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Allina Health Neighborhood Health Connection™

Findings from the 2014 Healthy Activity Grant Program evaluation

M A Y 2 0 1 5

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Background

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. There is also research demonstrating that when individuals feel connected with others, they can experience direct physical benefits, including reductions in 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 between residents who share different backgrounds can open doors to new sources of information and health resources in the community.

Allina Health Community Benefit and Engagement Neighborhood Health Connection program provides funding to projects that help residents build social connections while participating in activities that encourage physical activity and/or healthy eating. In 2014, Healthy Activity grants were awarded to 57 organizations and groups of neighbors in Minnesota and western Wisconsin. In total, 54 groups and organizations implemented their activities. The Neighborhood Health Connection program began in 2012. Starting in 2013, Wilder Research was contracted to evaluate the impact of the grants. This report includes evaluation results from the most recent grant period (July 2014 – February 2015), making comparisons to the previous grant period (July 2013 – December 2014), when appropriate.

About Neighborhood Health Connection

Neighborhood Health Connection (NHC) is a program directed through the central office of Allina Health Community Benefit and Engagement (noted as “Allina Health”) but largely administered at a regional level by the Allina Health community engagement leads. Through the program, grants ranging from \$500 to \$10,000 were awarded to organizations and groups of neighbors through a competitive grantmaking process. The 2014 grant period ran from July 2014 through the end of February 2015. All funded organizations and groups of neighbors were required to implement activities focused on a) increasing social connections and b) improving healthy eating and/or physical activity behaviors for adults, older adults, and families. Beyond this requirement, there were no restrictions on the types of activities which could be structured. As a result, the funded activities included community gardening, sports and exercise groups, and cooking and nutrition classes, all aimed to reach different populations. However, grantees were

required to offer a minimum of six activities for the same group of participants. This change was made in response to the evaluation findings from 2013 that suggested a positive relationship between changes in health behavior and social connections and frequency of participation.

In addition to funding each project, Allina Health provided the grantees with online resources about forming a group of neighbors and examples of healthy living activities. Allina Health community engagement leads also provided individualized information, technical assistance, and educational resources to the grantees in each region.

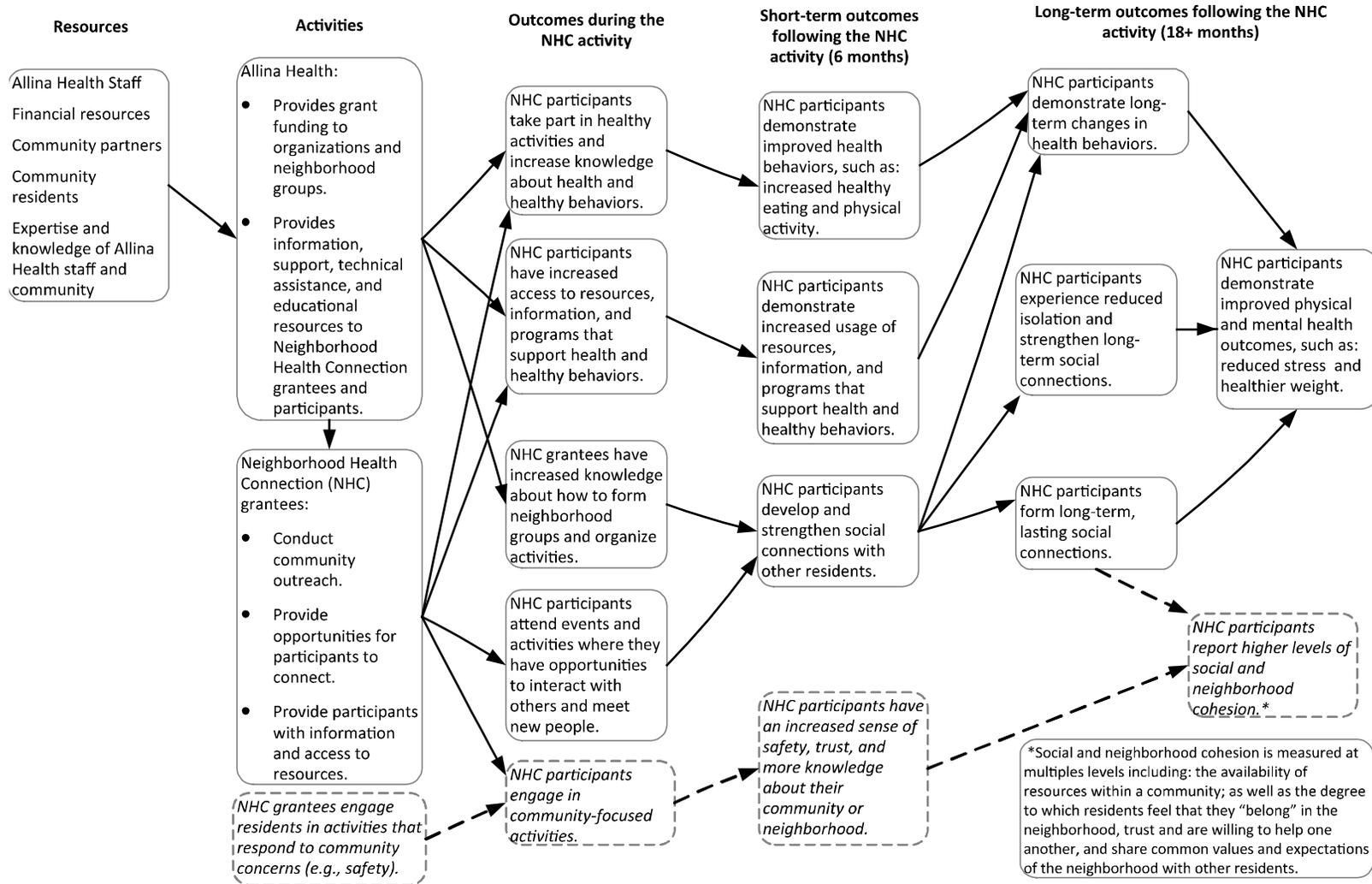
In 2013, Wilder Research worked with Allina Health staff to develop the NHC program's logic model (Figure 1). As shown in the model, Allina Health staff anticipates that during the grant period, community residents who participate in the projects will learn new health information and access new community resources, participate in healthy eating and physical activities, and meet new people. Allina Health staff feels that if these initial outcomes are maintained over time, these changes can lead to reduced isolation, increased social capital, and long-term changes in health behavior. The long-term goal for the initiative is to improve health outcomes among NHC participants. Another potential strategy for increasing social connections is to also consider neighborhood conditions and assets to build "neighborhood cohesion" rather than focusing solely on fostering connections between individuals. When there is a high level of neighborhood cohesion, residents have a sense of belonging, feel safe in their neighborhood, trust other residents, and feel confident that neighbors will take action to address community concerns and help one another. This pathway, shown in dotted lines, is not currently an explicit focus area for the NHC program, but did align with how some of grantees structured their programs.

1. Neighborhood Health Connection logic model

The dotted boxes at the bottom of the page demonstrate a potential set of outcomes related to developing community cohesion that the NHC program could focus on in the future.

Allina Health Community Benefit and Engagement Neighborhood Health Connection (NHC) logic model

Definitions
Social connections: the relationships that individuals have with their family members, friends, and neighbors.
Social/neighborhood cohesion: the connectedness between residents who live in a community and their experiences of living within the community.



About the evaluation

The evaluation for Neighborhood Health Connection 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 post-grant?
- Did participants report an increase in healthy eating and/or physical activity at the conclusion of the grant period and six months post-grant?
- Did participants report increased use of resources and information to support their health at the conclusion of the grant period and six months post-grant?
- What were the barriers groups faced in implementing projects to increase social connectedness and healthy eating and/or physical activity, and how can those barriers be avoided or mitigated?

A multi-method evaluation approach was used to gather feedback from three main sources: a) representatives of the organizations or groups of neighbors that received NHC funding; b) adults who participated in NHC-funded activities; and c) the Allina Health community engagement leads who provided technical assistance and support to the grantees (Figure 2). A description of the four primary data collection strategies and a summary of the limitations of the evaluation approach follow. (Copies of all data collection tools are included in Appendix F.) Wilder Research also reviewed the NHC grantee applications.

2. Description of data collection approaches

Stakeholder group	Data collection tool	Brief description
NHC grantees	Online survey	All 54 grantees that implemented a NHC-funded activity were asked to complete the online survey.
NHC participants	Written/online survey	All 54 grantees were asked to help administer surveys to their project's adult participants.
NHC grantees	Key informant interview	A sample of 10 grantees was invited to participate in a brief key informant interview.
Community engagement leads	Focus group	All nine community engagement leads were asked to participate in a focus group.

Chi-squared tests were conducted to measure the statistical significance of dosages (i.e., the number of times an individual took part in a Neighborhood Health Connection activity) and their relationship to social connections, changes in healthy behaviors, and the use of resources that support health.

Six months after the end of grantees' activities, grantee organizations/groups of neighbors and participants will be sent follow-up surveys. The participant follow-up survey will ask whether participants continued participating in the activity and the impact it has had on their social connections and health. Similarly, the grantee follow-up survey will ask grantees if their activity continued beyond the grant period, if there were any changes to their activity if it continued, and the impact the grant had on their activity. A second report will be prepared in the winter of 2015 that will summarize the findings from these two surveys.

Data collection strategies

- **Grantee survey.** Grantees were asked to share their perceptions of their project's success in helping participants increase social connections, improve healthy eating and physical activity behaviors, and gain access to health resources. The survey also asked the grantees to rate their satisfaction with technical assistance they received from Allina Health and rate the usefulness of the NHC website. Most of the 55 grantees who received funding (n=53) completed the online survey. One grantee (Steele County Immigrant Resource Center) did not complete the survey after receiving multiple invitations and the other grantee (Project Sweetie Pie) did not fully implement their funded activities.

- **Participant survey.** Written and/or online surveys were administered to adults who participated in two or more project activities. The participants were asked how their participation in the activities impacted their connections with others, their own health behaviors, and their knowledge about other health resources. The survey was available in three languages: English, Somali, and Spanish.

1,209 participants were eligible (i.e., adults age 18 or older who took part two or more times in a funded activity) to complete the survey, and Wilder Research received surveys from 682 participants, a response rate of 56 percent. These participants represented 50 of the 55 grantees. The five grantees not represented in the participant survey included: Senior Place, Project Sweetie Pie, Kids Connection, Isanti County Public Health, and Big Brothers Big Sisters of Northwestern Wisconsin.

- **Grantee key informant interviews.** A sample of 10 grantees representing the different community engagement regions was invited to participate in a brief key informant

interview with Wilder Research. In total, nine grantees were interviewed. The grantees were asked about key successes and challenges of their NHC-funded activities. They were also asked to discuss the important issues that need to be addressed to improve the health of residents in their community and to share their ideas for how they would address these issues.

- Community engagement lead focus group. All nine Allina Health community engagement leads were invited to participate in a focus group conversation with Wilder Research. In total, eight leads participated in the conversation. The leads were asked about successful or innovative grantee programs or activities, assistance or support they may have provided grantees, and the successes of the NHC program and how it could be improved.

Limitations

The findings highlighted in this interim report measure short-term changes in outcomes that could be achieved during the funded activities time period (i.e., 8 months), which sets a foundation for long-term behavior change. Any preliminary results suggesting short-term changes in social connections and healthy behaviors may not result in long-term changes in behavior and outcomes. The final report, to be completed in December 2015, will include results from follow-up surveys completed by participants six months after their participation in a funded NHC project ended.

In addition, while the overall response rate for the participant survey is strong, there was some variability in responses rates across community engagement regions (see Appendix A). As a result, some caution should be used when interpreting the participant survey results, as they may not represent the thoughts of all participants who were eligible for the survey.

Orientation to the report

The main body of this report describes the findings of the various data collection strategies used during the evaluation. The sections containing the participant and grantee survey findings begin with bulleted statements encompassing the key findings as they relate to impacts on social connections, health, and connections to resources that support health. Following the survey findings, key themes are reported from the key informant interviews with grantees and focus group with the community engagement leads. An executive summary will be prepared that pulls together the key findings from each evaluation tool by area of impact (e.g., social connections and health), along with summarizing the recommendations noted at the end of this report.

Health Activity grantee characteristics

In 2014, 55 organizations and groups of neighbors were awarded Healthy Activity grants through Allina Health’s Neighborhood Health Connection program. This report includes an analysis of the grant applications of the organizations and groups of neighbors that received funding. The evaluation results are compared to those from the 2013 grantmaking cycle, when appropriate. Wilder Research reviewed these grant applications and developed categories to describe the characteristics of the funded organizations and groups of neighbors. These categories describe: the type of organizations or groups that received the grant; the location of grantees by Allina Health’s community engagement regions; how the grantees planned to form their group of participants; the primary target group by age for grantees’ health activities; the type of health activities; and how grantees learned about the Healthy Activity grant opportunity.

Type of organizations or groups that received grants

Community nonprofit organizations were the most common type of organization or group to receive funding. Forty-two percent of grantees were community nonprofits (e.g., community development, health clinics, and other service organizations). Fewer grantees were government agencies (16%), schools (11%), senior care (11%), groups of neighbors (7%), faith-based organizations (9%), and for-profit businesses (4%).

The types of organizations or groups that received funding in 2013 and 2014 were similar. However, community nonprofits were more likely to receive grants in 2014 (42%) compared to 2013 (33%) (Figure 3). Fifteen of the 2014 grantees (26%) also received funding in 2013.

3. Type of organization or group that received a Health Activity grant

	2014 (N=55)	2013 (N=73)
Community nonprofit	23 (42%)	24 (33%)
Government agency	9 (16%)	7 (10%)
School	6 (11%)	11 (15%)
Senior care	6 (11%)	7 (10%)
Group of neighbors	4 (7%)	9 (12%)
Faith-based	5 (9%)	9 (12%)
For-profit business	2 (4%)	6 (8%)

Note: The total percentage in 2014 exceeds 100 due to rounding.

Location of grantees

Overall, grantees were fairly evenly distributed among Allina Health’s community engagement regions. Ten grantees (18%) were from western Wisconsin, and somewhat fewer were from the other Allina Health regions (9-12%). The overall distribution of grantees among the regions was similar in 2014 and 2013 (Figure 4).

4. Healthy Activity grantees by community engagement regions

	2014 (N=55)	2013 (N=73)
Western Wisconsin	10 (18%)	9 (12%)
North region	7 (13%)	9 (12%)
Northwest region	6 (11%)	12 (16%)
South region	6 (11%)	9 (12%)
South metro	6 (11%)	7 (10%)
East metro	6 (11%)	6 (8%)
Southwest region	6 (11%)	6 (8%)
Northwest metro	5 (9%)	9 (12%)
West metro	3 (5%)	6 (8%)

How grantees planned to form their group of participants

Nearly half of grantees used their Healthy Activity grant funding to expand an existing group. Forty-six percent of grantees indicated their project was formed by expanding on a group in their neighborhood or organization. Fewer grantees created a new group in their neighborhood or organization (37%) or used an existing group in their neighborhood or organization (19%).

In 2014, a larger percentage of grantees created a new group in their neighborhood or organization (36%) compared to 2013 (15%). Fewer grantees expanded on an existing group in their neighborhood or organization in 2014 (45%) compared to 2013 (58%). Similarly, a smaller percentage used an existing group in their neighborhood or organization in 2014 (18%) than 2013 (27%) (Figure 5).

5. How grantees' groups of participants were formed

	2014 (N=55)	2013 (N=73)
Expand on an existing group in the neighborhood or organization	25 (45%)	42 (58%)
Create a new group in the neighborhood or organization	20 (36%)	11 (15%)
Use an existing group in the neighborhood or organization	10 (18%)	20 (27%)

Note: The total in 2014 exceeds 100 percent because one grantee checked multiple options.

Type and number of health activities

Many grantees focused on exercise and fitness. Over half of the grantees planned to implement activities that focused on exercise or fitness classes or groups (56%). This was also the most common type of activity offered in 2013 (Figure 6). Somewhat fewer planned sports or outdoor recreation activities (35%), healthy eating and nutrition (27%), cooking and food preparation (20%) and gardening (18%).

6. Type of health activities

	2014 (N=55)	2013 (N=73)
Exercise or fitness classes or groups	31 (56%)	35 (48%)
Sports or outdoor recreation activities	19 (35%)	31 (42%)
Healthy eating and nutrition	15 (27%)	27 (37%)
Cooking and food preparation	11 (20%)	18 (25%)
Gardening	10 (18%)	14 (19%)

Note: The total exceeds 100 percent because grantees' activities could be coded under multiple categories.

In 2014, grantees were asked to indicate the number of planned activities on their grant confirmation form. Alina Health required all grantees to offer a minimum of six activities. Over one-third (35%) of grantees planned to offer only the minimum number of six and others planned to offer more. The average number of planned activities was 15 and the number of activities ranged from 6 to 57.

How grantees learned about the Healthy Activity grant

Grantees learned about the Healthy Activity grant primarily through communicating with Allina Health staff or community organizations. Most grantees learned about the Healthy Activity grant opportunity through Allina Health staff (64%) or a community organization (35%). Fewer found out about the grant through Allina Health employee communications (16%); a friend, neighbor, or relative (13%); or the Allina Health website (13%). A small percentage (2%) indicated that they heard about the grant from Facebook or other social media. No grantees reported learning about the grant from an Allina Health facility or newspaper advertisement (Figure 7).

Eighteen percent of grantees learned about the grant from other sources, including: being a previous recipient of a Neighborhood Health Connection grant (n=3); receiving an email from Allina Health (n=3); a school principal (n=1); and Congressman Richard Nolan and a former state senator (n=1).

There were some key differences between years regarding how grantees learned about the grant. More grantees reported hearing about the grant from a community organization in 2014 (35%, compared to 21% in 2013). In contrast, fewer grantees indicated that Allina Health employee communications helped them learn about the grant in 2014 (18%) compared to 2013 (41%). Similarly, a smaller percentage of grantees reported that they learned about the grant from a friend, neighbor, or relative in 2014 (12%) compared to 2013 (23%).

7. How grantees learned about the Healthy Activity grant

	2014 (N=55)	2013 (N=73)
Allina Health staff	35 (64%)	N/A
Community organization	19 (35%)	15 (21%)
Allina Health employee communications	9 (16%)	30 (41%)
Friend, neighbor, or relative	7 (13%)	17 (23%)
Allina Health website	7 (13%)	N/A
Facebook or other social media	1 (2%)	3 (4%)
Allina Health facility (poster, flyer, etc.)	0 (0%)	10 (14%)
Newspaper advertisement	0 (0%)	2 (3%)
Radio commercial	N/A	0 (0%)
Other	8 (15%)	25 (34%)

Note: The total exceeds 100 percent because grantees could check multiple options. "N/A" indicates that this response option was not included in 2013 or 2014.

Common implementation challenges

Over half of the grantees (54%) encountered challenges when implementing their Neighborhood Health Connection activity. Many reported that poor weather (46%), difficulty recruiting participants (43%), and difficulty promoting their activities (29%) were challenges to implementation. Fewer indicated that limited funds (18%) or staff or organizational changes (7%) were challenges to implementation. Many (57%) encountered “other” challenges, such as timing and scheduling of activities, securing a space to host activities, and limited staff and volunteers to support their activities (Figure 8). A complete list of all “other” challenges can be found in the Appendix (C5).

8. Grantees’ challenges to implementing their activity (N=28)

What challenges did you encounter when implementing your Neighborhood Health Connection activity?	Number	Percent
Poor weather	13	46%
Difficulty recruiting participants	12	43%
Difficulty promoting the activities	8	29%
Staff or organizational changes	2	7%
Not enough funds	5	18%
Other	16	57%

Note: The total exceeds 100 percent because grantees could check multiple options.

Grantees were also asked to describe any challenges they faced in getting people to participate in their Neighborhood Health Connection activity. They referenced some common challenges including: promoting their activity and encouraging people to try a new activity like gardening or Tai Chi; maintaining consistent participation in their activity; timing of their activity and working with participants’ schedules; lack of access to transportation; and weather. A complete list of all challenges can be found in the Appendix (C4).

To address their challenges, several grantees engaged in additional promotion (e.g., posting flyers and word of mouth advertising) and recruitment, and others worked more closely with their community partners to attract more participants or access resources such as space for their activity. Others mentioned that the challenges they encountered were out of their control such as a limited growing season or bad weather. Some grantees shared that Allina could have helped with promotion by, for example, advertising grantees’ activities more widely at local hospitals. Another grantee noted that Allina could have helped them provide transportation through Metro Mobility. A complete list of all grantees’ responses is included in the Appendix (C8).

Project reach

Grantees reached 2,886 individuals through their NHC activities. Thirty-nine percent of grantees reached between 1 and 25 individuals, just over one quarter (26%) engaged between 26 and 50, 13 percent engaged between 51 and 75, and 22 percent reached 76 or more (Figure 9). Overall, the reach of grantees varied considerably, ranging from 6 to 220 participants. The average number of participants was 53 and the median was 38. Based on their applications, grantees anticipated reaching 3,106 participants in total.

9. Reach of grantees' activities (N=54)

Number of participants reached	Number of grantees	Percent
1-25	21	39%
26-50	14	26%
51-75	7	13%
76 or more	12	22%

In their applications, the grantees were asked to describe the age group(s) they planned to engage in their work. The target for most grantees (65%) was multiple age groups (e.g., families, older and younger adults, etc.). Twenty-one percent planned to reach adults (ages 18-64), while 14 percent focused on older adults (age 65+).

More grantees identified multiple age groups in 2014 (65%) as their target compared to 2013 (42%). However, in 2014, activities focused solely on children were not offered. This may explain the increase in the percentage of grantees that offered activities that encompass multiple age ranges, including families. In addition, a smaller percentage of grantees in 2014 (14%) planned activities for older adults in contrast to 2013 (23%) (Figure 10).

Several grantees also identified specific populations that they wanted to reach through their projects. Fifteen grantees had plans to reach out to low-income residents, while fewer planned to engage Somali immigrants (n=4), Latino immigrants (n=3), adults with mental illness (n=3), Hmong immigrants (n=3), individuals in addiction recovery (n=2), Native American youth (n=1), women who were victims of domestic abuse (n=1), and adults with physical disabilities (n=1).

A complete list describing the characteristics of the people who grantees hoped to reach through their Neighborhood Health Connection activity is listed in the Appendix (C1)

10. Target group by age for grantees' health activities from their applications

	2014 (N=55)	2013 (N=73)
Multiple age groups	35 (64%)	31 (42%)
Adults (ages 18-64)	12 (22%)	12 (16%)
Older adults (age 65+)	8 (15%)	17 (23%)
Children and teens (ages 13-17)	N/A	13 (18%)

All grantees reported that they successfully reached their target population. Over half (54%) said they were “very successful” in reaching their target group and 46 percent were “somewhat successful” (Figure 11). Grantees were asked to describe why they choose their specific rating of success. A number had observed high levels of participation and positive feedback from participants. A few shared that they would have liked to generate more participation. A complete list of all responses is included in the Appendix (C2).

11. Grantees' self-reported success in reaching target group of participants (N=52)

Overall, how would you rate your level of success reaching this group or groups of people through your Neighborhood Health Connection activity?

	Number	Percent
Very successful	28	54%
Somewhat successful	24	46%
Not very successful	0	0%
Not at all successful	0	0%

Incentives, engaging programming, and targeted marketing approaches were used by grantees who successfully involved residents in their activities. Some used incentives (e.g., prizes, food, or T-shirts) to encourage participation. Others worked in conjunction with other groups to organize their activities and encourage participation. Some grantees offered free activities, worked to accommodate participants' schedules, and supported participants' learning and health by providing recipes or fresh produce for them to take home.

Most grantees used a combination of social media, newsletters, flyers, brochures, and word of mouth promotion to publicize their activities. A few indicated the success of one-on-one communication such as personal invitations and individual conversations. A complete list of engagement strategies used by the grantees can be found in the Appendix (C3).

Grantee survey results

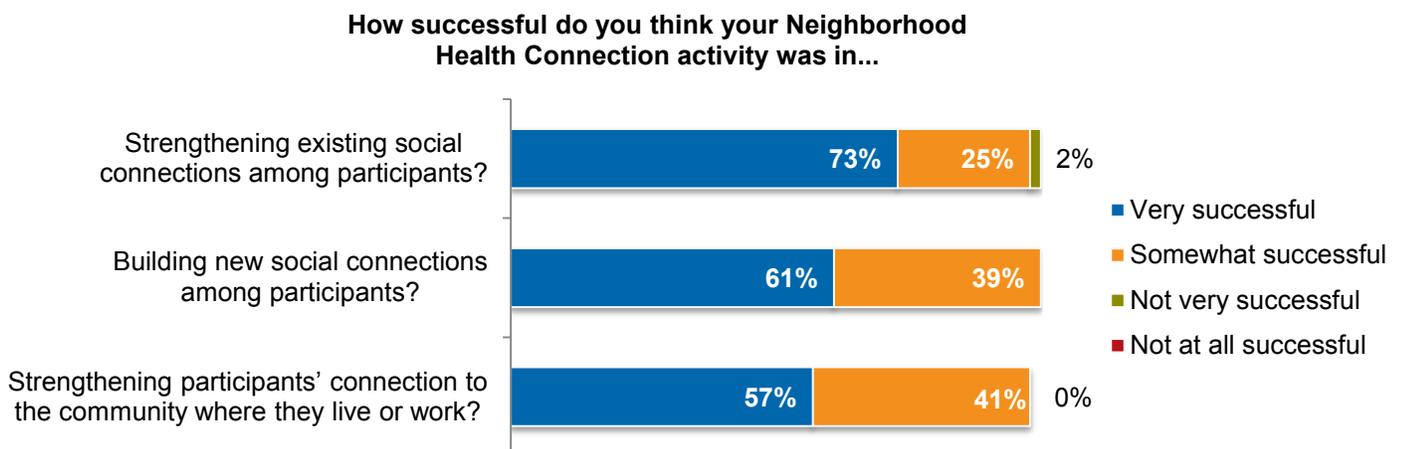
Summary of findings:

- While nearly all grantees indicated that their activities helped increase social connections, participants were more likely to enhance existing relationships rather than build new relationships.
- While almost all grantees felt their activities successfully influenced healthy behavior change and connection to resources, activities were more likely to be rated “very successful” in increasing participants’ physical activity compared to connecting participants to resources or increasing their healthy eating.

Impact of Neighborhood Health Connection activities on social connections

Many grantees (73%) indicated that their Neighborhood Health Connection activity was “very successful” in strengthening *existing* social connections between participants. A smaller percentage (61%) reported that their activity was “very successful” in building new social connections between participants (Figure 12).

