



Allina Health Neighborhood Health Connection

*Findings from the 2013 Healthy Activity
grant program evaluation*

M A R C H 2 0 1 4

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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 2013, Healthy Activity grants were awarded to 73 organizations and groups of neighbors in Minnesota and western Wisconsin. Wilder Research was contracted to evaluate the impact of the grants and to help Allina Health Community Benefit and Engagement consider ways to improve its future grantmaking in this area.

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, small (\$500-\$5,000) grants were awarded to organizations and groups of neighbors through a competitive grantmaking process. The implementation period for the projects was also fairly short; the grants were awarded in July 2013 and were completed by the end of December 2013. All funded groups were required to implement projects focused on: a) increasing social connections and b) improving healthy eating and/or physical activity behaviors. However, there were no restrictions on how the projects could be structured. As a result, the funded projects included a wide range of activities including community gardening initiatives, exercise groups, and cooking classes, and aimed to reach very different populations.

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 and created a Facebook page to foster sharing of information and resources. Allina Health Community Engagement Leads also provided individualized information, technical assistance, and educational resources to the grantees in each region.

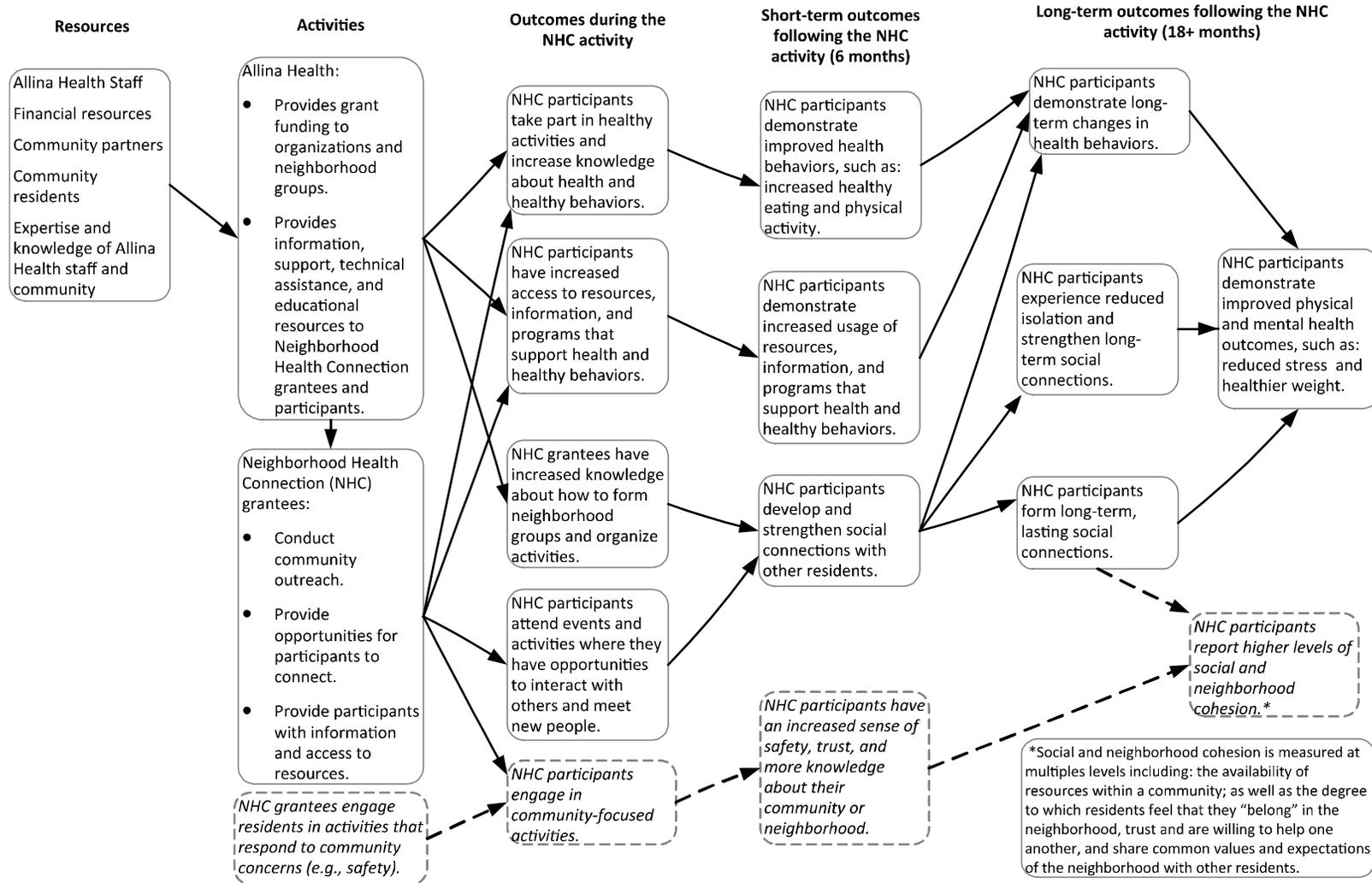
Wilder Research worked with Allina Health staff to develop the NHC program's logic model (Figure 1). As shown in the model, Allina Health staff anticipates that during the grant period, community residents who participate in the projects will learn new health information and access new community resources, 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 granted programs successful in increasing social connections among participants?
- Did participating residents report increased use of healthy behaviors (physical activity and healthy eating)?
- What is the role of health care in this work? Does the regional technical assistance model seem to support grantees in building social connections and increasing healthy behavior in communities?

A multi-method evaluation approach was used to gather feedback from three main sources: a) representatives of the organizations that received NHC funding; b) adults who participated in NHC project activities; and c) the Allina Health Community Engagement Leads who provided technical assistance and support to the grantees (Figure 2). A description of our three primary data collection strategies and a summary of the limitations of the evaluation approach follow. (Copies of all data collection tools are included in the Appendix.) Wilder Research also reviewed the NHC grantee applications, and conducted a focused literature review exploring the relationships between social connections and health among youth.

2. Description of data collection approaches

Stakeholder group	Data collection tool	Brief description
NHC grantees	Online survey	All 70 grantees who implemented a NHC-funded project were invited to complete the online survey.*
NHC participants	Written/online survey	A total of 60 grantees were asked to administer surveys to their project's adult participants.
Community Engagement Leads	Key informant interview	All nine Community Engagement Leads were asked to participate in an interview.

**While 73 grantees received funding, only the 70 who implemented activities participated in the evaluation.*

Data collection strategies

- NHC 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 and communication they received from Allina Health. Most of the 70 grantees who implemented NHC activities (n=68) completed the online survey,
- NHC Participant Survey. Sixty grantees were asked to administer written and/or online surveys to adults who participated in their project's activities. Grantees that implemented one-time events (n=4), served only children/youth (n=4), or completed their project before the evaluation tools were finalized or after data collection ended (n=2) were not asked to administer the participant survey. The participants were asked how their participation in the project activities impacted their connections with others, their own health behaviors, and their knowledge about other health resources. The survey was available in 4 languages: English, Somali, Karen, and Hmong.

Based on estimates provided by the 60 grantees who administered the participant survey, 3,651 participants were eligible to complete the survey. Wilder Research received surveys from 444 participants, an approximate response rate of 12 percent. These participants represented 40 of the 60 projects that were asked to administer the survey.

- Community Engagement Lead key informant interview. All Allina Health Community Engagement Leads were asked to participate in a brief telephone interview that asked about the types of technical assistance they provided to the grantees, any challenges administering technical assistance, and their ideas for improvement. All nine Leads participated in the interview.

Limitations

There are important limitations that impact the strength of the evaluation results and their generalizability. First, although Allina Health is ultimately interested in understanding the degree to which the NHC initiative is leading to increased social connections and behavior change, it is premature to evaluate these long-term outcomes. The evaluation focuses on measuring changes in the short-term outcomes that can be achieved within a short (3-6 month) period of time, all of which set a foundation for long-term behavior change. However, without additional follow-up data collection, we cannot predict whether project participants will maintain any initial behavior changes and experience improved health outcomes.

Second, a relatively small percentage of people who participated in the NHC-funded projects completed a survey. Individuals who participated in projects that ended before the evaluation tools were finalized did not have an opportunity to complete the survey. In addition, some grantees noted that they were not sure how to administer the survey to people who participated in their project. Because of these limitations, the results from the participant survey may not reflect the perspectives and experiences of all participants and should be interpreted with caution.

The participant survey was not intended to be administered by grantees that proposed implementing one-time events. However, because some grantees changed the scope of their work during the funding period, participants in some one-time event programs did receive and complete the survey. Although the survey was administered to a broader group of participants than initially intended, the inclusion of participant survey responses from one-time events does not change the overall findings and conclusions of the report.

Description of the funded projects

Overall, 73 organizations and community groups received Healthy Activity grants through the Allina Health Neighborhood Health Connection (NHC) program. A review of the applications submitted by the grantees and information from the NHC Grantee Survey demonstrate that the initiative reached a wide range of organizations across all nine Allina Health regions and supported a variety of intervention strategies.

Types of groups funded

A variety of organizations and groups of neighbors received Healthy Activity grants.

One-third of the organizations (33%) were community nonprofits (e.g., community development, youth development, health clinics, food shelf, and other service organizations). Fifteen percent were schools, while a smaller percentage were groups of neighbors (12%), faith-based organizations (12%), senior care facilities (10%), government agencies (10%), and for-profit businesses (8%) (Figure 3).

3. Type of organizations that received Healthy Activity grants (N=73)

	Number	Percent
Community nonprofit	24	33%
School	11	15%
Groups of neighbors	9	12%
Faith-based	9	12%
Senior care	7	10%
Government agencies	7	10%
For-profit business	6	8%

Overall, grantees were evenly distributed among the nine regions of Minnesota and western Wisconsin where Allina Health is present. Twelve percent of the grantees were located in each of the south and north regions, the northwest metro, and western Wisconsin; 10 percent were in the south metro; and 8 percent were located in each of the west and east metro areas and the southwest region. The northwest region had the largest share of grantees (16%) compared to the other regions (Figure 4).

4. Healthy Activity grantees by region (N=73)

	Number	Percent
Northwest Regional	12	16%
South Regional	9	12%
Western Wisconsin	9	12%
Northwest Metro	9	12%
North Regional	9	12%
South Metro	7	10%
West Metro	6	8%
East Metro	6	8%
Southwest Regional	6	8%

Types of projects implemented

According to their grant applications, most grantees planned to implement projects that focused on exercise/fitness (48%), leisure activities (42%), and healthy eating and nutrition (37%). Fewer projects focused on cooking and food preparation (25%) and gardening (19%) (Figure 5).

5. Type of health activities (N=73)

	Number	Percent*
Exercise/fitness (e.g., walking, running, working out in a gym)	35	48%
Leisure activities (e.g., sports, outdoor activities)	31	42%
Healthy eating and nutrition	27	37%
Cooking and food preparation	18	25%
Gardening	14	19%

*The total exceeds 100 percent because grantees could have multiple health activities as part of their projects.

Most grantees offered ongoing opportunities for individuals to participate. Thirty-four percent of the grantees implemented projects that engaged the same group of participants in an ongoing/repeated series of events. Twenty-one percent of these grantees implemented only one-time events, while 46 percent of all funded projects implemented a combination of ongoing and one-time events (Figure 6).

6. Type of Healthy Activity grant activities (N=68)

What types of event(s) did your Neighborhood Health Connection activity include?	Number	Percent
A combination of one-time and ongoing events	31	46%
Ongoing events (e.g., the same group of people meets regularly)	23	34%
One-time events(s)	14	21%

Note: Total percentages equal more than 100 percent due to rounding.

Common implementation challenges

Over half of the grantees (56%) encountered challenges when implementing their Neighborhood Health Connection activity. Many reported that poor weather (37%), difficulty recruiting participants (26%), and staff or organizational changes (21%) were challenges to implementation. Fewer grantees indicated that difficulty promoting their activity (13%) or limited funds (11%) impacted implementation. Half of the grantees (53%) encountered “other” challenges, such as timing and scheduling of activities, accommodating the languages spoken by participants, and having inadequate organizational capacity (Figure 7). A complete list of all challenges can be found in the Appendix.

7. Challenges to implementation (N=38)

What challenges did you encounter when implementing your Neighborhood Health Connection activity?	Number	Percent
Poor weather	14	37%
Difficulty recruiting participants	10	26%
Staff or organizational changes	8	21%
Difficulty promoting the activities	5	13%
Not enough funds	4	11%
Other	20	53%

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

Several grantees identified strategies that would have helped them address implementation challenges, such as more widely advertising in the community or spending additional time directly reaching out to people and inviting them to participate. In addition, some grantees noted that it would have helped to receive the grant earlier in the year so their activities could start sooner. A complete list of all grantee suggestions is included in the Appendix.

Project reach

Over 6,000 residents participated in at least one NHC project activity. The 66 grantees who responded to the grantee survey reported reaching a combined 6,335 residents. This is likely a conservative estimate of the total reach of the program, as it does not include information from all grantees. The reach of each project varied considerably; one-quarter of the projects (26%) reached fewer than 30 people, while one grantee estimated reaching 700 individuals (Figure 8). According to grantees' estimates, the funded activities reached nearly 3,000 children under the age of 18 and over 1,200 adults age 65 and older.

8. Number of participants (N=66)

Overall, approximately how many people participated in your Neighborhood Health Connection activity?

	Number	Percent
1-29	17	26%
30-59	20	30%
60-89	9	14%
90-119	4	6%
120-149	3	5%
150-179	3	5%
180+	10	15%

Note: Total percentages equal more than 100 percent as respondents focused on multiple activities and populations.

In their applications, the grantees were asked to describe the age group(s) they planned to engage in their work. Over 4 out of 10 grantees (42%) targeted multiple ages, often families or all residents of a specific neighborhood or community. Nearly one-quarter of the grantees (23%) planned to reach older adults (age 65+). The remaining grantees planned to focus their work on only children and teens (18%) or adults (16%) (Figure 9).

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).

9. Primary target group by age for Healthy Activity grant activities (N=73)

	Number	Percent
Multiple age groups (e.g., families or neighborhood residents)	31	42%
Older adults (age 65+)	17	23%
Children and teens (ages 13-17)	13	18%
Adults (ages 18-64)	12	16%

Most grantees successfully reached their target population and recruitment goals.

