Corewell Health Healthier Communities

Our Neighborhood Our Health

Roosevelt Park Pilot Evaluation

SIDEStrategies
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2023

Background

The concept and proposal for the Our Neighborhood Our Health initiative was initially brought forward through a collaborative effort between Calvin University and the Kent County Health Department to engage in Health Equity Zone work through the development of a Community Based Participatory Research model that centered community residents in the identification of neighborhood assets and strengths, needs, and associated solutions to reduce health inequities and promote increased well-being.

Health Equity Zones, a concept originally developed by the Rhode Island Department of Health, refer to a designated region or locality, often census tracks, where residents experience a disproportionate share of identified inequities for priority health conditions. In these zones, concentrated efforts to improve health outcomes and reduce health disparities, particularly among underserved or marginalized populations are undertaken. Typically, health plans, healthcare systems, public health departments and community-based organizations come together to organize and align their work to identify and eliminate specific health inequities—effectively broadening and deepening their impact. These efforts may include initiatives to increase access to healthcare services, reduce social determinants of health inequalities, and promote overall well-being within the residential community in the zone. The premise of Health Equity Zone work is that health begins outside the walls of clinics and hospitals, requiring place-based pursuit of equity by addressing inequities experienced by whole communities and not just by people when they receive healthcare services.

The Kent County Health Department and Calvin University were interested in promoting health equity by developing a resident-driven model that could be scaled to other neighborhoods. They engaged Corewell Health in these discussions in 2020 with the goal of broadening community and institutional support for the model.

Spectrum Health (now Corewell Health) Healthier Communities provided seed funding in the amount of $240,000 to launch the initiative and became an official partner for the project. Additional funding sources were explored and ultimately funding was leveraged from PNC Bank ($15,000) and the Kellogg Foundation ($250,000) to support the pilot.

Roosevelt Park, a majority Hispanic neighborhood in Grand Rapids, MI, was selected as the first site for this work in 2021. This neighborhood was seen as an optimal site for several reasons. The total population in Roosevelt Park in 2017 was 6,234 and was approximately 76% Hispanic or Latino and 12% Black or African American and the census tract that most closely aligns with the Roosevelt Park neighborhood had the fourth highest area deprivation index score among all census tracts in Kent County. The high area deprivation index score indicated a high socioeconomic status disadvantage when compared to other census tracts in Kent County, demonstrating that a clear need for resources existed in the neighborhood. Also, Spectrum Health (now Corewell Health) Healthier Communities had an existing presence in the Roosevelt Park neighborhood and had developed rich relationships within it over more than 20 years.

Finally, at the time Calvin University had not formally intervened through their own Community Based Participatory Research program, which also enhanced the attractiveness of administering the pilot in this neighborhood.

Our Neighborhood Our Health Core Project Team

The core project team for the Our Neighborhood Our Health Initiative consisted of staff from Calvin University, the Kent County Health Department, and Corewell Health.

Calvin University

Gail Zandee, MSN, RN is an associate professor of nursing at Calvin University and the Community Partnership Coordinator. Gail has led Community Based Participatory Research projects in Grand Rapids for over 22 years in her capacity of Community Partnership Coordinator and her knowledge and expansive experience in this area was the reason for Calvin University's involvement in the project. In 2021, Gail was hired through Healthier Communities grant funding to be a consultant on Community Based Participatory Research and served as a part of the core project team. Other staff that participated in the initiative from Calvin University included Keagan Johnson, a nursing faculty member, and Mary Doornbos, a professor Emerita of the Nursing program.

Kent County Health Department

Janine O'Donnell, MPH a Public Health Supervisor and Maris Brummel, MPH an Epidemiologist with the Kent County Health Department initially collaborated with Calvin University and Healthier Communities in 2021 to develop the concept for Our Neighborhood Our Health initiative and then participated in the core project team. Both Janine and Maris work within the Center for Community Health Strategy at the Health Department. Much of their work is focused on advancing health equity and improving community engagement efforts by centering resident voice.

Corewell Health Healthier Communities

Jeremy Moore, Director of Community Partnership and Innovation for Healthier Communities also participated in the initial conversations that gave life to the project and supported the initial financial commitment of Corewell Health for the pilot. Next, the Corewell Health Healthier Communities Innovation team, under the direction of Jeremy Moore, wrote the grant request to the Kellogg Foundation for $250,000 in funding, which was received in 2021. Corewell Health Healthier Communities acted as the fiduciary for the initiative and was the liaison with the Kellogg Foundation and the Hispanic Center of Western Michigan, who served as the Backbone organization for the team. In addition, Corewell Health Healthier Communities contributed $280,000 dollars from its budget dedicated to community initiatives to be used for this specific project. Jeremy transitioned to another organization in June 2022.

Danielle Gritters, a Healthier Communities Shared Services Manager, facilitated the coordination of and participated in the core project team. Danielle had a hiatus from the project in November 2022 through January 2023 for a pregnancy leave and also transitioned to a new job, resigning fully from the project in May 2023. Julio Cano Villalobos participated in the technical aspects in the support of the project (travel to RI, focus groups, surveying). With Danielle's departure, Julio took on the role of coordinating the project team.