12. Grantees’ self-reported changes in participants’ social connections and connection to the community (N=51)

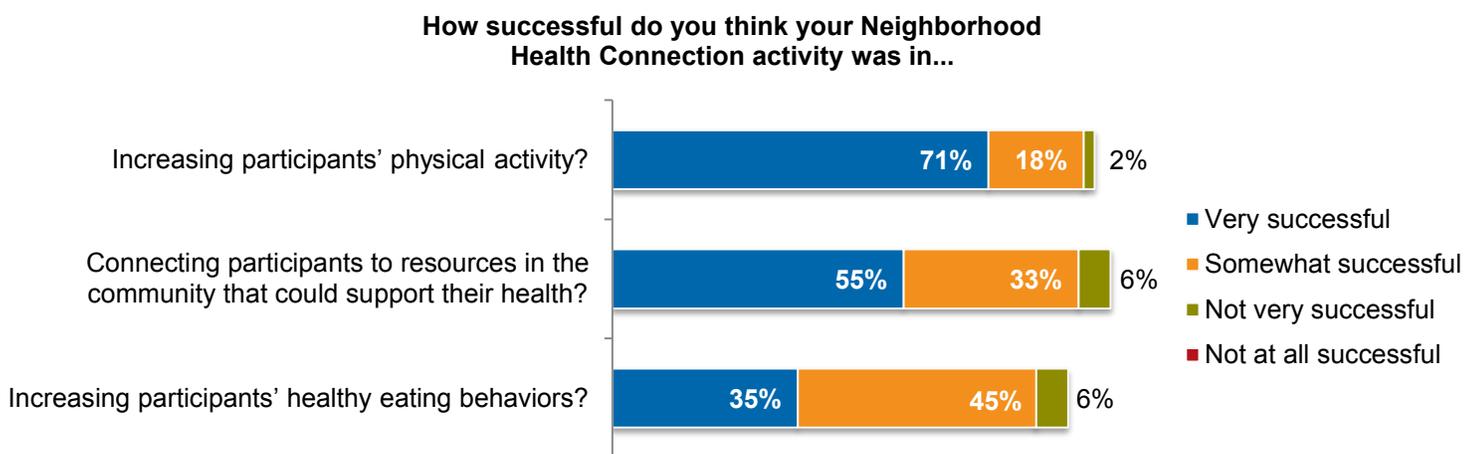


Note: One grantee (2%) was “not sure” when asked the successes of their activity in strengthening participants’ connection to the community where they live or work.

Impact of Neighborhood Health Connection activities on health

To various degrees, the Neighborhood Health Connection activities influenced participants' healthy behaviors and access to resources to support health. Seventy-one percent of grantees reported their NHC activity was "very successful" in increasing participants levels of physical activity. Somewhat fewer indicated that they were "very successful" connecting participants to resources in the community that could support their health (55%) and increasing participants' healthy eating behaviors (35%) (Figure 13).

13. Grantees' self-reported changes in participants' healthy eating and physical activity and connection to resources to support health (N=51)



Note: Five grantees (10%) selected "not applicable" for increasing physical activity; 3 (6%) selected "not applicable" for connecting participants to resources in the community; and 2 (4%) selected "not sure" and 5 (10%) selected "not applicable" for increasing healthy eating behaviors.

Grantees' satisfaction with their Neighborhood Health Connection activity

All grantees were satisfied with the impact of their Neighborhood Health Connection activity. Seventy-four percent reported they were "very satisfied" with the impact of their activity and 26 percent were "somewhat satisfied" (Figure 14).

14. Grantees' level of satisfaction (N=53)

Overall, how satisfied are you with the impact of your Neighborhood Health Connection activity?

	Number	Percent
Very satisfied	39	74%
Somewhat satisfied	14	26%
Not very satisfied	0	0%
Not at all satisfied	0	0%

When asked to describe the best part of their activity, grantees highlighted changes in participants’ knowledge, healthy behavior, and social connections. They shared specific examples of participants increasing their physical activity through walking groups and yoga, along with examples of families exercising together. Grantees also highlighted that participants tried specific fresh foods for the first time and gained more knowledge about healthy eating and cooking. In addition, they also noted that participants increased their social connections through the funded activities. A few grantees shared that participants organized time to connect outside of the scheduled activities or exchanged phone numbers with the intention to stay in touch. A complete list of all grantees’ responses can be found in the Appendix (C6).

The Neighborhood Health Connection grant application process and grantees’ likelihood of continuing their activities

All grantees felt that Allina Health provided them with clear information during the Neighborhood Health Connection application process. Sixty-three percent “strongly agreed” and 37 percent “agreed” that Allina Health provided them with clear information and guidance throughout the NHC Healthy Activity Grant application process (Figure 15). Overall, most grantees indicated that the Neighborhood Health Connection grant application process was a positive experience and had no suggestions for improvements. Two grantees mentioned that they would have liked a more flexible timeline and two others noted that the participant survey was difficult for some people to complete, especially if English was not their native language. A complete list of all responses can be found in the Appendix (C11).

15. Grant application process (N=52)

Overall, Allina Health provided me with clear information and guidance throughout the Neighborhood Health Connection Healthy Activity Grant application process.

	Number	Percent
Strongly agree	33	63%
Agree	19	37%
Disagree	0	0%
Strongly disagree	0	0%

All grantees expressed interest in reapplying for the Neighborhood Health Connection grant. Ninety percent “strongly agreed” and 10 percent “agreed” that their organization or group of neighbors would apply again for a NHC Healthy Activity grant (Figure 16).

16. Interest in reapplying for grant (N=52)

If given the chance, my organization or group of neighbors would apply again for a Neighborhood Health Connection Healthy Activity grant.

	Number	Percent
Strongly agree	47	90%
Agree	5	10%
Disagree	0	0%
Strongly disagree	0	0%

Over three-quarters of grantees (77%) planned to continue their activities after the end of the Neighborhood Health Connection Healthy Activity grant funding. Six percent reported they would not continue their activities after the end of the funding, and 17 percent said they were “not sure” (Figure 17). Of those who were not continuing their activities or “not sure,” nearly all reported that cost was a barrier. A list of their comments is located in the Appendix (C12).

17. Planning to continue activity at the end of the grant funding (N=52)

Do you plan to continue your activity or program after the end of the Neighborhood Health Connection Healthy Activity grant funding?

	Number	Percent
Yes	40	77%
No	3	6%
Not sure	9	17%

Participant survey results

The NHC evaluation gathered feedback from adults who participated in activities two or more times. Frequency of participation in the activities was categorized as “high” (participants attended 6 or more activity sessions), “moderate” (4-5 sessions), or “low” (2-3 sessions). In total, 682 of the 1,209 participants eligible for the survey completed it, a response rate of 56 percent. The results suggest positive changes in social connections and healthy behaviors occurred for a majority of the participants who responded to the survey. They also suggest a positive relationship between changes in behavior and connectedness and frequency of participation.

Description of respondents

Demographics

The respondents were primarily white, English-speaking women. Most self-identified as female (82%) and white (81%), reported being born in the U.S. (85%), and spoke English in their household (90%). The average age of respondents was 49 and the range of ages was 18 to 97. Overall, ages were fairly evenly distributed within this range. Tables containing the participants’ demographic data are listed in Appendix D.

Frequency of participation

Almost half of the respondents participated in Neighborhood Health Connection activities 6 or more times. Forty-seven percent attended 6 or more activities, 19 percent attended 4 to 5 times, and 28 percent took part 2 to 3 times. Seven percent reported they participated 0 to 1 times (Figure 18).

18. Frequency of participation among respondents (N=731)

Since July 15, 2014, approximately how many times did you participate in this Neighborhood Health Connection activity (this includes meetings, events, or groups that meet at work)?

	Number	Percent
0-1	49	7%
“Low” frequency (2-3)	202	28%
“Moderate” frequency (4-5)	139	19%
“High” frequency (6 or more)	341	47%

Note: Those who took part 0-1 times were not eligible to take the survey.

Health status

Most of the respondents rated their overall health highly. Over half of the respondents rated their health as “very good” (39%) or “excellent” (14%). Although relatively few respondents rated their overall health as “fair” (8%) or “poor” (1%), these results suggest the NHC activities reached residents who wanted to maintain their health, as well as residents interested in making changes to improve their health (Figure 19).

19. Health status of participants (N=681)

In general, how would you rate your overall health?	Number	Percent
Excellent	97	14%
Very good	267	39%
Good	259	38%
Fair	51	8%
Poor	7	1%

Impact of Neighborhood Health Connection activities on social connections

Key findings

- Most respondents reported that, as a result of participating in a Neighborhood Health Connection activity, they strengthened their current relationships and built new relationships. Nearly all were confident they would continue to maintain their new relationships.
- Most respondents also felt that through participating in a Neighborhood Health Connection activity, their connection to the community where they live increased.
- Respondents who participated at a “high” (6 or more times) frequency in a Neighborhood Health Connection activity were significantly more confident that they would stay in touch with the new people they connected with, and were significantly more likely to report that they would continue participating in a NHC activity compared to those who participated at a “moderate” (4-5 times) or “low” (2-3 times) frequency.

Most respondents developed new relationships through taking part in the Neighborhood Health Connection activity. Three-quarters (75%) reported that they developed new relationships with neighbors and community members who they hadn't known before. Forty-six percent indicated they were “very confident” they would stay in touch with at least one of the neighbors and community members they met, while 44 percent were “somewhat confident” they would stay in touch (Figure 20).

20. Self-reported changes in relationships among participants and confidence in maintaining new relationships

By participating in this activity, did you develop any new relationships/connections with neighbors or community members who you hadn't known before? (N=678)

	Number	Percent
Yes	506	75%
No	172	25%
Unsure	0	0%

How confident are you that you will stay in touch with at least one of the neighbors and community members you met? (N=501)

Very confident	231	46%
Somewhat confident	222	44%
Not at all confident	19	4%
Unsure	29	6%

Respondents who participated at a “high” frequency in a Neighborhood Health Connection activity were more likely to feel confident that they would maintain their new connections. Those who took part six or more times in an activity were significantly more likely to indicate they were “very confident” they would stay in touch with at least one of the new people who they connected with compared to those who participated at a “moderate” or “low” frequency (56% of “high” frequency respondents, compared to 42%, $p < 0.05$) (Figure 21).

21. Participants' frequency of involvement, by confidence in staying in touch with a new connection

How confident are you that you will stay in touch with at least one of the neighbors and community members you met?	Approximately how many times did you participate in the Neighborhood Health Connection activity?		
	Low 2-3 (N=134)	Moderate 4-5 (N=102)	High 6 or more (N=236)
Very confident (N=231)	56 (42%)	43 (42%)	132 (56%)
Somewhat confident (N=222)	72 (54%)	52 (51%)	98 (41%)
Not at all confident (N=19)	6 (4%)	7 (7%)	6 (3%)

Most respondents strengthened their current relationships with neighbors or community members through participating in the Neighborhood Health Connection activity. Eighty percent reported that they strengthened relationships and connections with neighbors or community members who they knew before the Neighborhood Health Connection activity began (Figure 22).

22. Self-reported changes in strengthening current relationships among participants (N=679)

By participating in this activity, did you strengthen any of the relationships/connections with neighbors or community members who you knew before this Neighborhood Health Connection activity began?

	Number	Percent
Yes	540	80%
No	139	21%

Most respondents reported that they were likely to continue to participate in the Neighborhood Health Connection activity if it continued. Seventy-nine percent were “very likely” and 19 percent were “somewhat likely” to continue to take part in the activity over the next six months if it continued (Figure 23).

23. Participants’ likelihood of attending activities over the next 6 months (N=535)

If this Neighborhood Health Connection activity continued, how likely is it that you would continue participating in the activity over the next 6 months?

	Number	Percent
Very likely	423	79%
Somewhat likely	103	19%
Not at all likely	6	1%
Unsure	3	<1%

“High” frequency respondents were more likely to indicate they would continue participating in the activity. Those who participated six or more times in an activity were significantly ($p < .05$) more likely to report (88%) that they were “very likely” to continue participating in the activity over the next six months if it continued, compared to respondents who participated at “moderate” or “low” frequency (73% and 70%, respectively) (Figure 24).

24. Participants’ frequency of involvement, by likelihood of continuing to participate in the activity

If this Neighborhood Health Connection activity continued, how likely is it that you would continue participating in the activity over the next 6 months?	Approximately how many times did you participate in the Neighborhood Health Connection activity?		
	Low 2-3 (N=154)	Moderate 4-5 (N=109)	High 6 or more (N=269)
Very likely (N=423)	108 (70%)	79 (73%)	236 (88%)
Somewhat likely (N=103)	45 (29%)	28 (26%)	30 (11%)
Not at all likely (N=6)	1 (<1%)	2 (2%)	3 (1%)

Many respondents reported a stronger connection to the community as a result of participating in a Neighborhood Health Connection activity. Nearly two-thirds of respondents (62%) reported that their connection to the community “increased,” and 36 percent indicated that their connection “stayed the same” (Figure 25).

25. Self-reported changes in participants’ connection to the community (N=676)

Overall, through participating in this Neighborhood Health Connection activity has your connection to the community where you live:	Number	Percent
Increased	421	62%
Decreased	3	<1%
Stayed the same	241	36%
Unsure	11	2%

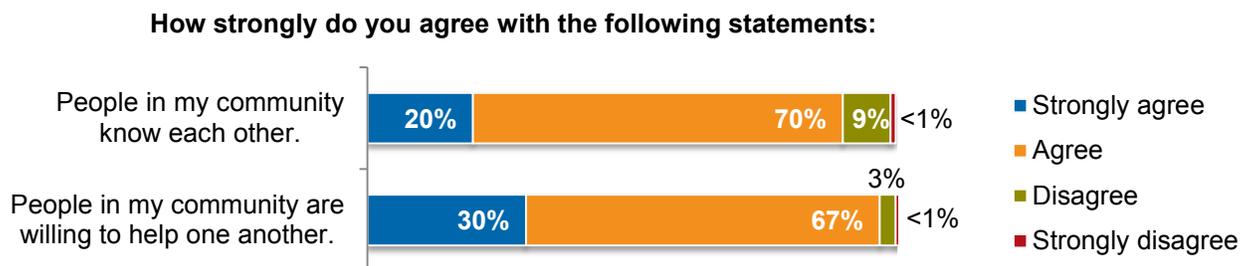
Respondents who participated at a “high” frequency in a Neighborhood Health Connection activity were more likely to report that their connection to the community increased. Sixty-seven percent of respondents who took part six or more times in an activity were significantly ($p < .05$) more likely to report their connection to the community “increased” compared to those who participated at a “low” frequency (58%). There was no statistically significant difference between those who took part at a “high” and “moderate” frequency (67% and 62%, respectively) (Figure 26).

26. Participants’ frequency of involvement, by self-reported changes in their connection to the community

Overall, through participating in this Neighborhood Health Connection activity has your connection to the community where you live:	Approximately how many times did you participate in the Neighborhood Health Connection activity?		
	Low 2-3 (N=196)	Moderate 4-5 (N=135)	High 6 or more (N=334)
Increased (N=421)	114 (58%)	84 (62%)	223 (67%)
Decreased (N=3)	2 (1%)	0 (0%)	1 (<1%)
Stayed the same (N=241)	80 (42%)	51 (38%)	110 (33%)

Nearly all respondents reported high levels of connection to their community. Most respondents “strongly agreed” or “agreed” that people in their community know each other (90%) and are willing to help one another (97%) (Figure 27).

27. Participants’ self-reported sense of connectedness among people in their community (N=678)



Connections to new groups, activities, or resources

Key findings

- Most respondents learned about new community groups or activities and resources to support their health.
- Respondents who participated at a “high” (6 or more times) frequency in a Neighborhood Health Connection activity were significantly more likely to report that they will participate in the new community groups or activities compared to those who participated at a “moderate” (4-5 times) frequency.

Most respondents learned about and used new groups and resources as a result of their involvement in a Neighborhood Health Connection activity. Seven in ten respondents (70%) learned about new community groups or activities through participating in a Neighborhood Health Connection activity, and 72 percent of these respondents reported that they participated in the group or activity which they learned about. Similarly, 73 percent of respondents became aware of resources to support their health through participating in the Neighborhood Health Connection activity, and over three-quarters (77%) reported they used the resources to support their health (Figure 28).

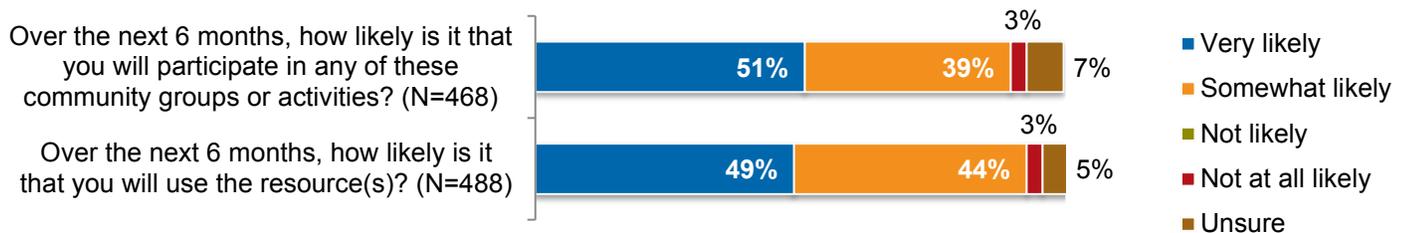
28. Changes in participants' connections to new groups, activities, and resources

Connection to new groups or activities	Yes	No
Through participating in this Neighborhood Health Connection activity, have you learned about new community groups or activities? (N=678)	472 (70%)	206 (30%)
If yes, have you participated in these community groups or activities? (N=466)	335 (72%)	131 (28%)
Connection to resources		
Through participating in this Neighborhood Health Connection activity, have you become aware of resources to support your health (e.g., books, guides, or websites)? (N=674)	494 (73%)	180 (27%)
If yes, have you used the resources to support your health? (N=483)	370 (77%)	113 (23%)

As a result of taking part in a Neighborhood Health Connection activity, nearly all respondents considered participating in the new community groups or activities and planned on using the resources. Ninety percent reported that they were “very” or “somewhat” likely to join the new groups or activities over the next six months, and 93 percent said they were “very” or “somewhat” likely to use the resources over the coming six months (Figure 29).

29. Participants’ plans to access community resources over the next 6 months

How strongly do you agree with the following statements:



“High” frequency respondents were more likely to indicate they will participate in new community groups or activities than those who took part in fewer activities.

Sixty percent of respondents who took part six or more times in an activity were significantly ($p < .05$) more likely to report that they were “very likely” to participate in a new community group or activity over the next six months, compared to those who participated at a “moderate” frequency (44%). There was no significant difference between those who took part at a “high” and “low” frequency (60% and 55%, respectively) (Figure 30).

30. Participants’ frequency of involvement, by self-reported likelihood of participating in community groups or activities

Over the next 6 months, how likely is it that you will participate in any of these community groups or activities?	Approximately how many times did you participate in the Neighborhood Health Connection activity?		
	Low 2-3 (N=126)	Moderate 4-5 (N=90)	High 6 or more (N=221)
Very likely (N=242)	69 (55%)	40 (44%)	133 (60%)
Somewhat likely (N=183)	52 (41%)	47 (52%)	84 (38%)
Not at all likely (N=12)	5 (4%)	3 (3%)	4 (2%)

Most participants (96-97%) were “somewhat” or “very” likely to use resources to support their health in the next six months. Ninety-seven percent of respondents who took part six or more times in an activity indicated that they were likely to use new resources to support their health over the next six months similar to those who took part at a “moderate” or “low” frequency (96% each) (Figure 31). There was no significant difference based on frequency of participation.

31. Participants’ frequency of involvement, by self-reported likelihood of using resources to support their health

Over the next 6 months, how likely is it that you will use the resource(s)?	Approximately how many times did you participate in the Neighborhood Health Connection activity?		
	Low 2-3 (N=121)	Moderate 4-5 (N=102)	High 6 or more (N=242)
Very likely (N=237)	62 (51%)	46 (45%)	129 (53%)
Somewhat likely (N=214)	55 (45%)	52 (51%)	107 (44%)
Not at all likely (N=14)	4 (3%)	4 (4%)	6 (2%)

Impact of Neighborhood Health Connection activities on health behaviors

Key findings:

- A majority of respondents reported eating healthier meals and snacks and being more physically active compared to six months ago.
- Respondents who participated at a “high” (6 or more times) frequency in a Neighborhood Health Connection activity were significantly more likely to report increased physical activity compared to those who participated at a “moderate” (4-5 times) or “low” (2-3 times) frequency.
- “High” frequency respondents also were more likely to report increased healthy eating compared to those who participated at a “moderate” or “low” frequency. These differences were not statistically significant.
- Changes in physical activity and healthy eating were reported by respondents already in “excellent” or “very good” health, as well as those who rated themselves as being in poorer health.

Impact of physical activities

Nine in ten respondents (90%) reported that their participation in a Neighborhood Health Connection activity included physical activities such as walking, gardening, exercising, or playing sports. These participants (N=602) were asked additional questions about changes in their physical activity resulting from their involvement in the activity and their anticipated likelihood of changing their level of physical activity in the future.

Many respondents reported a high level of physical activity. Over half of respondents (56%) reported that they had been physically active for at least 30 minutes in four or more days during the previous week (Figure 32).

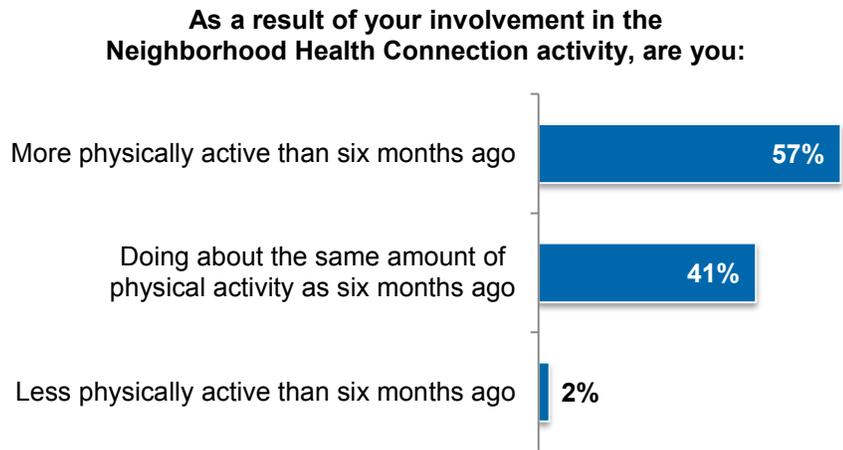
32. Self-reported level of physical activity in the previous week (N=579)

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?

	Number	Percent
0	16	3%
1	32	6%
2	57	10%
3	146	25%
4	90	15%
5	118	20%
6	58	10%
7	62	11%

A majority of respondents reported that they were more physically active as result of their involvement in a Neighborhood Health Connection activity. Fifty-seven percent reported being “more physically active than six months ago,” and 41 percent indicated they are “doing about the same amount of physical activity as six months ago” (Figure 33).

33. Self-reported changes in physical activity among participants (N=597)



Respondents who participated at a “high” frequency in a Neighborhood Health Connection activity were more likely to report changes in their physical activity. Sixty-four percent of respondents who took part six or more times in an activity were significantly ($p < .05$) more likely to report they were more physically active than six months ago as a result of taking part in a NHC activity, compared to those who participated at a “moderate” or “low” frequency (50% each) (Figure 34).

34. Participants’ frequency of involvement, by self-reported changes in physical activity

As a result of your involvement in this Neighborhood Health Connection activity, are you:	Approximately how many times did you participate in the Neighborhood Health Connection activity?		
	Low 2-3 (N=181)	Moderate 4-5 (N=112)	High 6 or more (N=304)
More physically active than six months ago (N=339)	90 (50%)	56 (50%)	193 (64%)
Doing about the same amount of physical activity as six months ago (N=247)	87 (48%)	52 (46%)	108 (36%)
Less physically active than six months ago (N=11)	4 (2%)	4 (4%)	3 (1%)

Changes to physical activity were reported among those with various levels of health. Increased physical activity was reported by respondents who rated themselves in “excellent” (53%) and “very good” (58%) health, as well as those who rated themselves as being in “good” (59%) and “fair” (46%) health (Figure 35).

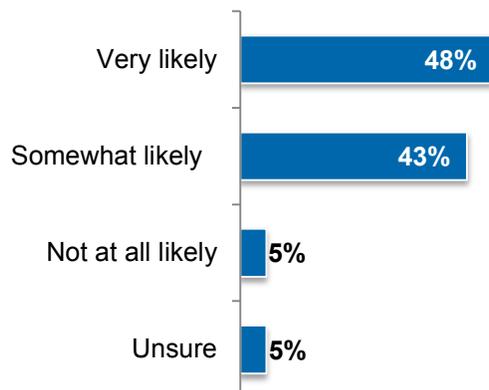
35. Participant changes in physical activity, by self-reported health status

In general, how would you rate your overall health?	As a result of your involvement in this Neighborhood Health Connection activity, are you:				
	Excellent (N=92)	Very good (N=247)	Good (N=211)	Fair (N=41)	Poor (N=5)
More physically active than six months ago (N=338)	49 (53%)	143 (58%)	124 (59%)	19 (46%)	3 (60%)
Less physically active than six months ago (N=11)	0 (0%)	3 (1%)	4 (2%)	4 (10%)	0 (0%)
Doing about the same amount of physical activity as six months ago (N=247)	43 (47%)	101 (41%)	83 (39%)	18 (44%)	2 (40%)

Most respondents plan on becoming more physically active. Forty-eight percent indicated that they are “very likely” to become more physically active and 43 percent are “somewhat likely” (Figure 36).

36. Self-reported changes in likelihood of maintaining healthy changes in physical activity among participants (N=592)

As a result of your involvement in this Neighborhood Health Connection activity, how likely are you to become more physically active?



“High” frequency respondents (54%) were significantly (p<.05) more likely to report that they were “very likely” to become more physically active as a result of their involvement in a NHC activity compared to those who took part at a “moderate” frequency (39%). There was no statistically significant difference between those who took part at a “high” and “low” frequency (54% and 49%, respectively) (Figure 37).