About half of the grantees (48%) met the recruitment goals from their application and an additional 28 percent of grantees exceeded their recruitment goals. Sixteen percent reached fewer participants than they had hoped, while a few others noted participation varied throughout the project or was difficult to track (Figure 10). Grantees who had difficulty recruiting participants cited poor weather, busy schedules (among potential participants), and difficulty marketing their activities as common barriers. A complete list of all barriers to recruitment is included in the Appendix.

10. Participants reached through Healthy Activity grant activities (N=67)

In your proposal to Allina Health, you listed the anticipated number of people who would participate in your Neighborhood Health Connection activity. Overall, through your Neighborhood Health Connection activity, did you:

	Number	Percent
Reach about as many participants as initially anticipated	32	48%
Reach more participants than initially anticipated	16	28%
Reach fewer participants than initially anticipated	10	16%
Other	5	8%

Incentives, thoughtful planning, and targeted marketing approaches were used by grantees who successfully engaged residents in their work. Many used incentives (e.g., prizes or food) to encourage participation. Others organized their activities in conjunction with local events or previously established programs to attract participants. Some grantees emphasized that they focused their activities on being accessible and affordable for participants, while others noted the importance of having childcare or providing information about the activities in participants' native language.

Most grantees used a combination of flyers, newsletters, brochures, and social media to publicize their activities and events, while some indicated the success of word-of-mouth promotion and one-on-one communication such as individual phone calls, emails, and personal invitations. Several grantees reported that they worked with local contacts (e.g., neighborhood leaders) or organizational partners to promote their activities. A complete list of all successful engagement strategies used by the grantees can be found in the Appendix.

Project outcomes

Three main data sources were used to assess the success and impact of the Neighborhood Health Connection projects and overall initiative: the NHC grantee survey, NHC participant survey, and interviews with the Allina Health Community Engagement Leads. Participation in both the grantee survey and interviews was quite high, so the evaluation results are reflective of the full initiative. Although the response rate to the NHC participant survey was lower and not necessarily reflective of the experience of all participants, the results are included, as they provide some insight into the experiences of participants and raise questions that could be explored through future evaluation activities. However, these results are reported in a separate section, as there are many data limitations.

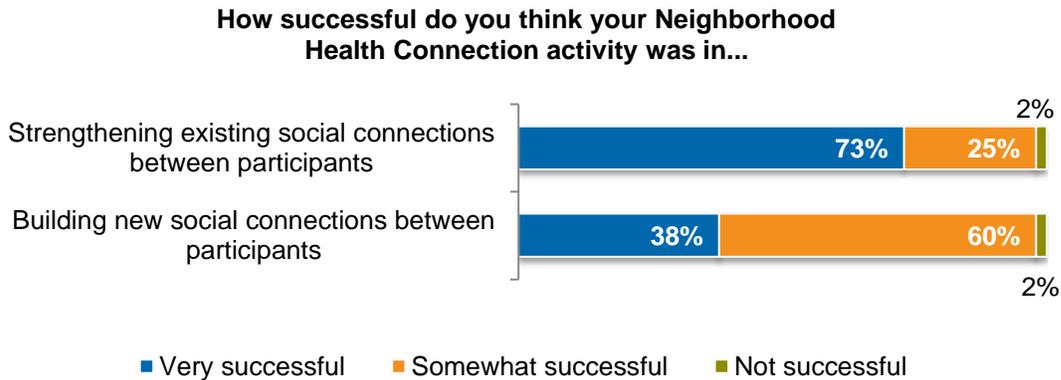
Grantee survey results

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.
- Grantees that implemented a combination of one-time/repeated events or repeated events were more likely to report that they helped participants strengthen existing relationships. Those who organized one-time events were more likely to report helping participants make new social connections.

Many grantees (73%) indicated their Neighborhood Health Connection activity was “very successful” in strengthening *existing* social connections between participants. Fewer grantees (38%) reported that their activity was “very successful” in building *new* social connections between participants (Figure 11).

11. Grantee perceptions of changes in social connections (N=65-67)



Projects that provided multiple opportunities for participants to meet and participate in activities were more successful in strengthening existing social connections than those with one-time events. Approximately three-quarters of the grantees who implemented ongoing activities (74%) or a combination of ongoing activities and one-time events (77%) were more likely to rate their project as “very successful” than grantees who implemented only one-time events (64%) (Figure 12).

12. Grantee perceptions of changes in existing social connections, by type of event

How successful do you think your Neighborhood Health Connection activity was in strengthening existing social connections between participants?

Type of event	Very successful	Somewhat successful	Not successful
One-time event(s) (N=14)	9 (64%)	5 (36%)	0 (0%)
Ongoing events (N=23)	17 (74%)	6 (26%)	0 (0%)
A combination of one-time and ongoing events (N=30)	23 (77%)	6 (20%)	1 (3%)

In contrast, one-time events were more successful in generating new social connections. Half of the grantees (50%) who implemented projects with one-time events felt they were “very successful” in helping participants make new social connections. Fewer grantees who implemented projects with ongoing events (46%) or a combination of one-time and ongoing events (28%) rated their work as “very successful” (Figure 13).

13. Grantee perceptions of changes in new social connections, by type of event

How successful do you think your Neighborhood Health Connection activity was in building new social connections between participants?

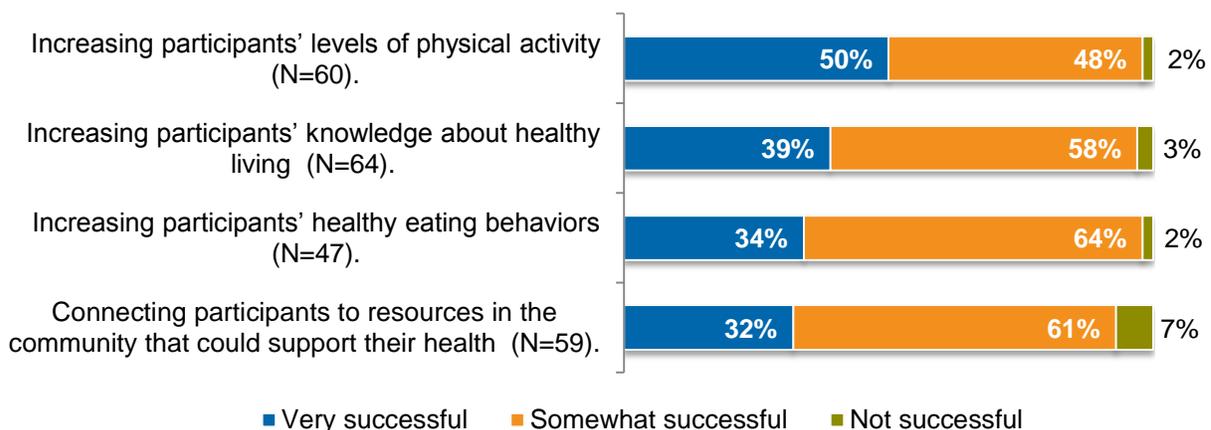
Type of event	Very successful	Somewhat successful	Not successful
One-time event(s) (N=14)	7 (50%)	7 (50%)	0 (0%)
Ongoing events (N=22)	10 (46%)	12 (55%)	0 (0%)
A combination of one-time and ongoing events (N=29)	8 (28%)	20 (69%)	1 (3%)

Impact of Neighborhood Health Connection activities on health

To various degrees, the Neighborhood Health Connection activities influenced participants’ healthy behaviors, knowledge of health, and access to resources to support health. Half of grantees (50%) reported that their Neighborhood Health Connection activity was “very successful” in increasing participants levels of physical activity, while less than half indicated that they were “very successful” in increasing participants’ knowledge about healthy living (39%), increasing healthy eating behaviors (34%), and connecting participants to resources in the community that could support their health (32%) (Figure 14).

14. Grantee perceptions of changes in behavior

How successful do you think your Neighborhood Health Connection activity was in...



Note: Not all grantees organized activities that focused on physical activity or healthy eating.

Ongoing Neighborhood Health Connection activities were more successful in increasing participants’ physical activity. Grantees who implemented a combination of one-time/

ongoing events and ongoing events were more likely to report (58% and 50%, respectively) being “very successful” in helping participants increase their level of physical activity compared to those who implemented only one-time events (33%) (Figure 15).

15. Grantee perceptions of changes in physical activity, by type of event

How successful do you think your Neighborhood Health Connection activity was in increasing participants’ level of physical activity?

Type of event	Very successful	Somewhat successful	Not successful
One-time event(s) (N=12)	4 (33%)	8 (67%)	0 (0%)
Ongoing events (N=22)	11 (50%)	11 (50%)	0 (0%)
A combination of one-time and ongoing events (N=26)	15 (58%)	10 (39%)	1 (4%)

In contrast, one-time events were more successful in increasing Neighborhood Health Connection participants’ knowledge. Grantees who organized one-time events were more likely to report being “very successful” in helping participants increase their knowledge about healthy living (46%) and connecting them to resources in the community that could support their health (39%) (Figure 16).

16. Grantee perceptions of changes in knowledge and access to resources, by type of event

How successful do you think your Neighborhood Health Connection activity was in increasing participants’ knowledge about healthy living?

Type of event	Very successful	Somewhat successful	Not successful
One-time event(s) (N=13)	6 (46%)	7 (54%)	0 (0%)
Ongoing events (N=23)	10 (44%)	12 (52%)	1 (4%)
A combination of one-time and ongoing events (N=28)	9 (32%)	18 (64%)	1 (4%)

How successful do you think your Neighborhood Health Connection activity was in connecting participants to resources in the community that could support their health?

Type of event	Very successful	Somewhat successful	Not successful
One-time event(s) (N=13)	5 (39%)	7 (54%)	1 (8%)
Ongoing events (N=21)	6 (29%)	13 (62%)	2 (10%)
A combination of one-time and ongoing events (N=25)	8 (32%)	16 (64%)	1 (4%)

Continuation of grant-funded activities and interest in reapplying

Many grantees noted that their activities were likely to continue. Over three-quarters (78%) reported that their activity is “very likely” to continue, while fewer indicated that their activity is “somewhat likely” (18%) or “not likely” (3%) to continue (Figure 17).

17. Likelihood that activity or program will continue (N=68)

How likely is it that your activity or program will continue after the Neighborhood Health Connection Healthy Activity grant ends?

	Number	Percent
Very likely	53	78%
Somewhat likely	12	18%
Not likely	2	3%
Unsure	1	2%

Most grantees expressed interest in reapplying for the Neighborhood Health Connection grant. Almost all grantees (97%) “strongly agreed” or “agreed” that their organization or group of neighbors would apply again for a Healthy Activity grant (Figure 18).

18. Interest in reapplying for grant (N=68)

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	59	86%
Agree	7	11%
Disagree*	1	2%
Strongly disagree*	1	2%

**If grantees selected either of these options, they were asked to explain why. They listed the following 2 responses: “the Crow River Food Coop has disbanded,” and “the reason for the answer is that the program champion is not a paid staff person, but rather a volunteer.”*

Overall, most grantees indicated that the Neighborhood Health Connection grant application process was a positive experience and had no suggestions for improvements. However, some noted that it would be helpful to extend the grant period or start it earlier in the year. Others reported that more information or communication on available support and resources from Allina Health would be helpful. A complete list of all open-ended responses can be found in the Appendix.

Participant survey results

The NHC evaluation also gathered feedback from adults who participated in the programs implemented by 40 of the 60 grantees who were asked to administer the participant survey. Participants from programs that ended before the survey was developed, served primarily youth, or proposed holding only one-time events were not asked to complete the survey. In total, 444 of the estimated 3,651 participants eligible for the survey completed it, an approximate response rate of 12 percent. The results offer some insight into the impact of funded projects among some participants and suggest that at least a portion of the participants made new social connections and changes in some health behaviors. However, because of this low response rate, it is difficult to know whether these findings reflect the experiences of most participants. As a result, the results from the participant survey should be interpreted with caution.

Description of participants

Overall, the participants who responded to the survey were fairly evenly distributed among the community engagement regions. However, fewer participants from the North Regional area (7%), Northwest Metro (5%), and East Metro (4%) responded to the survey (Figure 19).

19. Number of participant respondents in the Allina Health community engagement regions (N=444)

	Number	Percent
Western Wisconsin	83	19%
West Metro	81	18%
South Regional	61	14%
Northwest Regional	27	13%
South Metro	44	10%
Southwest Regional	46	10%
North Regional	29	7%
Northwest Metro	24	5%
East Metro	19	4%

Demographics

The NHC participants who responded to the survey were primarily white, English-speaking women. Most participants self-identified as female (80%) and white (89%). Nearly all reported being born in the U.S. (93%) and spoke English in their household (98%). Tables containing the participants' demographic data are listed in the Appendix. Demographic information was only captured through the survey, but the project descriptions suggest a more culturally diverse population participated in the activities than are represented through this survey.

The NHC participants who completed a survey represented a variety of age groups. More than one-third of participants (35%) reported they were age 65 or older (Figure 20).

20. Age of participant respondents (N=388)

	Number	Percent
18-29	28	7%
30-39	78	20%
40-49	60	15%
50-64	88	23%
65 or older	134	35%

Note: 39 participants chose not to give an answer.

Frequency of participation

Most of the survey respondents attended multiple Neighborhood Health Connection activities. Around one-third of the respondents (32%) attended one activity. Thirty-five percent of respondents reported that they participated 2 to 5 times. Fewer participants reported higher levels of participation, with 14 percent attending 6 to 10 activities and 19 percent attending more than 10 times (Figure 21).

21. Frequency of participation among respondents (N=444)

Since August 1st, 2013, approximately how many times did you participate in the Neighborhood Health Connection activity (this includes meetings, events, or workgroups)?

	Number	Percent
1	143	32%
2-5	157	35%
6-10	60	14%
More than 10	84	19%

Health status

Most of the survey respondents rated their overall health highly. Over half of the survey respondents rated their health as “very good” (40%) or “excellent” (15%). Although relatively few respondents rated their overall health as “fair” (9%) 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 22).

22. Health status of participant respondents (N=441)

In general, how would you rate your overall health?	Number	Percent
Excellent	68	15%
Very good	175	40%
Good	155	35%
Fair	40	9%
Poor	3	<1%

Impact of Neighborhood Health Connection activities on social connections

Key findings:

- Participants who responded to the survey indicated that the Neighborhood Health Connection activities strengthened their social connections and helped them build new relationships. Most participants felt they would continue to maintain these relationships after the project ends.
- Most older adults (65+) reported increasing their level of physical activity.