Krystal Bunch, a Community Health Programs Specialist, acted as the Community Neighborhood Coordinator for the project in 2022. Krystal was instrumental in developing communications for external partners about the work of ONOH. She also served as a consistent and trusted liaison between the project team and the Community Advisory Board (CAB). At the beginning of 2023, she took a new position with a different organization and her participation in the project ended.

Kelsey Perdue replaced Jeremy Moore as Director of Healthier Communities Community Programs and Innovations in September 2023 and took the role of Principal Investigator for the Kellogg Grant.

Evaluation Purpose, Questions, & Methods

Purpose

The purpose of the formative evaluation of the Our Neighborhood Our Health initiative was to understand the experiences of the stakeholders involved in the project in order to make recommendations for a formalized Our Neighborhood Our Health model that may be replicated in other neighborhoods. To accomplish this, this evaluation sought to understand how the current model was implemented in the Roosevelt Park neighborhood, how and to what extent residents were involved in the processes used to prioritize health issues, to what extent the work was centered in the needs of the community and, finally, to identify how the success of Our Neighborhood Our Health should be determined.

Evaluation Questions

The evaluation was guided by the following evaluation questions.

1. What were the strengths and areas of tension in the ONOH model, as it was implemented in the Roosevelt Park Neighborhood?

    a) What was the experience of the partners in the implementation of the ONOH model?
    b) To what extent did the implementation of the ONOH go as planned?
    c) How and to what extent was resident voice centered in the implementation of the ONOH model?

d) What community focused solutions were identified through the ONOH initiative, and to what extent were they resident focused?

2. To what extent did the current ONOH model effectively support resident engagement?
   a) What was the experience of the residents, in their participation in the data prioritization, focus groups, and community surveying processes?
   b) What was the experience of residents on the community advisory board?
   c) What was the experience of the residents that participated in the ONOH capacity building?

3. How should success of the ONOH initiatives be determined moving forward?
   a) How do neighborhood residents, community partners, and the Community Advisory Board members define success for the ONOH initiative?
   b) What are the ideal monitoring metrics and uses of data for the ONOH moving forward?

Data Collection Methods

The following strategies were utilized to collect data for this evaluation.

Document & Data Review

For the purposes of this evaluation, the review of the documentation and data included a review of Powerpoint presentation slides from community presentations; fliers from the community events, such as the Resident Prioritization Session; the Roosevelt Park Neighborhood Profile (2022); the resident focus group report; the KConnect Data Prioritization Powerpoint presentation; and the data collection tools utilized for the data collection for the resident focus groups and community survey.

Community Partner Interviews

Interviews were conducted with the following community members: KConnect President Salvador Lopez and Vice President, Mark Woltman; Hispanic Center of West Michigan Executive Director, Evelyn Esparza-Gonzalez; Kent County Health Department Public Health Program Supervisor, Janine O'Donnell; Calvin University: Associate Professor of Nursing, Keagan Johnson. All interviews were conducted via Microsoft Teams.

Corewell Health Healthier Communities (CHHC) Staff Feedback Questionnaire & Interviews

The Corewell Healthier Communities Staff Feedback Questionnaire was administered via Survey Monkey to the core staff that worked on the project and subsequently interviews were conducted. All responses were qualitative in nature. Three staff members completed the survey and two engaged in interviews.

Community Resident Data Collection + Prioritization Focus Group

Residents that participated in the community focus groups or surveying process or had attended the community prioritization session were invited to provide feedback about their experiences in these initiative activities. The focus group was held at the Hispanic Center of Western Michigan. Overall, 15 residents were invited to participate and seven attended the focus group.

Community Advisory Team Focus Group

The Community Advisory Board members provided their feedback about the ONOH initiative through a focus group, which was held at the Corewell Health office on Cesar Chavez Ave in Grand Rapids.

Model Implementation

The Roosevelt Park Our Neighborhood Our Health initiative was launched in 2022 under the cooperation of Calvin University, the Kent County Health Department, and Corewell Health. The core project team met weekly to establish the work, make decisions, and provide guidance for the project.

ONOH Activities & Timeline

Activity	Timeline
Asset Mapping	January 2022
Community Advisory Board Formation	March 2022
Backbone Organization Identification	May 2022
Community Resident Focus Groups	June 2022
Community Survey	August -Nov 2022
Priorities Identification	January-Feb 2023
Solutions/Intervention Identification	June 2023
Community Funding RFP Process & Awards	August 2023

Asset Mapping

Asset mapping was the first activity in the initiative and was focused on generating a deep understanding of the current state and history of the neighborhood – who lives there, the businesses in operation, and the community resources. The asset mapping occurred in January 2022. It had two components, the development of the Roosevelt Park Neighborhood Profile and neighborhood engagement and relationship building.

