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Allina Health Neighborhood Health Connection™

*Findings from the 2017 Healthy Activity Grant Program
Follow-up Evaluation Survey*

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Background

This is the fifth year that Wilder Research has evaluated the Neighborhood Health Connection program with a consistent focus on measuring changes in program participants' social connections and healthy behaviors. Results from previous evaluation reports can be accessed on the [Allina Health website \(https://www.allinahealth.org/About-Us/Community-involvement/Initiatives-and-programs/Neighborhood-Health-Connection/Evaluation/\)](https://www.allinahealth.org/About-Us/Community-involvement/Initiatives-and-programs/Neighborhood-Health-Connection/Evaluation/).

The role of social connectedness in influencing health

A growing body of research demonstrates that social connections—the relationships that individuals have with their family members, friends, and neighbors—can contribute to positive health outcomes in a variety of ways. Social connections can improve health indirectly, such as when positive behavior change is supported through the development and reinforcement of positive social norms or when residents with different backgrounds organize to influence policy decisions that impact health. Research also demonstrates that when individuals feel connected with others they can experience direct physical benefits, including reduced stress and other symptoms associated with social isolation. Health outcomes can also improve as a result of people accessing resources that support health. Therefore, social connections among residents who share different backgrounds can open doors to new sources of information and health resources in the community.

About Neighborhood Health Connection

The Neighborhood Health Connection (NHC) grant program is directed through the central office of Allina Health Community Benefit and Engagement (Allina Health), but largely administered at a regional level by the Allina Health community engagement leads. In 2017, the program awarded 68 grants, ranging from \$750 to \$10,000, to organizations through a competitive grantmaking process. All funded organizations were required to implement activities focused on a) increasing social connections and b) improving healthy eating and/or physical activity among participants. Because earlier evaluation results suggested a positive relationship between changes in healthy behavior and social connections and frequency of participation, all grantees were required to offer a minimum of six activities for the same group of participants. Beyond this requirement, there were no restrictions on the types of activities. As a result, the funded activities varied widely (e.g., community gardening, sports and exercise groups, cooking and nutrition classes), and all aimed to reach different populations.

About the evaluation

Evaluation questions

The evaluation for NHC was designed to answer the following key questions:

- Were the NHC grant-funded activities successful in increasing social connections among participants at the conclusion of the grant period and six months after the end of the grant?
- Did participants report an increase in healthy eating and/or physical activity at the conclusion of the grant period and six months after the end of the grant?
- What is the impact of the program on specific participant populations (e.g., participants of color, those who receive public support, etc.)?
- What is the impact of how grantees organize their activities (closed group, closed cohort, open cohort) on participants' social connections and healthy behaviors?

To answer the key questions, initial surveys were administered to both grantees and program participants at the end of the activity or at the end of the NHC grant funding period (whichever came first). Follow-up surveys were also administered to participants six months after the end of the funding period to measure changes over time.

Methods

Initial surveys and response rates

- **Initial participant survey.** Written or online surveys were administered to adults who participated in two or more project activities. The participants were asked how the activities impacted their connections with others and their own health behaviors. The survey was available in the three languages spoken by the vast majority of participants: English, Somali, and Spanish. The participant survey was completed by 584 of the approximately 1,298 eligible participants (i.e., adults age 18 or older who participated in an activity at least twice), a response rate of 45 percent. Online surveys were completed by 218 participants and paper surveys by 366. Some grantees had a response rate lower than the overall rate.

Follow-up surveys and response rates

- **Participant follow-up survey.** Written or online surveys were sent to adult participants six months after the end of the NHC funding period. The participants were asked whether they continued participating in the activity and about the impact of the activity on their social connections and health behaviors. The survey was available in English and Spanish. Participants received a \$10 gift card if they completed the initial and follow-up surveys.
- The participant follow-up survey was completed by 309 of the 584 participants who completed the initial survey, a response rate of 53 percent. Online surveys were completed by 162 participants and paper surveys by 147 participants. Some grantees had a response rate lower than the overall rate. Caution should be used when interpreting the results, as they may not represent the thoughts of all participants who were eligible for the survey. Additionally, not all participants who responded to the initial survey were sent a follow-up survey because they did not provide a mailing address or the address was incorrect.

How NHC activities were organized

All NHC activities had a focus on increasing social connectedness and improving health through healthy eating or physical activities, and were required to offer a minimum of six sessions for participants to attend. Beyond those broad similarities, each activity had its own unique format and approach, including the degree to which the same group of participants had opportunities to engage with one another over the grant period. Some activities followed a closed cohort model in which an identified group of people participated in a series of activities and new people typically did not join. Others offered an open cohort model in which the group of participants remained mostly the same, but new people could join at any point. Grantees could also choose to organize their activities as an open group in which some participants attended multiple activities, but the overall group of participants differed at each event.

Limitations

Use caution when interpreting the follow-up results as they may not represent the thoughts of all participants who were eligible for that survey. Respondents to the follow-up survey tended to be white, be female, not receive public support, speak English in their household, and be in good health. The results from all exploratory analyses done to consider potential differences in outcomes by race/ethnicity, income, and level of participation in the activity (i.e., dosage) are included in this report. However, any comparisons should be interpreted with caution, particularly crosstabs looking at race and ethnicity as only 23 individuals who responded to the survey were people of color, which does not allow for reporting of potential differences by more specific and meaningful race and ethnicity categories. Poor participant recall or participants' interest in reporting improvement in social connections and health (response bias) may have influenced the responses. Finally, because participants were asked generally about changes in various health-related behaviors, it is not known the degree to which changes may result in notable improvement in health outcomes.

Statistical significance

For the results of the follow-up survey, chi-square tests were conducted to identify any significant relationships between dosage (i.e., the number of times an individual took part in a Neighborhood Health Connection activity) and changes in social connections, healthy behaviors, and the use of resources that support health. Chi-square tests were also used to measure the significance of differences in participants' social connections and health behaviors between the initial and follow-up surveys. Data table notes are used throughout the report to indicate any statistically significant differences between groups.

Key findings from the initial survey

Results from the evaluation suggest that positive changes in social connections, physical activity, and healthy eating occurred for a majority of participants. In addition, participants who took part in a higher number of activities were more likely to report positive changes.

All results from the initial participant and grantee survey, including detailed data tables, can be accessed in the [findings from the Allina Neighborhood Health Connection \(https://www.wilder.org/wilder-research/research-library/allina-health-neighborhood-health-connection?ID=1340&RootFolder=/Wilder-Research/Publications/Studies/Allina-Health-Neighborhood-Health-Connection\)](https://www.wilder.org/wilder-research/research-library/allina-health-neighborhood-health-connection?ID=1340&RootFolder=/Wilder-Research/Publications/Studies/Allina-Health-Neighborhood-Health-Connection).

Success building social connections

The survey findings suggest positive changes in social connections occurred for a majority of participants. A majority of participants reported that as a result of participating in the NHC activity, they strengthened current connections (83%) and connected with new people they did not know before (84%). The majority (80%) were at least somewhat confident they will stay in touch with at least one person they met.

- We looked at results by the frequency of participation and used the following categories: low participation: participated in 2-3 activities; moderate: 4-5 activities; high: 6 or more activities. Participants who took part at a high frequency were significantly more likely to indicate they were very confident (56%) they will stay in touch with at least one person they met, compared to those who participated at a moderate (29%) or low frequency (34%).
- Participants of color were more likely to report they were very confident they will stay in touch with at least one person they met (57%) compared to white participants (42%).
- A similar percentage of participants who receive public support and those who do not receive public support were very confident they will stay in touch with at least one person they met (49% and 43%, respectively).
- The percentage who said they were very confident they will stay in touch with at least one person they met did not vary significantly by participants in an open cohort (46%), closed cohort (45%), or an open group (35%).

Success improving physical activity

Results suggest participants made positive changes in their physical activity. Fifty-three percent of participants reported they were more physically active than six months ago. Forty percent of participants indicated they were very likely to become more physically active because of the NHC activity.

- Participants who took part at a high frequency were more likely to say they were more physically active than six months ago (64%), compared to those who took part at a moderate frequency (46%) and low frequency (36%).
- Participants of color were significantly more likely to indicate that as a result of the NHC activity they were more physically active than six months ago (74%), compared to white participants (48%).
- The percentage who said they were more physically active than six months ago was similar for participants who receive public support (60%) and those who do not receive public support (53%).
- A similar percentage of participants in a closed cohort (60%), an open cohort (53%), and an open group (46%) said that because of this activity they were more physically active than six months ago.

Success improving healthy eating

Results also suggest participants made positive changes to their healthy eating behavior as a result of the NHC activities. Fifty-five percent of participants said they were eating healthier meals and snacks more often than six months ago; 49 percent were very likely to eat healthier because of the NHC activity.

- Sixty-one percent of participants who took part at a high frequency, 50 percent who took part at a moderate frequency, and 48 percent who took part at a low frequency said they eat healthy meals and snacks more often than six months ago.
- Participants of color were significantly more likely to say that because of the NHC activity they eat healthy meals and snacks more often than six months ago (74%), compared to white participants (48%).
- More than half of participants who receive public support (61%) and those who do not receive public support (55%) said that because of the NHC activity they eat healthy meals and snacks more often than six months ago.
- The percentage of participants who eat healthy meals and snacks more often than six months ago was similar for participants in an open group (63%), an open cohort (51%), and a closed cohort (44%).