Many participants developed new relationships through taking part in the Neighborhood Health Connection activity. Most of the participants (71%) reported that they developed new relationships with neighbors and community members, with half (51%) saying they were “very likely” to maintain the new relationships (Figure 23).

23. Self-reported changes in relationships among participants

Through participating in the Neighborhood Health Connection activity, I have developed new relationships with neighbors and community members. (N=442)

	Number	Percent
Yes	313	71%
No	89	20%
Unsure	40	9%

Over the next 6 months, how likely are you to maintain the new relationships? (N=313)

Very likely	160	51%
Somewhat likely	127	41%
Not likely	7	2%
Unsure	19	6%

Many participants age 65 and older (84%) reported developing new relationships. Fifty-four percent of older adults who said they developed new relationships indicated that they were “very likely” to maintain the new relationship (Figure 24).

24. Percentage of participants who planned to maintain new relationships, by age

Age	How likely are you to maintain the new relationships?		
	Very likely	Somewhat likely	Not likely
18-64 (N=162)	89 (55%)	69 (43%)	4 (3%)
65+ (N=97)	52 (54%)	44 (46%)	1 (1%)

Most participants strengthened their current relationships with neighbors, community members, and/or friends through participating in the Neighborhood Health Connection activity. A majority (86%) “strongly agreed” or “agreed” that they strengthened their current relationships (Figure 25).

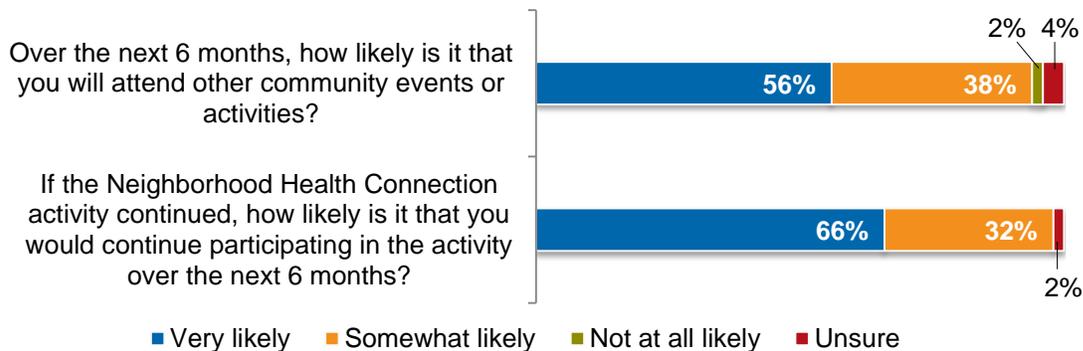
25. Impact of participation on strengthening current relationships among participants (N=437)

Through participating in the Neighborhood Health Connection activity, I have strengthened my current relationships with neighbors, community members, and/or friends.

	Number	Percent
Strongly agree	119	27%
Agree	259	59%
Disagree	21	5%
Strongly disagree	1	<1%
Unsure	37	8%

Over two-thirds of participants (66%) reported that they would be “very likely” to continue to participate in the Neighborhood Health Connection activity if it continued over the next 6 months. A majority (56%) reported that they were “very likely” to attend other community events over the next 6 months. (Figure 26).

26. Participants’ likelihood of attending activities over the next 6 months (N=440-442)



Many participants reported a stronger connection to the community as a result of participating in the Neighborhood Health Connection activities. Nearly two-thirds of the participants (64%) reported that their connection to the community “increased,” while nearly one-third (32%) indicated that their connection “stayed the same” (Figure 27).

27. Self-reported changes in connection to the community among participants (N=441)

Overall, through participating in the Neighborhood Health Connection activity, has your connection to the community:	Number	Percent
Increased	280	64%
Stayed the same	143	32%
Decreased	0	0%
Unsure	18	4%

Connections to new groups, activities, or resources

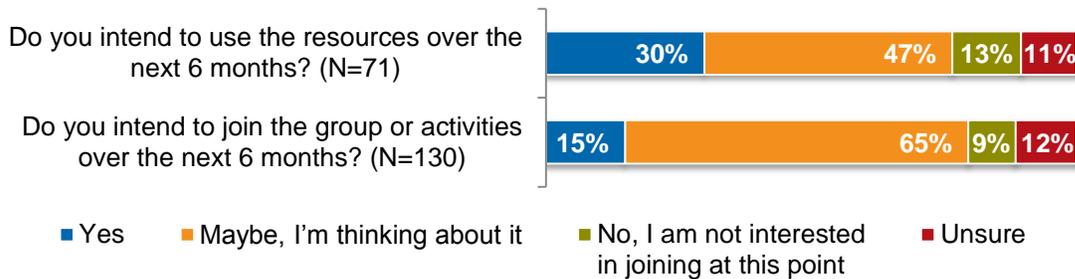
Many participants learned about and joined new groups as a result of their involvement with a NHC activity. Two-thirds of the participants (66%) learned about new groups or activities through participating in the Neighborhood Health Connection activity and many of these individuals (54%) reported that they joined the group they learned about. Three-quarters of the participants (74%) became aware of resources through participating in the Neighborhood Health Connection activity, and most of these participants (77%) reported that 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	Unsure
Through participating in the Neighborhood Health Connection activity, I learned about new groups or activities (N=436)	66%	25%	9%
If yes, have you joined the group(s) or activities? (N=287)	54%	46%	0%
Connection to resources			
Through participating in the Neighborhood Health Connection activity, have you become aware of resources? (N=438)	74%	19%	7%
If yes, have you used the resources to support your health? (N=322)	77%	23%	0%

As a result of taking part in a NHC activity, many participants considered joining new groups or activities and planned on using the resources. Eighty percent reported that they intended to or were thinking about joining the groups or activities, while 77 percent said they would use or were thinking about using the resources (Figure 29).

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



Most older adults became aware of resources to support their health and learned about new groups or activities as a result of participating in the Neighborhood Health Connection activities. More than 8 out of 10 (86%) participants who self-identified as 65 years or older reported becoming more aware of community resources to support their health, while 80 percent learned about new groups or activities (Figure 30).

30. Participants' connections to resources, new groups, and activities, by age

Age	Have you become aware of resources to support your health?	
	Yes	No
18-64 (N=238)	184 (77%)	54 (23%)
65+ (N=121)	104 (86%)	17 (14%)

Age	Have you learned about new groups or activities?	
	Yes	No
18-64 (N=233)	161 (69%)	72 (31%)
65+ (N=117)	93 (80%)	24 (21%)

Impact of Neighborhood Health Connection activities on health behaviors

Key findings:

- Participants who were more frequently involved in a Neighborhood Health Connection activity were more likely to report increased physical activity and healthy eating compared to those who participated in activities less often.
- Changes in physical activity and healthy eating were reported by participants already in “excellent” or “very good” health, as well as those who rated themselves as being in poorer health.
- Over half of older adults (65+) reported increasing their level of physical activity and healthy eating.

Impact of physical activities

More than three-quarters of participants (79%) reported that their participation in the Neighborhood Health Connection activity included physical activities such as walking, gardening, exercising, or playing sports.

Participants were split in terms of how their participation in the Neighborhood Health Connection activities influenced their level of physical activity. Half of the participants (50%) reported being “more physically active than six months ago,” while the other half (49%) reported they engaged in “about the same amount of physical activity now and six months ago” (Figure 31).

31. Self-reported changes in physical activity among participants (N=341)

As a result of your involvement in the Neighborhood Health Connection activity, are you:

	Number	Percent
More physically active than six months ago	170	50%
About the same amount of physical activity now and six months ago	167	49%
Less physically active than six months ago	4	1%

Many participants plan on making or maintaining healthy changes to their physical activity. A majority (58%) indicated that they are “very likely” to make or maintain healthy changes in their physical activity, while 36 percent are “somewhat likely” (Figure 32).

32. Participants' likelihood of maintaining healthy changes in physical activity (N=343)

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

	Number	Percent
Very likely	198	58%
Somewhat likely	124	36%
Not likely	5	2%
Unsure	16	5%

Participants who participated more frequently in the Neighborhood Health Connection activities were more likely to report changes in physical activity. Those who participated 6 to 10 times and more than 10 times in a Neighborhood Health Connection activity were more likely to report (61% each) that they were “more physically active than six months ago” as a result of their involvement, while those who took part 2 to 5 times or once were less likely (46% and 42%, respectively) to indicate that they were more physically active (Figure 33).

33. Participant changes in physical activity, by frequency of involvement

How many times did you participate in the Neighborhood Health Connection activity?	As a result of your involvement in the Neighborhood Connection activity, are you:		
	More physically active than six months ago?	Less physically active than six months ago?	About the same amount of physical activity now and six months ago?
1 (N=100)	42 (42%)	3 (3%)	55 (55%)
2-5 (N=122)	56 (46%)	1 (<1%)	65 (53%)
6-10 (N=43)	26 (61%)	0 (0%)	17 (40%)
More than (N=76)	46 (61%)	0 (0%)	30 (40%)

Changes to physical activity were reported among those with various levels of health. Increased physical activity was reported by participants who rated themselves in “excellent” (54%) and “very good” (42%) health, as well as those who rated themselves as being in good (55%) and fair (52%) health (Figure 34).

34. Participants’ changes in physical activity, by self-reported health status

Overall health	As a result of your involvement in the Neighborhood Connection activity, are you:		
	More physically active than six months ago?	Less physically active than six months ago?	About the same amount of physical activity now and six months ago?
Excellent (N=50)	27 (54%)	0 (0%)	23 (46%)
Very good (N=137)	60 (42%)	1 (<1%)	76 (56%)
Good (N=124)	68 (55%)	3 (2%)	53 (43%)
Fair (N=27)	14 (52%)	0 (0%)	13 (48%)

Many older adults increased their level of physical activity as a result of taking part in the Neighborhood Health Connection activities. Over half of the participants (54%) who self-identified as 65 years or older reported an increased level of physical activity as a result of participating in the Neighborhood Health Connection activity (Figure 35).

35. Participant changes in physical activity, by age

Age	As a result of your involvement in the Neighborhood Connection activity, are you:		
	More physically active than six months ago?	Less physically active than six months ago?	About the same amount of physical activity now and six months ago?
18-64 (N=205)	101 (49%)	1 (1%)	103 (50%)
65+ (N=101)	54 (54%)	1 (1%)	46 (46%)

Impact of healthy eating activities

Over two-thirds of participants (67%) reported that their participation in the Neighborhood Health Connection activity included a focus on healthy eating activities such as nutrition education, cooking, and food preparation.

Most participants learned about “healthy eating and nutrition” (86%) and “cooking and food preparation techniques” (58%). Fewer indicated that they learned about “gardening and how to grow food” (19%) (Figure 36). Participants also noted “other” health topics, such as specific physical activities and types of exercise (e.g., yoga), and the importance of mental health. All of the participants’ “other” health topics are listed in the Appendix.

36. Health topics reported by participants (N=293)

Through participating in the Neighborhood Health Connection activity, did you learn about any of the following topics?	Number	Percent
Healthy eating and nutrition	254	86%
Cooking and food preparation techniques	171	58%
Gardening and how to grow food	57	19%
Other	28	10%

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

Half of the participants (50%) shared that they “follow a healthy diet most of the time.” Over one-third (38%) reported that they “follow a healthy diet some of the time.” Fewer said that they followed a “healthy diet occasionally” (10%) or “did not follow a healthy diet” (2%) (Figure 37).

37. Self-reported current eating habits among participants (N=290)

Overall, which category best describes your current eating habits?	Number	Percent
I follow a healthy diet most of the time	145	50%
I follow a healthy diet some of the time	109	38%
I follow a healthy diet occasionally	29	10%
I do not follow a healthy diet	7	2%

Eight out of 10 (81%) participants made changes to their eating habits as a result of their involvement in the Neighborhood Health Connection activity. They were asked to indicate what changes they made. Most participants reported that they eat more vegetables (69%), eat more fruit (62%), eat appropriate portion sizes (51%), and read nutrition labels (46%). Fewer participants reported drinking fewer sweetened beverages (43%), eating more whole grains (40%), or cooking healthy meals more often (39%) (Figure 38).

Participants also noted “other” changes to their eating habits, such as drinking more water, being mindful of what they eat, and eating more fresh food. All of the participants’ “other” health topics are listed in the Appendix.

38. Self-reported changes in eating habits among participants (N=234)

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	161	69%
Eating more fruits	145	62%
Eating appropriate portion sizes	119	51%
Reading nutrition labels	108	46%
Drinking fewer sweetened beverages	100	43%
Eating more whole grains	93	40%
Cooking healthy meals more often	91	39%
Other	18	8%
None of the above	0	0%

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

Half of the participants (51%) reported that they eat healthy meals and snacks “more often than six months ago,” while 44 percent reported that they eat “about the same now and six months ago” (Figure 39).

39. Self-reported changes in healthy eating among participants (N=289)

As a result of your involvement in the Neighborhood Health Connection activity, do you eat healthy meals and snacks:

	Number	Percent
More often than six months ago	146	51%
About the same now and six months ago	126	44%
Less often than six months ago	17	6%

Many participants indicated that they were likely to make or maintain healthy changes in their eating habits as a result of their involvement in the Neighborhood Health Connection activity. A majority of participants (57%) reported that they are “very likely” to maintain healthy changes in their eating habits, while 35 percent are “somewhat likely” (Figure 40).

40. Participants’ likelihood of maintaining healthy changes in eating habits (N=288)

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	164	57%
Somewhat likely	102	35%
Not likely	6	2%
Unsure	16	6%

Participants who attended more Neighborhood Health Connection activities were more likely to report changes in healthy eating. Those who participated 6 to 10 times and more than 10 times in a Neighborhood Health Connection activity were more likely to report (55% and 61%, respectively) that they eat healthy meals and snacks “more often than six months ago,” while those who took part 2 to 5 times or once were less likely to indicate (49% and 44%, respectively) that they eat healthy meals and snacks more often (Figure 41).

