified by residents. Additionally, while the Healthy Corner Store Initiative was met with positive reviews from customers, a systems change to support store owners would increase the likelihood that the initiative will continue.

Retrospectively, some interviewees felt that the HEAL Committee might have been more successful in bringing about policy changes if the efforts were targeted at a higher level. Similarly, interviewees felt that the Committee might have been more successful if it had targeted societal factors that predispose populations to poor health, the social determinants of health. For example, one interviewee suggested that a targeted effort to reduce poverty could have a long-term impact on reducing health disparities and improving the overall health of the community, while simultaneously reducing the need for interventions in the future. Members identified insufficient funding as a barrier to implementing higher level and broader changes.

“We were able to achieve our higher level goals, but we needed to get even bigger. Looking at the long term, we need to get more at poverty, and social determinants of health.”

- HEAL Committee member

Despite these challenges, the Manchester HEAL Committee was able to bring about several changes outside of the scope of previously identified priority efforts. In parallel with HEAL efforts, the City’s Planning and Community Development Department established a category of funding for the Community Development Block Grant with a focus on neighborhood improvement efforts, “Healthy Neighborhoods.” The Planning and Community Development Department also received approval from the U.S Department of Housing and Urban Development to expand the city’s Neighborhood Revitalization Strategy Area (NRSA) so that HEAL neighborhoods now qualify for Community Development Block Grant Funding.

Meanwhile, the Health Department refined the scope of work for a part-time, Registered Dietitian to focus on implementing policy, systems, and environmental change strategies for improving the food environment. The Dietitian will now work on projects that potentially include expanding or creating neighborhood community gardens, establishing standardized nutrition standards in childcare and afterschool settings, and providing expertise to corner store owners about how to select healthier options through their product vendors. Together, this change and changes brought about by the Planning and Community Development Department have resulted in a shift to make resources for establishing healthy communities more readily available.

HNH Foundation and MHD were able to leverage \$149,000 toward this work. This included a \$20,000 grant from the Prevention Research Center Dartmouth that was used to hire a part-time, resident liaison to assist with related project-efforts. Because of the policy change that resulted in an expansion in the eligibility of Community Development Block Grants, the HEAL Committee enabled \$89,000 worth of funding for built environment improvements to neighborhoods that were previously ineligible. HNH Foundation provided an additional \$25,000 grant to MHD to support expansions of Foundation efforts in Westside neighborhood. Finally, city departments provided about \$40,000 worth of in-kind support throughout the project period.

More recently, partly because of its role as the coordinating agency for HEAL efforts, MHD has been able to leverage a grant from the New Hampshire Charitable Foundation to expand on HEAL efforts through the creation of a funding strategy that encourages collective impact. Among other things, the grant will be used to build on the participatory process used in choosing Innovation Fund interventions in order to select improvements to the built environment. These recommendations will be compiled in a Neighborhood Health Improvement Strategy for Manchester.

MHD firmly believes that engaging in the Innovation Fund project enabled the health department to create an identity in the community that is synonymous with healthy people in healthy neighborhoods. MHD was able to establish itself as having a role in solving issues related to chronic diseases, and more important, prove that they have the expertise to improve health at the neighborhood level. Moreover, by considering the social issues like resident safety, MHD was able to set itself up as a department focused on addressing the social determinants of health. MHD aims to continue building on HEAL efforts by maintaining this role as a critical piece to neighborhood health.

Together, the significant leveraged funding (including the expanded funding for Community Development Block Grants), the ongoing efforts in the built environment and the food environment (including the Adopt-A-Spot program, the Sweeney Park Playground, expansions of community gardens, and a plan to establish a Food Hub), and changes to the infrastructure (e.g. working with the Highway Department to include walkability as a factor for prioritizing repair efforts, and changing the scope of the role of the Dietitian at the Health Department), all suggest that Manchester HEAL will continue to influence healthy eating and active living efforts in the community. As HEAL committee members have said that multi-disciplinary partnerships are strong, it is likely that the assessment conducted by the HEAL Committee will continue to influence priority efforts that have a high degree of resident buy-in.

“HEAL helped the Health Department put a stake in the ground. It helped define the role of the Health Department to include promoting healthy eating and active living.”

- HEAL Committee member