NEW YORK STATE | Department of Health | Creating Healthy Schools and Communities

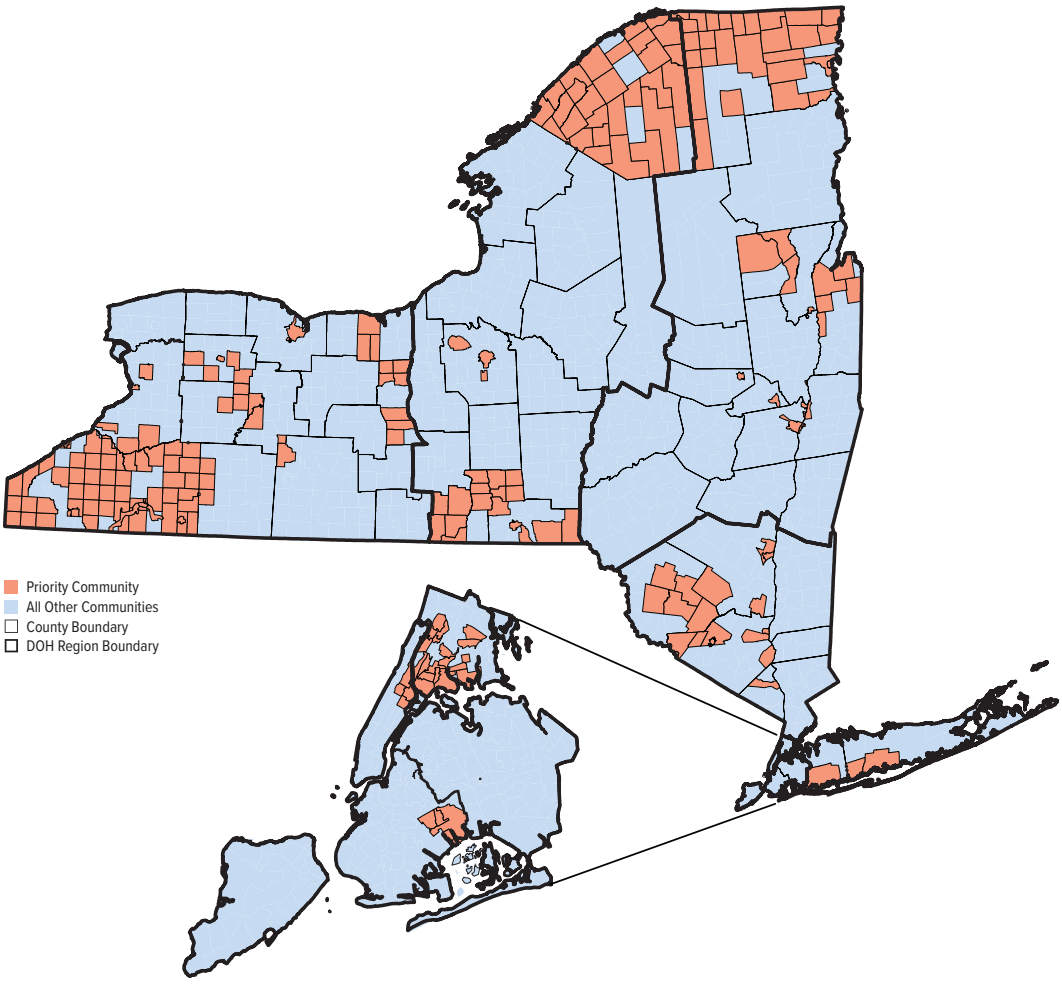
Grantee Progress Report

June 2021–November 2023

Program Overview

Creating Healthy Schools and Communities (CHSC) is a five-year, state-funded initiative to increase opportunities for physical activity and improved nutrition in 227 priority communities in New York State (see Figure 1 below), with a potential reach of over 4 million New Yorkers. The overall program goal is to reduce racial, ethnic, and community disparities in chronic disease risk factors in communities that meet the following criteria: 40% or more of the population identify as a race or ethnicity other than non-Hispanic white, and/or the percent of people living in high-need block groups is above the regional mean. High-need block groups were identified by the Area Deprivation Index (https://www.neighborhoodatlas.medicine.wisc.edu/), which uses 17 indicators for education, employment, housing quality, and poverty to highlight social determinants associated with persistent disparities in health. Twenty-five grantee organizations (e.g., local health departments, hospitals, Boards of Cooperative Education Services, Cornell Cooperative Extension agencies, and community-based organizations) (https://www.health.ny.gov/prevention/obesity/prevention_activities/chsc/regions.htm) were selected through a competitive application process to implement five evidence-based strategies that build on existing community assets: a) food service guidelines in worksites, and community settings; b) policies, practices, and environments in early care and education settings (ECE); c) policies, practices, and environments in schools; d) activity-friendly routes to everyday destinations; and e) communication and sustainability activities to support the success of the prior four strategies. One additional grantee (JSI Research & Training Institute, Inc.) serves as the statewide Physical Activity and Nutrition Center of Excellence (PANCE), and provides training and technical assistance to the 25 local-level grantees.

Figure 1: Map of Creating Healthy Schools and Communities Priority Communities



Evaluation Overview

The Creating Healthy Schools and Communities evaluation uses a three-tiered framework. **Tier 1:** Performance Monitoring helps to answer the questions: Are we doing what we said we would do? Are we making measurable progress toward our goals? New York State monitors the performance of grantees and their recruited sites using Catalyst, an online platform, and estimating potential population reach for each strategy using data from grantee-specific site lists. **Tier 2:** Program Evaluation projects of select strategies help answer the questions: Did sites make the recommended policy, system, and