The neighborhood profile consisted of a written report that included the following:

- The census tracts within the neighborhood

- A brief history of the neighborhood
- A list and description of community assets including, community centers, community health centers, grocery stores, non-profit organizations, places of worship, childcare facilities and schools, and parks
- Demograhic and socio-economic data from the 2020 American Community Survey (see Appendix I)
- The neighborhood engagement efforts were led by the Keagan Johnson of Calvin University and Krystal Bunch, the Neighborhood Coordinator. This position was developed by allocating a percentage of time of an existing Corewell Health employee. The efforts of the Neighborhood Coordinator included engaging with individuals and businesses in the community to share the vision for the ONOH initiative, seek permission to launch the work, build relationships and trust, and to develop an understanding of the assets and needs of the community from their perspectives

Community Advisory Board Formation

Through the leadership of Corewell Health, the Community Advisory Board (CAB) was organized in May of 2022 with the goal of bringing together neighborhood residents to participate in the Our Neighborhood Our Health in an advisory capacity. The stated objective for the work of the CAB was to create a team of residents from the Roosevelt Park neighborhood that would advise in all steps of process. Potential CAB members were identified by reaching out to neighborhood organizations and businesses to inquire about who may be a good fit for the board based on the vision for the initiative as a part of the Asset Mapping process. The goal was to recruit individuals with varying backgrounds in terms of age, skills, and experience that appropriately represented the demographic make-up of the neighborhood. Initially eight members were recruited. Six members ended up forming the inaugural board. The ONOH Core Team facilitated the initial formation of the CAB as well as the meetings over the course of the project.

Backbone Organization Identification

Initially it was proposed that the backbone of the health equity zone framework would be Calvin University and Spectrum Health. The idea was that these backbone organizations would act as community organizers, coalition managers, and single points of contact to the Health Department, which would serve as a neutral convener and stakeholder in the neighborhood. However, as the project proceeded, it was deemed that the backbone organization should be one that was situated in the Roosevelt Park neighborhood. Identifying a backbone organization in the neighborhood that could support the initiative was a critical aspect of the project. It was imperative that the organization selected had the capacity to engage and facilitate communication with the neighborhood including the coordination and hosting of events at an accessible location with the offering of childcare and provision of meals. Of paramount concern was that the backbone organization was a trusted entity in the neighborhood. Finally, the

backbone organization needed to have the capacity to have a staff member participate on the CAB and engage more broadly in the activities of the project as well as the commitment from the organization's executive leadership to devote time and resources to the initiative.

A facilitated discussion with the CAB was initiated wherein the concept of a backbone partner was introduced and CAB members brainstormed the characteristics they'd like to see in a backbone partner. Once the list of characteristics was established, a list of local agencies that met the criteria was developed. The pros/cons of each organization were discussed and ultimately the Grandville Avenue Art and Humanities and the Hispanic Center rose to the top of the list of qualified organizations. Ultimately the Hispanic Center was selected and was approached to ascertain their interest in the role.

Community Resident Focus Groups

The focus groups were conducted in June of 2022. The purpose of the focus groups was to provide residents the opportunity to share their ideas and opinions about the strengths, to identify concerns related to the neighborhood, and to explore and share views about health in the community. The project team (Calvin University, The Kent County Health Department, and Corewell Health) partnered with Roosevelt Park community organizations including the Hispanic Center of Western Michigan, Grandville Avenue Arts and Humanities, Grand Rapids Public Schools, the United Church Outreach Ministry, and the Roosevelt Park Neighborhood Association to recruit neighborhood residents to attend focus groups. Overall, thirty-two residents participated. Participants were divided into three groups, with 10-12 residents per focus group. Two groups were held in Spanish, and one group was held in English. KCHD and Calvin University provided leadership for and facilitated the development of the focus group facilitation guides, analysis of the focus group data, and the full report of findings. Focus groups were facilitated by KCHD employees and interns and CH staff. Members from the newly formed CAB participated in the processes, particularly in the recruitment of participants. The Neighborhood Coordinator (Corewell Health) was responsible for coordinating the logistics for the focus groups.

Focus group questions were almost identical to the ones that Calvin University used in their 20 years of CBPR work in 4 other Grand Rapids neighborhoods. They focused on the following: what people liked about the neighborhood and the good things they have found about living there; the kinds of things people living in the Roosevelt Park Neighborhood worry about; where people go for health care services, both within and outside the neighborhood; barriers to receiving healthcare; "biggest" health problems people face in the neighborhood; people's concerns with the neighborhood as a whole; barriers to residents getting "help that they need"; what would encourage residents to play a more active role in community improvement; what their one wish for a change in the neighborhood would be.

Community Survey

The Community Survey efforts were led by the KCHD, Calvin University, and Corewell Health. The method used to survey Roosevelt Park was very similar to the method used in the 20-year CBPR work conducted by Calvin University in 4 other Grand Rapids neighborhoods. Peterson Consulting was hired to support the efforts to develop the survey instrument. Corewell Health developed the sampling plan for the survey, which utilized a stratified randomized sampling methodology at the household level. Technical assistance for the development of the sampling model was provided by Ed Jados, a Data Scientist at Corewell Health. The sample only included houses and did not include apartments. Teams of 2-3 people went door to door and verbally administered the questionnaire and recorded responses on an iPad. The iPads were secure and were HIPAA compliant.

Teams were formed through 12 community members, 12 Healthier Communities team members, and 3 team members from the Kent County Health Department. The teams included at least one person who spoke and read Spanish fluently. Overall, 24 individuals participated in the Community Survey Data collection, 50% of whom were residents from the Roosevelt Park community. Residents from the community who participated in the survey administration process were financially compensated for their time.

