

HCCC PROPOSAL – SUBMITTED: “Healthy Food, Healthy Families”

1. Quick Pitch (Approximately 150 words)

What is your team poised to do if selected to participate in the Healthiest Cities & Counties Challenge?

148 WORDS

Albany County Leadership Team (Team) is at a pivotal, transformational moment with commitment from key community stakeholders to increase access to food supporting healthy eating. The Team will build on significant accomplishments and enhance its chronic disease prevention efforts through strategic community engagement of residents, integration of health and food program providers, and assessment of food resources and related services. Upon completion of this initial phase, we will deliver an effective multi-strategic campaign including policy, systems, and environmental changes, implementation of new and existing evidence-based programs, and tested messaging to link residents to healthy food supports.

The grantor’s insights, support and knowledge will allow us to maximize this opportunity to address food security, health disparity and related equity issues. Our cross-sector team is aligned in priorities and ready to leverage their collective resources and expertise to address a root cause of chronic disease by increasing healthy food access.

2. Community Background and Priorities (Approximately 350 words)

351 Words

a. Describe one or two specific health-related priorities you plan to address through the Challenge. Provide information about local chronic disease prevalence and other relevant data points to help reviewers understand why your community has selected these issues and who exactly will benefit from your team’s work.

b. Provide historical, systemic and community context for the key needs, barriers and challenges your team aims to address related to access to foods that support healthy eating patterns and/or access to health services.

Chronic diseases (e.g. diabetes, cardiovascular disease, and obesity) are costly and often preventable with healthy eating and physical activity. Heart disease, stroke and diabetes were responsible for 31.4% of deaths (2015) and 14.2% of hospitalizations (2014) in Albany County, New York. The latest Behavioral Risk Factor Surveillance System (BRFSS) survey conducted in Albany County estimates that 76.8% of adults do not participate in leisure time physical activity, 10% of adults do not have adequate access to locations for physical activity, and an estimated 59.5% of adults are overweight or obese, a significant increase from the 2003 estimate of 54%. Approximately 9% of adult Albany County residents have physician-diagnosed diabetes. In addition, approximately 7.1% of adults have physician-diagnosed prediabetes.

Feeding America’s 2017 Overall County Food Insecurity report for Albany County, New York identifies 36,970 residents, representing 12% of the population (including 16% of all children county-wide), who are food insecure. Of these individuals, 42% (n=15,527) are above the threshold for qualifying for subsidized nutrition programs; 58% (n=21,443) are at or below the 200% poverty level. These

challenges occur disproportionately in communities with limited access to resources, experiencing socio-economic hardship and minority health disparities.

Urban neighborhoods and rural hill towns have higher rates for obesity-related diseases (i.e. diabetes, cardiovascular conditions) and food insecurity compared to Albany County suburban areas. These communities also have higher poverty rates than the County average, are confronted by aging transportation infrastructure, economic development demands, social isolation, and limited access to healthy food options.

Evidence shows that strategically addressing food insecurity can have a positive impact on health outcomes as noted by the effect of federal nutrition programs on the nutrition, health, and well-being of recipients. Our Team is poised to implement policy, systems, and environmental changes linking our most at risk residents to healthy food while developing and promoting environmental supports that improve nutritional intake by making healthy eating, the easy choice. To achieve this, we will collectively apply behavior change theory to guide our process and in particular, Community-Based Participatory Research to engage community residents, identify challenges and opportunities, and shift the balance of power towards them.

3. Collaboration and Resident Engagement Strategy (Approximately 750 words)

667 Words

- a. Describe the current state of cross-sector collaboration and resident engagement in your community. Discuss how participation in the Challenge will build upon this foundation and accelerate your work to advance health equity.
- b. Explain how your team represents the diversity of city, county or federally recognized tribes' interests and demographics and involves key community leaders and representatives across sectors. Are there other partners you hope to engage over the course of the Challenge? What are your proposed processes and strategies for developing collective power across sectors?
- c. Describe your approach for giving residents authentic leadership roles in your initiative and shifting traditional power structures. Specify how your team prioritizes community voice and engagement. How have community voices informed the identification of the priority issues detailed in the first section of this proposal?