41. Participant changes in healthy eating, by frequency of involvement

How many times did you participate in the Neighborhood Health Connection activity?	As a result of your involvement in the Neighborhood Connection activity, do you eat healthy meals and snacks:		
	More often than six months ago?	Less often than six months ago?	About the same now and six months ago?
1 (N=85)	37 (44%)	8 (9%)	40 (47%)
2-5 (N=107)	52 (49%)	5 (5%)	50 (47%)
6-10 (N=40)	22 (55%)	3 (8%)	15 (38%)
More than 10 (N=57)	35 (61%)	1 (2%)	21 (37%)

Changes to eating were reported among those with various levels of health. An increase in healthy eating was reported by participants who rated themselves in “excellent” (42%) and “very good” (52%) health, as well as those who rated themselves as being in “good” (48%), “fair” (61%), and “poor” (50%) health (Figure 42).

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

Overall health	As a result of your involvement in the Neighborhood Connection activity, do you eat healthy meals and snacks:		
	More often than six months ago?	Less often than six months ago?	About the same now and six months ago?
Excellent (N=38)	16 (42%)	2 (5%)	20 (53%)
Very good (N=109)	57 (52%)	2 (2%)	50 (46%)
Good (N=104)	50 (48%)	8 (8%)	46 (44%)
Fair (N=36)	22 (61%)	4 (11%)	10 (28%)
Poor (N=2)	1 (50%)	1 (50%)	0 (0%)

A majority of older adults shared that they increased their healthy eating as a result of taking part in the Neighborhood Health Connection activities. Fifty-one percent of participants who self-identified as 65 years or older reported eating more healthy meals and snacks (Figure 43).

43. Participant changes in healthy eating, by age

Age	As a result of your involvement in the Neighborhood Connection activity, do you eat healthy meals and snacks:		
	More often than six months ago?	Less often than six months ago?	About the same now and six months ago?
18-64 (N=157)	82 (52%)	5 (3%)	70 (45%)
65+ (N=104)	53 (51%)	9 (9%)	42 (40%)

Communication support and technical assistance to grantees

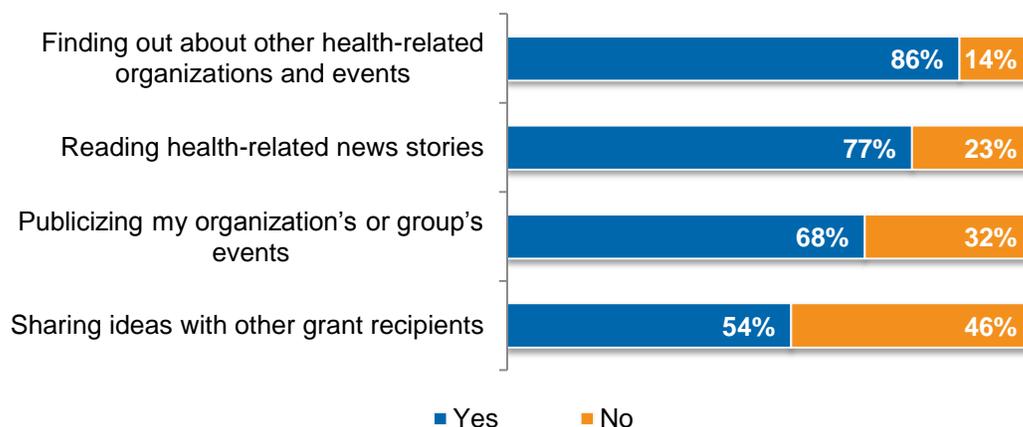
NHC grantees were also asked a number of questions about usefulness of the information and support they received from the Allina Health central office and their regional Community Engagement Coordinator. Overall, the grantees were satisfied with the support they received, but did identify additional technical assistance needs.

Perceived usefulness of the NHC Facebook page

Half of grantees (50%) reported that they participated in the Neighborhood Health Connection Facebook page. Of the grantees who used the page, over two-thirds felt it was useful for finding out about other health-related organizations and events (86%), reading health-related news stories (77%), and publicizing their organization's or group's events (68%). Fewer grantees (54%) felt the Facebook page was useful for sharing ideas with other grant recipients (Figure 44). Grantees who did not use the program's Facebook page reported that they were unable to access Facebook at work or preferred using other communication methods and/or social media strategies over Facebook. (See the Appendix for a complete list of all open-ended responses.)

44. Usefulness of Neighborhood Health Connection Facebook page (N=26-31)

Did you find Facebook useful for...



Satisfaction with the information provided by Allina Health

Most grantees felt that the information they received from Allina Health was useful.

A majority of the grantees (88%) “strongly agreed” or “agreed” that the communication they received was useful to helping them implement their Neighborhood Health Connection activity. Nearly all grantees (98%) “strongly agreed” or “agreed” that Allina Health provided them with clear information and guidance throughout the process (Figure 45).

45. Communication, clarity of information, and guidance from Allina Health staff (N=60-67)

	Strongly agree	Agree	Disagree	Strongly disagree	Unsure
The communication I received from Allina Health staff was useful to helping me implement my Neighborhood Health Connection activity.	48%	40%	4%	0%	8%
Overall, Allina Health provided me with clear information and guidance throughout the Neighborhood Health Connection grant process.	53%	45%	2%	0%	0%

Overall, most grantees felt that the communication from Allina Health was clear and helpful. Suggestions for improvement included: allocating time for grantees to meet with one another to exchange ideas; creating a handout that summarizes all of the key dates and contact information for the grant; and disseminating evaluation information earlier in the grant process. A complete list of all grantee suggestions can be found in the Appendix.

Satisfaction with the technical support provided by Allina Health Community Engagement Leads

Half of the grantees reported that they received technical assistance from an Allina Health Community Engagement Lead. Those who received support reported that they received health education and promotion materials (79%), connections to Allina Health programs or local organizations (61%), planning/implementation support (53%), and help promoting events and marketing materials (53%). Fewer grantees received free health screenings and health tracking devices (42%), consultation with a health professional (21%), and media relations support (12%).

Some of the grantees (21%) also noted “other” types of assistance they received, such as grant support, t-shirts and supplies, and individual consultation (Figure 46).

46. Types of technical assistance (N=34)

What types of technical assistance did you receive?	Number	Percent
Health education and promotion materials	27	79%
Connections to Allina Health programs* or local organizations	21	61%
Planning/implementation support	18	53%
Help promoting events and marketing materials	18	53%
Free health screenings and health tracking devices	14	42%
Consultation with a health professional	7	21%
Media relations support	4	12%
Other	7	21%

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

**Included: Allina Concussion Program; bike campaign; health screenings (2); wellness coaching (2); Hearts Beat Back (2); hospital and many community resources; local food co-op tour; food shelf volunteer; hospital; community resources; nutrition lecture; Couch to 5K help; motivational speaker; St. Francis for appointments for clients; mobile health unit.*

Most grantees felt the technical assistance from the Allina Health Community Engagement Leads was helpful. Of those who received assistance, 76 percent reported that it was “very helpful” (Figure 47).

47. Helpfulness of Allina Health Community Engagement Leads (N=34)

How helpful was the assistance that you received	Number	Percent
Very helpful	26	76%
Somewhat helpful	7	21%
Not helpful	0	0%
Unsure	1	3%

Technical assistance and support

The nine Allina Health Community Engagement Leads were asked questions about the types of technical assistance they provided, any difficulties or challenges they faced when providing technical assistance, and suggestions for improvement.

All Leads reported that they reached out to grantees and offered them a variety of technical assistance and support. Some met with grantees to help them develop their activities or strategize about ways they could reach out to potential participants. Most Leads provided grantees with resources (e.g., t-shirts, health education materials, posters,

pedometers). They also helped them connect to resources (e.g., health screenings) or experts at Allina Health (e.g., nutritionists).

Eight of the projects that focused their work on older adults (age 65+) received some type of technical assistance. Almost all of these grantees were given health education materials, health tracking devices, or health promotion materials. Some received specific support such as consultation with a health professional (e.g., exercise specialist), planning and implementation support, and connections to other organizations with aligned interests.

Some NHC grantees had unique technical assistance needs. Many of the NHC grantees requested technical assistance to organize and implement their projects, discuss effective community outreach strategies, and connect with other organizations. However, some grantees requested technical assistance for more unique needs. For example, some grantees needed assistance discussing the Neighborhood Health Connection program with local media and requested talking points. Another lead highlighted that the grantees she assisted did not require help implementing their activities, but instead wanted to know how to encourage participants to use health information or pedometers to support their health after participating in activities. In addition, a lead reported that some grantees wanted additional help promoting and advertising their activities in their communities.

Some Leads appreciated the autonomy they had to provide technical assistance. Through this process, they strengthened their current relationships with community organizations and cultivated new relationships. This added value to their work and helped fortify their connection to the communities and regions they serve.

The Leads encountered some minor challenges to providing technical assistance and support. Some shared specific challenges such as: Allina health experts' limited availability to assist grantees; difficulty organizing the health screenings with some grantees who did not want to take on the task of recruiting participants to attend the screenings; spending a large amount of time helping a grantee develop and organize their program; not having the information about how grantees' were to get reimbursed; and a lack of knowledge that the system office sent out initial communications to the grantees.

Suggestions for improving the process of offering technical assistance

The Leads shared a variety of suggestions about ways that Allina Health could help them provide technical assistance and support to the grantees. These suggestions included:

- Increasing the availability of Allina Health staff with expertise in various aspects of health to assist grantees.
- Identifying Allina staff members who can help grantees plan and develop their programs, craft partnerships with community organizations, and measure their programs' outcomes.
- Providing research on best practices for programming and implementation strategies that support healthy eating, active living, and overall health.
- Solidifying the communications and evaluation plans prior to the start of the grant period.
- Developing a “menu” of the types of technical assistance and support that are available and distributing that information when the grants are awarded.
- Hosting an event at the end of the grant period that invites grantees to meet one another and exchange achievements, lessons learned, and barriers they encountered in doing their work.
- Having standardized evaluation tools (e.g., data tracking tools or surveys) available for grantees working on similar activities such as community gardening.
- Reviewing how Allina Health assists grantees in promoting their activities and programs, and potentially developing a “menu” of options for assistance with promotion and advertising that can be given to grantees.
- Thinking about ways to support grantees after the grant period ends, whether this is through additional funding, technical assistance, or connecting grantees to other resources.

Opportunities and challenges

Throughout the project, Wilder Research and Allina Health staff met regularly to develop a logic model for the initiative, address data collection challenges, and discuss preliminary evaluation results. These conversations were an opportunity to reflect on the initiative's impact and direction and to consider the role that Allina Health could have in supporting communities to improve health through increased social connections. The following list of opportunities and challenges are a reflection of both the evaluation results and discussions with Allina Health staff about the role of health care in improving health through increased social connections.

Communities are interested in finding ways to increase social connections between residents. The number of applications for funding Allina Health received for this initiative and the wide range of projects funded demonstrate broad interest among different community organizations and groups in supporting social connections. For some grantees, NHC builds on their existing work, while for others, it may put new focus on increasing social connections.

The relationship between social connections and health could be reinforced to better inform the implementation of programs and activities. All NHC grantees are asked to implement activities that increase social connections and improve health. However, not all may be as familiar with the research that describes why social connections are important to health. By providing this information and offering examples of deliberate actions to foster social connections during group activities, Allina Health could enhance the work of the grantees.

The technical assistance model shows promise, but could be strengthened. The grantees received a range of technical assistance support through the NHC program and were pleased with the support they received. Because of the regional autonomy of the Allina Health system, it may be difficult to ensure that all grantees receive the same level of technical assistance. However, shared training opportunities, clarity around the scope of support services available, and improved coordination provide an opportunity to increase the capacity to support the work of NHC grantees across all regions.

The size and duration of grant funding will influence whether the program's long-term outcomes are achievable and measurable. In its current form, NHC grantees receive a small amount of funding to implement a short-term (3-6 month) project to improve health and increase social connections. While it is promising to see that organizations can implement these types of initiatives with fairly small grants, the funding period is not long enough to determine whether long-term behavior change and

health improvements occur. Changes to the NHC initiative model may need to be considered if Allina Health wants to demonstrate that the work results in long-term behavior change and improved health outcomes, rather than short-term changes that could lead to health improvement.

NHC grantmaking efforts could be better targeted in order to achieve the initiative's desired impacts. Although one-time events may be helpful in sharing information about resources and building excitement for a new initiative, they alone are not sufficient for increasing social connection and improving health. One-time events do hold value, but do not directly lead to the long-term goals for the initiative highlighted in the program logic model. Therefore, Allina Health may want to consider different ways to support the work of organizations who are interested in doing events and one-time outreach to build new inroads with community residents.

Promising practices in building social connections vary, based on age and other resident characteristics. A brief review of literature focused on the relationship between social connections and health among youth (compiled separately) suggests that improved neighborhood cohesion and youth connections to school are two factors that contribute to health. In addition, the risks associated with a lack of social connections (or isolation) are somewhat different for youth than adults. In contrast, interventions to improve social connections among aging residents need to consider how to accommodate the needs of older adults, such as limited mobility. Allina Health has opportunities to set parameters around its grantmaking efforts that encourage grantees to use current research and identified best practices while still fostering innovation.

Recommendations

The following recommendations, based on the evaluation results from the 2013 Neighborhood Health Connection program, were developed to help Allina Health improve its future grantmaking efforts:

- **Determine whether support for one-time events should be included in future NHC grantmaking efforts.** In 2013, Allina Health awarded grants to organizations and groups of neighbors that implemented projects to engage residents in a series of activities designed to build social connections and support positive changes in health behavior. Funding was also awarded to organizations that implemented one-time events. Alone, these one-time activities do not provide enough opportunities for residents to build lasting connections or change their behavior. However, these events can be effective ways to reach out to new resident groups, build excitement around a health issue, and provide residents with health information and materials about local resources. The following questions may help Allina Health consider whether to include one-time events in their future grantmaking activities:
 - To what extent is it important that the organizations and community residents who receive NHC funding are engaging residents who they have not otherwise reached in their work?
 - What type of training and technical assistance might be needed by grantees who are working to engage a new group of community residents in their work? Are the Community Engagement Leads equipped to provide this support, or do they need additional training to support various outreach and engagement activities?
 - If there is interest in supporting one-time events, should that fall within the current NHC activities or receive funding through a separate funding stream focused on community outreach and engagement?
- **Develop a program theory of change to focus future youth-oriented programs on activities that build neighborhood cohesion and school connectedness.** Most of the research on social connections and long-term health outcomes focuses on adults. However, a number of studies demonstrate the importance of neighborhood cohesion (e.g., the level of trust between residents, neighborhood safety) and connectedness to school (e.g., a sense of belonging and safety) to child and adolescent health outcomes. Interventions intended to change neighborhood conditions or the school environment will likely require more time and resources and would expand the current focus of the NHC program.