Key findings from the follow-up survey

The follow-up participant surveys were administered six months after the end of the activity. In this section and in the Appendix, participants' follow-up survey results are shared. In addition, comparisons are made between participants' results from the initial and follow-up surveys.

Overall, the findings suggest positive changes in social connectedness and healthy eating behaviors for a majority of participants who completed the follow-up survey. Despite some indication of increased physical activity among participants who took part in the NHC activity, this change has not yet been significant at six months after the end of the funding period. This could be an indication that participants were already physically active prior to the activity's conclusion, which would leave less room for improvement over a six month period.

Continued participation in an NHC activity

Among grantees that continued to offer activities after the grant period ended, a majority of participants (66%) reported that they continued to participate in the NHC activity. More than half said they continued because the activity helped improve their health (68%), they liked spending time with others (60%), or the information provided was useful (56%). The most common reason participants stopped participating was because the activity was no longer offered (56%; Figure B1).

Impact on social connections

At follow-up

Seventy-two percent of participants met new people through an NHC activity. A majority of these participants (70%) continued to keep in touch with at least one of the new connections they made during the NHC activity six months after the grant period ended (Figure B6).

Seventy-seven percent of participants strengthened connections with people they already knew before the NHC activity started (Figure B6). A majority of these participants (68%) reported they continue to do so six months later (Figure 3).

At the end of the NHC funding period compared to follow-up

Sixty-eight percent of participants reported strengthening their existing relationships at the end of the NHC funding period and continued to do so at follow-up. Fewer reported that they strengthened existing connections at the initial survey but did not continue to strengthen connections at follow-up (8%) or did not strengthen connections at either time point (9%). Some participants (15%) reported strengthened relationships at follow-up, after reporting no change at the close of the funding period (Figure 1).

1. Participants' changes in their current connections at the end of the NHC funding period and at follow-up (N=305)

End of NHC funding	Follow-up	
↑	↑	68%
↑	—	8%
—	↑	15%
—	—	9%

↑ = connection increased, ↓ = connection decreased, — = no change in connection

Note. This figure displays the total number of participants who answered survey questions regarding changes to their social connections both at the end of the NHC funding period AND at follow-up.

Seventy-five percent of participants who continued to take part in an NHC activity after the funding period reported that they have maintained new connections at the six-month follow-up. Fifty-four percent of respondents reported they maintained new connections even though they no longer participate in the NHC activity (Figure B9). It is unclear whether it was a personal choice to no longer participate or whether the activity was no longer offered.

Differences by dosage

- The number of times participants attended an activity did not affect the percentage who said they have strengthened connections with people they already knew before the activity started. Seventy-seven percent of those who took part at a low frequency, 70 percent of those who took part at a moderate frequency, and 80 percent of those who took part at a high frequency said they strengthened connections with people they already knew (Figure B10).
- Those who attended at a high frequency were more likely to report meeting new people during the activity (83%) compared to those who attended at moderate frequency (64%) or low frequency (55%) (Figure B11).

Differences by race/ethnicity

Participants of color and white participants made new connections at similar rates.

Eighty percent of participants of color and 71 percent of white participants met new people through the activity (Figure B14) and strengthened connections with people they knew before the activity started (76% of participants of color and 77% of white participants; Figure B13).

- Seventy-three percent of respondents of color (n=15) and 71 percent of white participants (n=188) reported that they still talk to or meet with at least one new person they met (Figure B15).
- At follow-up, 76 percent of participants of color and 77 percent of white participants reported they strengthened connections with people they already knew before the activity started (Figure B13).
- Seventy-three percent of participants of color and 71 percent of white participants reported they still talk to or meet with at least one of the new people they met (Figure B15).

Differences by receipt of public support

- Receiving public support did not affect social connections. At follow-up, 81 percent of participants who receive public support and 73 percent of those who do not receive public support reported strengthened connections with people they already knew before the activity started (Figure B16).
- Seventy-five percent of participants who receive public support and 69 percent of those who do not receive public support said they still talk to or meet with at least one new person they met (Figure B18).

Differences by organization of activity

- There were no significant differences in the percentage who strengthened connections with people they already knew by the type of activity. Sixty-eight percent of participants in a closed cohort, 81 percent in an open cohort, and 80 percent in an open group reported they strengthened connections with people they already knew before the activity started (Figure B19).
- There were some differences in the percentage of respondents who said they met new people. Eighty-eight percent of those in a closed cohort, 70 percent of those in an open cohort, and 85 percent of those in an open group said they met new people (Figure B20).

Impact on physical activity

At follow-up

- Most participants reported that as a result of the NHC activity, they were either more physically active than six months ago (35%) or were doing about the same amount of physical activity as six months ago (58%; Figure B23).
- When asked about how many days they got at least 30 minutes of moderate physical activity in the past week, 79 percent said they were active three or more days (Figure B24).

At the end of the NHC funding period compared to follow-up

Over half (53%) of participants reported being more physically active at follow-up.

This includes participants who reported increased physical activity at the end of the NHC funding period and at follow-up (23%) or at follow-up (30%). Twenty-nine percent of participants did not report any change in physical activity. Few participants (3%) reported a decrease in physical activity at follow-up (Figure 2).

2. Participants' changes in their physical activity at the end of the NHC funding period and at follow-up (N=219)

End of NHC funding	Follow-up	
↑	↑	23%
↑	—	14%
↑	↓	1%
—	↑	30%
—	—	29%
—	↓	2%
↓	↓	0%

↑ = physical activity increased, ↓ = physical activity decreased, — = no change in physical activity

Note: This figure displays the total number of participants who answered survey questions regarding changes in their physical activity at the end of the NHC funding period AND at the follow-up.

Differences by dosage

- There were no differences in physical activity based on the number of times participants attended an activity. Thirty-four percent of participants who took part at a low frequency said they are more physically active now than six months ago. Similarly, 34 percent of those who took part at a moderate frequency and 35 percent at high frequency said they are more physically active than six months ago (Figure B27).

Differences by race/ethnicity

- Participants of color were significantly more likely to indicate that they are more physically active now than six months ago (71%) compared to white participants (33%; Figure B28).

Differences by receipt of public support

- Physical activity rates were similar for those who do and do not receive public support. Twenty-five percent of participants who receive public support and thirty-five percent of those who do not receive public support said they are more physically active now than six months ago (Figure B29).

Differences by activity

- Physical activity rates were not significantly different by type of grantee activity. Twenty-six percent of participants in a closed cohort, 39 percent in an open cohort, and 29 percent in an open group said that because of this activity they were more physically active than six months ago (Figure B30).

Impact on healthy eating

At follow-up

- Forty-five percent of participants said they eat healthy meals and snacks more often than six months ago, and 54 percent said they eat healthy meals and snacks about the same as six months ago (Figure B32).
- Forty-three percent of participants ate fewer than the three servings of vegetables on an average day recommended for a healthy diet (Figure B33).
- Participants were also asked how many servings of fruits they eat on an average day. Twenty-eight percent said they averaged five or more servings a day (Figure B34).

At the end of the NHC funding period compared to follow-up

Over half of participants (52%) reported improvement in their healthy eating behavior at follow-up. This includes 30 percent of participants who reported eating healthier both at the end of the NHC funding period and at follow-up, and 22 percent who reported no change at the end of the NHC funding period but an increase at follow-up. Fifteen percent reported eating healthier foods at the end of the NHC funding period but not at follow-up. Fifteen percent reported eating healthier foods at the end of the NHC funding period but not at follow-up. Some participants (28%) did not report any changes in eating behavior (Figure 3).

3. Participants' changes in their healthy eating behavior at the end of the NHC funding period and at follow-up (N=167)

End of NHC funding	Follow-up	
↑	↑	30%
↑	—	15%
↑	↓	2%
—	↑	22%
—	—	28%
—	↓	2%
↓	↓	0%

↑ = physical activity increased, ↓ = physical activity decreased, — = no change in physical activity

Note. This figure displays the total number of participants who answered survey questions regarding changes in their healthy eating behavior at the end of the NHC funding period AND at the follow-up.

Differences by dosage

- Healthy eating did not vary by the number of activities participants attended. Forty-eight percent of participants who took part at a low frequency, 50 percent at moderate frequency, and 41 percent at low frequency said they eat healthy meals and snacks more now than six months ago (Figure B37).

Differences by race/ethnicity

- The percentage of respondents who said they eat healthy food more often than six months ago was not significantly different between participants of color and white participants. At follow-up, 60 percent of participants of color and 44 percent of white participants said they eat health meals and snacks more now than six months ago (Figure B38).

Differences by receipt of public support

- Healthy eating responses were not significantly different between participants who receive public support and those who do not receive public support. Thirty-nine percent of participants who receive public support and 48 percent of those who do not receive public support said they eat healthy meals and snacks more now than six months ago (Figure B39).

Differences by activity

- Healthy eating responses did not differ significantly by type of activity. Thirty-two percent of participants in a closed cohort, 47 percent in an open cohort, and 56 percent in an open group said that they eat healthy meals and snacks more often than six months ago (Figure B40).

Moving forward

The results from the NHC evaluation have been fairly consistent over the past four years. NHC participants, particularly those who regularly attend program activities, report improvements in social connectedness, physical activity, and healthy eating. Overall, the results show that Allina's grantmaking approach is reaching organizations who are offering program activities that support health. Although the follow-up survey will be discontinued in 2019, Allina will continue to monitor changes in participants' social connectedness and health behavior with the participant survey completed at the end of the activity.