environmental changes? Were there changes in individual health behaviors, like increases in walking or biking? New York State examines site-level policy, system and environmental changes using assessment tools and observing individual health behaviors like walking and biking through semiannual, site-level pedestrian counts. **Tier 3:** Surveillance helps to answer the question: Are our activities helping to move the needle on improving population level health? While it's hard to prove causality between a public health initiative and improvements in health outcomes, New York State periodically analyzes data from existing surveillance systems, such as the Behavioral Risk Factor Surveillance System, which has indicators on risk factors and health outcomes that align with Creating Healthy Schools and Communities.

Purpose of This Report

The purpose of this report is to summarize early findings through these three tiers from June 2021 through November 2023, the midpoint of the five-year initiative.

Tier 1: Performance Monitoring – Summary of Early Findings Data Source: Catalyst (June 1, 2021–November 30, 2023)

Grantees have recruited sites, identified key partners, conducted site-level assessments to identify areas for improvement, and provided training and technical assistance to site partners to assist with policy, system, and environmental changes. Table 1 below summarizes the number of sites that completed each activity, by strategy and grant year. Grantees also participated in key communication activities. Twenty grantees have distributed materials to media outlets, 21 grantees have spoken to news organizations, 19 grantees have generated earned media, 19 grantees have communicated with a legislator through information sharing, 21 grantees have engaged a legislator through at least one in-person meeting, 20 grantees have written success stories, and eight grantees have supported statewide campaigns.

Table 1. Number of Sites Achieving Selected Activities and Outcomes, Cumulative, By Year

Activity or Outcome by Strategy and Year	Year 1	Year 2	Year 3
Food Service Guidelines in Worksites and Community Settings Within this strategy, grantees are working with food pantries (43%), health care settings (12%), municipal buildings (12%), community centers (7%), educational settings (6%), faith-based organizations (4%), and parks and recreation (6%). The remaining 10% are a combination of miscellaneous categories.			
Recruited site	119	269	318
Assessed and identified areas for improvement	70	193	229
Provided training/technical assistance (Nutrition only)	68	197	232
Implemented behavioral design	22	88	103
Implemented FSGs	33	117	122

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Table 1. Number of Sites Achieving Selected Activities and Outcomes, Cumulative, By Year *(Continued)*