Pursuant to community service plans and *Albany County 2019 - 2021 Community Health Improvement Plan (CHIP)*, Albany County Department of Health, local hospitals (Albany Medical Center, St Peter's Health Partners), and partners (Better Health for Northeast New York; Food Pantries for the Capital District; Healthy Capital District Initiative; Russell Sage College, Department of Nutrition Science; University at Albany, School of Public Health; New York State Department of Health, Office of Public Health Practice; New York State Public Health Association) are committed to reducing obesity in children and adults inclusive of specific strategies to increase access to foods that support healthy eating patterns. Our focus is on subset populations within the County experiencing health disparities and equity challenges.

Historically, Albany County has witnessed unilateral interventions attempting to improve healthy food access (i.e. healthy convenience stores, community gardening, healthy food distributed at no cost to recipient, training on nutrition / healthy foods preparation, sodium reduction in congregate meals) with limited, unsustainable success. Over the past four years, a shift has occurred toward the local development of less traditional, cross-sector partnerships to address environmental factors, develop policy and system changes, and implement innovative programs addressing health equity. These partnerships promote community engagement and integrate resident input into their activities. This initiative will provide an opportunity to accelerate growing momentum and to collectively develop a plan that influences voluntary, healthy behavior change within our priority communities.

With insight and technical assistance from the grantor, we will apply an adaptive approach with clearly articulated strategies, agreed-upon actions and measures of success. This will facilitate shared ownership, accountability and coordination of mutually reinforcing activities between the stakeholders and between new community partners. The Team is comprised of agencies providing services to Medicaid and Medicaid qualified residents, to adults and children, and support to community-based organizations providing both direct and indirect food resources and services. The integration of activities and support of the Team (i.e. Albany County Department of Health, Albany Medical Center, Better Health for Northeast New York, Healthy Capital District Initiative, St. Peter's Health Partners, Russell Sage College, University at Albany) and other partners (e.g. Albany County Department for Aging, Cornell Cooperative Extension, Food Pantries for the Capital District, Regional Food Bank of Northeastern New York, New York State Public Health Association, United Way of the Greater Capital Region, higher educational institutions, local school districts, not-for-profit community based organizations, community advocacy groups, and residents) will be engaged over the course of the Challenge.

Members of the Team represent the demographic diversity of the Albany County community and have facilitated ongoing community engagement through one or more of the following strategies: pop-up events, education presentations, canvassing and outreach activities, town hall meetings, surveys, and/or focus groups which collectively identified access to health eating as a priority and assisted with defining applicable interventions. These activities as well as the ongoing work of Community Health Worker (CHW) teams has guided and will continue to guide this project. Specifically, CHW teams provide valuable information about the impact of social determinants of health on the quality of life and health of priority communities. Additionally, ACDOH coordinated a meeting with community-based food resources in 2018. This meeting highlighted the disconnectedness between organizations, the complexity in identifying a solution to increase food access and healthy eating, and confirmed the need for a collective impact approach.

For us to be effective, we will purposefully engage all layers of the community. Through this initiative, we will apply Community-Based Participatory Research (CBPR) to gain a deeper understanding of the unique challenges and opportunities within the community, identify the cost and benefit of accessing and eating healthy food (i.e. monetary, social, values, etc.), plan and develop effective interventions driven by the community and research, facilitate bidirectional communication, and build community empowerment. It is expected that resident leaders will be identified through this process and provide an opportunity for us to establish a Community Advisory Board that will be active near the end of the formative research phase and sustained after the Challenge.

4. Proposed Project (Approximately 750 words)

728 Words

- a. Describe the goals and activities your team will carry out during the Challenge and the systems and/or policies you will seek to impact.
- b. Describe key activities your team has already implemented to address health equity through access to foods that support healthy eating patterns and/or access to health services. What have you learned from those activities that you will apply to the Challenge?
- c. Describe how your team will evaluate the results of its collective work. Specify the methods you plan to use to measure your progress, and if you plan to engage outside expertise in project evaluation.

Healthy food access is a complex issue that cannot be solved by one program or organization alone. Solutions to complex problems can be more effectively derived when organizations actively coordinate their actions to achieve the same goal. By engaging partners across the business, nonprofit, academic, and government sectors, we can help increase access to foods that support healthy eating patterns. Together, multi-sector partners can generate collective impact by more comprehensively addressing the variety of needs of low socio-economic families to help them achieve stability. Through assessing community needs, setting outcomes, leveraging local partnerships and standardizing measurements for success, we will collectively increase stability and opportunity for low-income residents.

The Albany County Leadership Team represents a cross-sector of agencies – local health department, hospitals, college academia – that have collective experience working with the targeted populations in clinical and community settings. Additionally, each agency participates and/or facilitates coalitions comprised of community-based organizations, health care providers, service providers, public health educators, public health researchers, residents etc. to facilitate multi-directional communication to promote self-management of chronic diseases and/or address social determinants of health including food security.