With the overall results being consistent compared with prior years and generally positive, this report does not offer new recommendations for Allina to consider. Instead, we will again highlight recommendations informed by a targeted literature review of effective grantmaking strategies to increase social connectedness. The following recommendations focus more directly on Allina's grantmaking approach and who is most likely to benefit from the NHC program.

The following recommendations were pulled from the tip sheet:

- **Consider greater emphasis on NHC activities reaching individuals who are socially isolated.** While it is arguable that anyone can benefit from greater social connection, individuals who are socially isolated are at greater risk of poorer health outcomes and may benefit most from participating in NHC activities.
- **Identify opportunities to better capture and share learnings from successful demonstration projects.** A number of grantmaking organizations fund demonstration projects as a way to reach as many communities as possible and encourage innovation. While the NHC program does reach a wide range of projects, the evaluation approach could be strengthened to elevate promising approaches.
- **Provide more support to sustainability planning or creating options for successful programs to apply for continued funding.** A recent report summarized the current landscape of healthy communities work. Among greater focus on cross-sector collaboration and more holistic approaches to health, many foundations have adjusted funding to be more flexible and sustainable, with a focus on longer-term funding.

Appendix

A. Detailed data tables of participant demographic information for initial and follow-up surveys

This section describes the demographic characteristics of individuals who responded to the initial and follow-up surveys. The number of respondents differs between the two surveys as not all participants answered the follow-up survey.

The distribution of survey participants' ages are similar for the initial and follow-up surveys. Over half of respondents are people age 50 and older. Fewer young adults (age 18-29) completed the survey than other age groups (Figure A1).

A1. Age of respondents to initial and follow-up surveys

What is your age?	Initial survey (N=504)	Follow-up survey (N=271)
18-29	57 (11%)	24 (9%)
30-39	89 (18%)	39 (14%)
40-49	90 (18%)	53 (20%)
50-64	144 (29%)	80 (30%)
65 or older	124 (25%)	75 (28%)

Note. Data may exceed 100 percent due to rounding. Thirty-three participants selected "I choose not to answer" at follow-up.

Most respondents identify as female. In the follow-up survey, 86 percent of participants identify as female and 14 percent identify as male (Figure A2).

A2. Gender of respondents to initial and follow-up surveys

	Initial survey (N=558)	Follow-up survey (N=302)
Female	448 (80%)	259 (86%)
Male	109 (20%)	42 (14%)
Transgender	1 (<1%)	1 (<1%)

Note. Three participants selected "I choose not to answer."

Ninety-two percent of participants who responded to the follow-up survey identified as white or Caucasian. Fewer are Asian, including Chinese, Japanese, Korean, and Southeast Asian (3%); Hispanic or Latino (2%); Black or African American (1%); or American Indian/Native American (1%) (Figure A3).

A3. Race or ethnicity of respondents

How would you describe your racial or ethnic group?	Initial survey (N=562)	Follow-up survey (N=303)
White or Caucasian	436 (78%)	280 (92%)
Hispanic or Latino	60 (11%)	7 (2%)
African, including Oromo, Somali, Ethiopian, Eritrean, and Sudanese	22 (4%)	0 (0%)
Black or African American	18 (3%)	2 (1%)
American Indian/Native American	6 (1%)	3 (1%)
Asian, including Chinese, Japanese, Korean, and Southeast Asian, including Hmong, Vietnamese, Laotian, Cambodian, and Thai	22 (4%)	10 (3%)
Another race or ethnic group	5 (1%)	1 (<1%)

Note. Percentage may exceed 100 percent due to rounding. Nine participants selected “I choose not to answer” at follow-up.

Most respondents speak English and were born in the United States. Ninety-eight percent of the follow-up survey respondents said English is their preferred language and 95 percent were born in the United States (Figure A4).

A4. Preferred language and nativity of respondents to initial and follow-up surveys

	Initial survey	Follow-up survey
What is your preferred language	N=545	N=302
English	477 (88%)	296 (98%)
Spanish	41 (8%)	2 (1%)
Native American languages	1 (<1%)	1 (<1%)
Another language	13 (2%)	3 (1%)
Were you born in the U.S.?	N=561	N=303
Yes	464 (84%)	288 (95%)
No	89 (16%)	15 (5%)

Note. Two participants selected “I choose not to answer” when asked about their preferred language. Three participants selected “I choose not to answer” when asked about their nativity.

The majority of follow-up survey respondents do not receive any public support. Seventy-three percent of respondents do not get help from programs to help them afford health care, housing, food, or child care (Figure A5). Public support was used as a proxy measure for individuals’ socioeconomic status.

A5. Receipt of public support among participants

Do you get any help from programs to help you afford health care, housing, food, or child care (e.g., Medical Assistance, SNAP, WIC, Section 8, child care assistance)?	Initial survey (N=501)	Follow-up survey (N=278)
Yes	148 (30%)	75 (27%)
No	353 (70%)	203 (73%)

Note. Twenty-five participants selected “I choose not to answer.”

Overall, the majority of participants self-rated their health positively. Over half of the follow-up survey respondents rated their overall health as “excellent” (13%) or “very good” (42%). Thirty-fiver percent rated their health as “good” (Figure A6). As reported in the initial survey, many of these participants were already in good health.

A6. Self-reported health status of respondents to the initial and follow-up surveys

In general, how would you rate your overall health?	Initial survey (N=565)	Follow-up survey (N=307)
Excellent	70 (12%)	39 (13%)
Very good	223 (40%)	129 (42%)
Good	197 (35%)	106 (35%)
Fair	65 (12%)	30 (10%)
Poor	10 (2%)	3 (1%)

B. Detailed data tables of participant responses from the follow-up survey

Participants’ involvement in an NHC activity after the NHC funding period

Among grantees who continued to offer activities after the grant period ended, 66 percent of participants reported they continued to participate in the NHC activity they were involved in six months ago. The majority of participants said they continue to participate because the activity helped them improve their health (68%). Participants also continued to participate in the activity because they like spending time with others (60%) and the information presented was helpful to them (56%; Figure B1).

Participants who no longer participated in the activity stopped because the activity was no longer offered (56%; Figure B1).

B1. Continued participation in a Neighborhood Health Connection activity

Have you continued to participate in the Neighborhood Health Connection activity you were involved with about six months ago? (N=290)	N	Percent
Yes	190	66%
No	100	35%
If yes, why did you continue to participate? (N=189)		
It helped me improve my health	129	68%
I like spending time with others	113	60%
The information presented was helpful to me	105	56%
Other	13	7%
If no, why did you not continue to participate? (N=100)		
The activity was no longer offered	56	56%
The activity was offered at a place or time that was not convenient	20	20%
The activity didn't help me make changes to my health	4	4%
I didn't feel connected to the other participants	5	5%
The activity was too expensive	1	1%
Other	22	22%

Note: Respondents were asked to check all that apply. "Other" responses are included in the open-ended responses section of the Appendix.

Participants' self-reported health status

The majority of participants reported their overall health has not changed much from six months ago (62%). Thirty-five percent said their overall health was better than it was six months ago (Figure B2).

B2. Self-reported health status compared to six months ago



Note. Percentage may exceed 100 due to rounding.

For grantees that continued to provide activities after the funding period ended, 38 percent of participants who continued to participate in an NHC activity said their overall health is better than it was six months ago. Twenty-six percent who did not continue to participate in an NHC activity reported their overall health improved (Figure B3). It is not clear what other steps, if any, individuals may have been taking to improve their health in addition to the NHC activity.

B3. Participants’ self-reported health status compared to six months ago, by whether they continued participating in an NHC activity

How would you rate your overall health now compared to six months ago?	Have you continued to participate in the Neighborhood Health Connection activity you were involved with about six months ago?	
	Yes (N=190)	No (N=100)
My overall health is better than it was six months ago	73 (38%)	26 (26%)
My overall health has not changed much from six months ago	112 (59%)	68 (68%)
My overall health is worse than it was six months ago	5 (3%)	6 (6%)

Participants’ social connections

In order to measure participants’ level of connectedness, they were asked to rate how connected they are in their neighborhood and to rate their connections with others.

The majority of participants reported positively when asked about their social connectedness in their current neighborhood and connections with others. Most people strongly agree (20%) or agree (69%) that people in their community know each other. They also said people in their community are willing to help one another (26% strongly agree and 72% agree) and they feel they belong to their community (29% strongly agree and 63% agree).

Most participants have people they can spend time with socially (37% strongly agree and 56% agree) and know people who will listen and understand when they need to talk (36% strongly agree and 56% agree; Figure B4). The majority of participants said they get together or talk with family, friends, or neighbors at least weekly (88%; Figure B5).

