our neighborhood
our health
nuestro vecindario
nuestra salud
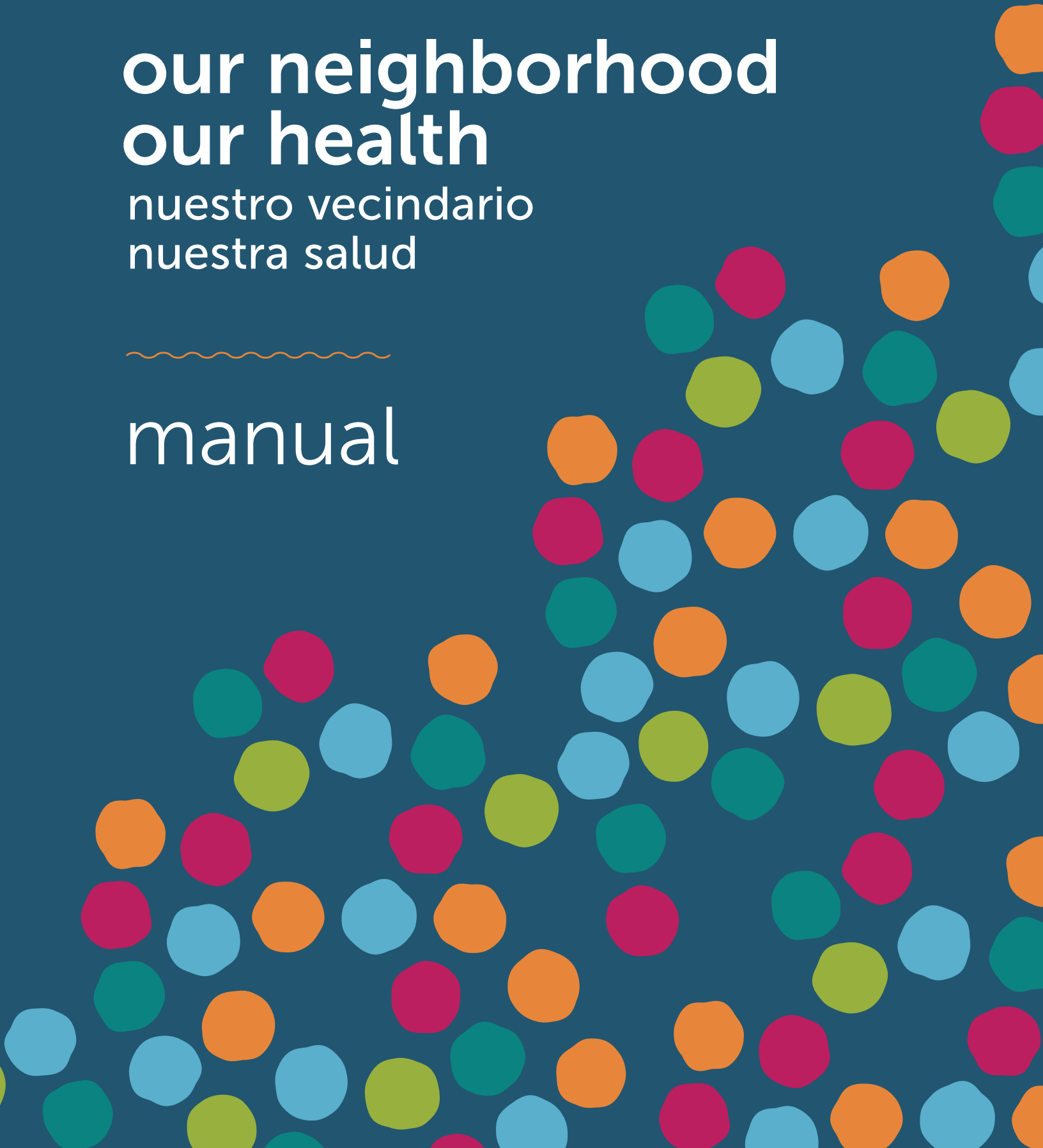
manual

table of contents

introduction

In 2019, community stakeholders invested in addressing social determinants of health came together to share their respective work and brainstorm innovative and effective ways to address health disparities and poor outcomes now and into the future.

Corewell Health Healthier Communities, Calvin University, and the Kent County Health Department continued to meet to discuss implementing a place-based community-based participatory research model that built upon the community surveying work done by Calvin University over the last 20+ years.

The aim was to create a new, collaborative model that fits the landscape of Grand Rapids neighborhoods with the possibility of scaling and building it across multiple neighborhoods to have a broad community-wide impact.

Key values shared by the partners included:

- **Trust**
- **Transparency**
- **Community-driven**
- **Sustainability**
- **Equity**
- **Collaboration**

In 2021, Corewell Health received funding from the W.K. Kellogg Foundation to begin to implement a Community-Based Participatory Research Model, ultimately named Our Neighborhood, Our Health (ONOH), in the Roosevelt Park neighborhood in Grand Rapids, MI as a pilot.