Through these coalitions, innovative projects have been developed and are in various stages of implementation. Both hospitals, the ACDOH CHW team, and many community based organizations within Albany County are using a social determinants of health screening tool that includes two-validated food security screening questions to identify residents that are food insecure. Some referral workflows include piloting electronic health records, population health management, and referral platforms to link food insecure individuals and families to food resources and assistance services. CHWs are being innovatively embedded into coordinated health care teams and with community-based programs to provide resource navigation and health coaching to patients with chronic disease. At least two, “food pharmacies” are scheduled to launch in Spring 2020 to provide medically tailored meals for patients and their families, with a follow up Registered Dietitian consult for patients at the time of hospital discharge. Also, local food pantries are labeling heart healthy and diabetic friendly foods for users, preparing medically tailored bags for users with chronic disease, and completing an asset map of community food resources e.g. pantries, senior meals, summer meal programs, produce access, etc.

All of these activities have raised awareness about equity challenges and provided insight into some of the barriers and potential solutions for addressing healthy food access. Evidence has shown that building a grocery store, in and of itself, does not provide a sustainable solution to address food insecurity. Revealed barriers preventing access to food that supports healthy eating patterns include

unreliable or non-existent transportation, limited mobility, inconvenient hours of operation, lack of personal cooking skills, no access to cooking utensils or refrigerators, lack of nutrition knowledge or food budget management, emotional and/or social eating tendencies, cultural food preferences and potential stigma related to using food assistance services. Given the diversity within Albany County, it is imperative to complete formative research to increase our understanding of the nuances of each targeted community, to determine the next steps and resources needed to implement an effective multi-strategic campaign, close gaps, and increase access to healthy food. The campaign may include the expansion of existing work into new communities, the implementation of new practices to pilot, and/or the strategic placement of tested messaging to promote healthy food access.

The Team will evaluate its collective work through ongoing process evaluation to facilitate ongoing learning, transparent communication, and timely adaptability based on the evaluation findings. Outside project evaluation expertise will be engaged. Evaluation approaches will change as the collective impact model evolves during the Challenge. A logic model will be collectively completed during the developmental phase to define mutually reinforcing activities of each leadership Team agency; and define short-, mid-, and long-term outcomes and associated shared metrics to measure success.

In the early phases, developmental evaluation will include assessing what is working well and where there is progress initially as well as identify adaptations to be made to adjust to new circumstances or information. Formative evaluation will track outcomes linked to the mutually-reinforcing activities and how well these strategies are progressing, identify limiting factors, and opportunities for enhancing the work. A summative evaluation will be completed at the end of the Challenge to measure the impact the project had on increasing healthy eating patterns, reducing chronic disease, and decreasing the negative impact of social determinants of health.

5. Organizational Capacity and Leadership Qualifications (Approximately 500 words)

647 Words

- a. Describe the lead organization's capacity to facilitate a cross-sector collaborative and manage the day-to-day operations associated with convening partners and members of the community, including cultivating partnerships, managing membership, engaging diverse stakeholders, setting common goals, responding to changes in priorities, and supporting resident leadership.
- b. Include a proposed staffing plan and the relevant experience and expertise of your leadership team members to carry out your initiative. Specify which leaders are from the community your initiative is serving and what their responsibilities will be.
- c. Describe how your organization's policies and practices help promote cultural competency and understanding among its leaders and front-line staff.
- d. Describe the communications channels you have at your disposal to spread the word about your work and to disseminate lessons learned from your project.

Albany County Department of Health (ACDOH) has a distinguished history of establishing and participating in community coalitions to advance policy, systems and environmental strategies for improving the health of its citizens. ACDOH is a founding member of the Healthy Capital District

Initiative, a coalition of local health departments, hospitals, federally qualified health centers, and insurers established to identify and address compelling health needs in the Capital Region. ACDOH is also the lead agency for the Albany County Strategic Alliance for Health (ACSAH). Formed in 2008, ACSAH, previously funded by the Centers for Disease Control and Prevention, is a robust coalition of over ninety participating organizations that targets poor nutrition and lack of physical activity as risk factors for a variety of chronic diseases in at-risk communities.