B4. How participants experience social connectedness in their current neighborhood and connections with others

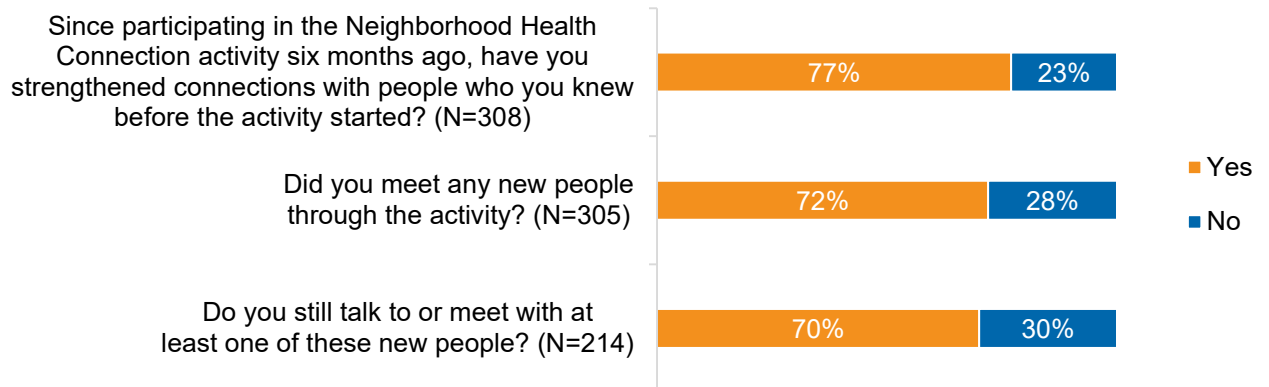
How strongly do you agree or disagree with the following statements (N=302-306)	Strongly agree	Agree	Disagree	Strongly disagree
People in my community know each other.	61 (20%)	211 (69%)	33 (11%)	1 (<1%)
People in my community are willing to help one another.	78 (26%)	219 (72%)	9 (3%)	—
I feel I belong to my community.	87 (29%)	192 (63%)	24 (8%)	2 (1%)
I have people who I can spend time with socially.	110 (37%)	170 (56%)	22 (7%)	1 (<1%)
I know people who will listen and understand when I need to talk.	110 (36%)	168 (56%)	22 (7%)	2 (1%)

B5. How often do you get together or talk with family, friends, or neighbors? (N=308)

	N	Percent
Daily	156	51%
Weekly	114	37%
Monthly	30	10%
Less often than monthly	8	3%
Never	—	—

Most participants deepened or expanded their social connections after the NHC funding period ended. Seventy-seven percent of participants reported they strengthened connections with people they already knew before the activity started. Seventy-two percent said they met new people through the activity and 70 percent said they still talk to or meet with at least one of the new people they met (Figure B6).

B6. Self-reported changes in strengthening existing relationships and forming and sustaining new relationships among participants



Participants who continued to participate in an NHC activity after the funding period ended were more likely to report they strengthened connections with people they knew before the activity started. Eighty-one percent of participants who continued their participation and 65 percent of those who did not continue to participate in an NHC activity said they have strengthened connections (Figure B7).

B7. Percentage of participants who strengthened connections with people they knew before the activity by whether they continued participating in an NHC activity

Since participating in the Neighborhood Health Connection activity six months ago, have you strengthened connections with people who you knew before the activity started?	Have you continued to participate in the Neighborhood Health Connection activity you were involved with about six months ago?	
	Yes (N=190)	No (N=99)
Yes	154 (81%)	64 (65%)
No	36 (19%)	35 (35%)

Note. Differences are statistically significant at $p < .05$.

Seventy-five percent of participants who continued to participate in an NHC activity after the funding period ended said they met new people through the activity. Sixty-four percent of those who did not continue to participate in an NHC activity also said they met new people (Figure B8).

B8. Percentage of participants who met new people by whether they continued participating in an NHC activity

	Have you continued to participate in the Neighborhood Health Connection activity you were involved with about six months ago?	
	Yes (N=188)	No (N=99)
Did you meet any new people through the activity?		
Yes	141 (75%)	63 (64%)
No	47 (25%)	36 (36%)

Participants who continued to participate in an NHC activity after the funding period ended were more likely than those who were no longer participating to say they still talk to or meet with at least one of the new people they met (Figure B9).

B9. Percentage of participants who maintained new connections by whether they continued participating in an NHC activity

	Have you continued to participate in the Neighborhood Health Connection activity you were involved with about six months ago?	
	Yes (N=140)	No (N=59)
If you made a new connection through the activity, do you still talk to or meet with at least one of these new people?		
Yes	105 (75%)	32 (54%)
No	35 (25%)	27 (46%)

Note. Differences are statistically significant at $p < .05$.

The level of participation did not affect the percentage who strengthened connections with people they knew before the activity started. Eighty percent of respondents who attended activities at a high frequency said they strengthened connections with people they already knew. Seventy percent who attended activities at a moderate frequency, and 77 percent who attended activities at a low frequency strengthened connections with people they already knew (Figure B10).

B10. Percentage of participants who strengthened connections with people they knew before the activity by their frequency of involvement

Since participating in the Neighborhood Health Connection activity six months ago, have you strengthened connections with people who you knew before the activity started?	About how many times did you take part in this activity?		
	Low 2-3 (N=61)	Moderate 4-5 (N=86)	High 6 or more (N=161)
Yes	47 (77%)	60 (70%)	129 (80%)
No	14 (23%)	26 (30%)	32 (20%)

Participants who took part in their NHC activity at a high frequency (83%) were significantly more likely to report they met new people through the activity compared to those who took part at a moderate frequency (64%) and low frequency (55%) (Figure B11).

B11. Percentage of participants who reported making new connections by their frequency of involvement

Did you meet any new people through the activity?	About how many times did you take part in this activity?		
	Low 2-3 (N=60)	Moderate 4-5 (N=86)	High 6 or more (N=159)
Yes	33 (55%)	55 (64%)	132 (83%)
No	27 (45%)	31 (36%)	27 (17%)

Note. Differences are statistically significant at $p < .05$.

Frequency of participation did not impact the percentage of participants who have maintained relationships with the new people they met. Seventy-five percent of respondents who took part at a high frequency, 64 percent of respondents who took part at a low frequency, and 63 percent who took part at a moderate frequency said they still talk to or meet with at least one new person they met (Figure B12).

B12. Percentage of participants who reported maintaining new connections by their frequency of involvement

Do you still talk to or meet with at least one of these new people?	About how many times did you take part in this activity?		
	Low 2-3 (N=33)	Moderate 4-5 (N=54)	High 6 or more (N=127)
Yes	21 (64%)	34 (63%)	95 (75%)
No	12 (36%)	20 (37%)	32 (25%)

The majority of participants reported that they strengthened connections with people they knew before the activity, regardless of race or ethnicity. Seventy-seven percent of white respondents and 76 percent of respondents of color reported they strengthened connections with people who they knew before the activity started (Figure B13).

B13. Percentage of participants who strengthened connections with people they knew before the activity by race/ethnicity category

Since participating in the Neighborhood Health Connection activity six months ago, have you strengthened connections with people who you knew before the activity started?	Respondents' race/ethnicity category	
	White (N=274)	Of color (N=21)
Yes	211 (77%)	16 (76%)
No	63 (23%)	5 (24%)

Participants of color and white participants reported that they met new people through the activity at similar rates. Eighty percent of participants of color and 71 percent of white participants reported they made new connections (Figure B14).

B14. Percentage of participants who reported making new connections by race/ethnicity category

Did you meet any new people through the activity?	Respondents' race/ethnicity category	
	White (N=272)	Of color (N=20)
Yes	193 (71%)	16 (80%)
No	79 (29%)	4 (20%)

The majority of participants reported they still talk to or meet with at least one new person they met, regardless of race or ethnicity. Seventy-three percent of respondents of color and 71 percent of white respondents said they continue to maintain connections with a new person they met (Figure B15).

B15. Percentage of participants who reported maintaining new connection by race/ethnicity category

Do you still talk to or meet with at least one of these new people?	Respondents' race/ethnicity category	
	White (N=188)	Of color (N=15)
Yes	133 (71%)	11 (73%)
No	55 (29%)	4 (27%)

A similar percentage of participants who receive public support and do not receive public support reported strengthening connections with people they knew before the activity. Seventy-three percent who do not receive public support said they strengthened connections with people they already knew (Figure B16).

B16. Percentage of participants who strengthened connections with people they knew before the activity by receipt of public support

Since participating in the Neighborhood Health Connection activity six months ago, have you strengthened connections with people who you knew before the activity started?	Do you get any help from programs to help you afford health care, housing, food, or child care (e.g., Medical Assistance, SNAP, WIC, Section 8, child care assistance)?	
	Yes (N=74)	No (N=203)
Yes	60 (81%)	149 (73%)
No	14 (19%)	54 (27%)

A majority of program participants said they met new people through the activity regardless of receipt of public support. Seventy-three percent of participants who receive public support and 75 percent who do not receive support said they met new people through their activity (Figure B17).

B17. Percentage of participants who reported making new connections by their receipt of public support

	Do you get any help from programs to help you afford health care, housing, food, or child care (e.g., Medical Assistance, SNAP, WIC, Section 8, child care assistance)?	
	Yes (N=74)	No (N=200)
Did you meet any new people through the activity?		
Yes	54 (73%)	149 (75%)
No	20 (27%)	51 (26%)

A similar percentage of participants who receive public support and those who do not receive public support reported they still talk to or meet with at least one new person they met. Sixty-nine of those who do not receive public support said they still maintain new connections (Figure B18).

B18. Percentage of participants who maintained new connections by receipt of public support

	Do you get any help from programs to help you afford health care, housing, food, or child care (e.g., Medical Assistance, SNAP, WIC, Section 8, child care assistance)?	
	Yes (N=52)	No (N=146)
If you made a new connection through the activity, do you still talk to or meet with at least one of these new people?		
Yes	39 (75%)	100 (69%)
No	13 (25%)	46 (32%)

Most participants in an open cohort and an open group reported they strengthened connections with people they already knew before the activity started (81% and 80%, respectively). Sixty-eight percent of those in closed cohort said they strengthened current connections (Figure B19).

