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Healthy Neighborhoods Project: adaptable solutions to violence prevention and community well-being

Submission date
23/07/2021

Recruitment status
No longer recruiting

Registration date
04/08/2021

Overall study status
Completed

Last Edited
21/01/2026

Condition category
Other

[_] Prospectively registered
[X] Protocol
[_] Statistical analysis plan
[X] Results
[_] Individual participant data

Plain English summary of protocol

Background and study aims
Violence is a leading health burden in the US and globally and plays a significant role in shaping population health and health disparities. Youth violence is especially troubling given that patterns of violence often begin in childhood, with fatal violence resulting in significant healthy years of life lost. Although there is a growing evidence base of programming aimed to prevent violence, there remains a fundamental gap in evidence of effective population-level interventions that may impact both fatal and non-fatal violence. This study aims to test the impact of blighted property remediation in preventing violence and promoting health.

Who can participate?
Residents living in 23 neighborhoods in New Orleans, Louisiana, USA

What does the study involve?
Participating neighborhoods are randomly allocated to the intervention group or the control group. The intervention neighbourhoods undergo remediation or clean up of vacant and blighted lots and homes. This includes removal of all refuse, debris and any overgrowth in designated lots; preparing soil and adding compost-rich topsoil, and obtaining seeds, trees, and fencing; planting grass, shrubs and trees and placement of a modest post-and-rail fence around the lot; and bi-weekly mowing and cleaning during growing season. Treatment for vacant homes will also consist of removal of any trash or items on (e.g., porch) or around the structure, removal of broken or boarded windows, and preparation for painting; installing new windows and applying paint where applicable; and bi-weekly checks during greening maintenance and replacement of any windows as necessary. The neighborhoods are followed for 1 year and youth violence-related crime rates, non-fatal injury rates and death rates are measured. After 1 year of follow-up is complete the control areas receive the intervention.

What are the possible benefits and risks of participating?
There are no direct benefits or risks of participating.

Where is the study run from?
Tulane University (USA)

When is the study starting and how long is it expected to run for?
August 2018 to December 2024

Who is funding the study?
1. National Institutes of Health (USA)
2. Robert Wood Johnson Foundation (USA)

Who is the main contact?
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Contact information

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Scientific

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Additional identifiers

Clinical Trials Information System (CTIS)
Nil known

Protocol serial number
R01 HD095609-05

Study information

Scientific Title
Place Matters - adaptable solutions to violence at the community level

Acronym
HNP

Study objectives
The broad objective of the Healthy Neighborhoods Project (HNP) is to conduct a neighborhood cluster randomized trial (RCT) to test the impact of blighted property remediation on two sets of outcomes: 1) youth and family violence (NIH, R01HD095609) and 2) RWJF Culture of Health (CoH) Action Area 1 Drivers - well-being and heath interconnectedness, sense of community and sense of safety, and civic engagement. The proposed RCT is a three-arm intervention in geographically block-randomized clusters: 1) clusters with vacant land treated only; 2) clusters with both vacant land and vacant homes treated; and 3) control clusters 23 New Orleans, Louisiana communities experiencing high rates of violence. Findings from the study will provide information for neighborhood place-based policy and prevention efforts in residential urban areas.

The central hypothesis for the first set of outcomes is that blighted property remediation will reduce violence by providing fewer locations for illegal weapons storage, improving residential sense of community and social control, and reducing perceived stress among residents. The central hypothesis for the second set of outcomes is that blighted property reduction will improve health and well-being by improving residential sense of community and social control, sense of safety, and will increase engagement and awareness of the link between community conditions and health by residents. These hypotheses are based on our previous findings linking community and family violence and health and well-being with other structural neighborhood conditions, as well as the collaborative efforts of our interdisciplinary team and strong community partnerships.

Specific testable hypotheses are presented below:
1. It is hypothesized that areas surrounding intervention areas will experience greater reductions in youth violence compared to control areas.
2. It is hypothesized that rates of intimate partner violence and child maltreatment will be significantly lower in intervention areas.
3. It is hypothesized that areas surrounding intervention areas will experience greater improvements in well-being and heath interconnectedness, sense of community and sense of safety, and civic engagement compared to control areas and that these factors will mediate the relation between blighted property reduction and violence outcomes.
4. It is hypothesized that the intervention impact will be lower in areas with greater alcohol outlets and greater in areas with higher levels of collective efficacy.

Ethics approval required
Old ethics approval format

Ethics approval(s)
Approved 07/04/2018, Tulane University Institutional Review Board (Tulane University Human Research Protection Office (HRPO), 1440 Canal Street, Suite 1705, TW-8436 New Orleans, LA 70112, USA; +1 (0)504 988 2665; irbmain@tulane.edu), ref: IRB# 2017-708

Study design
Cluster randomized trial

Primary study design
Interventional

Study type(s)
Prevention

Health condition(s) or problem(s) studied
Prevention of violence, specifically youth and family violence, and promotion of health and well-being

Interventions
The study involves block randomization of 194 geographic clusters across 23 neighborhoods in New Orleans, Louisiana, USA. The blocks are based on larger communities across the city, with three major blocks.

Land treatment or lot greening will consist of three phases: 1) a cleaning phase - removal of all refuse, debris and any overgrowth in designated lots; 2) a preparation phase – preparing soil and adding compost-rich topsoil, and obtaining seeds, trees, and fencing; a planting stage – planting grass, shrubs and trees and placement of a modest post-and-rail fence around the lot; and 3) a maintenance phase – bi-weekly mowing and cleaning during growing season. Technical guidance will be provided from the City of New Orleans. The average cost to “clean and green” a property is $1.50 per square foot for the treatment itself, plus an additional $0.10 per square foot for ongoing annual maintenance. Vacant lots vary in size so the researchers budget in terms of square feet and an average vacant lot size of 625 square feet, they estimate approximately $1,000 per lot.