One hundred and thirteen people completed the survey, yielding a 23% response rate based on the sampling plan of 558.

The survey question topics included: housing; employment; cost of living and daily expenses; barriers to healthcare access; cost of healthcare; transportation barriers; mental health issues and concerns; and health issues and concerns. Residents who participated in the survey were entered into a raffle to win a gift card. At the end of each day, a name would be randomly drawn and the survey team would circle back to the winner's house to give them the gift card.

Priorities Identification

In their capacity as the backbone organization for the initiative, the Hispanic Center of Western Michigan contracted with KConnect to facilitate the identification of the top priorities that emerged from the survey data. KConnect compiled an analysis of the focus group and survey data and presented it to the CAB, along with the priorities they identified: health, public safety, and mental health. The CAB provided input about the priority areas and the framework for obtaining additional community input.

Solutions/Intervention Identification

A gallery style walk with subsequent discussion groups was utilized to share the findings from the Community Survey and top three priorities with community residents was facilitated by KConnect. Community members voted on what types of solutions/interventions they would like to see in each of the three priority areas.

Community Funding RFP Process & Awards

The backbone organization (the Hispanic Center) was responsible for creating a process to disseminate funds for the implementation of health solutions related to the three priority areas of health, public safety, and mental health and then to distribute the funds and subsequently engage with recipients to monitor the outcomes associated with the interventions. KConnect was contracted to support this work to ensure transparency in the process. Contracting with KConnect also removed any conflict of interest as the Hispanic Center Western Michigan knew they were going to apply for some of the funding and as such needed an independent third party to assess the RFP responses.

A request for proposal process was created to solicit proposals for the community driven interventions and solutions. A website (rooseveltparkfunding.org) was created to disseminate information about this opportunity with the neighborhood and organizations interested in responding to the request for proposal. A total of $200,000 was made available through the RFP process including two awards for solutions related to health for up to $50,000 each ($100,000 total); two awards for public safety, $35,000 each ($70,000 total); two awards for mental health for $15,000 each ($30,000 total).

The application process required a video submission that addressed the following questions:

1. What's your favorite part of living and/or working in the Roosevelt Park Neighborhood?
2. How long has your organization been operating in the Roosevelt Park Neighborhood?
3. What has your organization accomplished in the Roosevelt Park Neighborhood in the past?
4. What focus area (Health, Public Safety, and Mental Health) would you like to focus on and why?
5. What are you proposing for funding from the Our Neighborhood, Our Health initiative and how much are you asking for?
6. How would you measure the success of the program or initiative?

Information sessions were held, in English and Spanish, to provide organizations interested in responding to the RFP with additional information and to answer any questions about the process. Additionally, "office hours" were made available to the applicant organizations by KConnect to address additional questions that arose about the RFP process.

A funding committee was established to review applications, conduct interviews, and make the determination about which organizations should be awarded funding. The committee consisted of 3 people, including the KConnect President, Roosevelt Park Neighborhood Representative, and a representative from the Our Neighborhood, Our Health Advisory Group. The neighborhood representative from the CAB was compensated for their time. The KConnect Community Engagement Compensation Structure was utilized to identify the appropriate level

of compensation. A rubric was established to evaluate the video submission proposals. Proposals were not scored on the quality of the video production, but rather the quality of the responses to the questions that were posed in the RFP.

Twenty-six applications were received and six were funded across the three priority areas of health, public safety, and mental health. The funding period was one year and proposals were scoped to conduct work within this timeframe.

1. Trinity Health - Clinica Santa Maria (Health Priority)
    - Amount: $50,000
    - Purpose: Support to purchase a camera and to support the prenatal program
2. Hispanic Center of Western Michigan (Health Priority)
    - Amount: $50,00
    - Purpose: To support two Initiatives, 1) increase access to preventative health care services by increasing referrals to health care agencies and providing social support when seeking health care services through case management; 2) to increase awareness through outreach strategies, ensuring that health information is accessible to all.
3. KSSN/Parents of SWCC (Public Safety)
    - Amount: $35,000
    - Purpose: Support for a parent/community committee at Southwest Elementary School Academia Bilingue for oversight and administration of the Guardia's de Cruces program to support student safety while walking to school.
4. Grandville Avenue Arts & Humanities (Public Safety)
    - Amount: $35,000
    - Purpose: Support for the Teen Leaders program to enhance strong and trusting relationships in the neighborhood.
5. Puertas Abiertas (Mental Health)
    - Amount: $15,000
    - Purpose: Expand 1:1 mental health therapy and therapeutic support groups for women, men, children, adolescents, and LGTBQ+ victims or witnesses of domestic abuse.
6. Art of Mind (Mental Health)
    - Amount: $15,000
    - Purpose: Expansion of mental health awareness of Mental Health awareness through the creation of an Art of Mind - Mental Health Champion certification that targets community leaders, business owners, nonprofits, and religious institutions who will serve the Roosevelt Park community utilizing a bilingual train-the-trainer model.