B19. Percentage of participants who reported strengthening relationships with people they already knew by organization of grantees' activities

Since participating in the Neighborhood Health Connection activity six months ago, have you strengthened connections with people who you knew before the activity started?	Organization of grantees' activities		
	A closed cohort (N=53)	An open cohort (N=191)	An open group (N=20)
Yes	36 (68%)	155 (81%)	16 (80%)
No	17 (32%)	36 (19%)	4 (20%)

A majority of participants indicated that they met new people through the activity, regardless of how the NHC activity was organized. Eighty-eight percent of those in a closed cohort, 85 percent in an open group, and 70 percent in an open cohort reported they met new people through participating in an NHC activity (Figure B20).

B20. Percentage of participants who reported making new connections by organization of grantees' activities

Did you meet any new people through the activity?	Organization of grantees' activities		
	A closed cohort (N=51)	An open cohort (N=190)	An open group (N=20)
Yes	45 (88%)	133 (70%)	17 (85%)
No	6 (12%)	57 (30%)	3 (15%)

Note. Differences are statistically significant at $p < .05$.

Over half of participants reported maintaining new connections for each of the types of grantee activities. Seventy-eight percent of participants in an open cohort, 65 percent in a closed cohort, and 53 percent in an open group reported maintaining new connections (Figure B21).

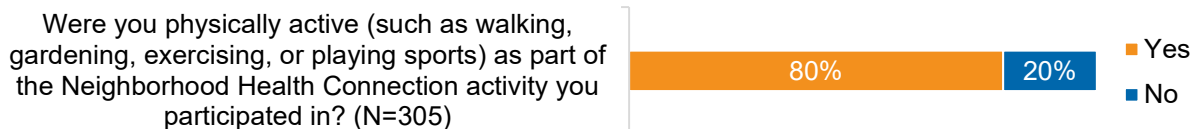
B21. Percentage of participants who reported maintaining new connections by organization of grantees' activities

Do you still talk to or meet with at least one of these new people?	Organization of grantees' activities		
	A closed cohort (N=43)	An open cohort (N=129)	An open group (N=17)
Yes	28 (65%)	100 (78%)	9 (53%)
No	15 (35%)	29 (23%)	8 (47%)

Participants' physical activity

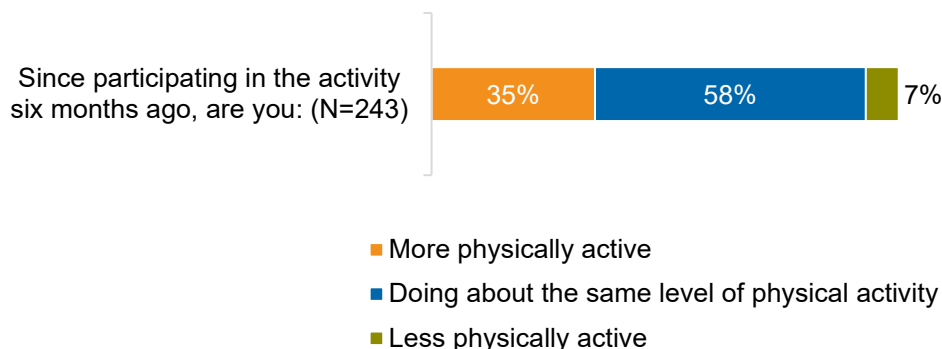
According to the majority of participants (80%), their NHC activity included physical activities such as walking, gardening, exercising, or playing sports. Twenty percent reported that they did not do these physical activities in their NHC activity (Figure B22).

B22. Inclusion of physical activity in the Neighborhood Health Connection activity



Most participants (58%) reported doing about the same amount of physical activity as six months ago. Thirty-five percent said they are more physically active six months after the conclusion of the NHC funding and seven percent reported being less physically active (Figure B23).

B23. Self-reported changes in physical activity among participants



Seventy-nine percent of respondents reported they got at least 30 minutes of moderate physical activity at least three times during the previous week (Figure B24).

B24. During the previous week, whether at work, at home or anywhere else, how many days did you get at least 30 minutes of moderate physical activity? (N=221)

	N	Percent
0	6	3%
1-2	41	19%
3-4	95	43%
5-7	79	36%

Forty-seven percent of participants with excellent health, 34 percent with very good health, and 32 percent with good health, reported better physical health now than six months ago (Figure B25).

B25. Physical activity changes by self-reported health status

Since participating in the activity six months ago, are you:	In general, how would you rate your overall health?				
	Excellent (N=36)	Very good (N=106)	Good (N=84)	Fair (N=14)	Poor (N=2)
More physically active now than six months ago	17 (47%)	36 (34%)	27 (32%)	3 (21%)	1 of 2
Doing about the same amount of physical activity now as six months ago	15 (42%)	66 (62%)	49 (58%)	10 (71%)	1 of 2
Less physically active now than six months ago	4 (11%)	4 (4%)	8 (10%)	1 (7%)	0 (0%)

Participants who continued to participate in an NHC activity after the funding period ended were significantly more likely to report being more physically active at six months follow-up compared to six months ago than those who did not continue to participate. Forty-one percent of participants who continued to participate in an NHC activity after the funding period ended reported being more physically active at follow-up compared to 22 percent of those who were no longer participating. Over half (55%) are doing about the same amount of physical activity at follow-up as six months ago (Figure B26).

B26. Physical activity changes by whether they continued participating in an NHC activity

Since participating in the activity six months ago, are you:	Have you continued to participate in the Neighborhood Health Connection activity you were involved with about six months ago?	
	Yes (N=150)	No (N=77)
More physically active now than six months ago	61 (41%)	17 (22%)
Doing about the same amount of physical activity now as six months ago	83 (55%)	50 (65%)
Less physically active now than six months ago	6 (4%)	10 (13%)

Note: Differences are statistically significant at $p < .05$.

Physical activity was similar among participants when analyzed by frequency of involvement. Thirty-four percent of participants who took part at a low frequency said they were more physically active now than six months ago. Fewer who took part at a high frequency (35%) and moderate frequency (34%) also reported being more physically active now than six months ago (Figure B27).

B27. Physical activity changes by frequency of involvement

Since participating in the activity six months ago, are you:	About how many times did you take part in this activity?		
	Low 2-3 (N=38)	Moderate 4-5 (N=73)	High 6 or more (N=132)
More physically active now than six months ago	13 (34%)	25 (34%)	46 (35%)
Doing about the same amount of physical activity now as six months ago	24 (63%)	39 (53%)	79 (60%)
Less physically active now than six months ago	1 (3%)	9 (12%)	7 (5%)

Participants of color were significantly more likely to report being more physically active now than six months ago compared to white participants. Seventy-one percent of respondents of color reported being more physically active now than six months ago compared to 33 percent of white respondents (Figure B28).

B28. Physical activity changes by race/ethnicity category

Since participating in the activity six months ago, are you:	Respondents' race/ethnicity category	
	White (N=218)	Of Color (N=14)
More physically active now than six months ago	72 (33%)	10 (71%)
Doing about the same amount of physical activity now as six months ago	133 (61%)	2 (14%)
Less physically active now than six months ago	13 (6%)	2 (14%)

Note. Differences are statistically significant at $p < .05$.

There were no significant differences in self-reported physical activity based on receipt of public support. Thirty-five percent of respondents who do not receive public support and 25 percent who receive public support reported being more physically active six months after the program ended (Figure B29).

B29. Physical activity changes by receipt of public support

Since participating in the activity six months ago, are you:	Do you get any help from programs to help you afford health care, housing, food, or child care (e.g., Medical Assistance, SNAP, WIC, Section 8, child care assistance)?	
	Yes (N=48)	No (N=165)
More physically active now than six months ago	12 (25%)	58 (35%)
Doing about the same amount of physical activity now as six months ago	29 (60%)	99 (60%)
Less physically active now than six months ago	7 (15%)	8 (5%)

Physical activity responses did not vary by the type of grantee activity. Thirty-nine percent of participants in an open cohort said they are more physically active now than six months ago. Participants in an open group and a closed cohort indicated that they are more physically active now than six months ago (29% and 26%, respectively; Figure B30).

B30. Physical activity changes by organization of grantees' activities

	Organization of grantees' activities		
	A closed cohort (N=46)	An open cohort (N=150)	An open group (N=14)
Since participating in the activity six months ago, are you:			
More physically active now than six months ago	12 (26%)	58 (39%)	4 (29%)
Doing about the same amount of physical activity now as six months ago	30 (65%)	85 (57%)	9 (64%)
Less physically active now than six months ago	4 (9%)	7 (5%)	1 (7%)

Participants' healthy eating

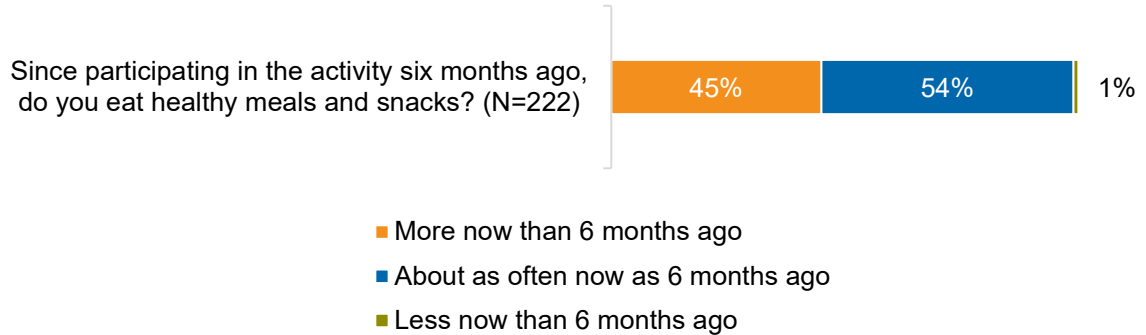
The majority of participants practiced skills related to healthy eating in their NHC activity, such as healthy eating or nutrition (64%), cooking and preparing food (44%), shopping for health foods (41%), eating healthy foods on a budget (32%), and gardening and how to grow food (20%). Twenty-seven percent indicated that their activity did not include healthy eating activities (Figure B31).