37. Participants’ frequency of involvement, by self-reported changes in likelihood of maintaining healthy changes in physical activity

As a result of your involvement in this Neighborhood Health Connection activity, how likely are you to become more physically active?	Approximately how many times did you participate in the Neighborhood Health Connection activity?		
	Low 2-3 (N=168)	Moderate 4-5 (N=101)	High 6 or more (N=295)
Very likely (N=283)	83 (49%)	40 (39%)	160 (54%)
Somewhat likely (N=254)	78 (46%)	53 (52%)	123 (42%)
Not at all likely (N=27)	7 (4%)	8 (8%)	12 (4%)

Impact of healthy eating activities

A majority of respondents (61%) reported that their participation in a Neighborhood Health Connection activity included a focus on healthy eating. These participants (N=409) were asked additional questions about changes in their eating habits resulting from their involvement in the activity and their anticipated likelihood of changing their eating habits in the future.

Most respondents learned about “healthy eating and nutrition” (88%) and “cooking and food preparation techniques” (54%). Fewer indicated that they learned about “gardening and how to grow food” (17%) (Figure 38). Respondents also noted learning about “other” health topics through the NHC activity, such as reading labels, portion control, methods for preparing food, and information on exercise such as walking, Zumba, and yoga. All “other” health topics noted by the respondents are listed in the Appendix.

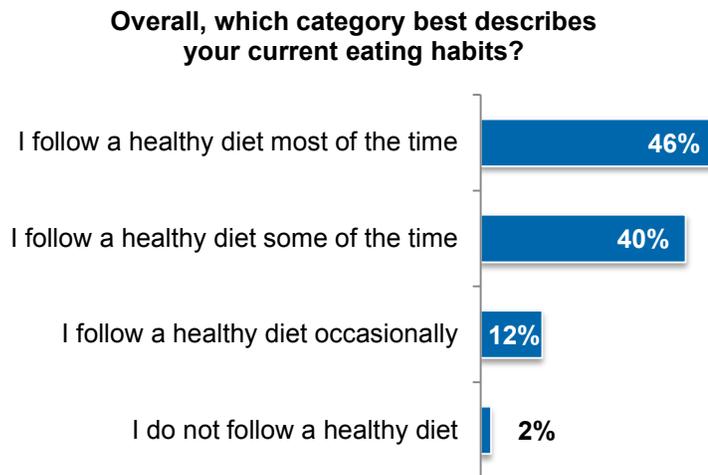
38. Health topics reported by participants (N=385)

Through participating in the Neighborhood Health Connection activity, did you learn about any of the following topics?	Number	Percent
Healthy eating and nutrition	340	88%
Cooking and food preparation techniques	206	54%
Gardening and how to grow food	65	17%
Other	50	13%

Note: Total percentage equals more than 100 percent as respondents were able to choose multiple responses.

Almost half of the respondents (46%) shared that they “follow a healthy diet most of the time.” Forty percent reported that they “follow a healthy diet some of the time.” Fewer said they follow a “healthy diet occasionally” (12%) or “did not follow a healthy diet” (2%) (Figure 39).

39. Self-reported current eating habits among participants (N=403)



Over three-quarters of respondents (78%) made changes to their eating habits as a result of their involvement in the Neighborhood Health Connection activity. When asked to choose what changes they made, over half reported they eat more vegetables (70%), eat more fruit (64%), cook more healthy meals (56%), and eat appropriate portion sizes (55%). Fewer respondents reported reading nutrition labels (51%), drinking fewer sweetened beverages (51%), and eating more whole grains (47%) (Figure 40).

Respondents also noted “other” changes to their eating habits, such as trying new food, being mindful of what they eat, and drinking more water. All of the respondents’ “other” health topics are listed in the Appendix (E1).

40. Self-reported changes in eating habits among participants (N=311)

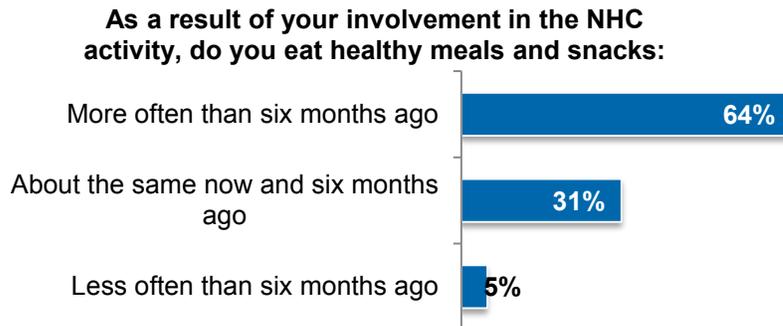
As a result of your involvement in the Neighborhood Health Connection activity, did you make any changes to your eating habits?

	Number	Percent
Eating more vegetables	219	70%
Eating more fruits	200	64%
Cooking healthy meals more often	174	56%
Eating appropriate portion sizes	171	55%
Reading nutrition labels	159	51%
Drinking fewer sweetened beverages	158	51%
Eating more whole grains	147	47%
Other	38	12%
None of the above	0	0%

Note: Total percentage equals more than 100 percent as respondents were able to choose multiple responses.

A majority of respondents (64%) reported they eat healthy meals and snacks “more often than six months ago.” Thirty-one percent reported that they eat healthy meals and snacks “about the same now and six months ago” (Figure 41).

41. Self-reported changes in healthy eating among participants (N=404)



“High” frequency respondents were more likely to report changes in healthy eating. Sixty-eight percent of those who took part six or more times in an activity reported that they eat healthy meals and snacks “more often than six months ago” as a result of their involvement, while those who attended a “moderate” or “low” number of sessions were less likely (56% and 61%, respectively) to indicate eating more healthy meals and snacks (Figure 42). There was no statistically significant difference based on frequency of participation.

42. Participants' frequency of involvement, by self-reported changes in healthy eating

As a result of your involvement in this Neighborhood Health Connection activity, do you eat healthy meals and snacks:	Approximately how many times did you participate in the Neighborhood Health Connection activity?		
	Low 2-3 (N=126)	Moderate 4-5 (N=80)	High 6 or more (N=198)
More often than six months ago (N=257)	77 (61%)	45 (56%)	135 (68%)
Less often than six months ago (N=22)	10 (8%)	3 (4%)	9 (5%)
About the same as six months ago (N=125)	39 (31%)	32 (40%)	54 (27%)

Changes to eating were reported among those with various levels of health. An increase in healthy eating was reported by respondents who rated themselves in “excellent” (56%) and “very good” (61%) health, as well as those who rated themselves as being in “good” (68%), “fair” (62%), and “poor” (67%) health (Figure 43).

43. Participant changes in healthy eating, by self-reported health status

In general, how would you rate your overall health?	As a result of your involvement in the Neighborhood Connection activity, do you eat healthy meals and snacks:				
	Excellent (N=50)	Very good (N=144)	Good (N=170)	Fair (N=34)	Poor (N=6)
More often than six months ago? (N=257)	28 (56%)	88 (61%)	116 (68%)	21 (62%)	4 (67%)
Less often than six months ago? (N=22)	2 (4%)	8 (6%)	8 (5%)	4 (12%)	0 (0%)
About the same now and six months ago? (N=125)	20 (40%)	48 (33%)	46 (27%)	9 (27%)	2 (33%)

Many respondents indicated that they were likely to make or maintain healthy changes in their eating habits as a result of their involvement in a Neighborhood Health Connection activity. A majority of respondents (52%) reported that they are “very likely” to make or maintain healthy changes in their eating habits and 42 percent said they were “somewhat likely” (Figure 44).

44. Participants’ likelihood of maintaining healthy changes in eating habits (N=400)

As a result of your involvement in the Neighborhood Health Connection activity, how likely are you to make or maintain healthy changes in your eating habits?

	Number	Percent
Very likely	206	52%
Somewhat likely	166	42%
Not at all likely	12	3%
Unsure	16	4%

There was not a clear relationship between frequency of participation and respondents’ self-reported likelihood of following a healthier diet in the future. Over half of “high” and “low” frequency participants reported they were “very likely” to follow a healthier diet in the future (54% and 58%, respectively) (Figure 45). There was no statistically significant difference based on frequency of participation.

45. Participants’ frequency of involvement, by self-reported changes in likelihood of maintaining healthy changes in eating habits

As a result of your involvement in this Neighborhood Health Connection activity, how likely are you to eat a healthier diet?	Approximately how many times did you participate in the Neighborhood Health Connection activity?		
	Low 2-3 (N=119)	Moderate 4-5 (N=74)	High 6 or more (N=191)
Very likely (N=206)	69 (58%)	33 (45%)	104 (54%)
Somewhat likely (N=166)	47 (39%)	38 (51%)	81 (42%)
Not at all likely (N=12)	3 (3%)	3 (4%)	6 (3%)

Participants' overall experience with the NHC activities

Participants were asked to share feedback about barriers to participation, changes in their health and/or connections, and their overall experience. This section offers a summary of some of the major themes that emerged from the respondents' comments. All comments are listed in the Appendix (E3-6).

Respondents offered several suggestions to improve the NHC activities they took part in, including increased outreach, more information on nutrition, additional active living activities, increased activity length, and lowered activity cost.

Respondents shared they would have liked increased participation in the activities, particularly from families or other neighborhood residents who could benefit from the activities. Some suggested using more social media and advertising more widely. Many also wanted a stronger focus on healthy eating or specific recipes or meal plans that they could use outside of the activity. Participants also wanted the activities to run for more days per week and additional months, or a longer time period (e.g., adding on two additional hours). Many wanted more opportunities for active living activities such as walking groups or yoga classes. A few suggested that activities should be free or low-cost to increase participation.

Respondents referenced a number of barriers to participating including:

- Weather, specifically cold weather and snow.
- Physical injuries or limitations that impacted participation in activities.
- Lack of motivation or self-discipline to keep engaging in an activity.
- Health, such as illness or sickness.
- Other barriers, such as transportation and location or timing of the activities

Respondents noted multiple changes to their health and social connections as a result of taking part in a NHC activity. Several reported eating healthier and gaining more knowledge about nutrition and cooking. Others reported higher levels of energy and feeling more relaxed as a result of increased physical activity. Respondents also highlighted specific changes to their health such as losing weight, controlling blood sugar, or gaining strength or endurance. In addition, many reported forming new friendships, strengthening current relationships with friends or family, and forming stronger connections with neighbors.

Respondents also identified the highlight or best part of taking part in a NHC activity. Their responses included:

- Being more physically active by engaging in new physical activities, exercising with family and friends, and having regularly scheduled physical activity.
- Reaching key goals or accomplishments around being physically active (e.g., walking or running a specific number of miles).
- Connecting with other people through physical activities and healthy eating, including making new connections, strengthening connections with family and friends, and feeling closer to neighbors or other community members.
- Engaging in physical activities outdoors.
- Having the opportunity to try healthy foods and learning how to cook.
- Feeling motivated to be active and be participating with other people in physical activities.
- Experiencing overall improved health through losing weight, having more energy, or having a consistent level of physical activity.

Project administration and implementation

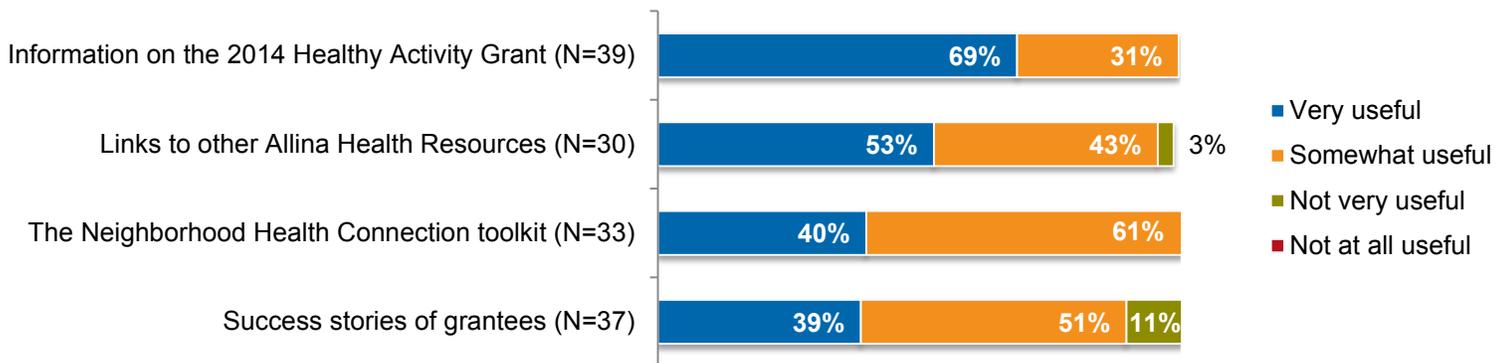
In addition to questions about how their activities influenced participants’ social connections and health, grantees were also asked about the usefulness of the Allina Health NHC website and whether they received any technical assistance from Allina Health.

Perceived usefulness of the Neighborhood Health Connection website

Nearly three-quarters of grantees (74%) visited the Allina Health Neighborhood Health Connection website. Of the grantees who visited the site, a majority felt the information on the 2014 Health Activity Grant (69%) and links to other Allina Health Resources (53%) were “very useful.” Fewer indicated the Neighborhood Health Connection toolkit (40%) and grantee success stories (38%) were “very useful” (Figure 46).

46. Usefulness of Neighborhood Health Connection website

Please rate how useful you found the following parts of the website:



Satisfaction with the assistance provided by Allina Health

Over one-third of grantees (36%) received technical assistance from Allina Health.

They reported they received connections to Allina Health programs or local organizations (56%), help planning or implementing their activity (44%), and health promotion materials or devices (44%). Fewer grantees reported receiving help promoting or marketing their activity (28%).

Half of the grantees (50%) also noted “other” types of assistance they received, such as blood pressure screening and free wellness coaching from Allina Health, speakers, and help making connections around gardening (Figure 47). A complete list of the “other” comments is located in the Appendix (C9).

47. Types of assistance (N=18)

What types of assistance did you receive?	Number	Percent
Connection to Allina Health programs or local organizations	10	56%
Help planning or implementing my activity	8	44%
Health promotion materials or devices (e.g., brochures or pedometers)	8	44%
Help promoting or marketing my activity	5	28%
Other	9	50%

Note: Total percentage equals more than 100 percent as respondents were able to choose multiple responses.

All grantees felt the technical assistance from Allina Health was important to the overall success of their activity. Of those who received assistance, 72 percent reported it was “very important” to the overall success of their activity, and 28 percent indicated it was “somewhat important” (Figure 48). A few grantees noted other assistance that would have been helpful, such as workshops or handouts for grantees on nutrition and healthy eating, listing links to the funded organizations’ websites on the NHC webpage, and additional help with promotion. A complete list of grantees’ other ideas for assistance is located in the Appendix (C10).

48. Importance of assistance (N=18)

How important was the assistance you received to the overall success of your activity?	Number	Percent
Very important	13	72%
Somewhat important	5	28%
Not very important	0	0%
Not at all important	0	0%

Findings from focus group with community engagement leads

In December, 2014, Allina Health invited its nine community engagement leads to participate in a focus group facilitated by Wilder Research. In total, eight leads took part in the focus group. The conversation concentrated on three key areas including: successful or innovative grantee programs or activities, assistance or support leads may have provided to grantees, and the successes of the Healthy Activity Grant Program and how the program could be improved. The following section summarizes the key findings and themes from the conversation.

Examples of projects highlighted by the leads as successful or having promising approaches included activities that increased interest in the project, expanded the grantee’s scope of work, or addressed challenges in unique ways. For example, by organizing its activity in a prominent outdoor space, one grantee was able to attract new participants who observed the activity as they walked by. This grantee also helped publicize the Neighborhood Health Connection program, which led to others asking a lead about the work that Allina supports through its funding. Another grantee organization that does not typically focus on health creatively structured its activities around intergenerational gardening and creating connections between youth and older adults. In terms of innovative program delivery, a grantee used a trailer to conduct mobile food classes while also delivering fresh foods to low-income community members.

While some leads created opportunities for grantees to share information with one another or others in the community, efforts made to share lessons learned varied widely. A lead noted that there is not an “obvious mechanism” for disseminating promising practices or lessons learned aside from emails and listservs. However, two leads shared that they had grantees present information at their community benefit council and community advisory council meetings. Another region hosted a reception for its grantees during which they gave updates and exchanged information and resources with one another. Opportunities for convening grantees and sharing information seemed to occur more naturally and were more feasible outside of the Twin Cities metro area. One lead noted that in rural parts of the state, the leads have more established relationships with some of the grantees because they have repeated interactions with the funded organizations. Differences in approaches that worked best in urban and rural regions came up repeatedly during the discussion.

“People want to do something and just don’t know how to get started. If you can share a model that works and offer it as a template that can be replicated, [then] that can help people who are just starting.”

“We had a reception for grantees and we couldn’t get them out of the room. They were so excited to talk with one another and share ideas and resources with one another. They hadn’t crossed paths yet. Some of this is about our role as facilitator and connector across the region, especially with the smaller groups who have not crossed paths, but have shared passion or interest.”

Leads underscored the importance of grantees securing partnerships with other organizations. Some leads highlighted that having partnerships in place makes a grant application stronger and that they encourage grantees to build connections during the funded activity to grow their network and potentially continue their work. One lead shared that a grantee only needed a small sum of money to get started and then reached out to multiple community organizations and volunteers to help continue its program.

“The important thing is that the grantee builds partnerships, and partners outside of Allina. I’ve been telling people to find those connections and quantify those partnerships.”

In some cases, leads had little interaction with grantees after the grants were awarded. One lead felt disengaged with the grantees, saying that after the award process there is no clear direction on how grantees and leads should communicate, and that leads are hesitant to duplicate the system office’s communications. Other leads agreed with this observation. One lead said that those who work in areas outside of the metro are more likely to stay connected to their grantees because the network of organizations and groups that are funded is much smaller compared to the metro area. In addition, a lead shared that grantees in the regional areas feel more of an “obligation” to update the leads and tend to communicate more.

“There is a huge difference in how we can connect [outside of the metro] than in Hennepin County. We know most of our grantees and know the work that we can do.”

“There is a vast difference between regional and metro. In the metro, you don’t run into grantees. I think we need to recognize that it is a different animal [depending on where you are working].”

The leads used different approaches to prioritize how to best allocate available funds to grantees in their region. Because the leads were asked to award grants to no more than a specific number of organizations or groups, rather than allocating funding across several projects, some leads focused on funding organizations or groups that requested a larger sum of money and could potentially have a greater reach and impact. A lead mentioned that they did not spend all of their funds because the applicants did not

meet the criteria or only a few organizations applied for the full amount. Another lead recognized that the change in the number of grants this year was to reduce the number applications and help the evaluation. However, she felt she was only able to fund organizations that have strong grant writers and repeatedly apply for funding. A lead noted that some organizations or groups that have a previously established activity or program do not need a large sum of money, rather they are looking to generate publicity or excitement about their program or activity. In these cases, a smaller amount of funding can help them achieve this.

“No matter how much promotion we did, we got some of the same people applying and some with the same ideas. Is this becoming an extension of our community benefit work?”

“Grants were larger and more condensed compared to the last year; last year, it was [about giving] everyone money.”

“[This year] it felt limiting because we needed to [reduce the number] of grants; we had to exclude grants that only wanted a little money – that was frustrating in a way.”

Overall, the grantees made few requests for assistance. Some leads helped promote the Healthy Activity grant program and provided guidance to local organizations and groups who sought to apply. One lead shared that during the previous round of the Healthy Activity Grant funding, the requirement to provide assistance “felt forced” because not all grantees needed help. This lead provided assistance this year, but appreciated that there was not a requirement. Other leads offered educational information on health topics such as nutrition or connected grantees to health experts who could assist with programming or activities. None of the leads shared an example of a request for assistance that they were unable to meet.

Several leads suggested revisiting the Healthy Activity grant timeline. They conveyed that the timeline does not align with grant applicants’ budget years or schools’ academic years. For example, schools are given the grant as their academic year is ending, and other organizations receive a grant in the middle of their budget year. In addition, the quick turnaround for applying does not allow for partnerships to be formed between potential grantees and other community organizations that could support their program or activities. A lead also referenced how the current timeline does not align well with the growing season, potentially excluding programs focused on gardening. Leads suggested giving smaller grants that fit a shorter time frame or shifting the time frame so organizations and groups apply in February and are given funding in April that extends to the end of the calendar year.

There were divergent opinions among leads regarding the focus and direction of the Healthy Activity grant program. Ideas for improving the program ranged from becoming more focused on a specific area of health or evidence-based practice to allowing each region more flexibility over deciding what to fund. However, the leads acknowledged the difficulty of balancing increased autonomy over deciding what to fund with evaluating the program and measuring overall impact. There was not a clear consensus on how they preferred the program to be focused, but some of the suggestions for the grant program included:

- Concentrating the program on funding an evidence-based practice and directing organizations or groups that do not meet the requirements to apply for community benefit funding
- Taking a system-wide approach to funding, similar to the approach used for the school health connection program, in which funds are allocated to projects or programs that can best address the health focus and have a strong impact, regardless of which region they are located in
- Targeting the grant funds to specific populations in an effort to better measure impact across the regions and gain a deeper understanding of what activities or programs are most successful across multiple regions and populations
- Returning to the focus of funding some activities for older adults
- Giving leads increased flexibility over determining the size of the grant awards, particularly when it comes to awarding small amounts of funding
- Using the community health needs assessment to help identify other areas of health for the focus of the program, particularly around mindfulness and mental health

Findings from key informant interviews with grantees

The community engagement leads identified grantees in each of their regions who would be comfortable speaking with Wilder Research, and whose activities were particularly successful or innovative, along with those who experienced challenges or barriers to implementing their activities. From the list of grantees sent to Wilder, a sample of 10 grantees was invited for interviews, with nine ultimately taking part. The interview focused on key success and challenges of their NHC grant-funded activities, and questions about the important issues that need to be addressed to improve the health of residents in their community and how they would address these issues.

Grantees used the grant funds to cover staff time and purchase supplies (e.g., soil, seeds, pots and pans). Some reported using the funds to hire an instructor to help guide their activity, purchase incentives for participants such as T-shirts and food, and rent space to host their activity.

All grantees reported that increased social connections were the most important change they noticed as result of their activities. They shared that participants in their activities generated new friendships and strengthened their current connections. Some referenced specific examples of participants meeting outside of the normally scheduled activities. One grantee underscored the cross-cultural connections that were formed during their activities. Grantees also shared that participants tried new produce and gained knowledge about gardening, cooking fresh food, and preventing or managing chronic diseases. Some participants also increased their physical activity by engaging in activities such as biking or running for the first time.

“For sure social connections. That was really enhanced. We had residents get together who had not gotten together in years.”

“Attendance [in our program] has grown and our [participants’] relationships have grown. People are interested in the [activities and what] they are going to do next.”

“There were new relationships formed or current ones strengthened. After class [participants] would go to people’s houses or meet for play dates.”

“Most of the participants did not know each other, and by the end there was a bond and friendship.”

“The people who came back multiple times gained skills and were more tight-knit.”

“The families that came, most of them were trying foods for the first time and the kids were much more willing to try new food.”

“Participants are [now more] interested in biking and safe routes for families. There is also a want for more sidewalks.”

The most common challenges shared by grantees were outreach, advertising their activity, and sustaining participation. In addition, some reported unique challenges such as a lack of a permanent space to host their activity and mobility issues among participants. Grantees also referenced a number of supports that would have helped them implement their activity, including:

- General information on nutrition, recipe ideas for cooking or preparing fresh produce, books or pamphlets for youth that introduce them to gardening, and literature or information on how classrooms can be organized with stronger focus on nutrition and healthy eating.
- Help publicizing grantees’ activities by assisting in developing and disseminating press releases or helping grantees strategically use social media to send information about their activities.
- Guidance or examples from other grantees about successful strategies for recruiting participants from communities of color.
- Information or guidance (e.g., best practices) on how grantees could design their activities to foster healthy behavior change.

Grantees suggested that Allina Health build more awareness of the Neighborhood Health Connection Healthy Activity Grant program. Several grantees mentioned that Allina should do more to publicize the program to potential applicants. One grantee recommended working with more community organizations like the chamber of commerce to spread the word about the program and creating a strong social media presence that would alert organizations and groups about the available funds through the program. Some grantees also shared that the application window should be extended and that the time between receiving the award and having to start hosting activities feels rushed. One grantee felt that there should be more information in multiple languages about Neighborhood Health Connection and that this information should be available in paper in addition to being online.

Many grantees reported the importance of planning and being adaptable in order to be successful in their NHC activities. Grantees identified purposeful planning and identifying key goals as critically important to their funded activities. However, they also noted they had to be prepared to adjust their activities in response to the shifting needs or circumstances of their participants. Some grantees underscored the benefit of incentives (e.g., food, t-shirts, or water bottles) to attract participants, or hosting childcare to make it easier for people to take part. In addition, one grantee shared the importance of identifying local leaders in the community to help plan activities and recruit participants. They emphasized that this approach is particularly important when working with ethnic communities such as Somali or Latino immigrants. Similarly, another grantee talked about making connections with neighborhood groups (e.g., churches, senior centers, and community centers) to help publicize their activities and share resources.

"I would say resident involvement is key. It makes a big difference when they get involved [in helping plan and direct the activities], and [you have to be] ok to turn the process over to them and know ahead of time what you are going to do."

"Take time to plan. That time is worthwhile. You need to try [different approaches]."

"I think being proactive from the planning perspective. Time passed pretty quickly from planning to implementation. It took longer than I anticipated to get the details settled."

"Have a purpose, have a plan, but be adaptable. Because something is new it may not always work out. The quicker we adapted and adjusted the better impact we had."

"Think through what would motivate the people you are looking for. Use things like childcare."

When asked what are the most important issues or concerns that need to be addressed in their community to improve the health of residents, grantees referenced a need for more healthy food options and knowledge about healthy eating, greater opportunities for physical activity, and increased mental health resources. Several grantees mentioned that residents in their community need more knowledge about the importance of healthy eating and how to prepare fresh food. Some also pointed out that their communities need more stores that offer healthy food options. Other grantees noted that gym memberships are too expensive and that their community's infrastructure could be improved to better support active living. Two grantees also mentioned a need for mental health resources for families and members of immigrant or ethnic communities who are trying to manage mental illness but do not know where or how to receive treatment. Another grantee reported that chronic diseases such as high

blood pressure and diabetes are some of the greatest concerns in the community and that these could be managed with improved nutrition and exercise.

All grantees said that the NHC grant program helped them begin to address some of the most important issues or concerns in their community to improve the health of residents. Some shared specific examples of participants who gained more knowledge about healthy eating or engaged in more exercise. Several grantees indicated that they want to expand their activities to increase their reach.