Defining Success

The core project stakeholders were asked how they felt the success of the Roosevelt Park Our Neighborhood Our Health program should be determined. In general, there was consensus that the success of the Roosevelt Park ONOH initiative should be multifaceted and should emphasize the extent to which the initiative was driven by community voice and developed the capacity of neighborhood residents to engage in the project and over time to take leadership in facilitating the work of the initiative. Overall, there was a significant focus on understanding the extent to which the initiative was "resident-driven" and focused on supporting residents in every aspect of the project. A quote that illustrates this sentiment is "There is a lot of capacity being built in the neighborhood, if that capacity can survive the initial investment made by Spectrum Health (Corewell Health) we can call it a victory." Success was also discussed in the context of the work of the collaborating organizations with considerations centering around how they engage with one another, and their feelings about how trust is built with each other and other community stakeholders.

Stakeholders also indicated that evaluating the success of the initiative should include the extent to which the processes were facilitated in alignment with the expectations, ensuring that the processes are efficient and do not result in wasted time for the community residents or organizations involved in the work.

Another area of focus was understanding how the initiative has spurred work in the neighborhood beyond that for which the funding disseminated through the RFP process supported: what work is being done, by whom, and what funding is being leveraged and overall, how the work is impacting the neighborhood, the greater community, and larger systems. The goal being that by developing awareness of issues important to residents and developing capacity in the neighborhood, other work would be initiated organically.

Finally, an emphasis was also placed on being able to determine whether the health priorities identified by residents are being impacted – whether there is quantifiable change in those areas.

What Worked Well

Stakeholders were asked to provide insight about what worked well with the initiative, given its original objectives and goals. Themes that emerged included aspects of resident engagement, the role of the backbone organization, and some of the aspects of the structure and processes related to the community surveying.

Resident Engagement in Model

It was the general consensus of the stakeholders that resident voice was included throughout the initiative with plans to continue to shift responsibilities to residents in parallel to building

capacity for their continued involvement over time. Specific examples of resident engagement included: development of and plans for continued work of the Community Advisory Board; and input on, and direct involvement in the community focus groups and community surveying processes, analysis, and reporting. Capacity building activities included training for residents to engage in the more technical aspects of this work. Members of the CAB expressed that this aspect of the engagement went particularly well.

The gallery walk style intervention identification session allowed residents the opportunity to understand the data related to the priorities and communicate about interventions important to them and the neighborhood.

Backbone Organization

All stakeholders reported feeling that the selection of the Hispanic Center as the backbone organization for the initiative was a good decision. Community members described the Hispanic Center as being "trustworthy". The Hispanic Center of Western Michigan also had experience in all of what emerged to be the needed primary roles of the backbone organization. This included being the fiduciary for the distribution of funds for the priority driven solutions, coordinating and hosting community convenings, and having the ability to communicate and provide translation services in Spanish. The Hispanic Center of Western Michigan is currently also taking a significant role in managing the relationship with the CAB to address other needs not addressed by the funding. A direct quote from the stakeholder interviews was "The Hispanic Center is a trusted organization and throughout the project provided great insight and recommendations."

Community Advisory Board

The concept of the Community Advisory Board is one that all stakeholders believe is imperative to the success of the ONOH initiative. There was general consensus that the CAB members were a good representation of the neighborhood residents. The dedication of the CAB members throughout the process was evident. A quote that exemplifies this is "In the past year, board members have naturally taken lead to drive the future of this project and have voice concerns and recommendations." CAB members reported feeling supported and felt that the culture established within the team was one of trust and openness where they could speak freely. In particular, CAB members felt that there was trust established with Corewell Health through their engagements and interactions with Julio. Another comment that highlights the sentiment that the CAB implementation went well is as follows: "Despite the challenges, one thing that went extremely well was the development of the Community Advisory Board."

Community Focus Groups & Surveying

There was general consensus that the processes of convening of the community focus groups and the surveying of the residents were immensely successful. Success was attributed to a variety of interrelated factors, including, having high quality technical assistance from experts

who supported the development of the research methodology for the data collection, intentional outreach efforts in the neighborhood, and investment in developing the capacity of residents who were actively involved in the processes and provided leadership through their nuanced understanding of the neighborhood.

Request for Proposal Process

The request for proposal process was described as transparent, straight forward, and accessible for people to apply for funding.

Areas of Tension

Role Clarification

In many cases, many organizations and individuals within organizations were involved in the project with multiple roles, including leadership, providing technical expertise, and managing various aspects of the project. It seems that there was consensus that in each case it was not clear who had the expertise or should have been to be involved in the different aspects of the project. This resulted in the slowing down of the project, but also, in some cases, meant that the expertise needed for a particular aspect of the project was not utilized sufficiently. This quote helps to exemplify this tension, “The implementation of the initiative experienced some challenges. One large challenge was the number of people sharing the vision and goals of the project, which was not always conveyed correctly, resulting in confusion or misunderstandings.”

There were many tensions felt around the roles of the various organizations involved with the initiative which resulted in some lost trust, as was illustrated by this comment “In addition, lack of leadership[s] understanding led to a couple of meetings that created tension among key partnership and identified the need to focus on building trust with partners.” There was a lack of clarity around the roles of convener or facilitator of the processes versus being a decision maker. As well, there was some lack of distinction between the role of being a technical expert versus a leader or facilitator of processes. Finally, at times there was frustration that it was unclear who had the “final say” on decisions related to the project, resulting in frustration, tension, and a lack of forward movement.