B31. Inclusion of healthy eating in the NHC activity (N=308)

Did you participate in any of the following skills in the Neighborhood Health Connection activity you participated in?	N	Percent
Healthy eating or nutrition	196	64%
Cooking or food preparation	136	44%
Shopping for healthy foods	127	41%
Eating healthy foods on a budget	98	32%
Gardening and how to grow food	60	20%
No, none of the above	83	27%

Forty-five percent of respondents reported eating healthy meals and snacks more now than six months ago. Fifty-four percent of participants reported no change in their healthy eating habits (Figure B32).

B32. Self-reported changes in healthy eating among participants



Fifty-seven percent of participants ate at least three servings of vegetables on an average day in the previous week (Figure B33).

B33. On an average day last week, how many servings of vegetables did you eat? (N=201)

	N	Percent
0	0	0%
1-2	86	43%
3-4	57	28%
5-7	36	18%
8-10	8	4%
11 or more	14	7%

Sixty percent of participants ate at least 3 servings of fruit on an average day in the previous week (Figure B34).

B34. On an average day last week, how many servings of fruits did you eat? (N=203)

	N	Percent
0	6	3%
1-2	75	37%
3-4	66	33%
5-7	32	16%
8-10	14	7%
11 or more	10	5%

Participants with various overall health reported eating healthy meals and snacks at similar rates. Half in “fair” health, 60 percent in “good” health, 51 percent in “very good” health, and 50 percent in “excellent” health all reported they eat healthy meals and snacks about as often as six months ago (Figure B35).

B35. Healthy eating changes by self-reported health status

Since participating in the activity six months ago, do you eat healthy meals and snacks:	In general, how would you rate your overall health?				
	Excellent (N=24)	Very good (N=91)	Good (N=80)	Fair (N=22)	Poor (N=3)
More now than six months ago	11 (46%)	44 (48%)	31 (39%)	11 (50%)	1 of 3
About as often as six months ago	12 (50%)	46 (51%)	48 (60%)	11 (50%)	2 of 3
Less now than six months ago	1 (4%)	1 (1%)	1 (1%)	0 (0%)	0 (0%)

There were no differences in healthy eating behavior between those who continued to participate in an NHC activity and those who were no longer participating. Nearly half of those who continued to participate in an NHC activity (47%) and those who did not continue (42%) reported eating healthy meals and snacks more often than six months ago (Figure B36).

B36. Healthy eating changes by whether they continued participating in an NHC activity (N=205)

Since participating in the activity six months ago, do you eat healthy meals and snacks:	Have you continued to participate in the Neighborhood Health Connection activity you were involved with about six months ago?	
	Yes (N=146)	No (N=59)
More now than six months ago	68 (47%)	25 (42%)
About as often as six months ago	76 (52%)	34 (58%)
Less now than six months ago	2 (1%)	0 (0%)

Approximately half of participants indicated that they eat healthy meals and snacks more often now than six months ago as a result of participating in an NHC activity, regardless of how frequently they attended activities. Fifty percent of participants who took part at a moderate frequency, 48 percent of participants who took part a low frequency, and 41 percent of those who took part at a high frequency said they eat healthy meals and snacks more now than six months ago (Figure B37).

B37. Healthy eating changes by frequency of involvement

Since participating in the activity six months ago, do you eat healthy meals and snacks:	About how many times did you take part in this activity?		
	Low 2-3 (N=46)	Moderate 4-5 (N=58)	High 6 or more (N=118)
More now than six months ago	22 (48%)	29 (50%)	48 (41%)
About as often now as six months ago	23 (50%)	29 (50%)	68 (58%)
Less now than six months ago	1 (2%)	0 (0%)	2 (2%)

There were no statistically significant differences in healthy eating behaviors based on participants' race or ethnicity. Sixty percent of respondents of color and 44 percent of white respondents said they eat healthy meals and snacks more now than six months ago (Figure B38).

B38. Healthy eating changes by race/ethnicity category

Since participating in the activity six months ago, do you eat healthy meals and snacks:	Respondents' race/ethnicity category	
	White (N=193)	Of Color (N=20)
More now than six months ago	84 (44%)	12 (60%)
About as often now as six months ago	106 (55%)	8 (40%)
Less now than six months ago	3 (2%)	0 (0%)

A similar percentage of participants who receive public assistance and those who do not receive public assistance reported eating healthy meals and snacks more often now than six months ago. Forty-eight percent of participants who do not receive public support and 39 percent who receive public support said they eat healthy meals and snacks more now than six months ago (Figure B39).

B39. Healthy eating changes by receipt of public support

Since participating in the activity six months ago, do you eat healthy meals and snacks:	Do you get any help from programs to help you afford health care, housing, food, or child care (e.g., Medical Assistance, SNAP, WIC, Section 8, child care assistance)?	
	Yes (N=64)	No (N=131)
More now than six months ago	25 (39%)	63 (48%)
About as often as six months ago	38 (59%)	68 (52%)
Less now than six months ago	1 (2%)	0 (0%)

Responses to changes in healthy eating did not significantly differ by how the activity was organized. An increase in eating healthy meals and snacks was reported by 56 percent of participants in an open group, 47 percent of participants in an open cohort, and 32 percent of participants in a closed cohort (Figure B40).

B40. Healthy eating changes by organization of grantees' activities

Since participating in the activity six months ago, do you eat healthy meals and snacks:	Organization of grantees' activities		
	A closed cohort (N=31)	An open cohort (N=142)	An open group (N=18)
More now than six months ago	10 (32%)	66 (47%)	10 (56%)
About as often now as six months ago	20 (65%)	75 (53%)	8 (44%)
Less now than six months ago	1 (3%)	1 (1%)	0 (0%)

Participants' comments on the impact of the NHC activities and suggestions for improving the activities

Participants were asked about the most positive thing that happened as a result of participating in a Neighborhood Health Connection activity. The most common themes are summarized below with some responses from participants to help illustrate the theme (a list of all responses is located in Appendix C).

- **Strengthened connections with people they already knew or meeting new people and developing new connections with neighbors, community members, or activity staff.** Participants said social connection was one of the most positive things that happened because they took part in the NHC activity. They enjoyed meeting new people and making new friendships, getting to know their neighbors, or spending quality time with people they already knew.

Connected with new friends, have much in common, developed friendships with interest in educated people and have stayed connected and in contact.

The feeling that I am not alone when bad things happen in life.

The socialization and seeing everyone come together for a good cause was inspiring.

I met some of my neighbors, persons I hadn't known previously. This apartment building has nearly 100 units.

Conversing with family and friends.

Spend time with dad at activity.

Met new friends and met our leader (JVN) and she makes all of the sessions fun.

- **Gained new skills and learned or tried something new.** Participants said they got to learn more about themselves and gained awareness of how healthy eating impacts their health and bodies. They learned how to read nutrition labels, how to work with new ingredients, and more about healthy food options. Others mentioned learning relaxation and stretching exercises, how to manage diabetes, and new games.

Awareness of how healthy eating affects body.

I learned an activity that I can use daily to help me relax by concentration and gentle stretching.

I learned some coping mechanisms.

The advice/ideas from this group.

Understanding how others cope with diabetes.

Read labels on canned food. Portion size.

I learned how to play different games.

Using new foods on a regular basis.

Learning about new foods and how to implement in my diet.

Became more aware how exercise affects health.

- **Increased physical activity.** Participants highlighted increases in flexibility and physical activity, including walking and stretching. They said they are practicing the exercises on their own outside of sessions and are feeling more energized.

The program increased my physical activity a lot. I was less stressed. I made many new friends. I miss the classes.

I got outdoors and was more active.

I am going for walks more often. I am also eating better.

The chair exercises were very good for us and encouraged me to do more exercising on my own.

I feel I have gained more flexibility. I also am doing some of the exercises taught to us most days at home.

That you get the exercise that you need.

I do my stretch exercises daily.

I want to get to my chair exercise 2x a week so I know I'm doing the exercises the proper way.

Feeling more energy. I like to exercise. We now have two days a week to exercise at center.

- **Improved eating habits and gaining knowledge about nutrition.** Participants said they are eating better food, cooking more often at home, and more aware of healthy food options.

To learn how to eat well and to stay healthy by eating right and buying the right healthy foods, plus exercise to help yourself.

I learned how to eat healthier.

They had a lot of different ways to make healthy food and to sample.

Healthy wok ideas.

Cooking healthy.

How to cook healthier. How to look for nutrition info when shopping.

Being aware of healthier food choices.

Eating healthy.

Making healthy foods.

- **Improved overall well-being and other health changes.** Participants reported weight loss, faster recovery time, and overall health improvement. They have more energy and said they feel better about themselves.