- **Consider lengthening the grant period to create more opportunities for participants to be involved in ongoing activities that support physical activity and healthy eating.** The evaluation results suggest that, as expected, individuals who participated in multiple activities were more likely to change their behavior than those who participated sporadically. Many grantees noted that busy schedules and time limitations were major reasons residents were unable to regularly participate in their planned activities. A longer grant period would allow grantees to implement projects that provided ongoing opportunities for residents to participate in activities that reinforce health behavior change and to develop stronger relationships with others.
- **Clarify expectations about the role of Community Engagement Leads in providing technical assistance to grantees and proactive support to potential grant applicants.** Overall, the grantees who received technical assistance were pleased with the support they received. However, interviews conducted with the Community Engagement Leads demonstrated regional variability in the approach to technical assistance. Some Leads focused on helping grantees develop and implement their activities, while others connected grantees to health information, helped promote their activities, or offered guidance on how to sustain participants' healthy behaviors after the grant period ended.
- **Consider adding follow-up data collection activities to assess long-term behavior changes and program sustainability, as well as other changes in program priorities.** As the structure and priorities of NHC evolve, so should its evaluation. For example, the evaluation results suggest that a majority of grantees (78%) were likely to continue their activities after the grant period ends. Ongoing participation was not a primary focus of the NHC 2013 initiative, but is an important aspect of understanding program impact. Follow-up surveys could be administered to participants 6 and/or 12 months after the project ends to determine whether participation actually continues. Follow-up surveys could also be administered to the grantees to determine whether any of the programs are sustained beyond the end of the grant period. When reviewing this report, Allina Health is encouraged to identify the additional types of information that they would like to have in the future to inform the direction of the grantmaking initiative and measure its impact.

Appendix

A. Participant survey response rates by region

A1. Estimated response rate for community engagement regions (N=444)

	Number of respondents	Number of eligible respondents	Response rate
Western Wisconsin	83	301	28%
West Metro	81	358	23%
South Regional	61	360	17%
Northwest Regional	27	555	5%
South Metro	44	307	14%
Southwest Regional	46	605	8%
North Regional	29	273	11%
Northwest Metro	24	737	4%
East Metro	19	155	12%

B. Number of participants by region reported by grantees

B1. Number of participants by region reported by grantees (N=6,335)

Overall, approximately how many people participated in your Neighborhood Health Connection activity?

	Number	Percent
Northwest Regional	1,293	20%
Northwest Metro	1,291	20%
North Regional	867	14%
East Metro	733	12%
Southwest Regional	540	9%
West Metro	535	8%
South Metro	397	6%
South Regional	378	6%
Western Wisconsin	301	5%

C. Number of children, adults, and older adults reported by grantees

C1. Number of children (N=43)

Did children (under the age of 18) participate in your Neighborhood Health Connection activity?	Number	Percent
1-29	25	58%
30-89	8	19%
90+	10	23%

C2. Number of adults (N=64)

Did adults (age 18 or older) participate in your Neighborhood Health Connection activity?	Number	Percent
1-59	41	63%
60-109	14	22%
110+	9	14%

C3. Number of older adults (N=45)

Did older adults (age 65 or older) participate in your Neighborhood Health Connection activity?	Number	Percent
1-39	36	80%
40-79	4	8%
80-109	3	7%
110+	2	4%

D. Grantee open-end responses

D1. Open-end: Please briefly describe a successful strategy that you used to encourage people to participate in your Neighborhood Health Connection activity. (N=66*)

Working with local contacts or organizational partners

Partnerships are very helpful - find individuals and groups who have common goals and work together to encourage people to participate in activities.

Reaching out through our Gardening Matters contacts to make phone calls, send postcards, and send emails to local East Side Food & Wellness Hub members.

We utilized our partnerships with corporate Chaska employers to help get their employees interested.

Promotion of the class happened throughout the Parish Nurse Network, YMCA's, Fridley Senior Program and Mounds View Community Center.

By working with our neighborhood partners we were able to successfully get the word out to a broad group of audiences.

We engaged the neighborhood leaders/Family Council from the start (including application). This way participants/neighborhood felt an extreme sense of ownership of all activities, which bolstered enthusiasm and overall turnout.

At the public housing high rises we worked closely with the Volunteers of America (VOA) social workers to spread the word about programs. The social workers also participated in the nutrition sessions.

The Greenfield City Council was very supportive of this activity and took time to promote it through the City channels, email lists, and other distribution avenues. It was also cross promoted by the Rockford Area Historical Society and the City of Rockford.

We had 3 different presentations then each of those was offered at 3 different locations. Each location had a local support staff that helped encourage participants to attend the event.

Working in conjunction with established groups or programs

We worked within existing groups, i.e., Men's Group, Youth, Confirmation groups.

Working with existing and established groups- and getting them over time to invite their friends.

We used our own wellness committee to market to City employees.

We advertised at Bloomington Heritage Days and at our Wednesday Night Community Meals.

We combined our class offering with advertising of the Superhero Dash to help people prepare for the event and stay active.

We planned a concurrent bike rodeo event in conjunction with the Evergreen Estates Mobile Home Park Night to Unite activities. This strategy was a natural tie-in for adults and youth as a means of supporting connections between neighbors while promoting bike safety for individuals of all ages.

Our past youth programming in each of these neighborhoods enabled us to access families we already knew.

We used current programs and built exercise opportunities onto those current programs. One, sports camp, we provided more equipment to welcome more children. We also built a movement class for Moms and kids into our existing MOPS (Mothers of Preschoolers) program.

We also paired [our activity] with another event that was already happening and had a "built-in" crowd.

Accessible, affordable, and engaging activities or program design

The largest success for us was that the WALKtober program was offered to all ages at a very affordable price of \$5.00. [...] Many participants mentioned the accountability of reporting in their weekly miles as a motivator.

With the help of the NHC grant we were able to keep costs low, registration simple.

I would have different kinds of running routes and routines. [...] The "midnight run" was probably the favorite amongst the group. The fun thing I found about running in the dark is that the kids lose concept of the time and how far they are running.

With all of our fitness initiatives, we always stayed back with the slowest participant to make them feel comfortable.

We invited children to a free experience at the lake.

We involved Kairos Dance --- which was a huge success in terms of getting people engaged in movement -- even those in wheelchairs.

We learned to have a project that really sells itself/engaging others easily is important.

Time and location of activities

Offering activities at a variety of times, offering activities that families could do on their own time.

Activities were scheduled on site at a convenient time for most participants.

Engaging school staff, students, and parents

Meeting with parents and school officials to get word out about the program.

As an Indigenous Alternative school, engaging families as well as students is an essential component of how we operate. This is the best way to encourage participation also.

We worked closely with middle school staff and teachers to ensure that we were able to include those students who would benefit the most from participating in our NHC activity.

Providing information in participants' native languages

We provided a Somali interpreter at Horn Towers and a Russian interpreter at Nicollet Towers so that more people could participate.

Leaflets printed in English and Spanish explaining our program, passed out to neighborhoods.

Childcare

Having childcare available really helped contributed to the success of the events. So often, adults don't participate because they don't have a place to leave their kids.

We offered free childcare during the exercise class. This is something that our community does not offer.

Incentives

Healthy prizes and healthy food was provided.

Offered participation prizes.

We had snacks and door prizes.

Incentives such as measuring spoons for healthy eating class.

Offering Prizes for walking competitions.

We incentivized participants with an additional discount if they signed up with a friend or family member.

We advertised the events well in advance and also gave away free meal tickets at each event (also advertised).

Offering a free healthy meal and some healthy tips.

Used incentives.

We ran contests, shopping trips for healthy eating, special type music based programs.

We targeted 8th grade students. We added healthy snacks and the chance to "Dance with the Stars" type of theme.

We started a walking club and provided incentives and supports for participants. Almost all of our participants are of very low income, so incentives such as the purchase of walking shoes (many did not have a decent pair of shoes), pedometers, "team" t-shirts, and water bottles were enormously appreciated.

We gave away incentives, like water bottles and backpacks with giveaways.

One-on-one communication

Direct communication seemed to work best. A phone call or email from an organizer to a potential participant.

Door to door initiation.

Personally talked to many people to be sure they were aware of the events.

Talk to them personally and encourage them to participate.

Personally invited people to the event and encouraged them to invite others from the community.

We sent emails to participants.

We e-mailed participants to tell them about new events and upcoming activities.

We made individual phone calls to encourage attendance following up on paper invitations. The value of personal connection for encouraging healthy behavior cannot be overemphasized.

Word of mouth promotion

I talk with our residents about the different activities that we will be doing. They then talk with others who spread the word!

Our basic tool is word of mouth.

Word of mouth spread the word on the preschool open gym. More new people appeared to be there every week.

We used word of mouth.

Individuals spread the message [about the program] by word of mouth.

We used word of mouth (2).

Flyers, brochures, or newsletters

Our program sent out flyers several times and promoted the vendors and activities available to families.

Flyers home to students in backpacks.

Provided a calendar of activities occurring on the same day of each week with the explanation of the events with a flyer with pictures of where and what we were going to do.

Fliers were printed and sent home with students in grades three and four at the Rockford Elementary School.

We put fliers in mail boxes.

We utilized fliers, newsletters and brochures.

Article in a local paper.

We had fliers available and did press releases.

We market the activity in the Center newsletter.

We included the course in our newsletter distributed by mail, email and on our website.

Used fliers.

We handed out flyers at park events and an open street event.

We also advertised it in church newsletters and bulletins.

We printed 12,000 flyers that the school district sent home with students on the last day of school.

Social media

I started a Facebook page to inform parents. Also sent home notes and emails, all talking about geocaching and the event taking place at our school.

We are promoting our new ping pong table on social media.

We successfully used social media.

We used Facebook [to promote our activity.]

We started a Facebook page.

We used Facebook to get the word out.

We posted on Facebook.

Local media

We had an article in the paper.

News media [to promote our activity].

We put out press releases to newspapers, TV, radio and cable access.

The most effective [promotion] was through our local newspaper.

We ran an ad in the local papers every week and the local paper did a story on the program with photos and interviews.

Other

I solicited "support" before initiating the program, so everyone was on-board when it started.

Info went out with RF Community Ed.

We asked all of the residents of Sugar Creek to participate in Health Screens.

We emphasized healthy lifestyles in our conversations with the community along with statistics regarding diabetes, hypertension, heart disease, and obesity.

We had an open house inviting residents to get involved - very successful, about 100 residents or so came through the open house, after the open house we had too many residents to accommodate in one class so had to open up another class time to accommodate the need!

We lead fitness groups outside utilizing the LifeTrail Activity Panel.

Driving the church bus in a 10 block radius of the church to attract children.

** Responses might have been broken up and placed accordingly into the appropriate category.*

D2. Open-end: Please briefly describe any challenges or other issues that you faced in getting people to participate in your Neighborhood Health Connection activity. (N=63*)

Frequency and continuity of participation

Although my overall number of participants was pretty good, the number that participated regularly in an ongoing basis was lower than hoped.

Families moving in and out of section 8 housing that attend the program. [There were] new participants each month.

Getting parents to spend enough time to get the program done for their children.

It takes a lot of work to get people to participate, but we are committed to making every effort to engage more people.

People are very busy, have events scheduled often, difficulty getting the general population to a group on a regular consistent basis.

The biggest challenge I faced was trying to accommodate everyone's schedule. Run club had to be juggled around my work/family schedule and the group's schedule. There were times when only 4 or 5 kids could make it.

Being we are a Domestic Violence Shelter for women and kids the stay for our clients is varied on how long they were here. So with the continuation of the nutritional part of the project it was harder to add on from week to week.

Timing

Coordinating times that works for all parties is difficult. We have to organize a time that staff at the apartments, students from the schools, and residents will participate in order for the programming to be successful.

Some difficulties in getting the group leader to schedule meetings.

Timing - make sure activities fit in with people's plans and availability.

Some times were not convenient for all, and they did not want to use vacation time to participate.

Summertime is a busy time for all. Heard this from another garden promoter also.

Time of year was when school was starting back up and the Superhero Dash was a new event that was not very well known yet in the community.

Busy schedules

Busy people.

Busy schedules, previous plans/not available during activity time.

Finding time in already busy schedules.

I think the only challenges had to do with peoples' busy schedules. Most people were very happy to participate when they had time.

People are so busy, many commitments.

People's time schedules and work responsibilities sometimes prevented them from participating.

People are busy and not looking to add one more thing to their "to do" list.

Weather

Our main event was held on the coldest day of the year so far. The ongoing events/meetings were well attended and there was a lot of enthusiasm but on the day of our main program turnout was somewhat lower than expected.

Our original date that was promoted heavily had to be rescheduled for a later time due to three days of rain. [...] The other challenge fell on the rescheduled event day, as the wind created an unsafe environment for a bonfire and unwelcome reason for people to leave their homes.

Weather also caused some cancellations of activities.

Weather is also a challenge in MN.

We anticipated that participation at the community-wide bike rodeo event would be much higher. As it turned out, the weather on the day that was designated (because of our desire to do it on 10/12/13's Free Bikes 4 Kids collection date) was very cold.

We had bad weather at one event. Otherwise I don't know what else we could have done to get more participants.

We ran into problem with having to cancel and reschedule a couple times due to weather.

The biggest challenge was just getting the basketball court in, due to wet weather.

The cold, snowy winter has been our biggest challenge, as we are located in a rural area and many of the participants had difficulties driving in the poor weather conditions.

Communication

Our primary means of communication with this program throughout the month was email. Some didn't provide their email addresses upon registration so their reporting in progress was minimal.

Our one frustration was that we didn't find a successful way for people to RSVP for our event, so we were a little in the dark as to how many would show up. It ended up being fine, but next year we will work harder to find a way to do this better.

We tried to get people to let us know if they planned to come back the next day so we could project numbers more accurately, but that never really worked, so we never knew how many people to expect.

Logistics and staffing changes

A bigger space to hold the event would have been wonderful in order to accommodate additional vendors.

[Getting] city permits and then getting a scheduled spot with a construction company to get all the steps completed for installation [of the basketball court] before the cold.