There was also a tension in the underlying framework for the project. Initially the vision for the project was grounded in CBPR and replicated after Calvin's 20-year CBPR work. Very quickly it evolved to be a hybrid of Calvin CBPR Model and the Rhode Island Health Equity Zone model, which utilizes different processes and strategies. The community assessment process used was nearly identical to the Calvin CBPR model used in other neighborhoods. The CAB and concept of a neighborhood backbone organization was more aligned with the Rhode Island approach.

Role of the Community Advisory Board

There seemed to be consensus that while the concept of the CAB is appropriate, relevant, and necessary to the initiative, more work is needed to identify how it should be involved in each of the aspects of the work. CAB members and other initiative stakeholders felt that the involvement of the CAB in the initial stages, including the community focus groups and surveying made sense and were positive experiences. However, as the work progressed, the CAB was less and less involved in the processes and decision making, which raised concern both for CAB members and for the other project stakeholders. Examples provided included: not being included directly in the process of identifying the priorities, rather the priorities were brought to them for review and consideration; lack of a clear role in the community prioritization session; and limited role in the RFP process and selection of grant recipients.

The evolution of the way the CAB was involved in the ONOH initiative over time called into question what the role of the committee should be over the various phases of the project as well as moving forward. Some of the questions raised included how the CAB would be funded, what the compensation structure for the members should be, what, if any political affiliations or formal associations with other organizations or initiatives it should have to facilitate work, what the role of the committee should be in the neighborhood, and how the committee should engage with other organizations in the neighborhood. Questions were raised about what the relationship between the CAB and backbone organization should be throughout the process and over the long term.

A need to establish governance processes and expectations for the ongoing operations of the CAB, as well as what support may be needed to build the capacity among the team members was also identified.

Role of the Backbone Agency

There was a lot of tension about the role of the Backbone Agency. While it was the belief of some of the ONOH Core Team members that the Hispanic Center of Western Michigan should be invited to weekly meetings and play an integral role in decision-making from the moment they were selected as the backbone, other Core Team members wanted a layer of separation that ultimately led to tension further down the line. Additionally, there was ambiguity about future funding for the project that was detrimental to building a trusting relationship with the Hispanic Center of Western Michigan. Over the course of the project there were public, external facing meetings in which the Hispanic Center of Western Michigan was not centered as a key partner in the ONOH work, which also caused tension. There continues to be ambiguity about what the long-term role of the backbone organization is meant to be, including their decision-making power and obligations as well as the extent of their fiscal responsibility.

Data Usage

Data was utilized in each aspect of the project and there was, at least conceptually, an expectation for the data collected in the asset mapping phase to be utilized to inform the scope of the community focus groups, for the community focus group findings to inform the community survey questions, and for the findings from the community survey to be used to pin point targeted needs for the neighborhood for which solutions and interventions could be created.

However, in the implementation of the model, there was not a strong connection between the findings from the focus group and the community survey questions and there was not a specified process for how the asset mapping data should specifically be used to inform the community focus group questions or the community survey, or how all data should be utilized in the prioritization of neighborhood needs. This quote from a stakeholder illustrates this point: "The process of identification of needs didn't involve secondary sources -as far as I know- that I feel would have only enriched the conversation with those involved in the identification of need and their prioritization."

Needs Prioritization

The timeline in which the Hispanic Center/KConnect were tasked with developing a prioritization approach was very short. Considerable time and energy was spent developing the data collection methodology by the core project team, but only a fraction of that energy was spent on next steps (prioritization and awarding of grants). It was ultimately determined there would be no feasible way for Corewell (or any of the other core partners) to distribute the implementation dollars before they would need to be spent, which was when the initial conversation was had about asking the Hispanic Center of Western Michigan to serve as fiduciary in that work. The ONOH Core Team did not have a defined process for how prioritization would occur and essentially outsourced it to KConnect.

There was some concern expressed about how the needs were prioritized, both in terms of the process for sharing the initial data from the community survey and for how needs were subsequently identified. One stakeholder commented "An area for improvement is having residents prioritize the needs, based on the data collected (e.g., dot voting) as opposed to organization(s) prioritizing and bringing back to residents."

Another area of concern was how broad the priority areas were. The priority of "health", for example, is so broad that it is difficult to understand what should be specifically prioritized for impact in the neighborhood.

Leadership & Staff Changes

Over the course of the project, there were significant changes in key leadership and staff at Corewell Health. As mentioned before, Jeremy Moore, the project director sponsor at Healthier

Communities left his position and Danielle Gritters, who was playing a coordinating role, moved on to another position at Priority Health. After her departure, the entire evaluation team under her management team, which provided technical support to the projects, was disbanded. Krystal Bunch, who had acted as the neighborhood coordinator also left the organization. Finally, Julio Cano Villalobos also took another position at Corewell Health but supported the project through the end of year 2023.

Given the lead role that Corewell Health had taken on as a lead convener and coordinator of this initiative, the nearly 100% turnover of this team did result in some disconnects over the course of the project and ultimately questions about the vision and leadership for the initiative moving forward.