Assuming resources were not a constraint; grantees referenced the following actions to better address the most important concerns in their community related to health:

- Expand the current Health Activity Grant-funded activities to reach a broader audience or have weekly or regularly scheduled activities. For example, one grantee imagined hosting their activity every weekend and pairing it with other programs to garner more participants
- Offer more free opportunities for families to be physically active and learn about nutrition together
- Bring home economics or some similar class back to schools to teach youth about nutrition and how to prepare meals with fresh ingredients
- Integrate more locally grown food into schools' meal programs
- Form a stronger connection with healthcare providers to make them aware of programming opportunities that address chronic diseases
- Develop an evidence-based program focused on healthy eating and exercise for youth and family

Recommendations

The following recommendations, based on the evaluation results from the 2014 Neighborhood Health Connection program, were developed to help Allina Health improve its future grantmaking and evaluation efforts:

- **Continue focusing on funding activities that offer multiple opportunities.** The 2014 evaluation findings suggest that participants who took part at a “high” frequency (i.e., participated six or more times) in a grant-funded activity had more success generating social connections and engaging in healthy behavior change. In particular, they were statistically significantly more likely to report increased physical activity, more confident they would stay in touch with new people they met, and more likely to indicate they would continue participating in a NHC activity. These results were anticipated given the similar findings from the 2013 evaluation and the expectation that those who have multiple opportunities to participate are more likely to change their behavior and increase their connections. Open-ended survey comments from respondents highlighted the positive impact of building social connections while engaging in physical activities or exercise groups over a sustained period. Some participants also noted specific changes in their physical health such as losing weight or controlling blood sugar.
- **Revisit the NHC logic model, particularly after the follow-up survey data are collected.** Most grantees indicated that they would continue their activity after the grant period ended, giving participants the opportunity to deepen their social connections and healthy behavior changes. The follow-up survey data will shed light on the durability of participants’ social connections and healthy behavior changes and test the short-term (i.e., six month) outcomes noted in the logic model. These data will provide Allina Health staff the opportunity to adjust the logic model and further discuss the role of health care in improving health through social connections.
- **Consider strategies for encouraging organizations or groups that serve or work with underrepresented populations to apply to the NHC program.** While some grantees engaged underrepresented populations (e.g., immigrant groups) through their activities, overall the survey data suggest that most respondents self-identified as white. Allina Health staff may want to discuss approaches to encouraging organizations or groups that work with or represent underserved populations to apply for the NHC grant.

- **Consider adding case studies and a review of best practices that support behavior change around healthy eating and physical activity to the 2015 evaluation activities.** Community engagement leads and some grantees who participated in the key informant interviews wanted to know more about successful programming models or activities. Case studies would offer the opportunity to gather key details, lessons learned, and promising practices from grantees who have built successful activities that are worth sharing with others. Specific areas that could be explored include strategies to foster social connections, approaches to engaging participants, program design, and strategies for sustaining healthy behavior changes. In addition, Wilder Research could prepare a report focused on identifying the best practices that support behavior change in the areas of healthy eating and physical activity. This report could help Allina Health staff expand their understanding of best practices in these areas and help guide grantees who are implementing their activities.

- **Host additional conversations with the community engagement leads concentrated on the focus and future direction of the NHC grant program.** While the focus group with community engagement leads offered the opportunity to record some helpful observations and thoughts about the NHC program, it did not yield consensus around some of the larger issues about the overall focus and direction of NHC. As a result, Allina Health staff and the leads could benefit from additional conversations that reflect on the 2014 evaluation results and concentrate on generating some common understanding and agreement about the future focus and scope of the NHC program. In addition, leads could benefit from additional time to share strategies with one another around engaging grantees, sharing promising practices, and helping them connect to resources in their communities.

Appendix

A. Participant survey response rates by region

A1. Response rate for community engagement regions (N=1,209)

Community engagement regions	Number of eligible respondents	Number of completes	Response rate
Southwest Regional	74	63	85%
Western Wisconsin	135	96	71%
Northwest Regional	165	106	64%
South Metro	265	159	60%
East Metro	102	59	58%
West Metro	138	68	49%
North Regional	81	39	48%
South Regional	105	43	41%
Northwest Metro	144	49	34%

B. Number of participants by region reported by grantees

B2. Number of participants who took part at least one time in a Neighborhood Health Connection activity by region (N=2,886)

Community engagement regions	Number	Percent
Northwest Regional	392	14%
South Regional	395	14%
East Metro	385	13%
South Metro	370	13%
Western Wisconsin	317	11%
Northwest Metro	284	10%
Southwest Regional	271	9%
North Regional	240	8%
West Metro	232	8%

C. Grantee open-ended responses

C1. In the space below, please describe the characteristics of the people who you hoped to reach through your Neighborhood Health Connection activity (e.g., a particular cultural community or older adults (65+) who live in a specific location) (N=49)

Older adults (65+) in the community

65+ age group in our community is very active and willing to participate in activities and events. Pickleball is a rather new activity in New Ulm and it has been growing in popularity with this age group and has had many positive benefits for this age group.

Tai Chi. Older population, sedentary, maybe with physical limitations. Seniors who are conscious of fall risks.

Class participants were 65 + and from all around the county.

Older adults who live in a senior community made up of independent living, assisted living and memory care.

Older adults (65+) who live in senior housing.

Older Adults and persons with disabilities of all ages.

One third of the population of Inver Grove Heights is seniors. We have a number of this population who join the facility, come once or twice but struggle to return. We call them and tell them that we have the walking program and the benefits and they sign up, meet people and are motivated to continue.

Originally we were focused on older adults aged 60+ living in senior living communities. We had about 35 participants at 3 senior living community locations who completed our 6 week activity. Instead of exclusively focusing on senior residence facilities, we also used funds toward 5 other groups at community sites. 38 participants completed our 12 week activity. The 12 week version was for more independent seniors living on their own and was the same program that was initially developed and offered successfully with NHC funds in 2013.

The participants that participated in our programs were primarily older adults, age range from 50-65. Most of the participants are local residents that live within the city limits. This was one of our intended target populations.

We have been reaching out to older adults who live in Ellsworth and the nearby communities. We have had good results.

We hoped to reach older adults 60+ in the communities of Fairfax, Gibbon and Winthrop.

We hope to reach all ranges of people, from young children to the elderly. One of the partnerships we are pursuing is a link with local nursing homes and assisted care living. We hope to bring people to the garden through planting and classes as well as having them share in the extra produce. Another partner is a program that assists mentally challenged adults in learning life skills.

People of all ages

Cultural community, youth, older people.

Young active and non-active kids and their parents.

Families with children, seniors (Silver Sneakers), church members, people needing a connection to a garden who might not have one or access to one, people of all ages and cultures. Strangers are welcome too, we have had people in the community help themselves in the garden too and that's ok with us. People who use CROSS food shelf.

I am the P.E. teacher at Tatanka Elementary School. My goal was to have people of all ages that had children that attended Tatanka to come to the 6 family fitness nights that we put on. This was successful. I had people that were from ages less than a year to 76 years old. I tried to include healthy living activities at each event.

Shelter residents, including women and children of all ages. This included a broad range of ages and backgrounds.

We hope to reach all ranges of people, from young children to the elderly. One of the partnerships we are pursuing is a link with local nursing homes and assisted care living. We hope to bring people to the garden through planting and classes as well as share in the extra produce. Another partner is a program that assists mentally challenged adults learn life skills.

Our focus was children ages 7-18 and their adult volunteers ages 18-70 in the Pierce and St. Croix county communities.

We serve children ages 5-18 in a ten block radius of our church. Also use 10-12 senior 65+ volunteers each Tuesday or Thursday. All of the children participating are eligible for free lunch with the Columbia Heights School District. All of the participants—volunteers, children and a few neighborhood parents—help make and receive a healthy dinner.

We were looking across all age groups. Individuals and families. People who may not have been able to afford to take our classes or who maybe were socially isolated or wanted to connect with others.

We had hoped to reach a wide range of women and children in the community, though this event was originally offered years ago to meet the needs of women in the community who could not access swimming facilities during regular hours due to transportation issues, religious reasons, or financial constraints.

We tried to get adults of all ages to attend our fitness classes- twice a week. We stressed in our advertising that it was for any age adult - no adult was too young or too old to participate. We spotted shy people and tried to bring them into conversations before and after class. We also encouraged folks that seemed to be struggling with the physical activities or with finding friends to visit with.

Low-income families or individuals

I had hoped to reach people of all different ages and class, and those with low socioeconomic status.

Families with elementary age children lower income, lower resource families in the Westside school community Working/commuting parents who have little time for family play and meal preparation.

Families with young children - under 5 years old and participating in the WIC program.

Residents who live at 2 low-income affordable housing communities: Garden View Apartments in New Brighton and University Dale Apartments in St. Paul.

We hoped to reach adults, older adults, youth or families living in public housing - all have low incomes. The majority of hi rise residents are elderly (37% heads of household) or disabled (42% heads of household). No particular cultural community was targeted, the population we serve is very diverse - most frequently spoken languages are English, Hmong, Somali, Karen, and Mandarin Chinese. Exercise classes, walking groups, and garden trainings were offered for adults and older adults. Cooking classes and bike maintenance were offered for families, youth, and adults.

Young adults who are homeless or otherwise disenfranchised within the community.

Particular cultural community

Hispanic low-income women 18 and older.

Latino and Somali adults and families; low SES [socioeconomic status] and limited English language skills, rural county.

Low income Spanish speaking Latino adults living in the Philips Neighborhood of South Minneapolis.

Through our Neighborhood Health Connection activity we hoped to reach four target neighborhoods: a Somali refugee apartment community, two Latino mobile home parks, and one mixed-demographic Section 8 housing community. The participants of the activity were low-income families and included all ages. The majority of participants spoke primarily Somali or Spanish.

Other

A group of families in the community.

Co-workers (Worksite Wellness).

Our hope was to reach co-workers who have not previously participate due to physical limitations. While continuing to encourage those who have participated regularly. Ages range from 40 - 65 years.

Employees that live and work in River Falls, at Sajan Inc. Moms, Dads, brothers, sisters, sons and daughters who were able to take what they learned and experienced back home and share with their families.

I wanted to reach busy teachers who can't find time to work out, but would make time if it was immediately after their work day one time a week.

Intermittent exercisers or sedentary people who have thought about taking action, but perhaps, not acted yet. Also, friend groups who need a goal to continue or extend a good activity habit.

All three programs were launched in an effort to encourage people to become more physically active in the outdoors and to connect with others who have similar interests. Youth and parents had an opportunity to further connect with one another while reading and studying the assigned Adventure Mania book and while working through challenges in a new outdoor adventure each month of the year. Adults made new connections with others and found they have the ability to enjoy adventure activity in the outdoors, thus propelling them to pursue more outdoor activity, or to engage more confidently in their own personal adventures.

We had hoped for the participants to meet new people and be active.

Our group has reached beyond what I had imagined!!! When I thought of starting the group for gluten free people, I didn't take into account the people with other types of auto-immune diseases would be interested. Also, people with children with behavior issues, autism etc. So far I believe we have helped a larger number of people and have high hopes of it growing!

We hoped to reach more women in our church and make the local Brooklyn Center community aware of a safe, free place to work out and fellowship.

The hope was to interest any able bodied person from the community to actually remove the buckthorn and to reach/teach, through observation, the impact of buckthorn on urban woods to any citizen who used the New Ulm Bike/Walking trail.

We hoped to reach people in our Standish-Ericsson neighborhood who were looking for a wintertime activity, specifically cross-country skiing. Our program drew in families, primarily.

We hoped to reach families in the neighborhood with a special focus on targeting those who had garden plots in the nearby community garden.

We hoped to reach residents who wanted to better connect with their neighbors, experience a picnic atmosphere at a historic home in their community, and bring together students for a non-digital evening of physical fun. We also intended to reach out to a group of people who may not have time to attend the Thursday night events, but could still spend time walking around town and their neighborhoods participating in the activity sheets provided at the library.

Female staff members who work for the county.

Adults living with serious and persistent mental illness who reside in Anoka County and are members of Bridgeview Community Support Program. Many live below poverty level and have medical challenges, in addition to their mental health issues.

The people we supported with our programming were all adults living with what are described as serious and persistent mental illnesses. This population is experiencing significant health issues such as diabetes, cardiovascular disease, hypertension, etc., at about 3-times the rate of the general population.

C2. Please describe the reason for the rating in question 3 (overall, how would you rate your level of success reaching this group or groups of people through your Neighborhood Health Connection activity?) (N=47)

Positive experience, feedback, and strong participation

The enthusiasm that the participants showed at each event made me feel that I was making a difference. I would have liked to have close to 50 people, I didn't achieve that goal but the enthusiasm and the feedback that I received from the families was more important than getting 50 people to come to each event.

For the people who took our activities it was very successful in them meeting new people and continuing to be active and stay active.

I believe the program was very successful in drawing people of all different ages. I found that families registered together and used the program as a way to spend more time together. Both males and females participated as well. I am unaware of all individual's socioeconomic status, but do believe that due to programs being much more affordable than in the past, more people were able to take advantage of the activities.

Many participants are still walking regularly - we see them at our facility on the track and on our cardio machines. Relatives, friends, past participants are asking us to do it again next year.

Overall very successful because many of the members continue to talk about how much they enjoyed the yoga, how much they learned at the smoking cessation presentation, how they learned to breathe through the breathethechange.org seminar. These are people who want to understand how to improve their physical and emotional health!

We had a lot of positive comments from parents and the kids about what we were doing. They had fun, learned and got excited about the program.

We have outstanding participation at a number of activities including a walking club and a diabetes support/education program. We're rating this as "very successful" in that we're making headway in building a culture of health and wellness in our ongoing program. That culture "shift" is not only in regard to our clients, but to our staff as well. Previously, our focus was pretty much exclusively directed to mental health concerns. We have come to value the importance of addressing the whole person and that, of course, entails attending to physical health concerns (including prevention), and also the need we all have to feel connected to others and to the community.

We were very successful at encouraging and challenging co-workers who have participated in the past. Just a couple of new people who are starting to improve the fitness level attended the activities, but are now more active outside of work. I believe having the activities available encourages them to be more active even if they are not attending the group activities.

We were very successful reaching seniors in our community with an impactful opportunity. I selected "somewhat" successful only because we were not yet able to expand upon our initial intent to serve even more seniors living in senior residence facilities. The experience was great once we got in the door, but less locations than anticipated took advantage. Alternatively, we continue to get more and more other community sites interested in offering the 12 week version of our activity, so we focused on where the demand already was and will be able to build upon the success we had with the residence facilities that we were able to engage with.

Would like to increase participation

I received great attendance from the kids but parents' attendance were marginal.

It would have been good if a larger group would have participate. For the group that did come, they learned about each other and that would have been great if those interactions could have happened more.

I was hoping to get a larger turnout of participants from the other two elementary buildings, but most attendees were from my own building. Due to building inconsistencies with meetings and conference schedules it didn't always work for everyone. If I were to do this again, I would communicate better with the other buildings on selecting a day.

Motivating people to leave their homes after a day of work is difficult. Getting the word out to a bedroom community of residents who aren't necessarily shopping and active in the town is difficult. Convincing first-time visitors that an old house is a fun place is difficult. IF you can permeate these barriers, then people are hooked and they buy into the concept of the activity. Those who attended the activities and took the sheets from the library enjoyed the experience and we "reached them" by mentally engaging them and providing new experiences in their lives.

Only about a fourth of the population came from the facility, but I think it is because there are a lot of busy people out there still working or being caregivers to others. Or, they are in denial of wanting to go to these programs because they don't think that they can learn from them.

Targeted groups were reached and participated; however, it was not in the numbers or with the consistent attendance that we had hoped.

There is room for growth in the number of participants.

We had good responses from residents who participated in the activity. Those who joined in, really had a great experience and felt the activity was beneficial to their health and their community. However, it's only 5 residents out of hundreds who live in the building who come down to participate. Participation seemed to drop off throughout the activity. A new activity will take time to become established and build resident interest. Many residents have health issues and mental health issues - so it can be very physically difficult, socially intimidating or the resident might have memory issues and can't remember. We are continuously working on how to better communicate and promote all healthy living activities to increase participation.

We were hoping that more of the members would participate and more frequently. We were also aiming for 100 club members and only got 88.

While we were very successful in promoting our nutrition education on a monthly basis to existing participants, we did not meet our goal of a 25% increase in new participants. We did, however, enroll 2 new participants at our Winthrop meal site (33% increase at that location), a new participant in Gibbon (a 18% increase there) and two existing participants were encouraged to participate more often in the meal service.

Would like to have had more people.

Staff were aware of the activities but there could have been more participation.

High rate of participation

As stated in the previous notes, we have reached far and above what we had thought we could, not just people with celiac disease.

The number of participating families grew steadily from 6 families the first session to 19 families the final session. The total number of participants at the final session was 65. The attendance was near 100% except for 2 sessions that occurred during the December 2014 influenza outbreak.

This event was well attended by many women and children who do not usually have access to swimming resources or lessons. In addition, many other women and children attended to build connections and meet others.

Throughout the program our number of neighborhood participants remained strong all summer, as some participants moved out of the neighborhood, new ones have joined in and maintained strong numbers. The word gets out around the neighborhoods we serve of our program.

Our Neighborhood Health Connection activity was an addition to a pre-existing program that we have run for years in our target neighborhoods, so most participants were already familiar with and looking forward to participating in the program. Because we had worked in these neighborhoods for some time and had established relationships, we knew we would be successful in reaching these groups of people.

We had a high rate of involvement from our organization. And the participants attended regular events as a group.

We filled to capacity (75 children) in just two days, with more people on waiting lists.

We have had very strong participation within all of the different programs, developing great relationships within the community. [Community members are] participating in our community dinners and utilizing community center memberships.

Other

All members that participated fell into this. If our grant request had been larger we would have been able to include additional families but it was our first time participating in the program and we were unsure of the interest level.

Brought hundreds of pounds of produce to CROSS food shelf for distribution. Made available free produce to church members and Silver Sneakers senior group 1-2 times per week during harvest. Received lots of thanks from all recipients for the healthy produce.

Brought seniors from different buildings together.

Facility, free programs, activities for all families

It took time to decide how to use the grant to maximize the removal of buckthorn and to reach/teach as many people about the evils of buckthorn as possible. It was decided to set up a challenge. Anyone could form a team and compete weekly for \$200, winner take all, to whoever took out the most berried trees in two hours using hand saws. Through the challenge format, 809 large berried buckthorn trees were removed. The questions we were asked and the teaching we could do while the participants were working was invaluable. In addition, the visual change in this heavily used trail was a great lesson on the impact of buckthorn. The weekly picture of the winning team was great publicity and made them celebrities of the week.

Over 30 participants over the whole time frame.

I would estimate that we had 200 total participants. Not all came each time - and some started attending classes months after we started. Some only participated when our classes were held outside. We sent reminders each day of class via e-mail to approximately 300 e-mail addresses. We posted reminders on Facebook. We ran a very large ad in the local paper at the kick-off of the event. We had posters placed in several locations in town. We have had participants from other towns, due to word of mouth and Facebook, as well.

Tai Chi has been requested for a couple of years - this gave us an avenue to bring it in at very little cost to this population.

There could have been a little bit more of a positive spin on the healthy eating activities. We could have done more around healthy eating activities. We had more success in the active living activities.

This program is still going on.

We did a fair amount of advertising at Walgreen's, at our craft fair, through the Arthritis Foundation, senior center, cable TV and various senior housing facilities. However, it really is the one-on-one connection that motivates people to attend.

We were able to reach out through various types of media; newsletters, newspaper, and social media. We had a tough time reaching out to the grandparent and grandchild audience.

We could possibly have more participants but lack space.

We will continue to be more successful. We are using the grant money to make over one of the church rooms into an operating workout facility and using social networking to reach out to people and make them aware of operating hours.

We had a few responses from this group, but had higher success from people involved in neighborhood online forums.

We planned and scheduled the activities with direct input from members of the target community. Instructors and coordinators are members of the Latino community and activities took place in a trusted neighborhood church with deep ties with the target community (Holy Rosary).

We worked specifically with matches already enrolled in our program and then built out from there to new matches and new partnerships.

With us doing two different activities with Yoga in the Park and Pickleball we were able to reach more people with different interest levels.

C3. Please briefly describe a successful strategy that you used to encourage people to participate in your Neighborhood Health Connection activity (N=50)

Accessible, affordable, and engaging activities or program design

After the first class, residents were encouraged to do cooking and preparing, with guidance. This helped connect them more to what they were doing and those who came really did participate.

In addition to selling fresh, local produce at a reduced price, we also provided cooking demonstrations for kids and adults. This enabled us to engage both parents and their children in trying new, fun, and easy ways to prepare and eat local produce. Kids helped to make Green Monster Smoothies with kale, bananas, and yogurt, and adults learned how to sauté Swiss chard with jalapeños and ginger. One of the best recipes we discovered was preparing kohlrabi, one of the stranger vegetables, by peeling it, slicing it raw, and sprinkling it with lime juice and Tajín, a type of chili powder found in local Mexican groceries. Providing a way for people to engage with the local produce made the activity much more successful.

In some instances, we have offered a one time workshop about a nutrition or activity topic as a way to engage people and then invited them to sign up for the longer-term program following that. That has been successful at some sites.

For our Yoga program we were able to provide this program for a period of 6 classes at no cost. We also provided yoga mats, by providing the equipment and classes at no cost this would encourage people to try it. We would also provide some kind of discount to the programs to all SeniorPlace members. This would encourage our current members to try new things.

Kids Connection and Putting Green offered a free family fun night for all Kids Connection families. This free night allowed families to come out and see the garden plots, play some golf and ask questions about the program. We also offered a Bike Rodeo for all KC kids and families. This was in partnership with HONU. Kids were allowed to come and get instruction on safe riding. They also could have a maintenance done on their bike if need be.

Hosted a canning of tomatoes event at church for people to learn to can their own vegetables. Shared healthy recipes.

A summer community concert/free meal/carnival drew a large number of neighbors with children that joined in our after school program

The most successful thing we did is offer these programs for free to entice more people to participate who may not have if there was a fee involved.

Walk to Run program was a great draw for consistent attendance- goal oriented and manageable for busy parents.

The enrollees liked the idea of learning to be self-managers of their diabetes. We offered discussion periods in which each participant was encouraged to share his/her experiences and concerns living with diabetes and these community connections allowed them to benefit from the lessons learned by others. Individual goals were set weekly and each person reported their successes and setbacks. They learned to reset goals as necessary and not give up.

We offered 3 valued resources during an easy 1 hour time slot: family play time, a freezer meal, and light dinner. The families that participated in the first couple sessions helped recruit new families by providing candid testimonies. At the end of every session, I thanked the children for coming with their parent(s) and told them that I looked forward to seeing them the next time.

Social media, local media, and other outreach

Advertised through our newsletter and local media.

Community Services uses a number of ways to reach out to people to encourage participation in our programs. Below is a list of ways we connected with people: Facebook, Website Northfield.org, Postcards, Flyers in school backpacks, Flyers up at schools, E-mail blasts, Community Services brochure, Meeting with elementary students over their lunch period, Word of mouth.

Emails, posters, Facebook reminders.

Facebook.

Facebook, signs, church announcements.

Flyers, reminder phone calls, one on one invitations.

Flyers in senior apartments and Facebook.

A few different things worked, word of mouth, local newspaper and asking friends.

Personal invitation, flyers, church bulletin, post in library, city, etc.

We promoted the activities (Healthy Eating rewards card and the monthly nutrition education sessions) through newspapers, posters, and churches.

We used social media, email blasts, a Mentors in Motion specific newsletter to communicate with our participants.

Social media.

We used social media messages to coordinate activities at Hiawatha Golf Course Nordic ski trails.

Email/social media advertising, posters throughout the community, networking among social service agencies, and large signs outside the church where the dinners are held.

Emailed staff and used a posting on our intranet. In the email the employee that led the activity would put extra information about exercising or infusing water with fruit. She would give us a heads up the day before the session.

Incentives

Getting the staff to do events during pay day worked. Also, handing out T-shirts when they did the activity.

Incentive to continue attending included recipes and t-shirts promoting the program.

Low cost and a t-shirt for completion!

Provided them with t-shirts and pedometers for a walking group. Had a local dietician come in a do healthy cooking demonstrations.

Putting the winning team's picture in the newspaper weekly.

We had water and a healthy snack available at all activities. We also gave out participation prizes at a few of the activities, but did not notify people when that would happen, so they were encouraged to attend all activities with the possibility of receiving a prize.

We gave prizes to those who completed the program.

Reduced price on equipment needed to be part of a walking program. Food, and prizes, and of course the ability to meet new people.

Provided healthy snacks & transportation.

Word of mouth promotion

I used word of mouth in the classes that I teach.

Word of mouth! This was most effective at both the senior residence communities as well as all other community sites.

Word of mouth is the best advertiser in a small town. The teenagers are even better. Once word began to spread in their circles that it was a fun time, our numbers grew. The same happened for the library activities.

Word of mouth to join us in the garden, to help themselves to healthy produce.

Outreach and employing several key community people to "get the word out".

Word of mouth was our best tool. After people started coming, and realized that we were covering more than just one topic, and expressed their needs, more people started to join us.

We used word of mouth.

Working in conjunction with established groups or programs

Bringing produce to CROSS. Setting out produce for Silver Sneakers participants.

We work with resident leadership - President Council, City Wide Council, and individual resident councils - to learn what activities residents want and promote and encourage participation. We also work with site staff to determine which housing sites want activities and which activities are appropriate.

Youth First Coordinators contacted several people personally and encouraged them to attend, and to bring anyone else interested to class with them. We encouraged people to spread the word about the free classes at each class.

We also did outreach to the New Ulm Medical Center and Winthrop Clinic.

By utilizing current matches we were able to start strong, from there we were able to bring in new matches, make new community connections to other healthy activities, work with others that were doing successful programming and build out from there to expand our programming potential.

St. Mary's Health Clinics and Holy Rosary worked together to hire and train a Latino employee with ties with the community to coordinate and promote the program and receive input from the community. Our instructors are also members of the Latino community. Activities are done in Spanish.

Flyers, brochures, or newsletters

Gave flyers out.

Promotion included flyers, brochures and personal recommendations to at-risk individuals.

Small community or neighborhood newsletters have also been a great way to spread the word.

We handed out fliers at a neighborhood park event and we posted in online neighborhood forums.

We closed down other activities and promoted the neighborhood connection series through flyers and in our newsletter (both the print and online versions). We also had staff present and participating which meant a lot to the members.

Other

Had a meeting at the facility before even having the activity so the residents could ask questions.

Holding meetings in a variety of locations to meet many different people.

Health fairs and events have also been great.

I was very enthusiastic about the opportunity to get my kids out of the house and I passed along that spirit to anyone who was interested in coming.