I have lost 22 lbs. because I started eating better things from the garden and kept going all winter.

I have lost weight and have developed healthier eating habits.

Easier recovery from surgery.

I sleep better at night.

Feeling better about myself.

Much more energy. Much more active. Much happier.

Participants also provided comments about what would have made the Neighborhood Health Connection activity more helpful. The most common themes are summarized below (all responses are included in Appendix C).

- Provide a greater variety of activities.
- Have the activities or programs continue beyond the end of the NHC funding period or last longer.
- Learn about more nutrition, cooking, and shopping and budgeting for healthy foods.
- Host activities at a more convenient location or time.
- Have more people participate in the activities or programs and allowing more time to socialize.

C. Participant follow-up survey open-ended responses

C1. Why did you continue to participate? (N=21)

Health benefits (N=5)

Helped me lose some weight.

Increased memory skills.

It was good exercise.

It helps your body be more pliable.

I like to exercise.

Opportunity for connecting with the community (N=5)

Nice outing.

Made me feel connected with my community.

At [my program] I made some friends.

And I met JVN. A great person.

Allina has provided a grant to [our apartment complex] which funds a communal dining experience for the tenants, with healthful options for us.

Other (N=11)

Something to do.

Yes, went to groups.

I think it is a really great idea.

Variety way to fix food.

No longer offered.

I might not go to class if it were someplace else. I go right to eat after class.

I was already eating healthy and being active.

The reading stimulated interesting discussions.

My knee hurt so I had to quit about 1 month before it ended.

I live between 2 homes so not as active as I would like.

N/A.

C2. Why did you decide to no longer participate? (N=19)

Moved or travelling (N=5)

Moved. (N=2)

Moved 20 miles away.

Travelling.

I have been to Arizona for months but now I'm back.

Attending the next class that will be offered (N=3)

Class will start again in February.

Will be offered again starting May; I will participate.

Fell in March with T-2 fx, unable to continue this activity. Unable to continue activity until May/June.

Injured or had other health reasons (N=2)

Because of my knee.

I had an injury.

Had other competing time commitment (N=2)

With my job I didn't have time.

Had to miss due to other obligations.

Other (N=7)

Putting one at my son's house.

No classes – instructor was out for surgery.

I did not quit.

The class ended.

Sorry, I accidentally marked the wrong answer but mine is no.

I finished my program at school, otherwise I would still participate.

My kids graduated from the school.

C3. What is the most positive thing that happened because you took part in the Neighborhood Health Connection activity? (N=160)

Strengthened or made new connections (N=50)

Meeting new people. (N=5)

Meeting new neighbors. (N=2)

I got to meet new people. (N=2)

Made new friends. (N=2)

Met new friends.

Meeting more people.

Something to do. People to talk to.

I was so prudent that I did this. I am 73 years old and this was the first time I have had a garden. I enjoyed the work but most of all the people I met at the garden.

Enjoyed meeting new people and having fresh vegetables and canning.

Connected with new friends, have much in common, developed friendships with interest in educated people and have stayed connected and in contact.

Meeting the people.

Working together.

Socialization.

The feeling that I am not alone when bad things happen in life.

Willingness to help others.

The socialization and seeing everyone come together for a good cause was inspiring.

More connections.

I connected with others in the activities we did and made a stronger connection with my mother.

I was able to connect with new people.

I met some of my neighbors, persons I hadn't known previously. This apartment building has nearly 100 units.

I think the food itself and the comradeship over eating together.

Getting together with other people who were willing to listen and try to help solve problems that I currently have (health wise).

Conversing with family and friends.

Socializing.

Meet new neighbors sooner because of attending the activity.

An extra opportunity to visit with neighbors and the joy of eating other people's cooking.

I could get together with other people.

Spend time with dad at activity.

Met new friends and met our leader (JVN) and she makes all of the session fun.

Got out of the house more.

Note. Some responses were split so they could be represented under multiple themes.

C3. What is the most positive thing that happened because you took part in the Neighborhood Health Connection activity? (N=160) (continued)

Strengthened or made new connections (N=50) (continued)

I get out once a week to participate with others.

It helps people get out and communicate with others while keep your health in check.

Getting out to socialize more.

Getting time to hang out with friends.

Because more open and built stronger bonds with peers and staff.

Connecting with other older, nontraditional parents at college.

Developed a friendship.

I got to spend time with my children and they met new friends while we all got some exercise and ate healthy snacks.

It was a good chance to get together with others.

Made new friends who meet for monthly walking book club. I am very pleased that the decision was made to continue the walking book club beyond the end of the project.

Meeting other people and some of the same from last year, with common interests.

Meeting people with some of the same interests.

Met a good group of people I only had seen around before.

Gained new skills, learned, or tried something new (N=27)

Learn more about myself.

Awareness of how healthy eating affects body.

I learned an activity that I can use daily to help me relax by concentration and gentle stretching.

I learned some coping mechanisms.

I made a connection with a dietician who I continue to ask questions regarding healthier food options.

Makes people aware of problems.

Learning to understand what I need to do to eat better.

The advice/ideas from this group.

Learning cooking and interaction.

Understanding how others cope with diabetes.

Read labels on canned food. Portion size.

Learning more about helping others.

Ate foods I hadn't eaten before.

Talk about food and exercise which am in class in my building it call all day which I go 3 days that does exercise on even day.

I learned how to play different games.

Using new foods on a regular basis.

Note. Some responses were split so they could be represented under multiple themes.

C3. What is the most positive thing that happened because you took part in the Neighborhood Health Connection activity? (N=160) (continued)

Gained new skills, learned, or tried something new (N=27) (continued)

Learning about new foods and how to implement in my diet.

I learned a little of how to eat healthy and drink healthy drinks.

Became more aware how exercise affects health.

I learned new ways of exercise.

Awareness.

Experiencing new things.

Learned new recipes.

Learned more about healthy life styles.

To understand the bad things about nutrition.

How to know what is the correct portion. Which are healthy foods.

I was able to explore ways of exercise that I haven't had the opportunity to do before.

Increased physical activity/ More commitment to physical activity (N=24)

The program increased my physical activity a lot. I was less stressed. I made many new friends. I miss the classes.

Doing different exercises.

Exercising more often.

I got outdoors and was more active.

I am going for walks more often. I am also eating better.

Got me up and going.

The chair exercises were very good for us and encouraged me to do more exercising on my own.

Exercise more.

Went to working activity.

I feel I have gained more flexibility. I also am doing some of the exercises taught to us most days at home.

That you get the exercise that you need.

I do my stretch exercises daily.

I continued more exercise and took part in a balance class (Stepping On) which was offered locally.

I want to get to my chair exercise 2x a week so I know I'm doing the exercises the proper way.

Feeling more energy. I like to exercise. We now have two days a week to exercise at center.

Good exercise.

Take a walk.

I got in better physical activity.

I realized walking made me feel better.

Note. Some responses were split so they could be represented under multiple themes.

C3. What is the most positive thing that happened because you took part in the Neighborhood Health Connection activity? (N=160) (continued)

Increased physical activity/ More commitment to physical activity (N=24) (continued)

Showed me how yoga exercise could keep me flexible and stronger.

Need for physical activity.

Being more active.

Getting to go for walks more.

Increased physical activity.

Improved eating habits and more knowledge about nutrition and cooking (N=22)

Eating better foods.

To learn how to eat well and to stay healthy by eating right and buying the right healthy foods, plus exercise to help yourself.

I learned how to eat healthier.

For a while I ate healthier and exercised more. Since winter, that stopped.

Cook in home.

Learn [to] cook more in home.

Better nutrition.

They had a lot of different ways to make healthy food and to sample.

Tasting different foods.

I don't eat too much downstairs but I try to eat healthy at home. Once go to eat when I can afford it.

Eat healthy food.

Healthy wok ideas.

Cooking healthy.

How to cook healthier. How to look for nutrition info when shopping.

Being aware of healthier food choices.

Eating healthy.

Making healthy foods.

Really enjoyed the healthy meals.

More food healthier.

I learned more budget friendly ways of eating healthy.

Increased knowledge of healthy eating/food prep options.

Learned how to prepare healthy meals in advance (freezer meals) to reduce meal time stress.

Improved overall well-being and specific health changes (N=16)

I have lost 22 lbs. because I started eating better things from the garden and kept going all winter.

I have lost weight and have developed healthier eating habits.

Note. Some responses were split so they could be represented under multiple themes.

C3. What is the most positive thing that happened because you took part in the Neighborhood Health Connection activity? (N=160) (continued)

Improved overall well-being and specific health changes (N=16) (continued)

Easier recovery from surgery.

I sleep better at night.

A cat scan to show my health. My doctor is T. B. and I'm in good health also. Allina has been healthful.

I'm more aware of my health.

Feeling better about myself.

Feel better.

Feeling better.

Much more energy. Much more active. Much happier.

Hip pain went away.

I feel better and have more energy.

Better balance. Walking.

I have more energy. I lost 1 ½ to 2 inches off my waist.

Healthier.

Enhance my physical and emotion.

It was a fun activity (N=5)

Fun cooking and eating.

Being outdoors with others and having fun.

Exercise is more fun when you're in class.

It was really fun. I rarely do yoga and this was a great experience. [The staff] is awesome!

It was fun to participate.

Other (N=16)

Not much.

Work more 30 minutes a day.

Just do it, don't think.