Model Recommendations

Despite the aforementioned areas of tension, the piloting of ONOH experienced many successes and appears to be a model that could be replicated in other neighborhoods if the necessary structures, processes, and tools are put in place. There is a need to build out a full model framework that specifies how all of the components of the model are associated with one another and clearly defines the role of all stakeholder groups. A three-phase model is recommended that gradually shifts ownership of the work and decision making into the community through on-going capacity building efforts and supportive technical assistance to build sustainable infrastructure within the neighborhood.

Phase One

The overarching goal of the first phase of the project should be to conduct the asset mapping, identify the backbone organization for the initiative and recruit members for the CAB. The backbone organization could be identified using established criteria with input from the CAB. Alternatively a RFP style process could be created whereby community organizations interested in serving as the backbone organization could apply to serve in this role once the CAB is in place and is able to participate in the RFP and selection process.

This phase of the project should be co-led by the model “expert”, who follows established protocols for the work in this phase of the initiative utilizing an established handbook and toolkit and a neighborhood “expert” who is someone deeply grounded in and respected by neighborhood organizations and residents and takes on this role in the project as a paid consultant. The asset mapping should inform the identification of the backbone organization and the selection of the CAB. The Neighborhood Profile developed from the asset mapping should also include assets related to non or less formal organizations in the community that may exist within schools or other entities.

The neighborhood expert should have a permanent role on the newly formed CAB to ensure consistency and continuity of communication about and within the project team, while the model expert should remain on the CAB through Phase Two of the project. Consideration should be given to the role of these two members on the CAB, with, perhaps, the neighborhood expert having a leadership role and the model expert taking more of a facilitation role. Phase one of the project should conclude when the asset mapping has been completed, the backbone organization has been identified and the CAB has been formed.

Phase Two

Phase two of the project should center on the identification of the neighborhood priority areas and the identification of resident driven solutions. The CAB should be involved in every aspect of this work, with the model "expert" ensuring that the process is being followed with fidelity using an established handbook and toolkits. The role of the Backbone organization must also be established.

In this phase of the project, all data sources are synthesized to identify specific priorities within the neighborhood. Some consideration should be given to the assets identified in the Neighborhood Profile and the extent to which solutions may be resident driven. Multiple opportunities should be provided to communicate the findings of the data prioritization and the subsequent ideas for solutions. The RFP process to disseminate funds should be specific to the resident driven solutions in a focused manner. Other opportunities to share the prioritization data and spur additional areas of work in the neighborhood should be considered.

In this phase the CAB should be supported to begin identifying funding sources to support their work over the long term. In order to do this, in the development of the model, a determination should be made around who has the fiscal oversight for the CAB, what a compensation model may look like over time for CAB members and how they will be supported in fundraising efforts.

Phase Three

The final phase of the model should be developed with considerations about the work of the CAB over the long run. This is currently the least defined aspect of the model and will take considerable thought to develop. Considerations include defining the relationship between the CAB and the backbone organization; the overall role of the backbone organization; how neighborhood indicators will be monitored moving forward to continuously ensure priorities and needs are addressed (including how these data will be provided); how the activities of the organizations who received funds from the RFP are monitored (i.e. quarterly meetings) and report out their progress; other bodies of work that are established in the community given the learning that occurs from the sharing of the prioritization data; how the initiative is grounded in the neighborhood and greater work of the community.

Evaluation of phases one and two of the project should be conducted in this phase of the project using tools in the toolkit specifically developed to provide insights to the success of the initiative based on how stakeholders indicated that success should be defined.

Detailed Recommendations

Roles and Process Clarity

In the development of the model, it will be important to clearly define the role of each of the stakeholders.

- Establish the role of the lead organizations (Corewell Health, Kent County Health Department, Calvin University) moving forward. Identify the specific roles of each organization within each phase of the model.
- Identify which organization will be the sponsor organization, responsible for soliciting grant funds, maintaining the documentation of handbook and toolkits, maintaining model expertise through a staff member or contractor.
- One organization or sub-contractor should be responsible for the delivery of the model, becoming the model "expert". One coordinator should facilitate phase one of the proposed model and then work as a behind the scenes consultant in phases two and three, serving as the model expert and ensuring that it is delivered with fidelity.
- The role and expectations of the backbone organization should be defined in each phase of the project.
- The amount of seed funding needed for the backbone organization to carry out its duties should be identified.
- The role and expectations of the CAB should be defined in each phase of the project.
- Transparency should be prioritized by involving residents and community-based organizations in all planning and implementation phases of the work. This includes sharing information about budgets, timelines, project activities, etc.

Handbook & Toolkits

- The handbook and toolkits should be process oriented and detailed.
- The toolkits should include templates for each area of work of the backbone organization, to allow them to facilitate the work without reliance on a third party, should they be interested in doing so. This would include templates for the request for proposal and all other work associated with this process, perhaps even a website template for the project.

Model Facilitator

- Ensure capacity is developed in a model facilitator who is an expert on the ONOH model and associated handbook.

- The model facilitator is one person that ensures that the ONOH model is being implemented with fidelity and ensures that all of the processes within the model are executed as planned.