Links to registration in our promo emails. Open to everyone - so friends and relatives far from each other can participate and connect with each other in comparing, encouraging progress.

Moving fitness classes to a convenient location/time for employees and other local businesses to attend.

One very successful strategy was having a one-to one conversation with the client about participating. Sometimes one has to do a little "selling" to begin and establish some momentum. For example, I worked with one woman who has avoided programming due to anxiety and the fear of starting something new. So a notice in a newsletter would not have been enough. We were able to talk about her fears and offer some additional supports to begin. It didn't take her long to get comfortable, and now she is a "regular".

Our church bus goes out in in a ten block radius of the church picking up children, occasionally leafleting with program information.

When people came into pick up their passports we were able to talk to them and share the goals of the Healthy 100 Club. It was a nice way to connect.

We called people who had not been to the facility.

We used existing relationships to get the word out about our events. We called participants, texted, and drove to neighborhoods to publicize the event.

C4. Please briefly describe any challenges that you faced in getting people to participate in your Neighborhood Health Connection activity (N=49)

Promotion and encouraging participation in new activities

I think a challenge is that the program is still somewhat new. I found that most people registered for Adventure Mania, where no one showed interest in Adventure Racing. I believe this is because there are not Adventure Races that are close to home, and people would have additional costs of travel and time associated with the racing events. I also learned that many adults preferred to participate with their kids, and instead of registering for Outdoor Pursuits, specifically for adults, they chose to sign up for Adventure Mania and participate with others close to them.

Letting people know about it and how fun it was took time. Also, starting later in the season took time.

Our challenge was to encourage brand-new people to try our healthy meals at our congregate meal sites. This has been an on-going challenge in these three communities. The Rewards Card did not seem to do the trick. The requirement for the older adults to eat 4 meals before getting their 5th, free meal appeared to be too much. We feel this is peculiar to these communities and would like to pilot it again perhaps in New Ulm where we could encourage infrequent participants to coming more often.

Some did not want to go unless someone else they knew was going-We have the same problem with teenagers...

The biggest challenge we faced was introducing and educating people on activities that they may have never tried before.

Trying to get people to take the time to come. Trying to get people to make healthy lifestyle changes as part of their life, not just a "diet".

Unfamiliarity with Tai Chi.

Yoga sessions were the toughest. Primarily because most of the members had never done yoga and were worried they might injure themselves. We ended up modifying it to Chair Yoga - and that helped with participation.

Just getting the word out.

Frequency and continuity of participation

Because we were serving affordable housing residents who tend to be more transient, we experienced turnover in the residents who attended the Healthy Community Dinners.

Consistent participation to the Zumba classes was a challenge. We had a total of 24 participants, 13 of them only participated one time.

Group walks could have more participation. But walking is so accessible - people just do it - to reach the goal.

The biggest challenge was getting consistent participation on days when there were competing events like baseball and football games.

We had a few who dropped out due to going south for the winter, illness and just not interested.

Despite using every avenue we could to get participants, the first 2 weeks we had one team each week. The last 4 weeks, each team knew they had competition and the harvest went up dramatically.

Gardening was a challenge- because we had resident relationship issues. Some didn't want to help because this person or that person was helping. Some of the gardeners didn't participate in the cooking classes and the same was true, that some who came to cooking classes, didn't assist in the garden.

It was very difficult for us to get current matches to commit, much easier to get new matches to join the Mentors in Motion program. However, once there were committed we were able to see some significant growth in the program. It helped to start inviting all of our community based matches to our healthy activities, once we had them there we could discuss why they would be such a good fit for the Mentors in Motion program. With this approach we found ourselves having a higher rate of success.

Timing

Activities were scheduled on site 15 minutes after the majority of employees' workday ended. Some people wanted to go directly home. Some others did not want to take time off work to attend the 45 min activities.

My biggest challenge was time, people with children always have something going on during their evenings. The constraints on the time that I needed to hold the events held attendance down.

Initially, some people did not want to commit to the number of sessions (six weeks for two hours a session).

The timing for the gym usage was later than we had hope for. Also, we competed with family vacations before school started.

Time.

We had a hard time finding the right date and time for all families to come to either of these programs.

We needed to offer it during break times and needed to offer it more times in the day. We had it at 8 in the morning, during lunch and after work.

Busy schedules

Continued participation during busy times of the year.

Some people had meetings go late so were unable to attend.

We had a tough time finding people to register for our healthy cooking classes. We thought this would be a big hit for the grandparent/grandchild or mother/daughter, etc. I think the time of year was a big influence on registration numbers. We tried many of our programs in the fall, which is busy time for families with fall sports, holidays, etc.

The weather, illness, and schedules. Luckily, the first barriers were out of our control. The challenge of schedules is a common barrier for any reoccurring activity over an extended period of time. To allow more flexibility, every session alternated being held on a Sunday and Tuesday.

Busy families kept adults from consistent participation and contributed to low participation from the Somali community members. Since the grant concluded there has been an athletic shoe drive to support the Somali community members who were exercising in sandals.

For senior residence communities the barriers were gaining commitment from additional sites to invite us in and provide the opportunity for community members to participate. Once in, the challenge was scheduling around other activities. The locations that invited us to serve were, not surprisingly, locations that provided a wide variety of activities and options for residents so working around those schedules was challenging. For those living independently in the community, offering at neighborhood sites and at low/no cost has helped tremendously with those barriers.

Better access to transportation

Transportation for some less mobile seniors continues to be a barrier to some who can't drive.

One of the biggest challenges was transportation. We sometimes had more interest than we had rides available. In fact, I think if we had had additional staffing and transportation resources we would have been able to draw more people in.

Transportation is a barrier. Metro mobility is expensive. Also this time of year the cold weather and snow deters people.

Transportation is always a major issue in our community. Participants do not have access to reliable transportation and there is no consistent mass transit available here. In addition, many of our participants do use traditional means of publicity to hear about events, i.e. newspaper, posters, and email. We had to use our existing contacts to get the word out, literally door knocking and calling with reminders about the event.

Transportation.

We hoped for more parents attending our dinners, only a few (5-6) attended special events such as holiday dinners that their children help prepare. The cold weather and transportation were an issue. With the program in full swing it was hard to send the church bus out to pick up parents for the dinnertime. Many parents are single parents, working and involved with small children to attend.

Weather

The weather! We had very little snowfall this year, and that made it difficult to hold meetings at Hiawatha. We rescheduled our sessions to meet at places like Theodore Wirth park and Hyland park to ski on artificial snow.

Weather.

Winter weather and we had moved facilities so just communicating with multiple age groups.

Walking outside got more difficult as the weather changed.

Other

The biggest challenge about our activity was finding a space in our community that would allow us to do our activity for free or low cost.

Gym Space.

Once they had their passports we lost contact. A monthly check in would have been a great idea.

Our biggest challenge was probably the way the harvest season lined up with summer and families' unfamiliarity with some of the stranger vegetables that are abundant early in the season. We had to get creative with produce such as kohlrabi, Swiss chard, kale, and zucchini, while families asked week after week for tomatoes and onions. The realization that our goal is to promote healthy eating, and not necessarily eating such a variety of produce, has shifted our future plans and we hope to be able to provide more produce that families will actually feel comfortable using in their own homes.

Some previous "Couch to 5K" participants said that they did not care for yoga or Zumba, but might participate if we offered other activities.

The people in most need of a healthy food, active fun program are the same people who are most difficult to motivate. Often they dislike mingling with other people and neighbors, preferring a more secluded life. Often they come home from working at a factory environment, which causes them to be physically tired, but not aerobically fit. These residents see the couch and TV as a relaxing pastime and precooked meals as the easy way to feed themselves. Our program challenged those principles.

To get to the office and into the government center you have to go through a scanning machine and many do not like doing that.

There was a 60+ year old woman who had physical disabilities and could not participate in many of the activities.

Use simple Spanish language in flyers, explain why we offer this language.

Language barriers create a challenge when working to communicate new activities - we translate materials. Participation seemed to drop-off especially for the exercise classes. Often the activity is a 'new thing' for residents so even attending a few classes is a big step. Memory issues are common. There is such a range of abilities and disabilities that it is challenging to determine what is appropriate - some of the residents really enjoyed the Tai Chi, others thought it was too challenging to follow, and others were hoping for something more challenging and more aerobic.

We found a personal trainer that would come to us over lunch break; however because we are not going to an actual facility she hasn't been approved as a wellness provider for our "worksite wellness benefit".

We think that awareness continues to be the challenge as well as figuring out how to brand/market the weekly dinner as most homeless youth in the suburbs who are couch hopping do not consider themselves homeless or identify with the term.

N/A

C5. What other challenges did you encounter? (N=16)

Additional staff time and commitment.

Difficulty dealing with local administration [and other] hold ups.

Difficulty recruiting volunteers to help cook the weekly meals.

Difficulty with custodial staff to allow entrance to the building on Sunday sessions.

Difficulty identifying a space for our activity at free or low charge.

Finding a big enough space to hold classes.

Grant deadlines.

People didn't know what to expect plus the weather was near fall.

Promotion and recruitment can always be improved but we were able to reach a lot of people!

Ramadan occurred over part of the grant period. Also retention of male participants was difficult.

Resident turnover.

The community did not participate to the point that I had anticipated that they would.

Time constraints due to school activities, childcare, etc.

Transportation.

Unfamiliarity of families with some types of local produce. Many of the vegetables grown in our region were unfamiliar to the families that we work with - people were hesitant to buy Swiss chard, kale, and zucchini, but week after week asked for more tomatoes and onions. However, we expect that year after year, families will not only become more familiar with the variety of local vegetables, but will also be equipped with the tools necessary to more easily incorporate these vegetables into their meals.

We ran out of time for growing our garden. We are continuing this in the spring.

C6. Can you briefly describe a highlight or the best part of your Neighborhood Health Connection activity? (N=51)

Increased physical activity

A family who regularly attended swim nights asked for assistance to sign their kids up for swim lessons at the community center. They have continued their swimming lessons since then and the community center has provided scholarships for them to afford it.

All were very good – but the most attended was the breathechange.org session where Breathing Coach Laurie Ellis-Young taught members how to breathe for relaxation and meditation. It was a very interactive program – combining quiet time, breathing techniques, and rapid movement (dancing and jumping).

The best part of the activity was the positive comments from participants saying that they learned new ways to use the park for healthy activities for their families.

Everyone was very thankful and appreciative of the FREE workouts. I heard over and over again how happy they were to get their workout in and start their week with a good beginning. The instructor provided an awesome variety of classes and we always ended up getting a great workout in!

The fact that we continue to be invited back to the host sites and that participants don't want the programs to end is a great testament to the work of our team. The Catholic Elder Care site for instance, requested some group fitness classes following the program to help people get moving and stay more active and connected. Those have since commenced. Furthermore, reading surveys and feedback about the impact the program had on folks and comparing pre and post data continues to show that we're influencing positive healthy behaviors and strengthening support/social connections.

I will never forget the gratitude on the parent(s)' faces at the end of each session. Each family would personally thank me before they left for the time and space to play with their child and for having dinner for at least 2 nights. I heard from multiple parents that their child(ren) would ask every day if it was time to go to Play Pack and Snack.

Just seeing the numbers increase each week and having people tell us how much they enjoy these activities.

The Neighborhood Health Connection grant got us up and moving and motivated an ongoing fitness opportunity for employees and local businesses. It has created a fun, positive activity in the middle of the work day that has been energizing and a great stress reliever for all attendees.

I learned that one family was having a hard time finding an activity that their kids enjoyed. They had tried a number of things, and after the mountain biking event, they were hooked and mentioned that it was something that the whole family could enjoy together. The parent asked if they could rent out the bikes they used for the program until the parents bought mountain bikes for the kids for Christmas!

Listening to my 15-year-old telling me that he likes yoga because it worked muscles he didn't know he had.

Our residents were truly excited about participating in this activity and made efforts to seek out other residents to walk with. This not only encouraged walking as a healthy activity but also promoted social interaction with each other.

The participants are in better shape, more active/happier.

People that we talked to were grateful for the opportunity and one person emailed me saying it was a real motivator to get moving.

Seeing people complete the program and improve their walking ability.

Walking program, with jawbone devices. Utilized online app's to track movement. People loved joining teams and sharing results

We had 80 people, many of them quite elderly, on the beach for some of the yoga classes in the summer. We were thrilled and surprised to see the turnout of so many people of all ages.

Our Yoga programs has been a great success that was coordinated through the NHC grant. We are currently still running the program at our SeniorCenter, and it has brought in 15-20 new members to our SeniorCenter.

Seeing 25+ staff in one day ride the trikes. Also, hearing a resident say how good it was to get on a bike again.

Changes in healthy eating or increased knowledge about nutrition and cooking

For some of the women cooking with a grill was a highlight.

Learning new facts about cooking. Sharing cooking experiences among class members.

Going to the farmers market was a highlight for participants. They were exposed to new vegetables. We also talked about healthy living for their mind and body.

The mom was surprised to learn that healthy eating doesn't have to be expensive. Her family enjoys the healthier meal options.

[My] personal highlight would be trying Kale for the first time, it's a very healthy green and I've been using it ever since in stir fry and soups at home.

Seeing kids eat the vegies and parents/kids working together.

The best part of our Neighborhood Health Connection activity was seeing kids and parents participate in creating healthy snacks out of fresh local produce. One of the best recipes we ever made (which we discovered almost by accident) was using kohlrabi, peeling it, slicing it raw, and sprinkling it with lime juice and Tajín, a type of chili powder found in local Mexican groceries. At first, we could hardly move kohlrabi at all and continued to have many left over at the end of each night, but after discovering this recipe and seeing the community's excitement, we ended up selling out of kohlrabi!

The nutrition education sessions generated a lot of good discussion among the participants. They appreciated the informational handouts we provided which were easy to understand and included fun crossword and word search activities.

I had Allina come in and Stacy gave a presentation on sugar and fast food. The students and families were shocked about the McDonalds meal that was 4 years old and how it look very similar to what a fresh meal looked like.

Members of our target Latino community face serious social, economic and environmental disadvantages and have few opportunities available to them to be healthy or to learn about healthy nutrition. Being able to offer FREE Zumba classes and a FREE Cooking Matters program was an important success. The Cooking Matters program includes cooking classes with a chef and a bag of groceries to take home! We already have a waiting list for the next series of Cooking Matters.

Having 30-35 children at one large table praying before eating, sharing food, using good table manners all together. Being able to serve a well-balanced, healthy meal each Tuesday and Thursday. In years past I could only serve fruit or vegetables, with the 2014 grant generosity I was able to provide both.

One mother reached out to me after the cooking class - she said her daughter has lost weight since the class and loves the chance to help her mom cook meals.

New or improved relationships

As a group, sharing with my community food shelf and seniors is a huge plus.

A highlight of the "Self Management of Diabetes" class was the connections the participants made through sharing their experiences (successes and failures) and by problem solving with each other utilizing the information they gained through the textbook and class discussions.

Before this activity, the residents at University Dale Apartments had not had an opportunity to meet one another. This activity allowed for neighbors to connect with one another and build relationships.

Connecting with coworkers and their families outside of work, while having fun and being active.

Connecting with new people, sharing ideas, working together.

The group that participated in the cooking classes are now planning to continue getting together and cooking.

Getting to know new people and we have a healthy lunch afterward which is getting to be a fun way to interact with our group.

Having a great time with our children each week! Learning new activities we can do with them. Social time with other group participants after class.

I saw new friendships grow among parents and children.

The last night-Everyone was like old friends and exchanging phone numbers.

Meeting people with the same struggles that I experience. Sharing ideas and solutions to the challenges of eating out and seeking out gluten free options.

More family connect in the community.

The smartest part of our grant was the coordination with other community events and health promotions (CSA promotion, cooking demonstrations, nights in the park community events, yoga in the park etc.) to reach many more people than working alone.

The teenagers who participated were amazing. They came as shy individuals not truly comfortable with themselves or each other. They left having warmed up to a game and each other so that by the end of the summer, they hugged and promised to stay in touch. Many have. The group became a small family and has provided the AFS House with more junior volunteers who care and will carry on the legacy of local history in our community.

The weekly dinner has been a tremendous success. We have averaged between 15-20 people, most of whom stay for the support group afterward. We have seen relationships among program participants deepen significantly throughout the past 6 months.

Other

A highlight of our Neighborhood Health Connection activity would have to be outdoor summer picnic kick-off event. We had over 80 participants attend to eat a healthy meal together and then do 5 different stations of outdoor activities. In partnership with the River Falls Fire Department we were able to get our kids, families, and volunteers active for over 3 hours! They ran, jumped, hula hooped, fished, threw balls and more. The best part was that it was a captive audience for us to pass our Healthy Activity Guides full of nutritional information and great ideas to get active!

Excellent feedback and successful continuing sessions.

Finishers love the shirt as a reward - may good comments on the design - people are proud to wear it.

Getting input from all of our members on what they would like to see in our new gym room.

I'm anticipating that our season-ending ski race, the Hiawatha Hustle on March 1, will be the highlight of our ski program. We will have a race with or without snow - skiing if the conditions allow it, running if they don't.

Learning new things together about being healthy.

The NHC Grant helped us bring activities to public housing residents that we weren't able to fund through other grants we are currently implementing (SHIP). Residents were appreciative to have activities at their hi-rise locations. The bike repair volunteer at McDonough Homes Community Center was very grateful to have supplies and tools to continue his bike repair and education. Previously, he had been purchasing supplies with his own money. The newly formed walking groups, while small, are so excited for warmer weather so they can start walking again and encourage their neighbors.

The funds that we were awarded were amazing. This allowed us to do what we had planned plus much, much more!

The reason for the "somewhat satisfied" in our impact is simply a matter of the fact that there are so many people out there we haven't yet touched, and also that we'd like to sustain their engagement long-term to keep them as healthy, happy, and strong as possible for the long run.

We tied participating in the NAMI Walk to our walking program and we had an amazing turnout. A number of clients had never participated in the event before. Participants were clearly uplifted by being part of a community event that literally included thousands of other participants from all over the metro area. A number of clients also participated in some fundraising for the event by gathering pledges from family and friends. It's a wonderful feeling to feel like you're "giving back" and are part of something bigger.

Working with the participants, meeting them, teaching them and seeing how proud they were of their contribution.

We got yoga mats for the employees and this made it more real for the people. We were able to get the needed supplies for the employees to do the session.

C7. What changes, if any, did you make to your Neighborhood Health Connection activity to address these challenges? (N=25)

Promotion and encouragement of participation

The challenge was spread out over 6 weeks. We continued to spread interest by word of mouth, talking to anyone who walked by to watch the work going on, putting more posters up, promoting it on the radio, getting the pictures of the team members in the paper weekly.

I did some advertising of programs through our school district. Our flyers would go home with the kids and potentially reach the parents or guardians. To reach the older population, we did radio ads and newspaper ads.

Not sure. I did an adequate amount of promotion on it and I am thinking that they may be felt that they could walk on their own and not join our residents. I did see many of our neighborhood people out walking but could not document that this was part of the Neighborhood Health Connection. The good part was that they were "out walking".

Nothing we can do about weather. Always looking for ways to further promote and recruit. We've done better with each set of new classes we've offered around the community due to previously mentioned efforts.

We printed additional signs and placed them near the post office and library to promote the picnic at the House. We spent more time on Facebook and other social media writing posts. We included it in our newsletter and sent press releases to newspapers and other organizations. We provided information for the city newsletter and the community education booklet. We posted pictures and explanations and copies of the activities on our website.

We reached out to local churches, increased our social media/email requests and added online volunteer sign-up capabilities.

We changed the dates and times to get more to attend.

Reaching out to community partners

Combining with other community events and promoting as family event helped with attendance. The Walk to Run program had some success, as did promoting through the wellness program at HealthFinders.

Contacted several community groups/organizations about using space. Partnered with Community Ed (who was great to work with!) to help determine a solution.

Facing these challenges has already changed our plans for future years. With regard to promoting the activity, we will continue to rely on our network of neighborhood leaders throughout the county to promote the summer events, but we will also work closer with organizational partners ahead of time to encourage them to refer their clients/patients/patrons to the program. Additionally, we hope to extend the program further into the fall to make the most of the entire harvest season so that the vegetables that families are more familiar with will be more abundant. We are also working with the local farm to see if it is possible for them to grow certain vegetables and quantities specifically for our program.

We expanded who we invited to our activities. At first we were only inviting those that had actively signed up to be a Mentors in Motion match. When that did not give us the numbers we wanted and needed to make it worthwhile to our new community partners, we expanded the program to all community based matches. This helped us to recruit new matches to the Mentors in Motion program.

We partnered with the city for help.

Other

At one location, the parent-child cooking class had low attendance so we decided to open the class up to adults in addition to families. At another location, Tai Chi class had low attendance so we worked with one of the on-site programs to encourage their participants to attend. The walking groups needed quite a bit of guidance at the beginning to get the group started so we spent more staff time than anticipated. There are 20 public housing locations with nearly 10,000 residents and we only implemented 8 activities. There is a great opportunity to continue to build interest in these activities and also to expand to other locations that are requesting the activities. At the time of survey completion, many participants made comments about the social aspect of the activities being important, along with the health aspect.

Bad weather: Cancelled session due to dangerous extreme cold. Prepared two freezer meals the following session. Building access: Located a back-up source with building access if the custodial staff did not open the building as scheduled.

We were not able to offer the event every month as planned due to weather and cost.

Calling participants.

Doing the activity on pay day and offering goodies for doing the activity.

HR wouldn't allow us to hold classes on county grounds, so we had to move our yoga to the Ellsworth Senior Center. For several weeks, we worked out around pool tables and chairs until a space was approved at the BMO bank across the street.

I think staff have come to see that these endeavors are worth the extra effort. (The truth is that we had a lot of fun with this project too!)

More consciousness in the families.

Relocated to trails that use artificial snow.

Sometimes we had to supplement with bought fresh produce. The garden started out wonderfully, then slowly things got neglected due to resident relationship challenges.

We postponed growing the garden to the spring of 2015. We will plant seeds in the garden this spring.

N/A.

None.

C8. Please explain if there is anything that Allina Health could have done to help you address these challenges? (N=8)

Because I did not start the Gluten Free group meetings until September, it was difficult to actually spend all of the grant funds that were awarded. I requested an extension of the deadline so that I could assess the groups needs etc., but was told I had no other options. I then rushed to spend the funds etc., but only actually received half of what I was awarded. I was reluctant to spend the funds, just to spend them.

More funding would have been very helpful.

Promote in their hospitals and to their staff to get involved with the organizations who receive the funding. Have there be a liaison between the Hospital and those organization that have been given money to participate. There is a ton of knowledge and resources through our hospitals and clinics, this grant should encourage our hospital and clinic staff to get involved with our local organizations. That is truly how we will build a healthy and happier community!

Allina Health did everything they could. Carisa Buegler had the posters designed, then redesigned, spread the word through the hospital channels etc. Very supportive.

In the future, perhaps Allina could post an event listing of the programs they fund on the website or furnish the local media with press releases naming the organizations. The name and "clout" Allina brings to promotion would give each of our endeavors that much more credibility.

More Spanish health information brochures.

The surveys were not available at the onset of the grant and the reading level and length made them difficult for most of our participants. Shortening the survey and simplifying the language would be great!

Work with Darts or Metro Mobility to schedule rides to the community center

C9. "Other" assistance grantees received from Allina Health (N=8)

Opportunity for participants to receive free wellness coaching from Allina coaches.

Help with connections for the gardener.

Financial and supportive when I asked questions.

Speakers at lunch time.

Craig Malm and wellness team has been wonderful to work with!

Allina staff conducted seminars and blood pressure screenings.

Financial assistance, which allowed us to make everything else happen.

Evaluation surveys in Spanish.

C10. What other assistance, if any, would have been helpful? (N=8)

As I spoke with people about healthy lifestyles, I used my own background as guidance. Similarly, I purchased whole food based on my experiences. Perhaps some people aren't as lucky as I am to have been exposed to this prior to their event and could benefit from a short workshop and some handouts to use as tools on-site. Visits from health coaches are wonderful, but the local community will respond with more trust to an individual they know. Perhaps the listing of grants given on the website could include links to the websites they represent so if I were interested in them, I could simply click for dates and times.

Having Allina market our program for us.

I would have appreciated greater contact/referrals from Allina providers to our service.

More trainings - like CPR, more promotional packets, etc.

They did everything I asked them to do.

Nothing in particular. Allina Health has been very responsive.

I did not need anything else.

N/A.

C11. Use the space below to offer any other suggestions for ways Allina Health could improve the Neighborhood Health Connection Healthy Activity Grant application process (N=21)

Easy and straight forward

The application process was clear and straight forward except for the amount of money to ask for. I can always use money here for the physical education department and didn't really know how much to ask for. I wanted as much as possible but did not want to be greedy.

The application process is easy to follow and straight forward.

The application process was simple and straight forward.

This has been a very easy process. I appreciate the addition of the follow-up surveys to better gauge participant success.

Completely satisfied with the grant application process.

It was easy and straight forward. The space was limited to explain the idea and so had to be concise.

The process was very straight forward.

None. Thought it was very clear.

Very clear process.

Great experience

I believe it was fine.

I felt it was most successful.

I appreciated the quick responses to my questions about spending the grant money. Everyone was very helpful.

Thanks for the opportunity - it was great.

No suggestions - this is an amazing program that you offer for our community!!!

Very good I thought.

Other

I think this is a great opportunity for many people but they are frightened to apply when they see the word "grant." It's big word meaning free money if you decided to apply.

A little more time in the year to do the programs, after we received the monies we had to do the class within a month.

Be more flexible on spending deadlines.

It would have been very helpful to receive the surveys earlier. Not all of the participants are literate in English. In addition, many don't have access to reliable internet. So, the survey process was challenging. Having more time and preparation as to what was expected of participants would have been helpful.

The survey at the end is very long for participants to fill out, especially when English is not the first language and an interpreter is used. It would be great to offer a small incentive at the time of survey completion for both surveys.

No.

N/A.

C12. Do you plan to continue your activity or program after the end of the Neighborhood Health Connection Healthy Activity grant funding? If answered "no" or "not sure" please explain (N=10)

Lack of funding

Cost to run the program. We would have to charge more than \$5 or 10 for 6 weeks to pay our staff.

The expenses are too great.

It is dependent on the funding. Participants have expressed interest in additional sessions. We need to determine a "break-even" cost to charge participants.

Funding and class offering - many of our group members cannot afford the class fees. Community Ed. is starting to offer similar classes but this class was offered to our group only because we received the grant to do so. Thank you Allina!!

The main reason would have to do with available funds and volunteers to continue the program.