Activity or Outcome by Strategy and Year	Year 1	Year 2	Year 3
Active Living – Policy			
Met with team and reviewed content	38	81	84
Identified areas of focus	42	72	80
Drafted new/improved policy	16	47	52
Provided training/technical assistance	26	54	66
Adopted new policy	9	27	35
Improved existing policy	2	12	13
Active Living – Implementation Within this strategy, grantees are working on improving pedestrian infrastructure and amenities (44% of projects), improving multiuse paths (37% of projects), improving bicycle infrastructure and amenities (11% of projects). The remaining 8% are public transportation projects or unknown.			
Recruited partners	72	115	137
Assessed and identified areas for improvement	70	114	136
Defined project and drafted documentation	36	74	85
Provided training/technical assistance	43	84	105
Improved pedestrian and bike transportation systems	31	61	80
Improved land use and environmental design	15	44	55
Early Care and Education Within this strategy, grantees are working with family day care homes (59%), day care centers (18%), and pre-K programs (23%).			
Recruited site	85	224	295
Assessed and identified areas for improvement	0	127	161
Provided training/technical assistance	10	152	200
Improved a policy	0	67	74
Implemented a practice	0	90	109
School District – Policy			
Recruited site	86	102	105
Assessed and identified areas for improvement	43	63	75
Provided training/TA	47	76	85
Improved a policy	17	42	54
School Building Implementation Within this strategy, grantees are working mostly with elementary schools (57%), middle schools (17%) and high schools (16%). The remaining schools are a combination of Junior/Senior, K-8, or K-12 grade levels.			
Recruited site	195	244	245
Assessed and identified areas for improvement	93	145	161
Provided training/technical assistance	137	193	223
Implemented a practice	81	137	160
Increased opportunities for walking or biking to school	14	36	39

Tier 2: Program Evaluation – Summary of Early Findings

Food Service Guidelines; Data Source: Creating Healthy Schools and Communities Food Service Guidelines Assessment Tool (June 1, 2021–November 30, 2023)

Grantees first assess each recruited worksite and community setting using the Creating Healthy Schools and Communities Food Service Guidelines Assessment Tool when they begin working with the site, and again every other year. They choose one food venue within the site to assess. As of November 30, 2023, 196 sites have been assessed at baseline and 31% had written food guidelines in place at the time of the assessment. Table 2 below summarizes some of the baseline results (first assessment) for all vending machines and snack bars (n=78).

Table 2. Percent of Vending Machines and Snack Bars Meeting Nutrition Standards for Packaged Snacks and Beverages

Standard	Yes (%)	No (%)	N/A (%)
Packaged Snacks			
All packaged snacks contain ≤200 mg sodium per package	3	91	6
All packaged snacks have 0 grams of trans fat	24	69	6
At least 75% of packaged snacks meet food and nutrient standards	6	86	8
Beverages			
When milk and fortified soy beverages are available, offer low-fat or fat-free beverages with no added sugars	14	41	45
When juice is available, offer 100% juice with no added sugars	36	32	32
At least 50% of beverage offerings contain ≤40 calories per 8 oz. (excluding 100% juice and unsweetened low-fat or fat-free milk)	19	79	2

Active Living Policy; Data Source: Creating Healthy Schools and Communities Active Living Policy and Plan Assessment Tool (June 1, 2021–November 30, 2023)

CHSC grantees assess each recruited priority community (town, city, village, or New York City neighborhood) once when they first start working with partners in that community using the Creating Healthy Schools and Communities Active Living Policy and Plan Assessment Tool. As of November 30, 2023, 77 priority communities have been assessed out of the 227 (34%). Table 3 below summarizes the percent of communities that address topics in an existing plan or policy at baseline.

Table 3. Number and Percent of Communities Addressing Active Living Categories in an Existing Policy or Plan

Category	Community Addresses This Category In an Existing Policy or Plan (n=77)
Infrastructure for pedestrians and bicyclists	63 (82%)
Parks and recreation	46 (60%)
Land use planning	45 (58%)
Street design and connectivity	28 (36%)
Public transportation	23 (30%)
Schools	13 (17%)

Active Living School Counts; Data Source: Creating Healthy Schools and Communities School Count Tool (June 1, 2021–November 30, 2023)

Grantees select one recruited school building and conduct semi-annual school counts at that building using the Creating Healthy Schools and Communities School Count Tool. Semi-annual counts are conducted in September and May of each year and must include at least one classroom at the school. As of Fall 2023, school counts were conducted in 63 classrooms. On average, 14% of students reported that they walked or biked to get home from school.