ACDOH has a long commitment and successful history of implementing strategies to prevent chronic disease by promoting public health change and simultaneously addressing equity issues that make these changes challenging. ACDOH has sufficient infrastructure to support *Healthiest Cities & Counties Challenge* interventions and the experience of forming collaborative efforts (with residents, child care providers, schools, municipalities, community-based organizations, health care providers, businesses) to encourage healthy eating, lifestyle change and disease prevention.

The ACDOH Division of Public Health Planning and Education (DPHPE) staff will coordinate the Leadership Team, assure active resident engagement, and provide administrative / fiscal oversight. DPHPE staff has extensive experience in addressing chronic diseases including public health education, policy development, coalition building, program development, and evaluation. DPHPE has successfully administered and implemented various chronic disease prevention programs and has been recognized nationally by the National Association of City and County Health Officials (NACCHO) for developing four Model Practice Programs over the past three year - involving collaborations with cross-sector teams to reduce health disparities in chronic disease or opioid use disorder.

Leadership Team members identified below all community representatives and provide subject area expertise and commit to being active members i.e. participate in planning, development, implementation and ongoing evaluation activities; promote initiative to community members and partners. Team members' additional responsibilities include:

- Albany Medical Center: promote environmental changes i.e. worksite wellness, promote and implement food security screening and referrals, provide diabetes self-management services.
- Better Health for Northeast New York: data analysis and sharing related remediation of social determinants of health (SDoH), implement food insecurity screening and referrals, , create Food Farmacy, improve clinical-community linkages, engage CHWs.
- Healthy Capital District Initiative: data analysis and sharing, community engagement support, Collective Impact TA, implement food insecurity screening and referral.
- New York State Department of Health, Office of Public Health Practice: identify best practices and evidence-based interventions; assist with policy development and implementation addressing SDoH.
- St. Peter's Health Partners: implement food insecurity screening and referrals, increase awareness of food resources, create Food Farmacy and Medically Tailored Meals, convene community steering committee addressing food security, engage in payor strategies, promote community engagement activities.

- Russell Sage College: nutrition expertise including evidence based methods of food promotion; implementation support staff; facilitate relationships and activities with community food resource partners;
- University at Albany: community-based participatory research and evidence-based public health and empowerment intervention expertise; implementation and evaluation support staff.

In conjunction with its achievement of Public Health Accreditation (March 2019), ACDOH addresses cultural competence and cultural barriers among the population through the provision of socially, culturally and linguistically appropriate policies, processes, programs, and interventions.

Albany County *Healthiest Cities & Counties Challenge* partners are committed to providing clear and inclusive communications, public relations, community engagement, and customer service. Communication channels include collateral print materials, direct mail pieces, press releases, media interviews (e.g. radio, TV, print), website, newsletters, social media, community events, and health education presentations. Albany County partners have experience in cross-site evaluation and sharing lessons learned as a result of participation in Association of State and Territorial Health Officials, Centers for Disease Control and Prevention, NACCHO and New York State Department of Health programs.

6. Potential Challenges and TA Needs (Not scored) (Approximately 250 words) The Challenge staff anticipates that communities will need learning support in carrying out their projects and welcomes submissions from communities that are forthcoming about these needs. While teams will not be evaluated based on these learning needs, please answer the following questions to help the technical assistance partners plan their efforts:

198 Words

a. Discuss the primary challenges and barriers you anticipate in advancing health equity by addressing increased access to foods that support healthy eating patterns and/or health services.

b. What specific technical assistance will be most useful in helping you proactively address these challenges?

The Albany County Team anticipates the primary challenges in advancing health equity to be:

- Coordinating the large and diverse system of stakeholders to complete a community assessment and facilitate communication and integration of the many related efforts;
 - Maintaining engagement of vulnerable residents from various communities i.e. rural, urban;
 - Balancing assessment activities with ongoing related program implementation activities;
 - Creating and sustaining a *Culture of Health* inclusive of the socio-ecological model factors where “Everyone has access to the care they need and a fair and just opportunity to make healthier choices.” (Robert Wood Johnson Foundation)

Technical assistance on the following will help the Albany County Team to be proactive and develop skills and resources to meet the challenges noted above:

- Allocating resources;

- Developing and/or improving external and internal workflows to effectively and efficiently communicate and coordinate efforts;
- Implementing communication best practices to effectively share work with elected officials, partners, and community members;
- Building sustainability by identifying opportunities and best practices throughout the initiative.

The Team welcomes the grantor's valuable guidance and insights during this project to help us maximize the potential of the Albany County Leadership Team and its partners to positively improve the health of our community.