Speakers were varied and knowledgeable.

Could do those exercises at home but am not very disciplined.

Getting out of the house.

I got out of the house.

I was able to get outside for a few hours.

Continuing business of healthy chosen action.

Balance, strength, mindfulness.

I don't know.

Note. Some responses were split so they could be represented under multiple themes.

C3. What is the most positive thing that happened because you took part in the Neighborhood Health Connection activity? (N=160) (continued)

Other (N=16) (continued)

It reminded me how greatly blessed I am!

It was just an activity/idea offered through work. Nothing really came of it.

Nothing special.

Shared values with my community.

Thinking before buying food.

Note. Some responses were split so they could be represented under multiple themes.

C4. What, if anything, would have made the Neighborhood Health Connection activity more helpful to you? (N=103)

Positive feedback (N=21)

It was good.

All was helpful.

It was a good class – great instructor.

I think it was alright just the way it was.

It was helpful. I joined the YMCA gym with the money I earned through the activities.

It was great the way it was presented.

All was good.

Nothing. It was great.

Everything was satisfactory.

I thought it was excellent; more!

Really not anything. It was well-planned.

I believe that things were just fine the way they were.

You did a good job.

All helpful.

I am enjoying it – so much fun and the people are just great. Having the food available too makes it great.

I go 2 days a week and I kind of get what I need. Everything is fine with me.

I met new neighbors – young couple, very nice.

My legs are getting stronger.

I'm really satisfied as it is going. My instructor isn't always the same so when she's not there, it's not the same. She is good!

Thought it was good the way it was.

The class was very helpful and fun.

C4. What, if anything, would have made the Neighborhood Health Connection activity more helpful to you? (N=103) (continued)

Provide more activities (N=8)

I'd like to spend more time with chair yoga. NAMI is the usual but I talk and listen more.

More activities. Meeting new people. More exercising.

Go to places and more activities.

More variety of things.

Add a few new exercises and another day of exercise.

Offer more different variety exercises. Group classes.

More activities.

More activity.

Prolong/increase frequency of the activity (N=10)

Longer/continued – week plus.

Spend more time on.

It was helpful and enjoyed coming each time. Wish it would have lasted a few months longer.

Having it more often.

Longer duration – more weeks.

I would like more classes. Another day or so per week would be great.

Having exercise classes more than once a week.

If it had continued.

Keep the initiative going through continual funding.

To have it continue!

Learn more about healthy food tips (N=6)

Share recipes.

I wish we had been served more vegetables, especially the lower calorie, lower carbohydrate ones. I enjoy vegetables; I'd rather eat them than dessert.

I would have liked to know the calorie intake of the food prepared and also fat, fiber, sodium, etc.

More recipes.

How many servings and portions of food to have.

If there would have been more options of what kind of food we prepared as I am gluten free and we made a dish that was not gluten free.

Have the activity in a more convenient location (N=5)

Closer to my house.

Meeting at different places throughout the year.

Need more space. Open up both rooms.

Offer more classes at the same place.

Continue at same location.

C4. What, if anything, would have made the Neighborhood Health Connection activity more helpful to you? (N=103) (continued)

Provide more time to socialize (N=3)

Just talking them talking to me.

Have a time for more socialization.

More social time.

Provide more information (N=3)

More gardening tips.

Learn more.

Handouts of yoga to do every day between classes.

Have more people involved (N=3)

If more people would have participated for I could have met even more people in my community.

Working out with my own age people.

More men coming.

Other (N=44)

None/Nothing (N=10)

Nothing. It met and continues to meet my expectations.

Not sure/I don't know (N=2)

To only have one person telling you about cause, when it was two of them, sometimes it get kind of confusing with the two of them.

Availability of the activity at times other than early morning or late at night. I work a late shift and also need to sleep part of the early morning.

Meetings – get together.

Wheelchair accessibility is very important for me. The garden is a wonderful place to go. It is made possible with grant money.

Maybe lights for a few hours at night.

More mindful.

Walk groups.

Get more motivated.

More?

More vets.

Getting out more.

I had hoped my initial friends had continued with the garden and other physical activities. Not so, only the Master Gardeners I have become friends with are still there.

I like to play cards – Crazy 8 when I get time and other games.

To have a regular good exercise teacher when (J) our teacher cannot be there. She is good.

I can't think of anything additional.

C4. What, if anything, would have made the Neighborhood Health Connection activity more helpful to you? (N=103) (continued)

Other (N=44) (continued)

Do my exercise.

Taking time to evaluate my lifestyle.

Me getting more into healthy living.

That after class they taught us some exercises or a place to go exercise.

More of it.

Able to participate more.

The weather. It was a very cold, rainy and windy for our 5K walk/run.

N/A. (N=2)

Easier to go to (nursing instructor was not very accommodating).

I don't know.

I liked it the way it was.

It was helpful at the time, just nothing spectacular to remember it.

Multiple times to do yoga.

The activity was outstanding, it is hard for me to get organized enough to attend right after school. I need about an hour to putter around and set up my classroom for the next school day. If it was offered later than an hour after school, I got home and then struggled to find the motivation to come back to school. I loved going when students and their families attended. If I could do it over again, I think I just need to find a way to be better organized.

We need to do face to face activities with others, not just work challenges. Our Wellness Committee is not very active, but it would be great if it were so! Walking as a club, with other people on a regular basis, would be wonderful. Could someone please help us get set up to do so? We need strong leadership in this area.

C5. Please use this space to offer any additional comments. (N=66)

Positive reflections on program (N=16)

Very positive experience.

I have really enjoyed this activity.

Great class overall.

I think it was a great addition to the A to Z Foundation activities.

It was a wonderful program and experience.

I am organic gardener. Good food, recipes.

It was a great and helpful experience.

Love that it's twice a week.

Excellent program. Outstanding staff – leading class.

I like meeting twice a week.

I have kept up with yoga and exercise. Even entered Senior Olympics in track in August.

Raised beds in community garden were great.

Our garden complex is filled and hoping the new season is full of surprises and fun and learning.
Thank you for Target card.

This was a great experience. Low cost; which allowed me to try something new that I found helpful and enjoyable.

George, our instructor, was great. He encouraged me along the way. Please, please offer the program again.

My instructor is very helpful and makes the class interesting and also a fun hour.

Enjoyed being with the community (N=10)

Meeting with people who can form a walk group would be great and fun.

So nice to eat with other people. I always eat alone – not very interesting.

Really enjoy the nutritious meals and spending time exercising as well as socializing.

It was really enjoyable to try new things and meet new people.

Meeting new people is good for all of us.

I really enjoyed the activity and our lady in charge and met new people.

We have brought more seniors to the Senior Center. We all need social activities. I think that is important also.

It was nice when I first got here as I was not from the community.

The Resource Fair for mental health info was very good. Since all the booths were related, it gave a very open sense.

I loved the sponsors at the event – lots of information that can be very useful to a lot of people.

C5. Please use this space to offer any additional comments. (N=66) (continued)

Thank you and appreciative of the program (N=8)

Allina, thank you for re-granting us.

Keep up the good work.

It is such a fine thing that these grants from Allina are offered to us. Great idea.

Thanks for helping seniors to learn skills.

Thank you.

Thank you for the information and I wish there were exercise classes like aerobics or Zumba.

Thank you for offering these opportunities.

Thank you for offering this great program.

Continue offering activities (N=6)

Continue practice. We had an excellent instructor. Location was good. Encourage more people, bigger space/room.

I hope the activity continues.

Try to figure out how to get more involved.

I enjoyed it and hope we can do this again.

Would like to see this program offered again.

I wish it would be year around.

Other (N=26)

I don't think people know enough about it.

I pulled my left calf muscle on 10-1-17. It didn't heal and an X-ray discovered I had Stage 4 arthritis in my left knee, knee health is worse.

Will be having a garden at my new place.

I have back issues and over 80 years old so it is too much work for the amount of eating I do since I live alone. Although this opportunity was great, it just is too late for me; 5 – 10 years yes. Thanks anyway.

I do not know.

It would have been useful if you would have explained what the Neighborhood Health Connection Activity was I joined in is lapsing. I was promised gift card from filling out survey at Lee Carlson Center which I had? I was misled. I'm hurt and used, I fool.

Baby steps.

I've been on anti-psychotic meds for 32 years – pills and injections leaving me tired.

None.

I wish more recipes.

N/A.

More information, lose weight and control diabetes.

Sometimes if I don't like what they are doing I don't participate.

C5. Please use this space to offer any additional comments. (N=66) (continued)

Other (N=26) (continued)

Need foot stools for younger kids for more than 4 to 5 family show up. Need to have more food selection so families don't have to team up. They have time with theirs.

Sorry about the first question. My answer on that is no.

I never tell a lie.

Neighbors invited me to go in with them on a garage sale.

I hope to participate again. I had a bad eye last time so I couldn't participate in everything.

The advice I received helped when I had questions about my daughter.

I would have taken the class again but I had sciatica at that time.

Get to more outside activities.

More activities would be helpful, but the group said they didn't have funding so more money for the group would be great.

Please see comment above. I would love to see some actual activities happening! Walking group, exercise after work group (reprise), yoga in a work group, weight loss challenges, etc. Let's use our meeting space for a positive purpose, please! Thank you!

The instructor was knowledgeable and fun to listen to.

This type of activity should be replicated through other libraries.

Was not able to do as much. I was in a car accident and it has limited me to some things. Harder to go for long walks. But I do short ones.