Potential Impact: During Creating Healthy Schools and Communities (June 1, 2021–November 30, 2023), grantees reported in Catalyst that they implemented practices to support walking/biking to school at 39 schools. 16,923 students are enrolled at these 39 schools, so based on the 14% of students that walk/bike home (taken from the count), we estimate that 2,369 students per day use active transportation at buildings that had improved practices since the start of the program.

Active Living Pedestrian Counts; Data Source: Creating Healthy Schools and Communities Pedestrian Count Tool (June 1, 2021–November 30, 2023)

Grantees select one active living implementation site and conduct semi-annual pedestrian and bicycle counts at that location using the Creating Healthy Schools and Communities Pedestrian Count Tool. Semi-annual counts are conducted in September and May of each year, and must include one day of count data, for a two-hour period. As of Fall 2023, counts were conducted at 32 project sites: 18 pedestrian routes, 3 bicycle routes, and 11 multiple-use routes. For pedestrian infrastructure improvement projects, the number of bicyclists and pedestrians on an average day was 275. For bicycle infrastructure improvement projects, the number of bicyclists and pedestrians on an average day was 496. For multi-use path improvement projects, the number of bicyclists and pedestrians on an average day was 402.

Potential Impact: During Creating Healthy Schools (June 1, 2021–November 30, 2023), grantees reported in Catalyst that they completed 49 new implementation projects: 24 were pedestrian infrastructure projects, 8 were bicycle infrastructure projects, 15 were multi-use path projects, and 2 were public transit projects. Using the count data, we estimate that: 6,600 people per day use pedestrian routes that were improved since the start of the program; 3,968 people per day use bicycle routes that were improved since the start of the program; and 6,030 people per day use multi-use routes that were improved since the start of the program.

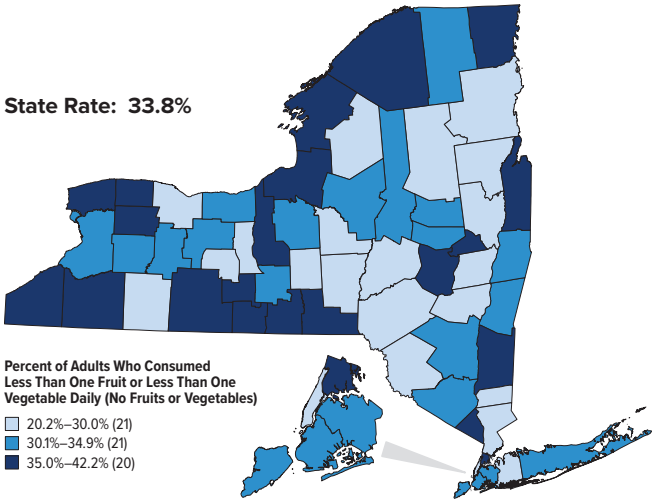
Tier 3: Surveillance – Summary of Chronic Disease Risk Factor Indicators

The Behavioral Risk Factor Surveillance System is an annual telephone survey of adults developed by the Centers for Disease Control and Prevention conducted in all 50 states, the District of Columbia, and several United States territories. The New York Behavioral Risk Factor Surveillance System is administered by the New York State Department of Health to provide statewide and regional information on behaviors, risk factors, and use of preventive health services related to the leading causes of chronic and infectious diseases, disability, injury, and death. Approximately every three years, New York State conducts an expanded Behavioral Risk Factor Surveillance System, with the goal of collecting county-specific data. County level estimates can be used to identify priority areas, inform program planning, and evaluate the effectiveness of programs and policies. Local prevention programs, like Creating Healthy Schools and Communities, can also use this information to educate decision-makers and increase community engagement. The maps below show the county level estimates for key nutrition and physical activity indicators from the 2021 Behavioral Risk Factor Surveillance System. The next expanded Behavioral Risk Factor Surveillance System is planned for 2024 and can be used to track changes at the county level.