Our first intern had to back out of her commitment- because she moved. It worked out okay because we got another REALLY GREAT one. We were lucky.

The Jordan location was a new senior living facility so that one was a little more challenging as people aren't real familiar with the location and we haven't offered educational opportunities at that location. The Prior Lake and Shakopee locations were very successful.

Program design

Identifying opportunities to incorporate culturally specific foods can be challenging for providers.

Speaker cost.

The initial wellness checks were tough as I think people were fearful that the company was going to hold bad results against them. 1st year proved this was not the case - hopefully better next year.

The Wii is a new activity that many people have not done before. Most are intimidated by trying it and feeling foolish if they are not successful. We are trying different ways to get people involved and viewing it as a good brain health activity that they can do.

Having people continue (walking) on their own has not been easy --- especially as the weather gets ugly. (I have had people talk to me about places they are finding to walk inside, so it's seems some are trying to figure out ""How do I keep this going.)

Cost of activities

Cost seems to be the biggest barrier for the seniors we were seeking to connect with our program. Even the modest fee we charged needed to be waived in some instances which we were fortunate to be able to do.

The classes we provided cost three dollars per person. We notices that for many that was even considered too high in price. When working with seniors one dollar was too much.

Transportation

Scheduling and transportation were also barriers in some cases, but we did have a variety of times and locations available which helped mitigate that. Jane Bugbee at First Lutheran even provided transportation weekly for a few participants!

It took a lot of time to organize all of this (though we feel it was worth it). The logistics of getting people to and from activities was a challenge (as most don't drive).

Language

Language barrier, large family moved in that had limited English speaking, parents speak only Spanish.

One major barrier was getting community members who are non-English speakers to attend our events. Even working with staff at local culture-specific organizations and willingness to pay for translators we were unable to recruit these participants.

We realized that the English speaking and Somali speaking participants had different types of questions and that some of the people were getting bored with having to hear everything in two different languages. To address this, we split the group into two after the first program.

Promotion and encouraging participation

Getting the word out to people. We painted the towns with flyers, used newspaper ads and radio ads.

This was open to the public, so we tried to publicize it in many different ways. People came from outside the neighborhood, and outside our friend networks, so we were obviously able to reach people, but even so, you never know if you could have done more.

We should have started getting the word out much sooner.

In general we had trouble reaching out to community members with which we didn't already have connections.

It is really challenging to build relationships one person of family at a time.

Making sure they knew about it since we didn't know we could do it (due to the grant timelines), before we mailed our regular newsletter and handed out flyers at large community events. One idea is to plan with and without grant money so we can promote it either way.

It is always a challenge to get the word out about an activity. Paid ads are cost prohibitive and other means don't always reach your target audience.

Working with specific populations or groups

Sometimes seniors think that there isn't anything they'll be able to do because they aren't as able as others - this thought can be a challenge to overcome, but we just keep communicating that even if you're sitting there are still exercises you can do!

We managed to reach out to the Somali, and Latino community with much success but did encounter some problems when speaking of diets.

We tried unsuccessfully to have our clients from the Somali community participate in the event. We worked with staff from an existing community organization to gain their cooperation in providing transportation to the event and thought we had a busload of participants coming. In the end, however, they did not attend. We hope to be more successful next time!

We had hoped for more diversity and lower income [participants]. We did get about 6 [who were in poverty.]

It was not easy to get the elderly to participate.

All have severe and persistent mental illness and some were not able to attend to do [the activity].

None or no challenges

None (3)

There were no challenges.

There were no participation issues.

No particular challenges.

We have not had difficulty getting people to join our activity.

Other

Getting the table put together was a challenge!

These activities would not happen without a devoted champion to insure success from draft to implementation and follow up. Relationship building is also key.

We did have one member "drop off". Our program was a walking challenge, and he felt that he walked plenty (which in this case is true) and didn't think he'd improve his effort. Ironically, he out walks all of us.

** Responses might have been broken up and placed accordingly into the appropriate category.*

D3. Open-end: What other challenges did you encounter? (N=20*)

Scheduling or timing

Conflict with another community event on Oct 12.

In our PE program, we have the most flexibility in the spring to add geocaching. So it was difficult to squeeze in many days this fall. Each student had 2 days, but we plan to do more in the spring and of course next year.

Limited timing, some of the things would have been better if we had more time in summer, by time we figured out what to do, fall was here.

Timing - being able to start activities at the very start of summer would have been even more successful.

Some challenges getting the group leader to schedule meetings; would have been better to start earlier in the summer.

Delayed start of activity due to delayed completion of church building project.

Organizational capacity

Just being busy with 2 grants, planning for both.

Needed more staff to fulfill classes.

Language/literacy

Challenges with many different languages spoken by participants.

Literacy issues.

Weather

We had a couple of bad weather days.

Participation

Getting some to report in progress and/or participate in walks.

Having participants willing try a new activity.

Getting the parents to respond & support the activity.

Other

Working within religious framework.

Initially funding the activities with my own money.

Organizing activities for 650 children is always challenging.

Purchase was postponed due to a remodeling project at the center.

The material was prepared by a volunteer who has done an internship at Allina but he wasn't able to teach the majority of the sessions so that was challenging to ensure we had a knowledgeable instructor and understood all the materials.

None of these were detrimental to the programs, but may have influenced numbers.

** Responses might have been broken up and placed accordingly into the appropriate category.*

D4. Open-end: Please briefly describe what would have helped you address these challenges. (N=37*)**Funding**

Additional funds for seniors and hardship families to participate in exercise activities, additional funding to compensate staff.

Raising additional funds.

We would have need greater funding/fees per participant for the model to be sustainable long term.

Logistics, scheduling, and program design

Having access to a large, indoor facility as an alternative site would have helped.

In our de-brief, we talked about alternate times and locations to hold the event. However, we see this main event as the first of many and want to do everything possible to continue the series.

Scheduling with individual groups vs community at large.

Our struggle was more with the Nutritional part of our project. If we would have made it mandatory it would have been more successful.

This is something that happens often in wellness programming...one member of the staff is very interested (or ready to change), and other members may not be. Those members that are not interested in change may still be stakeholders, however. They may be needed to secure room space, order materials, or approve programmatic needs. This provides a challenge.

Promotion and outreach

Additional staff dedicated to community marketing.

Better communication tools with the parents. We sent out emails, sent flyers with the students, asked for cell phone numbers but have not had as much response as we would have liked.

I think it would have been helpful to have more local organizations and individuals involved in the process of promotion and recruitment of participants.

If RF Hospital had promoted the events in their newsletters/mailings that would have helped greatly.

More and earlier publicity.

We could have dealt better with the outreach. Seems grassroots is best approach, but need to get people onboard to do the word of mouth.

We could have done more marketing for the events.

Also to reach more of those in the community who could benefit from a program like this one, referrals from clinicians could be a huge asset.

Incentives to participate.

Having staff time to reach out more to those who were not reporting in, personal coach/motivator for them!

Length and timing of grant activities

Having a year to complete the activity.

Having the application for the grant due earlier in the year so that the grant period could begin earlier in the summer.

Having the events earlier in the summer - the outdoor events have been colder than we would have wanted - especially for yoga.

Receive grant money in advance rather than get a reimbursement, but still submit receipts to Allina to verify expenses.

Receiving the grant money earlier so activities could be in full swing by the summer.

Weather

With the weather, we persevered. I think participants were proud that they walked when it was "too hot"--- and they drank more water and did it anyway. The final (NAMI fundraiser) walk was in miserable weather, but people really felt good about their accomplishment.

Yoga on the Beach - sometimes we had to cancel due to weather. We moved the yoga inside when it finally got too cold.

We dealt with the weather pretty well. And, although, it wasn't necessary, we had a rain date scheduled.

Grants awarded in Spring or late winter to take advantage of nicer weather. Time planning and scheduling things end up with limited number of dates before weather changes.

Training

Additional training with obesity related illnesses for staff.

Nothing

Not sure we could have avoided these challenges.

Not sure.

Nothing. It is just a natural part of introducing new experiences to people that they are unsure of their own abilities until they actually give it a try.

I don't think there is anything that can be done. It is just a fact of living in Minnesota!

Other

At Horn Towers we decided to split the group into two so that we could use a Somali interpreter for one of the sessions.

As mentioned in Q2, we will plan to host a community-wide parade in conjunction with the OctoberFest event. We will, however, locate our bike rodeo in the downtown area so participants attend both events.

These challenges were beyond our control as we waited for construction materials, construction to finish and the proper chairs to arrive, which were necessary for the activity.

More volunteers.

More help from the housing development.

** Responses might have been broken up and placed accordingly into the appropriate category.*

D5. Open-end: Please briefly describe why you did not participate on the Facebook page. (N=34*)

Do not use Facebook

Do not have a Facebook account.

Don't do social media.

I am not a Facebook user, and just started using it for our organization minimally this past summer because others use it and it can be effective.

I do not use this type of technology.

I don't have a Facebook account.

I'm not an active Facebook participant.

Our clientele does not use Facebook.

We don't actively use Facebook.

Cannot access Facebook

We do not have access to Facebook as part of our firewall as determined by our corporate IT department.

I just did not take the time since I am unable to access Facebook from work.

We are not allowed to use Facebook at work.

Organizer does not have access to Facebook.

Most of the elderly did not have access to Facebook.

We have new businesses and didn't have Facebook accounts yet.

Confidentiality

Because of client confidentiality.

Due to the confidentiality of our agencies clients we chose not to post anything on the Facebook page.

Our organization has a very strong policy regarding confidentiality due to privacy mandates of our work.

The participants did not want their names used.

Did not know about or understand the purpose of the page

Didn't know about it.

I did not know there was a Facebook page.

I was not aware of this.

I don't think I really understood what I was supposed to do. I did post photos etc. on St. Gertrude's Facebook site.

Lack of time

Honestly, I just never had the time. Originally our Assistant Manager was supposed to do it, but when so many people started coming for lunch every day, all of her time was necessary prepping.

It has been a time factor. This has been in addition to my regular job and it is a busy holiday season.

Lack of time.

Not enough time in a day.

Time restraints.

Other

My daughter and I tried to access the Allina Neighborhood Connection via her account to submit pictures and information about our club but we weren't successful.

I sent in a report--was that for Facebook? Otherwise, not computer savvy.

Was not interested in this option.

We liked the page, but didn't have a chance to comment on posts.

We missed deadlines and the procedure was somewhat confusing.

We posted on our own Facebook page.

We have been busy trying to increase use of social media.

** Responses might have been broken up and placed accordingly into the appropriate category.*

D6. Open-end: Please share one thing Allina Health could change to communicate information to you more effectively. (N=55*)

Frequency and type of communication

Create a 1 page summary with key dates, timeline, options of surveys, contact phone numbers, etc.

Send monthly e-mails, reminding participants to post pictures, visit Facebook site, and just generally encourage us to keep on doing a good job.

It would have been easier if the information from Allina went directly to the program person that was implementing the grant, rather than to another person in the organization.

I think a phone conversation to understand all the steps may have helped or some type of check sheet. Tamara did check in with me and we were ok - I know she was there if I needed anything and we did get some materials from her.

I had very little communication from Allina Health staff. Having all of the information about end of grant requirements in one place would have been helpful. The email about this survey was separate from the email about the other requirements like the short survey that was to be used on the website and the Facebook postings; therefore I was unaware of this survey.

Additional information on or changes to the evaluation

The survey didn't work for the participants.

I was a little confused about the different surveys, but I am not sure that was their fault.

Make participant surveys available immediately, and also shorter, to encourage completion.

Give more time to finish evaluation, I missed the deadlines. Send the evaluation by online and paper both, so we can use either. Have evaluation ready at the beginning so we can hand out as the activity is going on.

It would have been helpful to receive information about the evaluation process earlier in the grant period so that we could distribute surveys as the activities took place.

We were uncertain what the evaluation tools would be from the beginning. It would have been helpful to have access to that from the beginning. (I assume this survey may be the eval tool, however. If so, we maintained adequate records for these purposes.)

Allocate time to meet with other grantees

Have gathered meeting time with grant recipients to discuss opportunities or needs.

Right after getting the grant having an informational meeting with other grantees to share ideas and build community connections.

Guidance on Facebook and promotion

Tell everyone about the Facebook page.

Possibly assisting in the promotion of the activity however most of that was on our end.

I'm not very up to date on Facebook and nor do I want to be. It would have been easier for me if I could have somehow sent pictures and updates some other way.

More information on available resources

I would like to know resources available. Maybe speakers or people who can talk you through things like exercise questions and nutrition questions.

Issues with communication

Sometimes emails got caught in spam folders.

Support information was not available early on.

The problem was my being too busy to respond appropriately.

We did not receive any additional information regarding the initiative.

We were notified late about receiving the grant. But when I was finally sent the information it was a forward showing it had originally been sent to me. It truly must have gotten lost in the wires. That's it- otherwise, thank you so much for the personal attention and communication.

Communication was helpful

Thought it went well.

Communication was good.

Very good communication.

Very happy with the communications!

The communication was effective.

I feel they did a great job in all areas.

We were very satisfied with all Allina did.

Did a great job. Loved the t-shirts that were sent!

I feel that they have done a great job of communicating.

All of the communications were polite, friendly and helpful.

I think you did a great job of communicating throughout the process.

Communication was pretty good-no complaints with the communication.

I think Allina did an excellent job with their communication; thank you!

Allina did a great job and we are extremely appreciative for the opportunity to have been a part of the NHC program and a recipient of the grant!

I found the Allina staff to be very accessible and easy to work with. They were very helpful through the process and provided the support I needed.

Allina Staff answered all of our questions and seemed very nice. I sometimes worry about asking too many questions or asking if I can be an exception, but it was very easy to work with and talk to these ladies.

Allina's team of health and fitness staff provides me with very valuable information and resources. I did not use any of the resources they suggested because of the timing and location of my fitness classes, but the suggestions they made opened up opportunities that allowed me to expand my programming and reach a few groups I had not thought of. I look forward to meeting and working with them again.

No comment or problems

Communication was not a problem.

I don't know. I thought it was a terrific program.

None (8).

No suggestions (3).

Can't think of anything (2).

Other

Hard copy mailings.

It was very good encouragement.

I will be mailing more paper surveys from participants.