Lack of funding to rent the space.

We have a very strong following for our yoga classes. We are trying to figure out how to pay the yoga teacher outside the grant period.

Other

The healthy cooking was successful and we may find a way to continue doing something like that I think there would be a benefit to residents. Also sharing information learned about healthy eating and meals would benefit residents at other sites.

The only reason I am not doing more fitness nights this year is selfish. I don't want to spend more time away from my family in the evenings. I have a great wife and two great small children that I value greatly as well. That is the only reason I am not doing more this year.

Only a limit of staff time.

D. Participant demographics

D1. Age of participant respondents (N=622)

What is your age?	Number	Percent
18-29	63	10%
30-39	142	23%
40-49	137	22%
50-64	162	26%
65 or older	118	19%

Note: Fifty-four respondents selected "I choose not to answer."

D2. Gender (N=661)

	Number	Percent
Male	117	18%
Female	544	82%
Transgender	0	0%
Other	0	0%

Note: Fifteen respondents selected "I choose not to answer."

D3. Race or ethnicity (N=642)

	Number	Percent
African	19	3%
American Indian/Native American	3	<1%
Asian	10	2%
Black or African American	23	4%
Hispanic or Latino	72	11%
White or Caucasian	523	81%
Another race or ethnic group*	4	<1%

Note: Total percentage equals more than 100 percent as respondents were able to choose multiple responses. Twenty-four respondents selected "I choose not to answer."

*Includes: African (Togolese), American, Madagascarin, and Swedish.

D4. Language spoken in the household (N=656)

	Number	Percent
English	589	90%
Spanish	74	11%
Somali	23	4%
Hmong	2	<1%
Native American languages	0	0%
Other*	18	3%

Note: Total percentage equals more than 100 percent as respondents were able to choose multiple responses. Nine respondents selected "I choose not to answer."

*Includes: Chinese (Mandarin), French, German, Hindi, Marathi, Tamil, Japanese, Karen, Khmer, Swahili, Thai, Vietnamese (n=2), and Cambodian.

D5. Country of birth (N=622)

	Number	Percent
Cambodia	1	<1%
Canada	2	<1%
Columbia	2	<1%
China	1	<1%
Ethiopia	1	<1%
India	2	<1%
Japan	1	<1%
Kenya	10	2%
Korea	1	<1%
Kuwait	1	<1%
Liberia	1	<1%
Mexico	51	8%
Peru	1	<1%
Poland	1	<1%
Puerto Rico	2	<1%
Somali	13	2%
Togo	1	<1%
United States	529	85%
Vietnam	1	<1%

Note: Twenty-three respondents selected "I choose not to answer."

E. Participant open-end responses

E1. “Other” health topics participants learned through participating in the Neighborhood Health Connection activity (N=50)

Nutrition and food preparation

Appropriate food portion sizes.

Canning or freezing vegetables.

Counting carbs.

Drinking more water.

Essential oils.

Healthy snack following physical activity.

Healthy snacks and hydration.

Portion control (n=3).

Read label.

Think more about the food I eat and the amount.

Tracking intake and reading food labels.

Physical activity or exercise in general

Effective exercise techniques.

Exercise (n=3).

Exercising.

Exercise for our health.

Exercising regularly.

More difficult /harder exercises.

Importance of physical activities; variety of behavioral triggers for eating; emotional well-being.

Karate.

Sports.

Sports with friends.

Staying active.

Stretch bands.

Stretching, back exercises, muscle toning, walking at faster pace for more cardio as well as fat burn.

Walking (n=2).

Walking benefits.

Walking paths in Chaska.

New walking trails in town.

Yoga (n=3).

Zumba (n=3).

Other

Art.

Can't remember.

Connection with neighborhood youth - crafts, games, etc. and what currently interests them (or doesn't interest them).

Diabetes education.

Diabetes issues.

How to manage family health and where to go to get information and testing for other family members and what the tests are.

I feel I already eat very healthy.

Manage sleep and stress, reducing risk of falls, movement, strength training.

New foods to try.

Pricing.

Socializing.

E2. "Other" changes participants made to their eating habits as a result of their involvement in the Neighborhood Health Connection activity (N=37)**Thinking about what is eaten**

3 carbs per meal.

Adding chia seeds.

Being aware of what my children eat with snacks.

Carb choices 15=1 30=2 servings.

Eating 5 small meals a day rather than 2 large meals.

Eating more beans, greens.

Sourcing local food.

Staying away from fast food.

Substitute proteins.

To cook with coconut oil.

Trying new foods.

Trying new healthy foods introduced in class snacks.

Trying not to eat as much sugar.

Vegetables and fruit and more exercises are good for now and for the rest of my life.

Watch salt.

Other

ALL of the above.

Clean eating.

Healthy once a month cooking techniques.

I'm trying to lose weight.

Importance of family dinners/eating & cooking together.

Lots of water.

More exercise.

Recipes easy.

To exercise.

To include my kid's when cooking,

Tried but garden didn't produce.

Walk more!

Walking.

Was inspired to join Weight Watchers.

Drinking more water. (5 respondents)

Lots more water.

Water.

E3. What changes would you make to improve this Neighborhood Health Connection activity? (N=364)

Increase advertisement, get more people involved, more outreach

Advertise more to get more participants to make sure there is enough enrollment to keep class—perhaps through other service providers in the building: clinic, Head Start.

Allow more people to sign up for the activities that are passport members. I was declined for all classes except one that I registered for.

Apparently there were others that would have liked to attend, but there was no space remaining. Many people that signed up did not return after the first class. It would be beneficial to add people to a waiting list to allow them to attend if space becomes available.

Be available for more participants.

Be more inviting - tell others.

Communication to more people.

Expand marketing so more people are aware of it.

Get more kids involved. I love the kids.

Get more people here.

Get more people involved.

Get more people to come to our dining site. We get very balanced meals and come away very satisfied.

Get more people to realize what a great program this is.

Great activity- keep it up- emphasize the neighborhood connection aspect even more!

Have community sponsors other than just the community center to promote health such as the local health food stores, grocery stores or even business that do sports medicine that could promote healthy eating, sleeping, stretching etc.

I would like more people to get involved - But don't know how to accomplish that.

Increase participation.

Inviting more women to this event and additional promotional efforts.

Keep the neighborhood informed about this great healthy activities.

Make it known to the local community; not just residents and employees of Ecumen North Branch.

More advertisement.

More advertising.

More participation.

More people to sign up.

More publication and advertising of the meetings.

More social media to increase community awareness.

Open it up to more families.

Outreach more - be more available to the community - expand and grow in size and deeper relationships.

Provide more staffing & marketing muscle.

Promo more to families. Get more families to the yoga classes.

Spread the word; set more regular group check ins.

We are getting better about recruiting and organizing volunteers but we could do better. Also, some additional equipment needs.

Ways to find out about classes.

More information on health and nutrition

Add more classes on cooking nutritionally.

Add more time with personal trainer. Have different goals set for different sets of people. Dieters: 10,000 steps under 2,000 calories Maintainers: whatever you think

Also involve healthy eating.

Cook healthier.

Each week when we completed our strength training, also provide a healthy snack idea or healthy recipe.

Eating less junk food.

Have copies of recipes for healthy snacks available on the day they are served.

Healthy snacks, nuts, etc.

I knew a lot about healthy eating before I started the program. Much of the information was already known. I would like more on-going support to follow through with eliminating sweets and control cravings through encouragement of relationships for support.

Include more about a healthy diet.

A menu for the meals but FREE food anytime.

Maybe a menu beforehand about what we will eat.

Maybe include videos about healthy living for children and teens.

More activities about food.

More focus on eating.

More focus on healthy eating.

More healthy fruits maybe to take home with us.

More information about food preparation, cleaning, handling fruits and vegetables, proper cooking techniques and times for cooking. Storage ideas for all food.

More of how to actually cook healthy and to do different activities.

People would eat more veggies and watch their portion control.

Proper way to pick vegetables, and that lettuce needs to be cut, not pulled out by roots to weed and water daily and help up keep.

Recipes would be great!

Show me more foods to cook that are healthy.

More physical activity or exercise

Add more fun activities with neighborhood i.e. biking, kayaking, kick ball, things that get you out but are fun too. Seems like all we did was have a walking competition and I never saw or met the competition.

Advanced Silver Sneakers Program.

Continue Tai Chi classes. During class less talk more show and activity.

Continue with yoga, Zumba!

Do more walking.

Exercise, family time.

Exercising at least 3-5 times a week.

Family Yoga could have been more challenging and faster paced. It was mostly geared to the 4 year olds in the class and even they could have been more challenged.

Follow up sessions at least once a month for a year. Some light exercise /yoga or other form of stretching included in the class sessions. Maybe practice meditation techniques.

Have the exercise more often.

Have yoga more than once a week.

I exercise.

I have confidence in the Chaska Community Center in organizing the group activities for WALKtober; i.e. 3-mile group walks, Poker walk, etc. I believe they will continue to try different group activities for other walkers to meet and have fun.

I participated in Walktober - with a focus on walking at least 2 miles/day. It would be nice to be able to also record "steps" - and individual progress with items such as pedometers - and Fitbits....

I thoroughly enjoyed WALKtober, I also did the activity last year and tried very hard to beat my miles. Which I did -130 miles last year and 142 miles this year. This year I joined in on the flashlight walk and the poker walk and the photo contest. All were very motivating.

I was involved in a walking program but would love some additional information on nutrition and work out programs.

More exercise time.

More group walks. There were two this October, more than that and a scavenger hunt the previous year.

More meetings with the walking participants.

More physical activity challenges besides "step" challenges. Some of us work out but don't necessarily walk every day, especially in the winter.

More strength training sessions/week. We only had one 30 min. strength training session/week, it would be helpful/beneficial to have more.

More swim nights per year.

More walking.

More yoga classes - day and night classes.

More Zumba class.

Showing us more and different workouts to do.

Walk, dancing.

Walking more eating more nutrition healthy, etc.

Would love to see a 5K run.

Increase length of program/classes

12 weeks isn't enough time to get comfortable with Tai Chi. An ongoing class would be great.

6 week.

Add weekly group activities, we had only 2 for the whole month.

Change the class from 45 minutes to 1 hour and would like classes closer to Monticello too.

Extend the meeting time to 1.5 hours. 1 hour is not long enough, we always ran over.

Have it last longer! It was such a great challenge and motivator to get me out walking more and connecting with people!

Have the activity run longer.

I loved the activity. I wish it could continue through the month of May.

I would extend the length of the class. (Tai Chi)

I would offer yoga more times a week.

I would love to see it offered more times per week.

I'd love it this option was a yearlong program!

Increase by 2 days per week.

Keep up the options for both sessions, not just for the fall.

Last longer!

Make it go even longer. It was a great source to find others who exercised and to support each other.

Make it longer than just one month.

Maybe make it an hour long. Would love to have twice a week! Like to see more male participants.

Meet more often.

More days.

More days for the activity.

More frequent.

More frequent – earlier hours.

More often throughout the year.

More often-continue longer.

More than once a week.

More time and more days.

More time and more days for program.

More time for exercise class.

More time more days for the program.

More time on the exercise class.

More time.

More times they meet.

Offer it for a longer duration or more frequently.

Offer this year round.

Some more information or classes.

Would have longer participation. We only met for 6 weeks on Mondays only.

Maintain the program as is

Continue as we are doing.

Continue doing as I have been.

Continue it beyond the grant period.

Continue it longer.

Continue it next year - people look forward to this and draw in more friends, relatives and neighbors.

Continue the activity or another one incorporating the "healthy lifestyle" component.

Continue with it.

Do this again so we stay reminded and connect w/ new people in the building

I hope the Neighborhood Health Connection continues and expands with even more opportunities.

Keep going, learn different activities.

Keep it continuing, walking in groups all the time.

Keep it going because it takes time to change habits and once you do change you want to keep it going.

Keep offering this activity - Monday yoga - it's great!

Like it to continue.

Trying to get better.

Van access shorter [illegible] - not 2 hours to get home.

Walk to the coffee shop downtown was too far for many. Possibly partner with U of M Landscape Arboretum (in Carver County) for an event during the month.

Was good. Maybe offer outdoor activities if weather allows.

We are thrilled by the increased support of the community in cross-country skiing. Having the Hiawatha Golf Course available has been excellent, even in a year with limited snow. We love the idea of this effort continuing to grow every year!

We were a library partner site in a walking tour of the community. We are located less than a five minute walk from the Stork House. More city partners would be nice.

When it gets nice again, more activity outside.

More opportunities for group engagement/activities

Great program, I imagine there are more opportunities to engage more groups from the community.

Have more group activities during the duration of the program.

I would like to have seen more communication or opportunities for group activities. Neither group activity fit into my schedule and I would have liked to participate.

Make harvesting activities involve more people- would be easier with help and would encourage community.

Maybe have a partner to work with goals on.

More community events, e.g. more walks or events to do together.

More group activities during the day.

More leisure group activities.

More opportunities to get together with others to walk.

More options of getting together with people in the activity, or option to get an activity going somewhere else. Maybe create a forum, or something to that extent for people to connect with one another.

More structured attempt to encourage mingling.

Have challenges - whether individual or team?

Possibly have people go in groups.

Free Events/Classes

Have more free classes, it makes it much easier to attend and afford to be healthy.

Making classes affordable even after grant has run out.

More free classes.

More free classes - a walking group.

Try to keep the low registration fee.

More opportunities for women to get physical activities - such as having a gym membership give-away or offering open gym.

Other

I have lost 2 lbs. since the last group about portion control.

An early A.M. activity.

Offer more nights - 6:30 is a good time for people who work.

Different times for the activities.

Earlier in the day.

2 tenants had meeting - re: garden plots/nothing was even done a new tenant took the whole garden - then had to wait too long for a hose to water - garden died - cooking classes were OK but did not use garden vegetables. Everything was store-bought and only partially healthier.

Add a snow making machine to the course so we can hold classes when there is little to no snow.

Add a snow-making machine.

A bit more time to ask questions and review what we have learned.

Add two tracks - one for an average of 2 miles/day and one for an average of 1 mile/day.

Additional funding to ensure regular swim events and greater transportation.

An option to continue beyond the month long program.

Become more involved.

Better location (n=2).

Location was terrible.

Better places.

Better shirts. Perhaps the previous year participants could vote on style, or at least color! The orange this year is terrible.

Better way of measuring steps.

Closer to our home.

Consistent offerings are appreciated.

Don't tell the number of trees removed by the other teams.

Eating in shifts with smaller groups would allow more healthy/productive interactions, but may not be feasible with our time frame.

Feel better see people my own age and have fun exercising.

Find ways to encourage parental involvement.

Have a survey like this once a month to remind participants of the goals and to help them mentally track their progress.

Have a weekly get together for the participants to discuss activities.

Have it in warmer weather.

Have phone to connect.

Have some resources to support my health where available at the time, only exercise class.

Healthy is what I have control of.

I crossed over neighborhood lines but have friend + meetings at the Church-Glad I joined them.

I am not sure.

I enjoy everything.

I have participated the past two years. This year there didn't seem to be many updates or correspondence as in the past. I would like to see more articles or maybe ideas/tips to improve walking. Maybe feature area trails.

I have ankle issues and the walk to access the kayaking launches was tough at Kinni -- not the good kind of tough either. More people could access this program if there was some type of shuttle to the kayak launch.

I participated in Walktober and I believe another program like that in the spring would kick off preparations for summer for folks.

I think it is going well, but moving tables is difficult.

I want somebody to come to our meeting to talk to people about it how is important for us.

I wish the two activities (walking activities) offered during the month of October had slightly different themes. The two events involved coffee and poker. Due to my faith, I do not drink coffee, or play any type of poker or gambling. So although I knew they were meant to be fun and inviting activities, it made me feel slightly uncomfortable. They could have done hot chocolate instead of the coffee, or a different game besides poker. Most people are not as conservative as my family is, but I am sure they could reach out a little better to all participants by the activity's design.

I would give out information about the activity pretty far; but not too far in advance.

I would have the instructor listen to the requests of the parents a little more.

I would offer a brief large motor time for kids before the yoga started (5-7 minutes). This would have helped reduce my child's anxiety and allowed him a chance to concentrate better during the yoga.

I'd prefer to stick with the boot camp and total conditioning classes. I'd love for it to be on a Thursday rather than Monday.

I'm satisfied - can't think of much else, except an easier way to send updated photos from activities like ours (church garden, which includes contributions to the local food shelf).

I don't know.

Include instruction on using hand weights and/or alternate sessions to focus on yoga or light weightlifting.

Include pre and post season; extend length. Great group, volunteers.

It was great! My family made new connections with great families in the neighborhood. The more we can do it, the more other families will become aware and get involved.

It was very mundane. I'm a teacher and I wanted advice to be interesting + fun. It was not. It was too much like college class.

Keep having the outdoor yoga in the park!

Leave more handouts on verbal information and community resources (names, location, and services).

Little walking.

Loved it!

Low impact activities. Daily classes 7 days a week. No Tai Chi - too complicated movements.

Make it easier to harvest the string beans!

Make more easily available handouts on different subjects each week.

Making an effort to maintain good health.

More sauerkraut.

Mention that people can't cheat (trade cards) during the poker walk.

Mileage log should be online and easier to report.

More small rewards for those involved. People light up getting little prizes for goals met. Incentives are a boost to self-esteem and make people want to continue on with their journey. More attractive t-shirts would make me want to wear them more and keep me driven to continue and show others dedication and hopefully inspire others to start. The Chaska community centers Walktober t-shirts are plain and not fun. It would be nice to have a bright t shirt advertising the Walktober program that makes you want to wear it and keep going. Their shirts are an unattractive rusty orange that only have wording on the arm just not attractive especially for women.

Encourage instructor to let us know more about other options.

More activity.

More available classes that don't get cancelled.

More courts to play on and an adult section and a child section.

More encouraging emails would have been nice.

More events.

More focus on individual solutions. It was difficult to focus on improving in a particular area when we are receiving so much information about all aspects of health. I think most people simply do not have time to learn everything about, stress reduction, healthier eating, better sleeping etc... I think it would be more beneficial to focus on one of these areas at a time.

More formal learning sessions.

More information.

More motivational emails throughout.

More often meeting, more than 1 meal per session.

More options.

More paddling.

More progress for teens.

More space and time, also money.

More swim nights, transportation, and more food to bring to families in need, though this all relates to funding.

More things beyond swimming.

More time and do the program in the summer. Cold weather has been a challenge for me.

More true or false-type quizzes.

More volunteers to work with kids.

No changes, would like to continue. Working with local bank to provide space during winter months for personal trainer to continue strength training classes. Once space has been confirmed, fitness classes will be extended to all Pierce County employees during non-paid lunch time.

No enter by date to participate.

Offer a bigger variety of classes to try out.

Offer additional classes.

Offer more opportunities.

Perfect.

Perhaps the speaker could use a microphone - rather difficult to hear at times - (and I have good hearing).

[Illegible] physical activities every day to improve this Neighborhood Health Connection activity.

Rachael's yoga class was wonderful! Each week she turned it up a notch, but I didn't feel I had to keep up with her if I couldn't.

Shop at Cub, check into a different doctor, ask questions at pharmacy.

Smoothie recipes.

So far it is going great.

Split the group so one group packs the meals while the other plays, then switch places.

Swim night one evening week or more.

Thanks you have a very good job in all the areas.

The format, presentation and implementation seemed well-balanced.

The meetings were more involved with each person sharing info. Made me take more notice of things such as labels that I haven't in the past.

The part of my diet that I control is very health and on a par with what the Health Connection recommends.

The use of a book to read to augment the activity seemed like a good idea, but it was hard to get a copy of the book and the "review with the group" was very stilted since no one knew each other.

The water drinking activity was too easy.

They did a good job getting people in to talk to the people coming, distributing materials, encouraging participants that they are not alone and getting information to the participants. More publication and advertising of the meetings needed.

They did a good job. I'd like to see it happen again at BV.

This activity provided many opportunities to be active, and if this activities were not available I most likely would not have gotten any exercise on those days. The activities were very helpful in keeping me motivated to move. This also gave me the opportunity to get to know the people I work with every day on a personal level, which I am very thankful for. At this time I do not have any ideas for improvements.

This program seems to be going in the right direction, so I hope it remains focused on teaching and positive experiences.

This was a yoga class - could not hear the instructor in the outdoor class.

To have set times to ride the bikes.

Tour of store with insight on foods.

Try to get more neighbors involved by inviting them to the dinner and nutrition classes.

Work out room.

None—the program was good

Can't think of any - it has been fun connecting with my coworkers for yoga!

Can't think of any at this time.

Can't think of anything.

Enjoyed all classes and opportunities.

Everything looks good to me.

Everything seemed very well done, no changes.

Great communication, fantastic instructor!

I cannot think of changes. It was well publicized and well run.

I do not believe any changes are necessary.

I don't really think a change is necessary. It was a great experience for me.

I don't see any way to improve.

I think it's good already.

I thought it was a great idea and it appeared that the people who participated in it enjoyed taking part in it.

I thought the program was really good and I don't think there is much I would change.

I was happy with the program.

I would not change anything. There is enough information to influence eating and exercising - more might become too much.

I would not make any changes.

I wouldn't change anything, it was great fun.

I wouldn't make any changes.

It all good I like it all.

It is wonderful!

It seems to be a good program, and I hope it continues to grow.

It was a good experience - there was a lot of new ideas and experiences. It is a totally new exercise approach for me.

It was a great opportunity.

It was a great program. I can't think of any suggestions. I'd like to see it continue.

It was fun and great so none.

It was great.

It was very good. No changes.

It's great as it is!

NO.

No change - it was great!

No changes (n=2).

No changes as of today.

No changes it has been working great.

No changes specifically come to mind.

No problem with this as is.

None (n=6).

None - great program.

None - it's great.

None - very appropriate.

None - very good.

None always have been active.

None at all!

None at present.

None at the time - meeting the needs of the neighborhood around our church.

None at this time!

None I think it is ok the way it is.

None that I am aware of now.

None-I encourage others to take part.

None, I would love to do it again.

None, it was fun to get outside with friends.

None, it was great! (n=3).

None! They do a great job!

None - the yoga class we have had at the Brown County Courthouse has been great! Bettie does an awesome job!!!

None. It covered many activities and ideas to help improve food choices and exercises to improve food choices and exercising and waling, exercising to improve health -

None. It was wonderful and I very much appreciate being able to participate in this activity.

None. This class is a good reminder of what one should do.

None. I feel that everyone did a great job.

None. It was a very good exercise.

None. The volunteers were dedicated, fun, and knowledgeable.

None. This requires more time and practice. It was good for an introduction but too short to be permanent.

None...it was great!

None. I thought that this activity was excellent. It was very well organized and the communication was outstanding.

Not any that I can think of.

Not sure (n=2).

Not sure I'd change anything - our program focused on being active and healthy eating - the two primary points to living healthy lifestyle.

Nothing (n=4).

Nothing - I think it's great!

Nothing - this is a great program they have.

Nothing - this was a great activity! I wish this could continue. It was great for my son and me, in that we spent more time together doing something that was healthy for both of us.

Nothing - very good program.

Nothing.... I hope it continues!

Nothing comes to mind. I like everything about it.

Nothing it was great.

Nothing that I can think of. This was a great opportunity and I wish it could continue!

Nothing, loved taking the class but only participated in the last 2 classes. I wish I'd remembered the earlier ones.

Nothing, very nice resource.

Sorry I am not able to think of anything at this time. It was a great time and our kids enjoyed it as well.

Was really good. Nothing.

Would not make any changes

You like it, no changes.

N/A (n=2).

N/A, fine way it was.

Unsure (n=2).

E4. Aside from your schedule or availability, what other barriers or challenges to regularly participating in this Neighborhood Health Connection activity did you experience? (N=324)

Weather

Bad weather, rainy, was too hot outside.

Cold weather and the dark days of winter kept me indoors.

Cold weather + food content confusing.

Colder weather.

For my personal barriers, would be weather. I do not have a treadmill at home, thus my cardio work outs (walking/running) are dependent upon the weather.

I walk outdoors so the weather was a factor. Also, my dog (walking partner) had surgery and couldn't walk with me for two of the weeks so that made it harder for me to get out.

It was a cross country skiing lesson and there was not enough snow to have lesson. A snow making machine would change that.

Lack of snow.

More snow. More equipment for families.

No snow. We need a snow making machine.

Only the weather if it was too bad outside then I would change what I had planned.

Bad weather.

Rainy weather stopped me a couple times.

Sometimes the weather was an issue.

Sometimes the weather, so it's good that we have the community center.

The cold weather (n=2).

The cold weather schedule classes.

The snow ice.

The weather (n=6).

The weather, at times, also posed a challenge.

The weather—cold.

The weather and time.

The weather in MN can be challenging, and I like to walk outdoors much, much more than indoors.

The weather was challenging for me and the time.

The weather was the only barrier/challenge to our 2015 ski season.

The weather. That was the only factor and is not something we can control.

Too cold in winter.

Unfortunately the limited snow accumulation put a hamper on some of the activities this year, but really thrilled that they were able to end with the ski race on Hiawatha!

We had some bad weather which hampered walking outside.

We needed more snow for skiing, but we made do with what we had!

Weather - we were lucky with the weather we had, but are struggling to find an indoor location to continue.

Weather affected our ability to ski.

Weather causing cutting down on biking and walking.

Weather conditions, caretaker for my disabled mother, auto problems.

Weather conditions (n=5).

Weather, health (leg injury), financial.

Weather, personal matters, sickness.

Winter weather - too cold to walk during work.

Busy schedules or lack of time

7x/week makes it difficult.

Because of my schedule and activities I was out of routine to come.

Busyness.

Conflicts with my church group sometimes.

Couldn't participate during the week because I work.

Family obligations/time.

I go to school at the same hours [as the activity].

I can't make it to all the activities because of my work schedule.

I didn't have any besides of my schedule.

I would like to have it earlier. 8 to 9 AM. I have lots to do and I like to be done a little earlier.

In one instance work interfered (had to reschedule conferences).

Just my work schedule.

Time because I have a job.

May be too busy in household work.

Mostly a busy schedule.

My schedule and availability were the only barriers.

My schedule and driving.

Only my schedule.

Only work schedule (n=2).

Only my schedule so I came as often as possible.

Schedule and time were my main barriers.

Schedule, time is ok.

Schedule was the biggest challenge for me.

Scheduling was the only barrier.

See above. AM activity, to avoid nap time conflict or a little bit later in day. Actually, it would be nice to pair up/have more exercise opportunity with other moms with young children. It is such a challenge to get exercise with their demands.

Sometimes it was difficult to attend because of the time.

Work.