Nutrition Indicators (Behavioral Risk Factor Surveillance System, 2021)

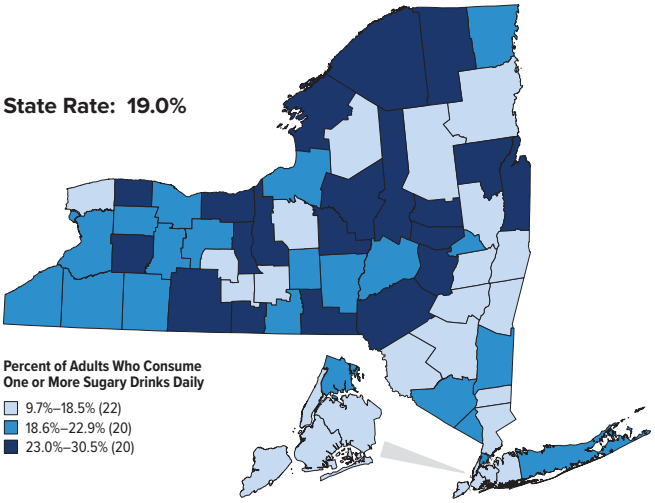
Fruit and Vegetable Consumption

State Rate: 33.8%



Sugary Drink Consumption

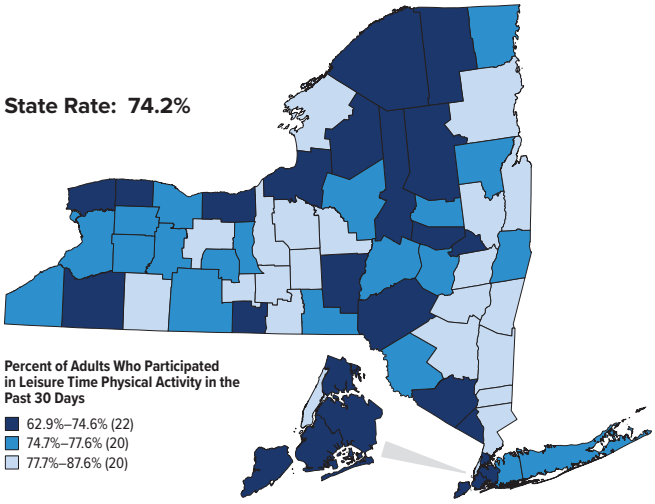
State Rate: 19.0%



Physical Activity Indicators (Behavioral Risk Factor Surveillance System, 2021)

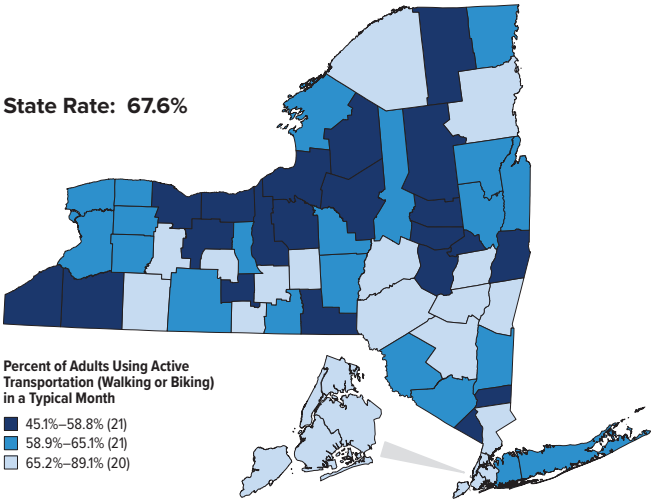
Leisure Time Physical Activity

State Rate: 74.2%



Active Transportation

State Rate: 67.6%



https://www.cdc.gov/physicalactivity/activepeoplehealthynation/

For more information, please send an email to BCDER@health.ny.gov with Creating Healthy Schools and Communities Progress Report in the subject line.

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