Our garden program is on-going. Your gift helped fund monthly activity and to continue inviting folks to participate.

** Responses might have been broken up and placed accordingly into the appropriate category.*

D7. Open-end: Please offer any other suggestions for ways Allina Health could improve the Neighborhood Health Connection grant application process or support grantees in implementing their activities. (N=47*)

Timing and amount of grant

Larger grants would be helpful.

Considering future programming assistance and funding would be very helpful!

Start the grant application earlier so we can know whether we have funds, say 2-3 months before the projects, activities begin. Give more time to collect evaluations.

It would be helpful if it was earlier in the year so we had the summer to do the events.

I thought it was very good but we had a very short time frame from when I heard about the grant to submit the application. In the future I think we could do a better program if we know about the grant opportunity sooner.

The only change we'd have made was to apply and receive the grant earlier in the year for an end of year deadline. It was a rush to implement the program we did, but with your help we made it happen! We're going to be doing a more detailed summary of the data collected as part of our program and will share that when it's complete. The YMCA and Allina are aligned in so many of our efforts so it's been a natural and productive partnership. Working with Allina team members [...] and others has been great! A big thanks to the entire Allina team!

Availability of grant materials

Have materials ready at the beginning of the project.

It would be great to be able to print out your application in full manner or even this survey - to know what questions/ data will need to be reported at the conclusion of the grant.

Have a "printable" version of questions when applying for grant. It takes lots of planning and with the questions changing or requests for more information, it is necessary to have a copy of all questions. There were others I was planning with that did not have access to website and needed to share copies with them too.

Facebook and promotion

Provide an alternative source for sharing information other than Facebook.

More advertising in local businesses and area providers with all grantees information.

No other suggestions other than making it easier to post pictures on Facebook. For some reason I had a problem. Other people that wanted to post pictures mentioned the same problem.

More information or clearer communication on support and resources

Offer suggestions of things that have been successful with similar programming. Contacts available with these programs to talk to. Dietician from Allina for consultation on healthy cooking and kid friendly recipes.

I was not aware that there so many areas of support available for these programs. If so, I would have utilized them. I am not sure how I missed the information. I was VERY grateful for what assistance I did receive when I did ask for something.

I didn't know there was available support for implementation beyond the grant dollars themselves. But that might just be me - my summer and fall were unusually hectic and I may have missed some outreach on Allina's part, especially if it was done via email. And if it was done via Facebook, I would have been unaware of it as I do not use Facebook.

Issues with the surveys

The only thing that was a bit confusing for us was the participant survey. Our clientele was very confused by it because not everything related to them or they were confused by the questions asked etc., not everyone filled it out.

The one thing we didn't do as well as we might have was related to the feedback survey. Since our activity was open to the public and since different people came each time, we weren't sure how to administer this. The paper copy was really long, and we couldn't see handing it out and asking people to complete it after the yoga class. Also, we didn't want to ask people to complete it after only one class, when we knew many participants would come to all six. (Also, we hadn't received the survey yet at that point.) At the same time, we didn't want to wait until the last class because we would miss people who didn't happen to be at that one. We ended up sending the link to those participants whose email we had, but we didn't have everyone's, and we know that response rates are not great when it's just a link in an email. We're curious to know how many people followed through.

Unique challenge

It was challenging to come up with \$500 out of my family's budget to pay for the activities up front. It should be clearly communicated during the grant application process that grant recipients must provide the money themselves up front. It would have been less of a burden if I received the money in advance but I also understand that they want to make sure the money is used for grant activities. Perhaps there is a compromise solution.

No suggestions, it was a positive experience

Process was smooth and easy.

This was an easy grant for which to apply.

They have been very helpful on an on-going basis.

I felt we had a lot of support and information to make it successful.

Continue to offer a high level of support for grant recipients throughout the activity.

It is a fantastic program and our clients and staff truly appreciate the support!

I really thought Allina Health did a good job supporting us through the process.

We are grateful for the grant and thought the whole process went very well. Thanks.

I thought the process was very straight forward; I had no problems with the set up.

It was a positive experience. Difficult for those in poverty to prepay for items needed but we as staff figured that out.

The process was easy and very straight forward and the people from Allina were perfect in their understanding of what we were trying to achieve.

I just want to thank-you for providing a great opportunity for our students! I loved teaching it and the students loved trying it out!

Applying for the grant was easier than I thought it would be. I can't think of any other suggestions on improving the process.

I appreciate how easy the application was to fill out and how smooth the whole process was. We were able to make great use of the money!

Thank you very much! We are so pleased to have received the opportunity to host these community events, and we will continue to work toward healthier living in our community!

I thought the whole thing was WONDERFUL, and I know our lunch guests thought so as well. We publicized the Allina grant on our table tents and in our advertisements, and people responded well.

Actually, your team made it pretty easy. It does take a lot of time (planning and implementation) on our end, but we are committed to holistic support in our organization. The infusion of support by your organization was hugely valuable (and valued!). Thank you!

SHAC especially appreciated that we were able to act as the lead community agency for Faribault's Free Bikes 4 Kids giveaway in December. It was an excellent tie-in to our Neighborhood Health Connection grant activities! Thanks so much for the NHC funding!

Other

Informational meetings with all grantees.

Help with Distribution list for mailing or calling.

No comment or suggestion

I can't think of anything.

I do not have other suggestions.

Nothing at this time.

I don't see any areas to improve process.

Very good (2).

None (4).

** Responses might have been broken up and placed accordingly into the appropriate category.*

E. Participant demographics

E1. Gender (N=425)

	Number	Percent
Male	86	20%
Female	339	80%
Transgender	0	0%
Other	0	0%

E2. Race or ethnicity (N=417)

	Number	Percent
African	6	1%
American Indian/Native American	3	<1%
Asian	11	3%
Black or African American	15	4%
Hispanic or Latino	14	3%
White or Caucasian	370	89%
Another race or ethnic group	5	1%

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

E3. Language spoken in the household (N=425)

	Number	Percent
English	416	98%
Hmong	2	<1%
Native American languages	1	<1%
Somali	2	<1%
Spanish	15	4%
Other	21	5%

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

E4. Country of birth (N=416)

	Number	Percent
Africa	1	<1%
Asia	1	<1%
Brazil	1	<1%
China	1	<1%
El Salvador	1	<1%
Ethiopia	1	<1%
France	1	<1%
Germany	1	<1%
Indian	3	<1%
Korea	2	<1%
Liberia	1	<1%
Mexico	7	2%
Netherlands	1	<1%
Nigeria	1	<1%
Pakistan	1	<1%
Peru	1	<1%
Russia	2	<1%
Somali	1	<1%
Thailand	1	<1%
United States	385	93%
Vietnam	2	<1%

F. Participant open-end responses

F1. Open-end: “Other” health topics participants learned through participating in the Neighborhood Health Connection activity (N=28*)

Nutrition and food preparation

How to eat mindfully.

Being mindful when you eat.

Learned "numbers" high cholesterol.

What vitamins for what food.

Shopping tips.

Healthy snacks for kids.

Healthy recipes.

Canning.

Low sodium values.

Physical activity or exercise in general

Physical activity.

Physical improvement strategies - stretching strategies.

Special exercises.

Exercise (2).

The fun of exercise!

Physical skills.

Importance of physical activity and nutrition for brain health!

Specific types of exercise

Meditation and yoga.

Aromatherapy/yoga.

Yoga.

Zumba class.

Walking, meeting people.

Mental health

Mental skills.

Coping skills for mental health.

Meditation, mental health education.

Mindfulness of others.

Maintain your brain.

Other

Enjoying the outdoors.

Making crafts.

Staying connected w/ non-toxic relationships that help my lifestyle changes.

** Responses might have been broken up and placed accordingly into the appropriate category.*

F2. Open-end: "Other" changes participants made to their eating habits as a result of their involvement in the Neighborhood Health Connection (N=18)

Increase consumption of water

Drink more water (4).

Eating more fresh food

Less snacking.

Less processed food, more "real" food.

Eating less processed foods.

Always eat from garden, fresh flour, and farm eggs.

Thinking about what you eat

Be more mindful.

Eating more slowly and thinking about the food eaten.

Canning

Using less sugar when canning my foods.

Canning more locally grown foods.

More knowledge about health eating

Importance of taking care of myself.

Help my family make different/healthier food at home.

Cholesterol is high, doing diet changes for it.

This was mostly a good review for me since I found out I am Stage 4 Chronic Kidney Disease.

Other

Going to eat healthy starting next year.

I already do all of these.

G. Key Informant interview protocol and surveys

Neighborhood Health Connection grantee survey FINAL

You are receiving this survey because you were awarded a Neighborhood Health Connection Healthy Activity Grant from Allina Health. This survey will be used to learn more about how your grant-funded activity impacted community members' social connections and their health. In addition, you will be asked some questions about challenges you faced and any assistance you received from the Allina Health staff.

Your answers will be completely confidential. When we report the results, your responses will be grouped with the responses of other grantees.

1. Please choose your Neighborhood Health Connection activity.
 - [Insert list of the funded activities.]
2. What types of event(s) did your Neighborhood Health Connection activity include? (Select the best option):
 - One-time event(s)
 - Ongoing events (e.g., the same group of people meets regularly)
 - A combination of one-time and ongoing events
3. Overall, approximately how many people participated in your Neighborhood Health Connection activity? (Please count each person only once, even if they participated in multiple events.): _____
4. In your proposal to Allina Health, you listed the anticipated number of people who would participate in your Neighborhood Health Connection activity. Overall, through your Neighborhood Health Connection activity, did you:
 - Reach fewer participants than initially anticipated
 - Reach about as many participants as you initially anticipated
 - Reach more participants than you initially anticipated
 - Other (please explain: _____)
5. Please briefly describe a successful strategy that you used to encourage people to participate in your Neighborhood Health Connection activity:

6. Please briefly describe any challenges or other issues that you faced in getting people to participate in your Neighborhood Health Connection activity:

7. Did children (under the age of 18) participate in your Neighborhood Health Connection activity?

- Yes → 7a. Approximately how many individuals participated? _____
- No
- Unsure

8. Did adults (age 18 or older) participate in your Neighborhood Health Connection activity?

- Yes → 8a. Approximately how many individuals participated? _____
- No
- Unsure

9. Did older adults (age 65 or older) participate in your Neighborhood Health Connection activity?

- Yes → 9a. Approximately how many individuals participated? _____
- No
- Unsure

10. How successful do you think your Neighborhood Health Connection activity was in...	Very successful	Somewhat successful	Not successful	Not sure	Not applicable
10a... building new social connections between participants?					
10b... strengthening existing social connections between participants?					
10c... increasing participants' healthy eating behaviors?					
10d... increasing participants' levels of physical activity?					
10e... increasing participants' knowledge about healthy living?					
10f... connecting participants to resources in the community that could support their health?					

11. Did you encounter challenges when implementing your Neighborhood Health Connection activity?

- Yes → 11a. What challenges did you encounter? (CHECK ALL THAT APPLY)
 - Poor weather
 - Difficulty promoting the activities
 - Not enough funds
 - Difficulty recruiting participants
 - Staff or organizational changes
 - Other: _____
- No → Skip to question 13

12. Please briefly describe what would have helped you address these challenges?

13. Did you participate in any way on the Neighborhood Health Connection Facebook page?

- Yes
 - No → 13a. Briefly explain why you did not participate on the Facebook page [will be skipped to question 15] :
-

14. Did you find Facebook useful for...	Yes	No	Not sure
14a... finding out about other health-related organizations and events?			
14b...sharing ideas with other grant recipients?			
14c...publicizing your organization's/group's events?			
14d...reading health-related news stories?			

15. How strongly do you agree or disagree with the following statement? The communication I received from Allina Health staff was useful to helping me implement my Neighborhood Health Connection activity.

- Strongly agree
- Agree

- Disagree
- Strongly disagree
- Unsure

16. Please share one thing Allina Health could change to communicate information to you more effectively:

17. Did you receive any type of assistance from an Allina Health community engagement lead?

- Yes → 17a. What types of assistance did you receive? (CHECK ALL THAT APPLY)
 - Free health screenings
 - Health education materials (e.g., brochures, handouts)
 - Health tracking devices (e.g., pedometer)
 - Health promotion materials (e.g., t-shirts, supplies)
 - Consultation with a health professional
 - Planning/implementation support
 - Marketing materials
 - Help promoting events
 - Connections to other Allina Health programs (specify which health program(s): _____)
 - Connections to local organizations
 - Media relations support
 - Other: _____
- No → Skip to question 19

18. How helpful was the assistance that you received?

- Very helpful
- Somewhat helpful
- Not helpful
- Unsure

19. How strongly do you agree or disagree with the following statement? Overall, Allina Health provided me with clear information and guidance throughout the Neighborhood Health Connection grant process.

- Strongly agree
- Agree

- Disagree
- Strongly disagree
- Unsure

20. Use the space below to offer any other suggestions for ways Allina Health could improve the Neighborhood Health Connection grant application process or support grantees in implementing their activities.

21. How likely is it that your activity or program will continue after the Neighborhood Health Connection Healthy Activity grant ends?

- Very likely
- Somewhat likely
- Not likely
- Unsure

22. How strongly do you agree or disagree with the following statement? If given the chance, my organization or group of neighbors would apply again for a Neighborhood Health Connection Healthy Activity grant:

- Strongly agree → Skip to end
- Agree → Skip to end
- Disagree
- Strongly disagree

23. Briefly describe why you chose this answer:

Neighborhood Health Connection activity survey

You are receiving this survey because you participated in an activity sponsored by Allina Health's Neighborhood Health Connection. This survey will be used to learn more about how these activities impact community members' social connections and their health.

The survey should take about 5-10 minutes to complete. Your answers will be completely confidential. When we report the results, your responses will be grouped with the responses of other respondents.

1. Are you 18 years of age or older?
 - ¹ Yes
 - ² No → This survey is open only to adults, age 18 or older.

2. Since August 1st, 2013, approximately how many times did you participate in the Neighborhood Health Connection activity (this includes meetings, events, or workgroups)?
 - ¹ None → This survey is only open to people who participated in a Neighborhood Health Connection activity.
 - ² 1
 - ³ 2-5
 - ⁴ 6-10
 - ⁵ More than 10

3. In general, how would you rate your overall health?
 - ¹ Excellent
 - ² Very good
 - ³ Good
 - ⁴ Fair
 - ⁵ Poor

This set of questions asks about relationships with members of your community and community involvement.