Work and launch meetings.

Work, kid.

Work schedule.

Work times.

Working.

Working adult- tired after long day.

The hours they practice.

Time (n=5).

Time day for activities.

Time to buy, prepare and cook healthy food at home.

Time, life sometimes gets in the way.

Time, I work and sometimes it conflicts with my work schedule.

The time of the classes is during the day and I'm at school.

TIME!!! There isn't enough of it in the day/week. Knowing what resources are available and finding them. We participate in a lot of community service activities. It is good to do something active as a family. Since we did the mountain biking activity our children have got the bug, and we have bought them mountain bikes so that they can continue to ride outside of this one-time activity.

Physical injury or limitations

Back issues.

Back pain.

Bad right arm/shoulder.

Had to contend with a stress fracture injury.

I had a tendon (near ankle) injury a couple months prior to this Walktober activity, therefore had limitations on walking/running. (Since then I've had surgery on that foot, hence my answers to some of the survey questions sounded more negative.)

I have an injured ankle and I struggled to walk 2 miles per day.

I struggle with an unknown neurological leg strength challenge.

It was a little hard to do with my bad knees.

Knees are failing.

My knees got worse and need to do something.

My personal barrier was that I developed Plantar fasciitis so I had to slow down my walking during the weeks.

Physical activity can cause pain - in my foot - I have Plantar fasciitis.

Physical Health.

Physical pain.

Sore feet after walking so much.

Stress fracture 2 1/2 weeks off of leg.

Lack of motivation and self-discipline

Lack of motivation or skills

Feeling like I'm so out of shape why bother.

Hard to get motivated in the winter.

My own self-discipline is a problem sometimes.

On some days just the lack of motivation to do it.

Really the only barrier I had was the time to do it and then the motivation to get it done as well. After going to school and work for a full day I had no motivation to want to exercise.

Self-motivation.

Sometimes motivation was hard. It's not easy to get miles in when it rains and I'm without a treadmill. Going to a gym/track can be time consuming.

Hard to keep up with the younger participants. Maybe a beginner's class?

I think more opportunities for training people on gardening work would be good. I think there were people who were afraid to help out because they did not know how to garden. The only reason I knew was because my dad was with me to answer my questions.

My state of mind and my health at the time of the activity.

At the beginning, general motivation to get out and walk was difficult. However, by the end of the program, it had become part of my normal routine.

The challenge is not to eat things that are not nutritious and start eating healthier.

Health

Being sick with the flu.

Failing health.

Had side of foot pain towards the end of the month. Also, didn't feel good the last week of October.

Had surgery was not able to participate in exercises.

Health issues did cause challenges, but all activities were modified so I was able to participate.

Hip pain - also arthritis in hip - got to keep moving.

I got sick (sinus infection) the last 3 weeks of the program which kept me from exercising. Now that I am better it is hard to get back into the habit of exercising.

I had MAJOR surgery in August with lots of complications, so my energy level is not very good yet.

I had shingles which kept me away for two of the sessions.

I was ill during the first two weeks of October and not able to walk as much. I had a conflict with the flashlight walk and was unable to attend that.

Illness.

Illness; colds, etc. Don't feel like physical activity or eating healthy. Revert to comfort food...

In another instance I had developed a headache and fever throughout the day and chose not to participate.

Disease.

Mental health (n=2).

Mental health problem (especially paranoia).

Other

A lot of people took more than they needed and stole from people's personal flower and vegetable gardens. Some had no knowledge of how to care for it.

Attend all sessions.

At age 74 there are some limits to chasing after or supervising kids.

All activities were accessible.

Appointments, transportation.

Bachelor is on Monday nights.

Better field.

Better playing fields.

Can't participate in strenuous activities

Can't walk far - use walker for longer. Going longer/farther each day without walker.

Can't always hear what is said, would like handouts.

Childcare for some programs.

Child was ill.

Childcare.

Childcare or work.

Childcare was a challenge at times.

Childcare issues and the household chores.

Not having daycare.

Not having someone to care for my children.

Children activities other than this. Mosque.

Making sure I had childcare for my children.

Finding a way to participate with my toddler and keep my baby happy.

Conversations.

Cost of healthy foods.

Distance from my home.

Don't know.

Poverty.

Everything went smoothly.

Games, crafts, exercising.

Getting others to participate.

Getting there.

Golf league.

Good.

How I am feeling on that day.

I am a shy person, so trying to connect with new people comes difficult, but having the games that join parents and children together was great and making connections easier.

I was mainly a volunteer so I didn't have any challenges.

I attended all classes.

I have been a member of E.B. Howe YMCA for nearly 14 years. I started there for my health. I participate 2-3 times a week year round. Friendships made are special.

I experience a big change.

I get up earlier than I used to.

I think the biggest challenge was to stop eating junk food and start eating vegetables.

I really liked the tracking of steps, but I also am an avid swimmer, so would have been nice to have that time spent swimming somehow converted to steps, for when we did the challenge, others may have walked and got their placement in steps, mine weren't counted so looking as though I wasn't as active.

It is nice that it is offered at work; however, you don't get a chance for much of a workout and then there is the clothes issue - what to wear/change clothes, etc., get sweaty, etc., no time for shower, etc.

It was free and that was a great help!

It was over our lunch hour at work. Easy to get to.

It wasn't a challenge. The instructions on the recipes were very helpful as the instructors as well.

Just availability.

Just the timing piece; have it more consistent and people might come but takes time to build repeat members.

Limited space (only 1 pickle ball court) so participants had to take turns playing.

Location.

Lack of transportation.

Did not know about it. Needs more advertising.

Knowing about it. Or not always.

Lack of information.

Information.

Languages.

Meeting people.

Meeting people and eating good food.

Money.

Money to continue with the activity.

Mood.

Most of the time since I've been here I've come to all of them because they are in the evening which is great for my timing.

Moving the produce from the garden inside.

My age!!

My family lives in Minneapolis & so that is a barrier (access to this event).

My location for participating in events was far away (about an hour), so I didn't participate.

My older kids were completely bored with the class early and refused to go back. I forced them to go for a few classes but it wasn't the challenging and educational yoga class they were hoping for.

My own fault -- I saw that program was being facilitated by Willow River and went there, when in fact, kayaking was happening at Kinni. Missed first class.

Need more classes.

New knowledge.

No money to buy seeds/plants no way to water - new hose provided after garden was already dead and now new hose was run over with lawn tractor.

Only my child getting sick.

Other employees in the county wanted to participate as well, they were feeling left out!

Our committee was extremely engaged, so there wasn't ever a challenge with communication or participating... Our program was a daily thing.

Puzzles.

Place we exercised or what exercise we did.

Possibly due to my moving out of the area.

Regular swim times, too late.

Services being covered by insurance, and services provided for mental illness.

Sick kids.

Some of the exercise selection were not of my interest (yoga), but I know others enjoyed it. I liked more cardio, calorie burning activities.

Someone else cooking for me.

Staying positive.

Taking medications with at this time.

Tempting food.

The appointments.

The chemistry of meals, etc. was interesting.

The class was quite a distance from my home but I came because a friend invited me. However I live close to another YMCA so I am trying to get there more often.

The date challenged me, because I went to YMCA at 94 east and 6th street every Monday through Thursday. I need yoga to come Friday.

The grant was wonderful, so that many of us would try the class with such a low fee. With his usual charges I probably would not have signed up.

The need for a better trail map, Chaska has great trails but the map we have from the city can be hard to read. Another thought would be more markings / maps on the trails to know where some of the trails go.

The people are friendly.

The playing fields are in bad condition.

The playing field does not have good grass and we get hurt and there are no restrooms.

We would like to have a better playing field because this field has too many holes.

The time and location of the neighborhood scheduled walks. Perhaps have it on the weekend, and then open up the community center for the participants/families to swim, play, workout, etc.

There are no barriers for any given participant like me, but one challenge is getting enough volunteers to participate so we don't burn out the most active members during the harvest season.

This is the first activity that I was aware of - through the Chaska Community Center - because I attend a fitness class there...What other activities are available?

To learn to be persistent in the activities.

To share our experience.

Those were the only barriers.

Too difficult movements to memorize.

Transportation (n=5).

Transportation during winter.

Unknown.

Using stairs.

Vacation.

Walk.

Walking, getting around.

We compete for use of space - this group is low on the totem pole - so always the first to get bumped so space would be this group's challenge.

We have some need for better garden tools, a washing station, refrigeration etc.

We were able to go every time and we enjoyed everything.

We were supposed to email a person each week to report miles. However, it didn't say which day of the week to report. I was a little unsure so just reported every Sunday night. I don't think it mattered, but I wish the dates to report were specified. Overall awesome activity and really got me walking a lot!

You have to take the time to walk, exercise and eat more vegetables and fruit

None

I have none (n=2).

No (n=2).

No barriers or challenges for me at this moment.

No other barriers (n=2).

None (n=15).

None - I attended all the classes.

None - I loved it!

None - I was traveling & had fewer barriers.

None - other commitments

None - retired

None - so far - I try to come as often as I can.

None - the location was great, the times were good, and it was a great opportunity to get to know other parents in our school/neighborhood.

None - was at the right time of day for me.

None because I am retired.

None I can think of.

None missing one woke up too late.

None noted.

None other than my schedule - I was able to attend most sessions.

None other than schedule.

None other than stated above.

None really.

None- I simply had meetings on the days I missed.

None, I attended all the activities.

None, just my schedule.

None! Even if it was dark outside by the time I could get my miles in, I had the option of walking inside on a treadmill or on the Chaska Community Center track. It made me realize how easy it is to do this, once I just make time.

None. The location at the library in RF is an excellent location. If I told someone about the meeting they knew where to go.

None. It was a wonderful series.

None. Mine were only schedule based.

None. The activity was organized to make participation easy,

Not directly in my neighborhood. I had to drive and don't run into people that I met

Not getting information out of what we had going on. Needing a venue to advertise our gatherings and possibly expanding on social media.

Not many options for winter when we couldn't be outside.

Not wanting to go out after getting home from work.

Nothing (n=6).

Nothing to deter me from coming - classes are great!

Nothing we do from work schedule

Nothing, it was schedule.

Nothing, since I already work out 9 times a week, this wasn't hard...

Nothing, very accommodating.

No problem I am disabled and I go to YMCA daily Silver Sneakers programs.

There weren't any barriers or challenges.

N/A (n=3).

E5. As a result of participating in this Neighborhood Health Connection activity, what was the most important change you noticed in your health and/or connections to your neighbors and community members? (N=454)

Improved diet or eating and more knowledge about nutrition

Eat healthier, drink a lot more water.

Eating better.

Eating habit.

Eating healthier.

Eating healthier food.

Eating healthier foods more often than usual.

Eating more fruit and veggies, healthier meat.

Better portion control.

Cooking healthier meals at home.

Counting carbs to equal choices in diabetes. Reading labels.

Diet.

Drink more water and keep moving.

Drinking 1 1/2 gallons of water per day.

Awareness of nutritional labels.

Being educated in eating gluten free made me feel secure and less afraid about the gluten sensitivity. I felt supported and was educated to what was the truth. It made me a lot less anxious about eating gluten free and nutrition.

Easy meals can still be healthy.

Focused more on nutrition and eating healthy.

Having the portion control bowl makes it easier to control my portions.

Healthier eating for busy families!

Healthier eating habits. More interest in exercise.

Healthy eating, organic, recipe exchange and making friends.

How I cook.

How to prepare healthy meals more easily and how to get my young children to help me prepare.

I am eating more health foods. I understand about the importance of exercise – especially walking – how to warm up and cool down. How walking or any exercise improves my general health.

I found new healthy foods to enjoy.

I have and always have to be conscious of the food I eat. It gave me more healthy choices. This programs also allowed me to meet others in my community.

I eat healthier and try to be more active.

I'm looking at more labels and reading them.

Less carbs.

More adults and kids eating vegetables.

More aware of product labels and exactly what they mean to make better choices when grocery shopping.

More aware of the importance of good nutrition.

More aware of what I eat and how much.

More awareness of fresh veggies and herbs. More awareness of gluten free foods.

More conscious of nutritious snacks and meals. Taking more activity classes offered at local gym.

More healthy snacks for the whole family.

Providing vegetables to help people's health.

The most important change I noticed was the difference in the foods I eat. I bought and indulge more fruits and vegetables and less of things like chips and snack foods.

Watch my diet more. Try to reduce weight.

Less unhealthy snacks food in the workplace.

Kids tried new vegetables.

More energy

Energy.

Energy level.

More energy, better health metrics.

More energy, excited to see more people.

More energy, weight loss.

More endurance, better sense of well-being, met more community members.

More energy (n=4).

More energy – see and talk to more neighbors when walking.

More energy when afternoon's activity was completed, was able to talk with people I usually don't see on a regular basis.

I had more energy and would call my neighbor more to walk.

I had more energy in October.

I have more energy!

More activity gave me much more energy and helped my mood.

Changes in physical health (e.g., weight loss, increased strength)

Became more fit and slimmer.

Better blood sugar control.

Better tone in my core - Felt more positive, encouraged to see my friends at activity.

Feeling stronger.

Got stronger.

Got stronger more stamina weight loss.

Having more energy and fun to participate and meeting new people.

I lost 13 pounds so far!

I lost 5 lbs. and have more energy.

I lost a little bit of weight, and I have noticed a general increase in stamina and physical energy.

I seemed to lower my pulse rate.

I was able to shed 5 lbs.

Improved flexibility.

Improved mobility/strengthening muscle and joint flexibility.

Improved strength and muscle tone.

Improved strength in my endurance.

Increased energy level and motivation.

Increased strength.

Increase (although small) in flexibility and decrease in back pain.

I wasn't sick with any illnesses.

Losing weight (n=2).

Losing weight, and eating healthy.

Lost a few pounds.

Lost a few pounds Got to know two women better.

Lower blood pressure; better energy.

Lowered blood sugar.

More flexibility from the yoga.

More flexible.

More or less tired.

Much more flexible, overall increased feeling of well-being, more centered and in touch with self. Also, wonderful to connect with community members each week.

Muscle gained.

My back flexibility. I still do some of the "moves" on a regular basis.

My blood pressure.

My blood sugar is lower.

Strength.

Stronger (n=2).

Stronger and more flexible and more relaxed learned yoga.

Stronger connection to neighbors I knew- wouldn't have been this deep w/o this activity- kids see us participating and they become more involved and motivated!

Stronger core – more consistent diet.

Used muscles that normally are not used and therefore was sore and that felt great as I knew I was doing something that made a difference to my body.

I feel much more flexible and less winded, due to yoga and Zumba. Enjoyed seeing new friends in class.

I feel my muscles feeling stronger.

I feel stronger.

Weight loss.

While I was working out and exercising my back and joint paint was significantly reduced.

Wt. loss of 15lbs.

Maintained my stamina and conditioning.

By walking every day I was more agile and had more energy.

I feel like I have more energy from exercising more.

Overall better health. Less illness.

My health is much better now then what it was when this began.

My legs feel better.

Sleep better (n=2).

Less tired.

Increased relaxation, attitude, and well-being

More positive outlook.

More relaxed.

More relaxed – relieved stress.

More relaxed, positive outlook.

Emotional calmness during time of upset, physical improvement helped my health considerably.

Help with relaxation, breathing.

Increase in positive attitudes.

Better attitude.

Very happy outlook. Lifted me out of a depressed and hopeless state.

I improved my ability to take a break during work and relax for 15 minutes. Diffused my stress connected with staff from another department.

I'm in a much better mood on days I am active.

My mental health got better. I am making lots of friends. Learning new things. Trying new activities.

Reduced stress, increased flexibility.

Relieved stress and tension.

Seem more relaxed – more energy.

More calm, patient.

Feeling better after sitting all day long in an office.

Feel better, more active.

Felt better.

I feel better in the morning when I get up, it's not hard to get moving in the morning.

I felt better after the class.

I noticed that after doing a participating in the activity I felt better and it made me believe that I can reach my goals.

Positive attitude about group exercise.

Positive employee morale. Everyone seemed to look forward to it!

Positive outlook, happier, friendlier, healthier.

More physically active, doing more exercise

Actually looking forward to exercise.

Another chance for a work out.

Be aware of walking.

Became more physically active.

Being able to be more active with my kids.

Cardio excitement from others.

Change in thinking about walking and how much I do...realizing how even little walks add up to the actual monthly goal.

Consistent activity levels.

Depending on the current goal I set for myself, will depend on what muscle groups I work on. Regularly I play racquetball 3 times a week. This walking program pushed me to work on those different leg muscles. I did a 5k run in September; fitness classes at the Chaska Community Center which pushes me to do upper body strength training such as push-ups.

Doing daily exercises.

Easier to walk.

Getting exercise on a more consistent basis.

Getting more active.

Getting out and riding the trikes. Getting active.

Got me thinking more about exercising daily (even if it's just a walk).

Got me up and moving.

Great work out and worked muscles I didn't know I had!

I became excited at the prospect of going skiing even when it was very cold out because of the people involved and the chance to learn to ski.

I became more active playing with our kids. We also were able to meet some of the other parents whom we never met.

I became more flexible with an extra yoga session each week.

I become a more active person. (5 respondents)

I become more active and engaged to my community.

I don't get a lot of exercise and this was a great way to get it since your kids can be involved too. I really don't want to join a gym and put them in daycare since I work full time and they already spend a lot of time in daycare.

I felt more desire to walk; to not miss walking. I missed some days at the beginning of the month, so I made sure I made up the time. I walked 75 miles total, most with my friend.

I found more walking trails than I previously knew about from a trail map that was provided in the beginning of the monthly activity.

I found the Frisbee golf is [illegible].

I get more exercise.

I got used to doing physical activity everyday-so now I don't like to miss a day.

I have continued to maintain a regular exercise routine. This has always been a challenge for me during the winter months.

I kept the weight off around Thanksgiving because I didn't stop walking after Walktober had ended.

I know I need to exercise.

I know more about resources, I did exercise in a team.

I learned new yoga moves, and the kids were super excited to exercise with me.

I loved participating in exercise that challenged me more than I would do for myself and really increased my heart rate.

I made more of an effort to regularly schedule exercise throughout the whole week.

I made walking a part of my daily routine.

I put health reminders up on my fridge, to make it more a part of my daily thoughts/activity.

I walked farther and with more consistency during this month.

I was more committed to a bi-weekly workout.

I'm about the same – I stay active normally.

If you really want to, you can find time to exercise – you just have to be committed to the goal.

It helps focus on getting exercise!

It is fun to get out and walk!

It made me more active this summer. Outside of work I was often really lazy.

Just being more active – my UP band helped keep me on track quite a bit.

Just doing more exercise.

Liked yoga and stretching.

Looking at using the park for my physical activity, not just my kid's.

Looking for more things to do that involve being physically active. For an example, I decided to start remodeling my basement as this would give me a project and reason to stay active once getting home from work as opposed to getting "stuck" on the couch. This is also true in terms of parking farther away at stores to increase steps and other small areas to improve in.

Making more of an effort to be physically active, exceeding or trying to exceed the daily goal of 10,000 steps/day and 10 flights of stairs per day, etc.

Making tough exercise a priority.

Members enjoying coming to exercise.

More 'dedicated' to taking long walks with my dog (also had beautiful Fall weather – which helped with that) Walked several times with friends who were also participating in Walktober.

More Active.

More active with new friends.

More involved and aware of things I can do with my kids.

More motivated to exercise.

More physical activity.

More purpose in walking.

More stretching – flexibility.

More time to walk longer distances.

More walking.

More willing to go out in the winter.

Motivate me to walk every other day.

Motivation to exercise; enjoy exercising with others.

Normally, I wouldn't go for a walk unless I had an hour to walk 3 miles. The average of 2 miles/day forced me to sneak in mileage sometimes a couple of times/day. This ensured that I walked EVERY day when I felt OK. I learned that a 1 mile walk is a longer distance than I thought it was! I clocked distances near my work with my car.

Outside activity with kids.

Planned physical activity daily.

Started doing ski training on the hills at Hiawatha.

Started doing ski workouts at Hiawatha park.

Started walking more during lunch and helped me bond with people at work as well as people in the community.

Started walking more.

Swimming.

Taking more walking breaks.

The most important change is that the activity inspired my 9 year old daughter to want to cross country ski even more. That affects my health because we can ski as a family more because of her love of the sport. MYSL has given her that love! For that I will be forever grateful. One of the MYSL coaches gave me a good skiing tip too!

The willingness to get together to walk. We looked forward to it.

They help me keep moving – invites!

Thought a little more about doing activities.

Walked more regularly and more conscious of how far.

Walked more, or was at least more conscious of trying to walk more.

Walking has helped me improve my strength and overall fitness.

Walking more.

Walktober got me to do extra walking during October – a total of about 110 miles.

We all did a lot of exercises together and ate healthier.

We all walked more!

We set goals for ourselves on exercising and a number of us have motivated each other to get out and walk during breaks and lunch as a small group.

While going between buildings at work, I was more mindful of walking rather than driving on chilly days.

Year round activities to do with kids beyond skiing and swimming.

Increased and excited involvement in skiing.

Increased physical activity, reduced junk food.

More awareness about overall health

Staying active – feel better.

Awareness and appreciation of a new exercise technique – appreciation of a slower, intense exercise mood.

Easier to keep in weight goal – water does improve skin and body functions.

I am more aware of things I could be doing.

I feel like I have a place to start with all the information I have received to make improvements in my activity level, eating habits and weight. I am hoping to also improve my cholesterol numbers by making these changes.

I need to lose weight.

I realized that I could put a lot more distance in physically than I had predicted.

I was more aware of my child's exercise/activity needs.

It has helped me be active on my lunch hour rather than eat lunch at my desk and not take a break! The fitbit helped me realize how sedentary I had become. I think exercising together has been really great team building for our staff.

It inspired me to make changes.

It lasted long enough to provide practice to change bad habits and replace them with healthier options.

It's up to you to take the time to take care of your health.

Know the distance I walk because I have a pedometer.

Less stress – drink more water.

More body awareness – learning to relax.

More communication and eating healthier.

More consciousness towards physical activity and diet.

My knowledge of my own health.

Noticed in what areas I needed to be healthier in and focus on.

Support to live a healthier life.

To be more aware of my physical activity level.

Understanding that I was responsible for my own health, and I could do something if I understood it clearly.

A better focus on my own health practices.

A healthier lifestyle.

A more disciplined approach to the healthy activity.

Became more top of mind to be healthy.

Because I was exercising more regularly, I also watched what I ate so the two didn't offset each other!

Exercise more and eat healthier.

New relationships or relationship improvement

A few more familiar faces.

Being able to visit with others.

Better relationships with friends, learned a new physical activity that I will be able to do with my family in the future.

A sense of fellowship with those who participated in the program.

Both myself and my daughter & son made new connections & friends.

Came more together.

Change of attitude – meeting new people.

Coming together as a community.

Comradeship.

Connections were better.

Daughter (co participant) more interested in joining me for yoga at home.

Deeper friendship and great sense of place.

Deeper relationships – an honest desire to meet together and exercise.

Did get to connect with 1 family a little more.

Enjoyed meeting new people.

Feeling of support and family with the community members involved.

Feeling support and that I am not the only one going through the struggles.

For my health is good for me. About connection to neighbors we don't talk to each other before but in this class we did it.

Friendliness – willingness to help and listen.

Friendly faces. Engaging with my co-workers in a different setting with different goals non-work related.

Friendly people.

Friends being there for me.

Friendships, self-esteem.

Friendship.

Getting to know my coworkers better.

Getting to know others.

Getting to know people in our community and creating connections is always great. With the activities I noticed how much better I feel after exercising.

Got to know a progression of kids from the neighborhood over last few years.

Got to know neighbors/community members better that I would have otherwise.

Got to know people better.

Great connection, fun to be out and about meeting new people.

How others are participating – more involvement.

I am more committed to exercise. Neighbors/friends tend to motivate each other.

I became more comfortable putting myself in a group when the activity could be intimidating.

I became more socially engaged.

I become more active and more connect to the Somali Community members.

I become more active person and more socially connected to the group.

I feel like I have a healthy lifestyle but it was encouraging and fun to do activities with a variety of people.

I felt more energy! I also now find myself saying hello to more of my neighbors as we met each other a lot on our walks. I can put names to faces now.

I found someone else in the group who was also health conscience in their eating. There were only 4 who completed the program and only 2 of us were only seriously interested and working on improved healthy eating. But the 2 of us didn't talk about connecting again.

I got to know a few people a little better while getting some exercise and learning a new sport.

I got to know some new people and connected with my son.

I look forward to being with new friends.

I met new people that I will stay in touch with.

I met people who had a similar interest in fitness or wanted to learn about it. Increase in social connection was the greatest benefit for me.

I recognize more people in the community through classes I took.

I saw my friends on a regular basis.

I typically walk with the same friend (before and after this program) but we are great motivators to each other and have a good time while we are out.

I wanted to meet more community members and get out more.

I was able to connect with others who enjoyed some of the same activities as me. Also as a teacher it was fun to see students participating and making healthy choices.

I was able to meet some other people when I have never met.

I was outside in the garden with friends.

I'm not sure. Got closer to some neighbors.

It enhanced our partnership with the Stork House.

It was so much fun to see people I have not seen in a long, long time.

It's been fun learning new skills with friends – to improve balance, movement and concentration.

Keeping in touch with neighbors.

Making new friends.

Meet more people (n=2).

Meet new people, built new friendships.

Meeting new people with some of the same concerns about diets and regular exercise.

Met lots of nice folk at all the activities!

Met new people in the classes and started to have more energy.

Met some new people and paddled on new waters.

Moral support from like-minded people.

More familiar faces.

More friends – learning different ways to eat and stay healthy.

More friends.

More small talk of what we are doing.

Most important change was adding an extra day of physical activity to my routine each week, and enjoying the company of my co-workers while doing the activity. It really helped to build a connection between co-workers by allowing us to do fun activities together.

My connection with my children... They had a blast. My neighbors little girl joined us as well a couple of times.

My daughter skied with friends, and has begun to identify herself as a skier. We have made plans to go on a ski trip with another MYSL family.

My health remains the same but meeting new residents is a good thing.

My kids got out in winter and we played and skied with other families.

My son and I did this together. It's a GREAT experience for parent & child, and it provided him with new connections.

My son started learning how to participate in a group. I thought it was great.

People say hi more.

Sharing our experiences with our common illness - diabetes (successes, failures and frustrations) in a safe environment, has helped me make more informed health decisions and feel more connected to my fellow classmates in the community. I feel better and have a social connection now.

Skiing more with neighbors.

Talked to people I don't usually see.

Strangers talking amongst each other.

They communicate more with others.