Treatment for vacant homes will also consist of three phases: 1) a cleaning and preparation phase – removal of any trash or items on (e.g., porch) or around the structure, removal of broken or boarded windows, and preparation for painting; 2) a treatment phase – installing new windows and applying paint where applicable; and 3) a maintenance phase – bi-weekly checks during greening maintenance and replacement of any windows as necessary. Costs will vary depending on the size of the structure and some structures will potentially need demolition, which will be explored.

The clusters are followed for 1 year and the actual intervention/treatment varies a bit based on the level of the blight on the property but no parcel has taken more than 3 days to complete and most are done within a day or 1.5 days. After 1 year of follow-up is complete the control areas receive the intervention.

Intervention Type

Other

Primary outcome(s)
Measured at baseline, 2-3 months prior to treatment, 2-3 months post-treatment, and then 1 year after treatment:
1. Youth violent and property crime rate, obtained from the New Orleans Police Department records as well separately for homicide and assault
2. Youth violence-related non-fatal injury rate, obtained from local hospital discharge data
3. Youth violence-related mortality rate, obtained from the Louisiana Department of Health

Key secondary outcome(s))
Measured at baseline, 2 to 3 months before treatment, 1 to 2 months after treatment, and 10-to-12-months post-treatment:
1. Well-being obtained utilizing measures from the RAND and RWJF American Health Values Survey
2. Health interconnectedness obtained utilizing measures from the RAND and RWJF American Health Values Survey
3. Sense of community obtained utilizing measures from the RAND and RWJF American Health Values Survey
4. Sense of safety measured utilizing Tolan and colleagues 7-item survey (4-point scale, very fearful to not fearful)
5. Civic engagement measured utilizing items from the American Health Values Survey
6. Substance use assessed with the brief CAGE screeners for alcohol and other drugs
7. Psychological distress measured with the Kessler 6 index

Completion date
31/12/2024

Eligibility

Key inclusion criteria
Because the trial is at the neighborhood level, there are no individual eligibility requirements other than living in one of the geographic clusters being randomized; however, qualitative components are also being conducted and participants may include residents outside of the trial areas.

Participant type(s)
Other

Healthy volunteers allowed
No

Age group
Adult

Sex
All

Total final enrolment
405

Key exclusion criteria
Does not meet the inclusion criteria

Date of first enrolment
01/01/2019

Date of final enrolment
07/01/2022

Locations

Countries of recruitment
United States of America

Study participating centre
Tulane University
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Sponsor information

Organisation
National Institutes of Health

ROR
https://ror.org/01cwqze88

Organisation
Robert Wood Johnson Foundation

ROR
https://ror.org/02ymmdj85

Funder(s)

Funder type
Government

Funder Name
National Institutes of Health

Alternative Name(s)
US National Institutes of Health, Institutos Nacionales de la Salud, NIH, USNIH

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
United States of America

Funder Name
Robert Wood Johnson Foundation

Alternative Name(s)
RWJ Foundation, The Robert Wood Johnson Foundation, Johnson-New Brunswick Foundation, Johnson New Brunswick Foundation, RWJF

Funding Body Type
Private sector organisation

Funding Body Subtype
Trusts, charities, foundations (both public and private)

Location
United States of America

Results and Publications

Individual participant data (IPD) sharing plan
Data and metadata files will be made available via the study website and/or through methods of transfer to partners. Data will also be made available to national repositories based on the type of data (e.g., PubMed) following publication. The final codebook for existing and derived individual data as well as qualitative data management and transcription results will be available within 6 months of the end of the final year of funding. For requests prior to completion of the full project period, investigators will be asked to propose an analysis including investigator qualifications, study aims, hypothesis, analysis plan, and variables to be used. The PI and co-Is will evaluate these requests based on the following guidelines: a) executing the request is viable and does not interfere with the primary studies proposed in this application; b) University IRB approvals are obtained; c) the collected data is scientifically justified to have potential benefit to understanding outcomes; and d) costs of obtaining the data are agreed upon based on relatedness to the current proposal. Priority will be given to those projects that have greater promise to develop new areas of investigation or to synergize with existing research interests.

The review will also consider which members of the team should be co-authors on publications or involved in other ways for projects that are meant to lead to other results other than peer review. A formal request delineating the data-sharing agreement will include the following in addition to the guidelines described above: a) a commitment to using the data only for research and practice purposes and not to identify any individual participant, b) assurance that data will be used in accordance with Federal (e.g., NIH, CDC) Public Access Policy regarding submission to peer-reviewed journals and submission of the published manuscript to the appropriate digital archives no later than 12 months after publication; c) assurance that the original values within the dataset will not be altered in any way; d) assurance that the data will be secure using appropriate computer technology and that the data will not be distributed to a third party; e) assurance that the data will not be used for commercial purposes or to raise money by an individual or affiliated organization; and f) acknowledgment that the NIH grant is the data resource in scientific publications. Researchers requesting access to data will obtain access upon the signing of the data-sharing agreement by the requesting investigator and an authorized representative of the recipient institution. Upon receipt, data will be provided in password-protected files. Potential investigators will be required to provide the study team with a yearly update on the progress and use of this data. All requests will be processed by the Tulane Office of Research in accordance with Tulane's policy on material transfer. Consent forms for the Research Projects will inform participants that their de-identified data will be stored for possible future use.

IPD sharing plan summary

Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article		21/02/2025	21/01/2026	Yes	No
Protocol file			21/02/2022	No	No
Study website	Study website	11/11/2025	11/11/2025	No	Yes