

# Background and Purpose

## A. Goal:

The goal of the project is to address food insecurity and social isolation among older adults, to support the building of a livable community, and to help older adults 'age in place' with dignity.

## B. Objectives:

1. Establish a technology-based network of services adapted for the target population to reliably and sustainably link them to adequate food and other social services and activities that can help improve their food security, connectedness, and quality of life.
2. Work with community members to create tailored cooking and nutrition education classes, using a food justice lens to promote optimal diet quality and participant buy-in and behavior change
3. Provide SNAP education and enrollment assistance and access to low-cost fresh local produce via a subsidized food box to help improve food access and diet quality.
4. Work with public housing tenant associations and other key partners to help organize the community to create and advocate for services and activities that support their aging in place.
5. Collect and analyze data on referral outcomes and other proposed activities to measure the village's success and long-term viability.

## C. Overview of Project:

Public Health Solutions (PHS), in partnership with Carter Burden (CBN), received a 2018 Administration for Community Living Nutrition Innovations Grant to implement the East Harlem Village (EHV), a community services network to combat food insecurity and social isolation among older adults 60+ and help them age in place with dignity. The network links participants to trusted local food and nutrition programs, socialization activities, leadership support, and other social services, using a secure, closed-loop electronic referral platform. The program adopts a "pragmatic model of responsiveness", wherein community members identify their needs and the menu of services needed, and we respond to the community to ensure the ability of the network of organizations to address those needs, and streamline communication between service providers to solve problems.

## D. Project Results:

- EHV has enrolled 313 active members.
- Screened needs and assisted members to receive 377 referrals to services from partner organizations and other available services provided, in the following service areas: Benefits Navigation, Food Assistance, Housing & Shelter, Individual & Family Support, Legal, Mental/Behavioral Health, Physical Health, Social Enrichment, and Wellness. (See service screening forms in Appendix D)
- Created 11 innovative programs in the project, with 166 activities/workshops/events conducted to respond to community needs and address service gaps.
- Generated 7,028 total participation across all new programming.
- Hosted 4 Partners Convening Meeting over the grant period and scaled up partner network size from 10 to 20 organizations.
- Quality of Life and Food Insecurity changes data (See Appendix F)

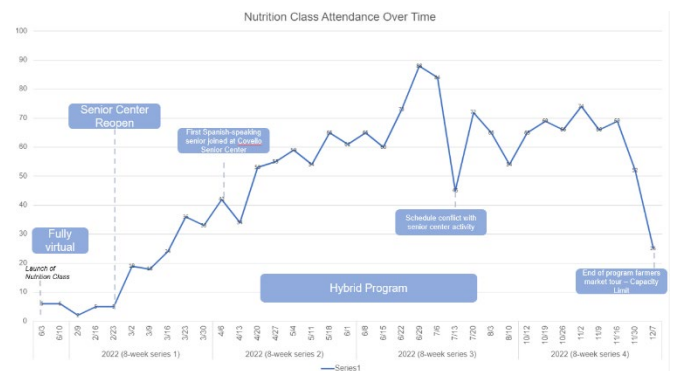


Figure A. Demonstrates the number of nutrition education attendance over the course of the grant period.

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