Very relaxed at end of yoga. Also, as the year moved along, I noticed that people were arriving earlier and staying later to chat, as people got to know each other better.

We enjoy talking and visiting over our health problems and about community members who are suffering.

We spent more time outdoors as a family.

We worked as teams through this program, and the teams were changed on a 1-2 month basis, which allowed for many new connections. I believe this to be biggest change - new connections with people. I also noticed a change in my weight - as I was much more active and ate better.

We would pull each other to take breaks and walk. Made you think about walking more to get your steps in. Competition was made fun!

Women socializing and talking with one another.

Other

A positive attitude about food we grow ourselves. Also there were several events that used the garden (exchange students, a corn maze activity, and seniors groups)

A regular time and place to be together during the week.

Accountability to complete the program.

Active Participation.

Attitudes in those that attend.

Awareness.

Be.

Because I change a lot.

Being able to connect through classes I was otherwise unable to afford.

Being more aware.

Being outside.

Children's willingness to try different foods.

Commitment to a goal.

Community is already very active and healthy

Fall is usually the time of year that I slack of on activity because my gardening year is coming to a close. This program helped me keep moving in October.

Feeling a part of things.

Felt more at ease with them.

Finding it easier to meet my goals.

Food safety.

Fun things.

Getting up earlier than I used to.

Having a set schedule for exercise.

Higher motivation.

Health – always a good thing to move. This was a program offered through work – so no connection to neighbors/community.

I am able to confront my challenges.

I am more routinely taking a lunch break and getting out of my office.

I didn't notice a difference.

I felt I learned more firsthand experiences from others that are useful to me.

I felt motivated to work out throughout the week so that I came to the next class feeling in shape.

I gained new interest in an activity I had not participated in before.

I got to know more about Local Roots Co-op and have been purchasing local food through them.

I learned where some places to exercise were and where the schools were.

I like reading about the world class athletes from Minnesota in the news.

I love the yoga teacher and will continue to attend her classes!

I pushed myself to outdo last year's miles.

I read and watch more (others) from the same age group and listen/learn from them.

I was able to teach others about Buckthorn removal.

I was inspired to get a ball for my office and do more stretching while at work.

I was not sure about yoga at first but then I started to really like it.

I'm not as fast anymore.

It was easy going and it help to have people working out at the same pace.

Joining YMCA help me with a lot in the Neighborhood 50+ Clubs at Griggs Midway Building.

Just the knowledge that it available and willing to work one on one they are genuinely concerned for our welfare.

Learn to swim.

Like to get in a new group exercise program whenever I can.

Many people go to the pool now and know about it.

Members of my family that don't normally exercise outside in winter saw their friends doing/trying the same and became more likely to continue next year.

More & greater acceptance of using community facilities. Access. Togetherness.

More commitment.

More free things to do in town.

More knowledge of community resources.

More people tried activates they had never tried before.

More people use the pool.

More people were involved than in other exercise opportunities because the class was different each week.

More than one season activity.

More women and girls became aware of resources in the community.

More women using the pool.

Mostly that there is a lot of information and help out there if you want it.

Motivation!

Motivation/incentive.

Neighbors accessing the community center and Aquatic Center when they hadn't before.

No change in health/connections, but we found an activity that our kids liked that we can do together in the summer. One of my daughters and I also tried paddle boarding after the canoeing trip which was fun.

Not any health or connections to neighbors.

Participated in only one so far.

Pickle ball was a great workout.

Provided a wonderful opportunity to get outside and enjoy Minneapolis in the winter.

Realizing that it didn't take long to prepare the meals.

Saw more of them.

Seeing some of the other participants who have injuries/health issues that have prevented them from being active. It made me realize how fortunate I have been and motivated me to change some things up to help prevent injuries or obesity.

Small steps and persistence will pay off and dangers of some foods.

Times.

Taking time for all changes.

The food pyramid changed.

The importance of getting regular outside exercise.

The program gave me a goal to work for, so I was more likely to participate.

There was motivation to get out and exercise.

There weren't any changes.

Trying new things with others I didn't know and with my family!

To [illegible] physical activities every day.

Two businesses working together.

Very fun to do it regularly.

Wanting to learn more, or willingness to know more.

We do activities with our health group through work and they are way too competitive when we do your activities, we all work together

We learned a lot of new games that we now play at home as a family and with our neighbors.

We planted Kale in the garden. Many had never eaten kale before and we talked a great deal about ways to cook it and incorporate greens in our diets. By the end of the year, almost everyone in the congregation was grabbing the bags of kale.

We were all interested in the same things.

We were all similar.

Yes.

Healthy.

I personally need to be more patient and focused. This should help. It may not do much for fitness level. I am fit.

Improvement.

My physical condition and health have declined.

Sense of grounding and well-being after yoga.

Staying active and involved in community is important.

Yoga is amazing for my mind, body and spirit. It is a wonderful class.

None

None (n=3).

None at all, but some physical strength.

None. I live in a different neighborhood.

Not much of change.

Nothing.

Nothing much.

N/A.

E6. What was the highlight or best part of participating in this Neighborhood Health Connection activity? (N=507)

Engaging in physical activities and becoming more physically active

"Life depends upon physical activities" is a truth. Which I have realized.

An activity for walking! There are all kinds of running programs but when you have limitations that prevent running, you are looking for other things to do. So a walking program that challenged me and made me "step it up" was a GREAT motivational for me!

Becoming more active.

Being able to walk in a warm friendly environment. Thank you!

Being active with my kids and meeting families.

Being more physically active.

Being part of a physical challenge. There are so many opportunities for runners -- 5K's, 10K's and marathons. What about the rest of us that should not run for one reason or another. Although, I felt like a decent job of walking before the October challenge, this forced me to do more & keep track of my mileage. I wasn't doing as much walking before the challenge as I thought I was. The days slip by so quickly & this challenge prodded me to walk every day (even in small slivers of time).

Doing yoga in the park - it was cool to do the Tree Pose while holding on to a tree!

Exercise suggestions, guidelines.

Exercise (n=3).

Exercising as a family and learning new ways to exercise.

Getting me in the habit of building physical activity into my day, no matter how busy I might be.

Getting more active.

Going to yoga class.

Got me outside and moving.

Great workout and it was free!

I got a fun, free workout each week. They were on Mondays so it was a great way to start my week and I found myself continuing to exercise throughout the week and making healthier eating choices. I loved the variety in classes.

I liked the walk the best.

I was able to stay on a set pattern of exercise.

I'm glad I got introduced to Tai Chi.

I really enjoyed bowling.

It made me get out and walk every day.

It was a fun opportunity to go get the energy flowing and focus on being active with the family.

It was so easy - walking on your own time and with whomever you wanted.

Just getting out and walking and being active.

Just getting together with people and knowing I am doing my body good.

Keeping physically active.

Keeping active.

Keeping moving.

Kids had a lot of fun with the exercise/games.

Knowing I had put more miles on this year than in the past year.

Many participants were able to push themselves to a higher level of fitness (more steps per day) with the use of the Fitbits. Having the weekly strength training outside was an energizing, uplifting part of the day! To help me meet my steps per day goal, I joined an additional running group.

More active.

Paddling on the Kinni through the state park.

Rock climbing, Zumba exercises, and community fun trips.

Stretching.

Swimming (n=2).

Swimming lessons Bringing community together.

Tai Chi had wonderful influence both physically and mentally.

Taking yoga.

The actual exercise classes.

The challenge of walking every day.

The exercise itself.

The group activities such as bowling, biking, etc.

The poker run.

The walk.

The walks we took together.

The workout was great! I loved the variety of offerings.

Walking club.

Walking with a purpose.

Walking, increase my walking.

Working out (n=2).

Yoga.

Yoga - otherwise it is very costly for me to do on a regular basis - also trying new things like paddle boarding and Frisbee golf! Too cool.

Yoga is a great way to start the week off.

Yoga offering on-site during work breaks.

Yoga releases stress and I love that it is offered on Monday night so I can start my week off this way.

Yoga and strength building.

Zumba.

Reaching goals and feeling accomplished

10 months after double knee replacements, I achieved walking over 60 miles in 1 month.

A feeling of accomplishment at the end of the month (because of the large number of miles walked).

Being given a goal to reach for and then being rewarded for reaching that goal with a t-shirt.

Hearing my son sing Twinkle, Twinkle Little Star after hearing it in the group. He has difficulty speaking so this was a big step forward.

Hitting my personal goal which was significantly higher than Walktober and the t-shirt.

Reaching the goal; the small 'contests' or incentives that were offered along the way.

Realizing the goal was getting closer and that I'd actually make it.

Seeing my goal being met at the end.

Seeing my kids try something new that encourages them to be physically strong and mentally healthy.

Seeing the outcome from it.

Sense of accomplishment.

The feeling of accomplishment after I met my goal.

When I reached the monthly goal.

Winning the plank challenge!

Being together and forming new relationships

Acting together.

Again connecting with other individuals.

An activity I could do with my adult daughter.

Being able to get more of my friend and family together to do a common activity.

Being with friend.

Being with others that want improved benefits.

Building community.

Building relationships.

By this class I can say we become friends.

Being able to participate in a community activity.

Chatting with friends outside in the sunshine, away from my desk.

Close to home - good leadership - wonderful materials Great meeting place - met lots of interesting people - knew only 2 of them before classes.

Communicating/Sharing while walking.

Community.

Community and new friends.

Community connection and exercise.

Competing with colleagues and other business in our area. Met new people, and being a competitive person, it was a lot of fun.

Connecting to people in the community I didn't previously know.

Connecting with my children.

Connecting with neighbors/coworkers.

Connecting with new people.

Connecting with new people in the Rockford community.

Connecting with old and meeting new friends.

Connecting with others - and the wellbeing of yourself.

Connecting with peers in a healthy setting.

Connecting with people - sense of feeling accomplished.

Connection to community...promoting healthy behaviors in our children.

Connections to people, learning.

Connections with my family and others!

Cooking new recipes and meeting new people.

Cooking on site and interacting with others.

Doing it together with my preschooler.

Doing it with my kids.

Doping exercise with my kid.

Doing yoga at work - and connecting with other peers in the Courthouse.

Easier to do with a buddy or in a group setting.

enjoyed the friendships and t-shirt.

Engaging with toddler and other families.

Enjoying a sport we love with our neighbors was great, meeting new people, and seeing all the little ones who are learning to ski!

Exercising with my daughter.

Exercising with my husband.

Exercising with nice people.

Family time.

Friendship (n=2).

Feeling more connected to my co-workers.

Friendly people. I enjoyed the poker walk and it is a nice t-shirt.

Friends - healthy feelings.

Fun activity with new people.

For my children, they enjoyed the playing part and met several other children around their age. They looked forward to going so they could see their new friends again.

Getting closer to neighbors.

Getting family connected! Family walks!

Getting to know and support each other.

Getting to know each other - having healthy fun.

Getting to know other members better.

Getting to know others.

Getting to talk an exercise with people I don't see on a regular basis.

Getting together with friends.

Getting together with other members. With similar weight and eating issues.

Going with [other participant].

Great classes and instructors. Nice group of participants.

Great coaches, fun activity that brought parents and kids together.

Great to participate in program with my daughter and friends - we all learned something.

Great workout with friends.

Group activities (disc golf, volleyball, etc.) gave opportunity to visit and get to know other participants better and getting some exercise in the process.

Group activities with my co-workers and making healthy changes for myself.

Group comradery.

Having a community of people to work out with.

Having fun with friends.

Having the chance to play with my children and prepare a meal with them!!! Interacting with my family and meeting new friends.

Having visiting people which by participating in groups etc. brought about [contact] outside of the groups.

I enjoyed being a part of the NAMI walk because I met new friends

I enjoyed the walks as a group, but I love the t-shirt!!

I finally made a friend.

I loved spending time out there and talking to people as we worked!

I think the best part was getting to work on a team and watching the group work together to reach a goal.

I thought it was a great experience to have someone ride along with me, even though she had done it a bunch of times already.

I've enjoyed the bingo sessions with other community members.

Interacting with my child in a healthy way and having him see other kids' model being active.

Involving my child.

It was a lot of fun and great to meet some more people from my community.

It was good to exercise together! Lots of laughs.

It was good to get out and do something different with different people - get the exercise - have some fun.

Knows people.

Learning from and getting to know the instructor for the class. I was very impressed with her knowledge and the information she gave us. I looked forward to seeing her each week.

Making connections with friends and family! Checking in with them to see if they are making progress towards their goal. Sharing stories! Even being a little competitive.

Making friends. Learning new things/resources. Trying new activities.

Meeting and greeting others.

Meeting different people on the trails!

Meeting distant old friends for a hike to get our miles in.

Meeting new families, hearing my daughter get excited for skiing, watching her get a trophy after hard work.

Meeting new people (n=3).

Meeting new people and enjoying our leader.

Meeting new people and exercise.

Meeting new people and learning a new skill.

Meeting new people creating a workout room in our church.

Meeting new people doing more exercise.

Meeting new people, better health.

Meeting new people, getting out and exercising!

Meeting new people. Learning healthier eating.

Meeting Olympians.

Meeting other people that understand what challenges a restricted diet entails.

Meeting others.

Meeting people tasting food learning information in vitamins.

Meeting people within neighborhood.

Meeting people/families learning how to do new activities that I wouldn't have done if the opportunity wasn't there

Meeting some great people and dialoguing about our eating habits, and different ways to handle bad habits.

Mother and daughter time.

New friends.

Participating in a new healthy activity and connecting with people in our community.

Participating with other teachers.

Physical and Friendship.

Playing with other adults who liked to be physically active.

Preparing meals together as a family was FUN (my kids weren't sure it would be) and we had a dinner that we took home and ate together, opened up conversation!

Reconnecting with the ladies in my class.

Relationships while cooking in the kitchen with children.

Seeing friends.

Sharing with other ladies lunch.

Social connection.

Social contacts.

Socializing (n=2).

Socializing. Gaining more knowledge about staying healthy as I age.

Something I could do with my daughter right in our neighborhood.

Spending one on one time with my child.

Spending time with my son!

Swim time with friends.

The challenge to be more active and the fun I had connecting with my neighbors and friends to get our miles in. The staff who coordinated this did an excellent job.

The connections that were made, and to be better involved with people in my community.

The people (n=3).

The people and learning to ski for both me, my husband and our children.

The people the passersby that stopped to chat were fun to meet.

The positive support received from both the instructor and classmates.

The recognition from coworkers and friends. Spending time with my father and good friend.

The social activity.

The social connection.

The social connection the exercise.

The social engagement and the exercise.

The social participation and the exercise.

The tomato canning class was great. It brought people together and helped teach a way to preserve the harvest.

Time spent interacting positively with neighborhood kids.

Time to work out together.

Visiting with people - good food.

Walking in groups with people, not by myself.

Walking with my daughter.

Was able to meet a variety of friendly people that really seem to care for us at Anchor Center.

When we went in groups.

Working out with friends.

Women coming together to go swimming.

Learning new information about healthy eating and new types of physical activity

Access to new locations, like the pool.

All the information I learned.

All the laughter, trying new things.

Became aware of a new trail we were not previously aware of.

Children gaining critical water safety skills.

Exposing my kids to gardening.

Getting things to do in Faribault because there is not a lot.

Getting to know the various walking paths in Chaska.

Getting some new ideas for food prep.

Good information.

I had never done a poker walk nor played poker so I learned about both.

I learned something new every session.

I learned that I like yoga!

I learned where all of the trails are located in Chaska!

Introducing the children to new activities that we would otherwise not have done independently.

It gave me up to date information on the gluten sensitivity and celiac. Where I can communicate it to the community.

It is good to get out and try new activities in an encouraging setting.

Learn something new.

Learn to swim.

Learned about living with diabetes (new to condition).

Learned some new trails in the area.

Learning a new activity.

Learning a new sport which I can continue into my golden years.

Learning about "good" foods.

Learning about new exercise routines, seeing my body change with regular routine exercise.
Becoming a stronger person.

Learning about portion control.

Learning about yoga.

Learning how to make healthy freezer meals for my family.

Learning more about the community.

Learning new activities.

Learning new things.

Learning new ways to challenge my body and physical health.

Learning stretching and motivation to exercise.

Learning Tai Chi, I had always wanted to do Tai Chi and the low cost enabled me to take the activity.

Learning what to eat.

Learning yoga.

My daughter learned that she loves to ski hills! That means we can go as a family to more exciting trails and can bring her friends who also were a part of the program.

Seeing how much our three girls enjoyed it. From playing with friends to helping prepare the freezer meals.

Seeing kids and grownups outside during the winter skiing.

Seeing young swimmers learn to paddle their hands/arms for the first time.

Something new and fun to do to get added exercise.

The chance to try a new activity (yoga) - which I probably would not have done on my own.

The high level of knowledge provided.

The session on chocolate was especially good!

The valuable information.

To learn the different ways to eat healthy.

Trying a different kind of exercise, yoga, and having it available during the day.

Trying a new exercise.

Trying out new exercises together fellowshiping, trying new healthy snacks and having bible study.

Trying out some new classes for free!

Was something new - very interesting took total concentration.

Watching my kids physically challenge themselves and enjoy themselves!

Watching my son learn and looking forward to exploring nature. For me, it was stepping outside of my comfort zone, the ripping off the tape on the box that was labeled "cannot do."

Wide variety of activities and introduction to healthy snacks and drinks.

Being outdoors

Another highlight was to get together with others outside doing our fitness activity.

Being outside (n=2).

Being outside enjoying the nice weather that we had this October.

Being outside with my kids.

Enjoying being outside on the trails in my community.

Enjoying the sunshine.

Family activities outside.

Getting active outside.

Getting out and experiencing the beautiful fall days. It was a time to de-stress and reflect on my day.

Getting out, having fun, feeling more positive. Thinking this place makes everyone like family.

Getting out of the house Visiting a lot.

Getting out to walk with my family.

Getting outdoors.

It created a good "excuse" to get out and walk on a regular basis.

the beautiful walks in the fall and the fresh air

Walking on the wooded community trail system in the fall season. It was beautiful walking through the colorful trees!

Eating and learning how to cook food

All activities, but to prepare healthy food (the how).

Coming for the meals and the lessons.

Cooking class with vegetables.

Eating.

Eating food and the lady's teaching.

Eating samples.

Finding new recipes.

Free food.

Good food.

Healthy lunch/snack.

I enjoyed the food activity.

I loved harvesting food with the kids in the garden

Loved the community dinner.

Interesting food topics.

Learn and eating menu food that are healthy.

Nutritional lunch.

Pie at the party!

The best part has tasting what I created.

The nutritional lunch.

Feeling inspired and motivated to be active

Because of being a part of the group it motivated me to get out and try to walk more.

I competed with my father-in-law! It was fun to compare and encourage each other to stay on track.

It got me motivated.

It held me accountable.

It motivated me to walk more during a month where it is starting to get cold and it is harder to be motivated.

Meeting and being inspired by the Olympic skiers that have amazing physical health yet are highly motivated to be part of the Minneapolis Community and inspire youth.

Motivation to exercise regularly.

Motivation to keep trying to get healthy. I benefited from the info on chia seeds and eat some almost daily. And I got a free personal training consult and now I bought a package of 3 sessions with someone who has good education in working with arthritis and older adults at the Y.

Motivation to meet the goal.

Motivation to work out.

My co-workers participate - motivates me.

Positive reinforcement - no matter what you can do.

Reminded me how much I used to love biking and how I would like to return to that physical condition

The motivation.

That I actually beat my goal, and writing my miles of walking down daily was motivating.

Engaging in fun activities

Everyone having fun and enjoying themselves.

Fun and felt great.

Fun activities.

Having fun.

Having fun while participating in healthy challenges.

It was fun. (3 respondents)

It was fun just to have a record of how much we did walk.

Lots of giggling and fun.

My 4 year old had a good time at the class.

My children's little faces knowing we were going and watching them have such a good time and getting physical exercise

Seeing the kids have fun and a safe place to come for a while after school.

Seeing the kids have fun with the other kids.

The highlight for me was the fact that everyone was enjoying the activity it made me feel safe.

Experiencing better health

Better health.

Counting carbs - checking tables.

Coverage of healthy eating and drinking more water and being with my friends.

Feeling better (n=2).

Feeling better - better connection w/ neighbors.

Feeling better neurologically.

Feeling great afterwards.

Felt better afterwards and had fun doing it. Can tell a difference overall.

Felt energized after walking.

Felt good about it.

Going healthy things for the kids.

Got in better shape.

I am now able to manage my own health care more effectively. Learning to become a more active participant with my health care team with accurate knowledge from instructors and a great book plus the invaluable group input (shared knowledge of how to navigate the health system and deal with diabetes).

I feel better.

It felt good.

It is a moving meditation. I need more focus. This is different but good.

Just felt good to be active.

Learning breathing and exercises to help with stress management. Taking a break with coworkers.

Losing weight.

Losing weight, feeling healthy and watching others lose weight!!

Losing weight. Having the motivation of the Fitbit tracking my steps was really helpful.

Makes a person feel better.

More aware of healthy choices.

My high blood pressure went away and I feel healthier and happy than ever before.

My overall mood and well-being.

Our Monday strength training sessions when I was able to attend! And our new fitbits, it keeps me accountable for attaining the goal I set for myself each day and allowed me to track food intake so I can actually see how snacking can add up calories quick.

Positive outlook, happier, friendlier, healthier.

Seeing kids eat healthy.

Seeing kids smile at Dinner!

Simple ways to improve my eating and exercise habits.

Taking break time daily to go on walks, rather than working through the breaks. Having time to socialize with co-workers during the daily walks. Simply becoming more active in my personal life at home, being conscious of how much activity I am participating in daily and trying to increase that amount.

Taking group walks at work.

Taking my dog out - walking with others - and very nice T-shirt... Also, being more aware of my activity level - and having to be 'accountable' for a goal.

Taking time for myself to focus on relaxation techniques.

The benefits I received to my overall health and well-being (physically, mentally and socially).

Other

Being able to take part in community ed. exercises classes at no cost. I had often thought of taking classes but never felt like I could pay that much for just myself to take a class.

Free classes.

I loved taking a class in town for free!

Not having to pay for all the classes, I couldn't have done it without the passport!

Getting a T-shirt.

Getting activity tracking bracelets and competing against co-workers.

Price, able to try a new activity.

Prize incentives! It helped!

Prizes.

T-shirts and accountability.

The awards and recognition at the walk and roll meeting.

All the handouts we received.

Backing up what I thought I knew.

Being able to bring produce home.

Being able to donate fresh vegetables to the community.

Being accepted. I have Alzheimer's.

Best thing.

Bingo.

Burning calories at a convenient time in my schedule with a great instructor.

Competition between teams.

The team building activities and competitions.

Challenge.

Challenge to be accountable.

Chemistry of cooking and sharing of ideas.

Classes.

My kids got to help out with meals and watching them have a blast with other kids from school.

Coffee after walking.

Coffee is a vegetable because it is a bean and chocolate also is a bean so it could be a vegetable or a fruit.

Didn't notice any.

Disciplined schedule for walking using the daily log.

Documenting miles walked to be able to see progress, and days were there was barely nothing done at all to compare the 2.

Exercising fingers.

Feeling attractive.

Flu shot and aroma therapy was great.

For me, bringing home food that I could cook at a later date. That way it is one less meal that I had to create and cook.

Games (they talk about Ref). How cold they should be they have very good ideas.

Getting a discounted device to track steps!

Getting to share resources between two community entities of library and history center was nice.

Good pressure on me.

Good time and having it right in our building.

Great organizers.

Having an hour where I didn't have to answer the phone!

Having it right at work!

Helped me commit to a steady workout program.

Helping plant and take care of it. Enjoying watching it grow.

I can do it by myself.

I can't even say the t-shirt, it was ugly. The photo contest was disappointing... A blurry picture of shadows won, really?

I like being held accountable. I like update emails.

I was very happy to see this program offered at a neighborhood school!

I liked the culminating activity of the end.

I've never seen so many people at a yoga class in a town as small as Annandale!

Integrated health & exercise.

Keeping track of it.

Kept me and my family busy.

Knowing that the produce was going to people that need it to eat better.

Location and time encouraged participation.

Many are my age group, so we are all equally active.

Meeting.

More confident.

Movement for women's class.

My husband was in the program this year and it was nice to do it together!

NAMI walk (n=3).

No pressure, no peers, no limits or quotas.

Nothing but stress we need better planning and money for plants!

Other people are doing the same thing.

Our action challenge at work. Purchasing [illegible] and creating a weekly challenge/competition.

Our kids were able to participate and help pick vegetables. Great family service activity.

Our leader was a very compassionate, motivated, and disciplined facilitator. The variety of topics and informal, comfortable class situation, also the hard copy resource materials.

People involved, program itself.

Personal trainer time on Monday lunch breaks.

Poker Walk and Coffee Walk.

Positive, healthy community activity - yes!

Realizing it is never too late to make new choices to make current situation better. Small changes can make big differences.

Same as above (n=2).

Scheduled activity - makes me more likely to do.

Seeing children become excited about skiing.

Seeing U of M dietician.

Seeing young people improve their behavior.

Sharing information Enclosed is a sample letter we were asked by the instructors to write for our doctors. We didn't have to mail them.

Shopping at Cub.

Sister Kenny and Art abilities participation writing circle and art programs.

The location was very convenient (building where I work), so there was no reason not to go!

That with Allina's help the church garden has really become part of the fabric of the neighborhood - it's here to stay and can handle the weather's ups and downs.

The involvement.

The kids ski race! Hiawatha Hustle!! Also coaching motivated kids to ski!

The enthusiasm and interest shown by our Leader.

The event was enjoyable, the instructors were very knowledgeable which instilled confidence in participants.

The Fitness Instructors.

The instructor is fabulous!

The instructor is great.

The teacher.

They are very good natured and willing to answer question.

The knowledge and understanding of my health situation by the instructor and well as the fellow participants.

The hands on activities.

The highlight for me was just knowing the walking program was going to run again this year. I enjoyed it so much last year, meeting new people on the group get-togethers I knew what was in store.

The night walk to Dunn Brothers in Chaska.

The positive energy expressed and the vision for what this could be as new opportunities came up.

The race at the end of the ski season.

To do.

Tracking activity is fun.

Visiting.

Visiting the yoga studio in town and doing exercises right in the park.

Work out classes at the office.

Working with such an outstanding instructor was my highlight.

You get to enjoy what was made.

All.

All was great; the walk program was the best.

Everything (n=2).

Loved it all.

Overall all of the programs.

The highlight was very good.

The kids LOVED it!

Without question - ALL OF IT.

None

Don't really have one.

N/A.

Not aware of any.

Not sure not clear.