Partner Collaboration & Communication

- Establish meeting and communication expectations between the backbone organization and CAB.
- Establish communication expectations between organization that is the model expert and the backbone organization.
- Establish communication expectations between the Core Team and all external partners who have a vested interest in the work.
- Establish expectations and limitations around ability of backbone organization, model experts, and any contracted organizations, businesses, or individuals to be involved in decision making at each phase of the project.
- Consider whether representation from consultants or vendors on the project should be included in decision making roles in order to avoid real or perceived conflicts of interest.
- Establish 'onboarding' protocols for all partner organizations once standard model partners have been identified.
- Have clear timelines set so “next steps” can be effectively communicated to involved parties.

Data Usage & Alignment

- Identify specific outcomes and indicators related to social determinants of health that are empirically shown to be connected to individual and community wellbeing. Establish these indicators as the basis for the Neighborhood Profile.
- Develop common outcomes and indicators with existing data sources by census track that can be used as a starting place for the data alignment and analysis.
- The quantitative data used to form the Neighborhood Profile should be reviewed with regard to how the data will be used to inform work in subsequent phases of the project (focus groups, community survey, data prioritization) and this should be specifically defined in the handbook.
- Identity additional possibilities for data sources that may be used in phases one and two of the projects and for ongoing monitoring. Determine to what extent there are existing data sources that may be used versus where primary data collection is needed. Establish timeline for how often each neighborhood will be reassessed with regards to data.
- Ensure primary data collection is led by individuals or organizations with expertise in research and measurement.
- Develop a decision-making protocol for synthesis of data into meaningful and useful insights that can be used to establish priorities.
- Incorporate resident voice into the planning and implementation of data collection activities.
- Consider how to incorporate review of evidence-based practices into possible resident driven solutions.

Role of Residents in Prioritization & Solutions

- Ensure CAB has a significant role in the identification of the priorities and sharing the priorities with the community.
- Specifically identify how residents, beyond the CAB will be involved in the review of the data to inform the priority areas and provide input into the focus areas for the solutions.
- Ensure there are multiple opportunities for a wide variety of residents and organizations from the neighborhood to have access to these data in a variety of ways and formats.

Backbone Organization

- Criteria for the selection of the backbone organization should be developed to ensure the organization selected is aware of the work required and has the capacity to complete it.
- Expectations for the role of a backbone organization in the neighborhood should be defined.
- Role of the backbone organization as a fiduciary should be defined.
- A funding model for the backbone organization given the role and activities that are established of them should be developed.
- The role of the executive leader and any other staff needed to support the project should be identified.
- Role of the backbone organization as a convener should be clearly defined.
- The backbone organization should be a key member of the ONOH Core Team upon their identification.

Community Advisory Board

- The purpose of the CAB, meeting cadence, relationship to the backbone organization, and affiliations with other community organizations within the neighborhood should be established.
- Ensure CAB has a clear sense of their role in the overall model and have the tools necessary to voice potential concerns as they arise.
- The work of the CAB in the context of the initiative should be identified, with specific details on how they are involved in each phase and activity of the initiative.
- The roles of the CAB member should be established as well as expectations for involvement and needed skills and expertise.
- Standard bylaws, guidelines and operating procedures should be established for the CAB, including the specific aspects of the project where they have decision-making power.
- Expectations for collaboration and communication with community stakeholders outside of the neighborhood should be established.
- Establish connections to other bodies of work, such as the Health Equity Council, and the Health Department's Community Health Needs Assessment

- Compensate CAB members for providing their lived experience/expertise to the process. Whenever possible, provide childcare and food at all CAB meetings to remove potential barriers to participation.
- Ensure CAB members represent the demographics of their community and have the knowledge and skilled needed to provide guidance for the community health work.

RFP/Funding of Solutions

- Create a philosophy around what types of neighborhood organizations or businesses are desirable to respond to the RFP (i.e. do they have to be located within or providing service within the neighborhood?)
- Develop a standard timeline for the RFP process.
- Build capacity among RFP recipients to accurately track and evaluate outcome metrics.

Appendix

Appendix I: Demographics and socio-economic environment data included in the Neighborhood Profile

2020 American Community Survey data and included the following data points by census track with comparisons to the City of Grand Rapids, Kent County, Michigan, Michigan, and the United States:

> Total population; Race/Ethnicity; Sex; Age By Groups; Median Age; English Speaking Proficiency; Population 5 years and Older that Spoke Languages Other Than English; Number of Households; Average of Households; Number of Families; Average Family Size; Households with Adults Over 60 Years of Age; Households with Children Under 18 Years of Age; Single Parent Households with Children Under 18 Years of Age; Owner Occupied Housing Units; Highest Education Attained by Age Group; Highest Education Attained by Race/Ethnicity; Average Household Income; Median Household Income; Household Income; Poverty level; Poverty by Race/Ethnicity; Poverty by Sex; Poverty by Age; Poverty by Highest Education Attained; Households on Supplemental Nutrition Assistance Program; Households with Children Under 18 on Supplemental Nutrition Assistance Program; Households without Children Under 18 on Supplemental Nutrition Assistance Program; Insurance; Insurance Type by Age; Population with a Disability; Population with a Disability by Race; Population with a Disability by Sex; Population with a Disability by Age; Hearing Difficulties by Age; Vision Difficulties by Age; Cognitive Difficulties by Age; Ambulatory Difficulties by Age; Self-Care Difficulties by Age; Independent-Living Difficulties by Age