4. Through participating in the Neighborhood Health Connection activity, I have developed **new** relationships with neighbors and community members.
 - ¹ Yes
 - ² No → Skip to question 6
 - ³ Unsure → Skip to question 6

5. Over the next 6 months, how likely are you to maintain the **new** relationships?
 - ¹ Very likely
 - ² Somewhat likely

- ³ Not likely
- ⁴ Unsure

6. Through participating in the Neighborhood Health Connection activity, I have strengthened my **current** relationships with neighbors, community members, and/or friends.

- ¹ Strongly agree
- ² Agree
- ³ Disagree
- ⁴ Strongly disagree
- ⁵ Unsure

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

- ¹ Very likely
- ² Somewhat likely
- ³ Not at all likely
- ⁴ Unsure

8. Over the next 6 months, how likely is it that you will attend other community events or activities?

- ¹ Very likely
- ² Somewhat likely
- ³ Not at all likely
- ⁴ Unsure

9. Overall, through participating in the Neighborhood Health Connection activity, has your connection to the community:

- ¹ Increased
- ² Decreased
- ³ Stayed the same
- ⁴ Unsure

This set of questions asks about your connection to new groups and resources.

10. Through participating in the Neighborhood Health Connection activity, I learned about new groups or activities (e.g., recreational center, senior center, social or work group, self-help group, charity, public service, or community group).

- ¹ Yes
- ² No → Skip to question 13
- ³ Unsure → Skip to question 13

11. Have you joined the group(s) or activities?

- ¹ Yes → Skip to question 13
- ² No

12. Do you intend to join the group or activities over the next 6 months?
- ¹ Yes
 - ² Maybe, I'm thinking about it
 - ³ No, I am not interested in joining at this point
 - ⁴ Unsure
13. Through participating in the Neighborhood Health Connection activity, have you become aware of resources (e.g., classes, organizations, written materials, websites) to support your health?
- ¹ Yes
 - ² No → Skip to question 16
 - ³ Unsure → Skip to question 16
14. Have you used the resources to support your health?
- ¹ Yes → Skip to question 16
 - ² No
15. Do you intend to use the resources over the next 6 months?
- ¹ Yes
 - ² Maybe, I'm thinking about it
 - ³ No, I am not interested in using the resources at this point
 - ⁴ Unsure

This set of questions asks about your physical activity and active living.

16. Did your participation in the Neighborhood Health Connection activity include physical activities such as walking, gardening, exercising, or playing sports?
- ¹ Yes
 - ² No → Skip to question 20
17. 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? *Moderate activities cause only light sweating and a small increase in breathing and heart rate.*
- Number of days per week: _____
18. As a result of your involvement in the Neighborhood Health Connection activity, are you:
- ¹ More physically active than six months ago
 - ² Less physically active than six months ago
 - ³ About the same amount of physical activity now and six months ago
19. As a result of your involvement in the Neighborhood Health Connection activity, how likely are you to make or maintain healthy changes in your physical activity?
- ¹ Very likely
 - ² Somewhat likely
 - ³ Not likely

⁴ Unsure

This set of questions asks about your healthy eating.

20. Did your participation in Neighborhood Health Connection activity include a focus on healthy eating?
- ¹ Yes
² No → Skip to question 26
21. Through participating in the Neighborhood Health Connection activity, did you learn about any of the following topics? (**CHECK ALL THAT APPLY**)
- ¹ Healthy eating and nutrition
² Cooking and food preparation techniques
³ Gardening and how to grow food
⁴ Other: _____
22. Overall, which category best describes your **current** eating habits? (A “healthy diet” is one that is high in fruits, vegetables, and whole grains, low in sugar and saturated fats, and uses appropriate portion sizes.)
- ¹ I follow a healthy diet most of the time.
² I follow a healthy diet some of the time.
³ I follow a healthy diet occasionally.
⁴ I do not follow a healthy diet.
23. As a result of your involvement in the Neighborhood Health Connection activity, did you make any changes to your eating habits?
- ¹ Yes → 23b. What changes have you made? (**CHECK ALL THAT APPLY**)
- ¹ Eating more vegetables
² Eating more fruit
³ Eating more whole grains
⁴ Eating appropriate portion sizes
⁵ Drinking fewer sweetened beverages
⁶ Cooking healthy meals more often
⁷ Reading nutritional labels
⁸ Other (specify: _____)
⁹ None of the above
- ² No
24. As a result of your involvement in the Neighborhood Health Connection activity, do you eat healthy meals and snacks:
- ¹ More often than six months ago
² Less often than six months ago
³ About the same now and six months ago

25. 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?

- ¹ Very likely
- ² Somewhat likely
- ³ Not likely
- ⁴ Unsure

This set of questions asks about your demographics. Please choose the answer that best describes you.

26. What is your age? _____

- ¹ I choose not to answer

27. What is your gender?

- ¹ Male
- ² Female
- ³ Transgender
- ⁴ Other
- ⁵ I choose not to answer

28. How would you describe your racial or ethnic group? (**CHECK ALL THAT APPLY**)

- ¹ African
- ² American Indian/Native American
- ³ Asian
- ⁴ Black or African American
- ⁵ Hispanic or Latino
- ⁶ White or Caucasian
- ⁷ Another race or ethnic group? (Specify _____)
- ⁸ I choose not to answer

29. Which languages are spoken in your household? (**CHECK ALL THAT APPLY**)

- ¹ English
- ² Hmong
- ³ Native American languages
- ⁴ Somali
- ⁵ Spanish
- ⁶ Other: _____
- ⁷ I choose not to answer

30. What country were you born in?
(Specify the county) _____

- ¹ I choose not to answer

Technical assistance interview protocol

List community engagement lead's region:

Hello and thank you again for taking the time for this brief conversation. As a reminder, we'll be talking about the technical assistance you gave to grantees during the course of the Neighborhood Health Connection Healthy Activity grant program. We want to let you know that your individual responses to the questions will remain anonymous and will be combined with the responses of the other Community Leads in reports to Allina Health.

Do you have any questions before we begin?

1. Did you provide any technical assistance or other support to the Healthy Activity grantees in your region?
2. What steps, if any, did you take to let the grantees know that technical assistance is available?

[If in Q1, no TA was provided → SKIP TO Q6]

3. Can you briefly describe the types of technical assistance or support you provided? Were there any common technical assistance needs among the grantees?
4. How much time would you estimate you spent providing technical assistance overall? Did you feel you had enough time available in your schedule to respond to the requests of the grantees? (NOTE: This is not intended to capture an accurate total for time spent on TA, but rather to generally understand the scope of support/TA provided and whether it was feasible for the Leads to provide this support.)
5. Can you describe any difficulties or challenges you faced when providing assistance to grantees? (Were there any needs that you had a difficult time meeting?)
6. Do you have any suggestions about ways that Allina Health could help you provide technical assistance or support to the grantees?
7. Is there anything else you would like to share?

Thank you for your time!

H. Literature review: Social connections and youth health outcomes

Introduction

As Allina Health Community Benefit and Engagement looks to develop the next round of the Neighborhood Health Connection (NHC) program, it is interested in knowing more about the link between social connections and youth health outcomes. In response, Wilder Research compiled the following literature review that summarizes research focused on the relationship between social connections and the health of youth. Overall, the literature highlights that increased social cohesion (e.g., trust between neighbors or neighborhood safety) and youths' connections to school are two key elements that can influence health.

Defining social connections

Social connections can be defined as the relationships individuals have with their family members, friends, and neighbors. These relationships can be organized into three different categories: 1) bonding social capital or the close ties to family and friends that foster tightly-formed groups that support their own members; 2) bridging social capital or the intermediate relationships among, for example, coworkers and neighbors that can bring people together from different social networks to work to address common concerns or achieve shared goals; 3) linking social capital or networks formed among people with different social backgrounds or levels of power, for example policymakers and their constituents (Bhandari & Yasunobu, 2009). The term social cohesion moves beyond connections at an individual level to consider the sense of belonging among neighborhood residents and their collective capacity to work together towards common goals (Sampson, 2003). Measures of social cohesion often focus on the degree to which residents trust one another and feel that people in the neighborhood help each other. Neighborhood safety and the willingness of residents to work together to respond to problems in the neighborhood also contribute to social cohesion.

Social connections and adults

The relationship between social connections and adult health outcomes has been widely documented (Hawe & Schiell, 2000; Hemingway & Marmot, 1999). Research suggests that high levels of social connections can have a direct impact on individual-level health by reducing blood pressure, lowering levels of stress hormones, and improving immune responses (Uchino, Cacioppo, & Kiecolt-Glaser, 1996). Social connections also indirectly influence health by creating healthy social norms, connecting people to resources and services, and increasing knowledge about health, or “health literacy,” in social networks (Kim, Subramanian, & Kawachi, 2006). At an individual level, these indirect outcomes

can be the result of new “bridging” and/or “linking” relationships. However, we can also think of these outcomes occurring in neighborhoods with a high degree of social cohesion, where information is quickly diffused, residents feel supported, and social norms are reinforced (Kawachi & Berkman, 2000).

Conversely, the lack of social connections, or social isolation, is a risk factor for several chronic diseases such as obesity, cancer, high blood pressure, and diabetes (Cacioppo & Hawkley, 2003). Lack of social connections can also increase stress levels and lead to behavior that elevates health risks, such as increased tobacco and alcohol use, or reduce healthy behaviors, such as eating well and exercising. Social isolation can also mask symptoms and increase the delay in seeking care (Institute of Medicine, 2001).

Social connections and youth

Research on social connections and child and adolescent health outcomes is still an emerging field. Although there is research demonstrating the impact of youth having caring relationships with adults on development and achievement, there is little research focused on the direct health benefits of these types of relationships. Instead, much of the research focuses on how social cohesion or “neighborhood social capital,” influences youth development and behavior. This form of social capital is a collective characteristic, rather than an individual attribute (De Clercq et al., 2012).

A common measure of community social capital asks community members to state whether they agree or disagree with the following five items:

- “People say ‘hello’ and often stop to talk to each other in the street”
- “It is safe for younger children to play outside during the day”
- “You can trust people around here”
- “There are good places to spend your free time”
- “I could ask for help or a favor from neighbors” (Currie, Samdal, Boyce, & Smith, 2001).

Other common measures of community social capital are social control, or community members’ perceptions of their neighbors’ willingness to intervene in threatening situations in the neighborhood, and social cohesion and trust, or bonds and trust among residents.

There is strong evidence that community or neighborhood social capital is associated with child and adolescent health outcomes. Neighborhood social capital has also been found to be associated with infant mortality rates, rates of child abuse, and developmental and behavioral outcomes in children (Garbarino & Kostelny, 1992; Kawachi, Kennedy, Lochner, & Prothrow-Stith, 1997; Runyan et al., 1998). Another study found that neighborhood social capital corresponded to lower levels of health complaints and higher levels of well-being in children ages 11 to 15 (Eriksson, Hochwalder, Carlsund, & Sellstrom, 2011). Similarly, higher levels of informal social control and social cohesion and trust in neighborhoods have been found to be associated with adolescents' perceptions of their own health (Drukker, Buka, Kaplan, McKenzie, & Van Os, 2005).

Many of these studies control for socio-economic factors, suggesting the mitigating role that social capital might play in children's health outcomes. For example, one study found that community social capital was related to children's general health independent of individual-level factors, including family socio-economic status (Drukker, Kaplan, Feron, & Van Os, 2003). In this study, children's mental health was specifically associated with the level of informal social control in the neighborhood. Several other studies have found that higher levels of social capital reduced or eliminated socio-economic differences in health outcomes in children and adolescents (De Clercq et al., 2012; Elgar, Trites, & Boyce, 2010).

School social capital and connections to school are also constructs that have been found to be associated with child and adolescent health outcomes. Examples of items used to measure school social capital include: "Our school is a nice place to be," "I feel I belong at this school," and "I feel safe at this school" (Eriksson et al., 2011). High levels of school social capital have been found to be associated with lower levels of health complaints and higher levels of well-being (Eriksson et al., 2011). School connectedness is a similar, though slightly distinct, construct defined as the belief by students that adults and peers at their school care about their learning and as well as them as individuals (Centers for Disease Control and Prevention, 2009). Measures of school connectedness include items related to commitment to school (e.g., "Doing well in school is important to me"), relationships with teachers (e.g., "Teachers at this school are fair"), relationships with peers (e.g., "I like the other students in my classes"), opportunities to participate (e.g., "At my school, students have a lot of chances to help decide and plan things"), and belonging (e.g., "I feel I belong in this school") (Bond et al., 2007). Research has shown that low school connectedness in eighth grade is associated with elevated risks of anxiety and depressive symptoms, lower rates of school completion, and higher rates of smoking, drinking, and marijuana use in high school (Bond et al., 2007).

Findings from these studies have implications for health care providers, neighborhood and community organizations, schools, and other organizations that engage children and

adolescents. Ways these groups might work to improve neighborhood and school social capital include:

- Build in opportunities for networking in services already provided
- Create new opportunities for interactions among different social groups
- Provide opportunities for residents to participate in and take control of community projects and events
- Create safe places in the community for children to play or adolescents and adults to gather and interact
- Expand and improve extracurricular activities for youth
- Become familiar with the research on social capital and health outcomes
- Use this knowledge to inform the development of programs that improve social capital and health outcomes
- Engage in collaborative efforts across organizations in the community
- Advocate for programs that improve social capital and health outcomes
- Evaluate strategies intended to improve social capital and health outcomes (Waterston, Alperstein, & Brown, 2004).

Key points for consideration

- Improved social connections may lead to positive health among both adults and youth. However, the current research suggests that they arrive at these health outcomes through different paths. There is a large research base demonstrating the positive health outcomes that result from changes in individual social connections among adults. In contrast, the youth-focused literature concentrates more on the influence of social cohesion and neighborhood attributes on health outcomes.
- It is also important to note that parents and other adults have a strong influence on youths' social connections. For example, youths' bridging social capital is likely influenced by their parents' or family members' decisions about where their child will go to school and what social networks they will be exposed to. Similarly, interventions intended to increase connections among youth require parent buy-in and benefit from the ongoing support from parents.

- Current research, resources, and programming that seek to influence youth health outcomes through social connections could be best utilized on interventions aimed on increasing social or neighborhood cohesion and connections to school.

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