This manual describes the ONOH model. We provide templates, tools, and learning that we used throughout the process. We encourage others to use our materials to learn from our efforts and adapt them in ways that work best for you. An initial overview of the ONOH model can be found in *Appendix 1*.

roles and infrastructure

The Our Neighborhood, Our Health model is built around community members. The model and key roles are outlined below: first, the original roles developed for this project followed by the refinement of roles based on ongoing learning. Partners were ultimately selected based on project needs.

Initial Roles and Responsibilities (2021 – 2022)

Community-Based Participatory Research (CBPR) Model Expert
The CBPR expert (in our case, a local university) was responsible for the following:

- Creating a neighborhood profile.
- Managing focus groups:
    - Forming focus group questions.
    - Facilitating focus groups.
    - Capturing focus group data.
    - Coding and reporting focus group data.
- Creating community survey questions.

Community Partnership Coordinator
In our case, this role was held by a local healthcare system that was responsible for:

- Attending community leadership meetings, assisting with project management, and assisting with capacity building.
- Overseeing the community assessment, including recruiting for focus groups, creating a survey plan, and performing data analysis.
- Organizing community meetings to share results and, later, identify top concerns with residents and agencies.
- Holding responsibility for external communication.
- Jointly drafting a strategic plan in collaboration with the neighborhood that considered the results of assessment, neighborhood priorities, desired solutions, etc.
- Determining a strategy to explore solutions to health concerns.

Fiduciary and/or Funder
In our case, this role was held by a local healthcare system and was responsible for:

- Applying for and managing grant funding for this project.
- Managing the internal and external financial operations, including balancing budgets, and interfacing with subcontractors.
- Providing additional funding for ongoing work.
- Sharing grants of interest with the project team.
- Holding a fiduciary role in the implementation process.

Neighborhood Coordinator
The Neighborhood Coordinator role was housed within the organization that held the Community Partnership Coordinator and Fiduciary and/ or Funder role due to capacity and for more efficient operations, though this role could be performed by another entity. This role involved:

- Serving as a liaison between the Community Advisory Board and Community Partnership Coordinator, advocating on behalf of neighborhood interests.
- Coordinating and implementing the project; supporting day-to-day operations.
- Sharing grants of interest with the neighborhood.

Lead Community-Based Organization
This role had the following responsibilities, and was held by a nonprofit in our model:

- Compensating community members, coordinating and providing childcare, etc.
- Sharing the community assessment results with residents to confirm the accuracy.
- Disseminating the community assessment report.

Consultant Roles
Throughout the project, consultants were brought in for additional assistance in the areas of branding and design, survey design, and report creation (for the community assessment results).

Data Access, Storage, and Reporting
For this model, the local Health Department supported data access, storage, and reporting. This role could be held by a different entity, but they should have access to local health data. This role included:

- Storing quantitative data, including the Qualtrics Community Survey
- Accessing and sharing health data
- Providing standardized reporting

Community Advisory Board Members (CAB)
CAB members are neighborhood residents who are compensated for their time and given assistance (like childcare) to attend meetings. They have a central role throughout the project, with responsibilities that include:

- Representing the Roosevelt Park neighborhood.
- Advocating on the community's behalf during all project phases.
- Determining a strategy to explore solutions to health concerns.
- Participating in decision-making.
- Contributing to evaluation efforts.

Evolved Roles and Responsibilities (2022 – present)

During the summer of 2022, the project team visited Rhode Island to learn about their Health Equity Zones. This model introduced the concept of having a Backbone Organization with a leadership role in the project and presence in the neighborhood of focus.

Initially, it was thought that the ONOH backbone entities would be those serving as the CBPR expert, Community Partnership Coordinator, and Fiduciary and/or Funder. However, reflection among project team members and the CAB led to the decision to align the Backbone Organization with the Neighborhood Coordinator.

The Community Advisory Board, during a facilitated discussion, further outlined criteria for the Backbone Organization to include the ability to engage and facilitate communication with the neighborhood, coordinate and host accessible events, offer childcare, provide meals, and be a trusted entity within the community. Furthermore, the organization needed to have the capacity to participate in the Community Advisory Board, engage in broader project activities, and have a commitment from its executive leadership to devote time and resources to the initiative. As the project developed, the Backbone Organization's role evolved, like the Health Equity Zone model, to one of larger leadership responsibilities in the implementation.

In addition to creating the Backbone Organization role, more changes to roles and responsibilities were made and defined as outlined below.

Backbone Organization
Clear selection criteria should be determined to fairly identify this agency. This organization should be a member of the project team with clearly identified leaders and staff that are dedicated to the project. Funding for the Backbone Organization's time and other expenses is provided by the Fiduciary and/or Funder.

- Engages with the Community Advisory Board.
- Facilitates communication among neighbors.
- Participates as a team with the rest of the project partners.
- Hosts events and provides childcare and translation services as needed.
- Serves as fiduciary and process stipends for CAB members.
- Coordinates the selection of neighborhood priorities and solutions.
- Provide ongoing support to funded organizations and collect reports.

Fiduciary and/or Funder
*The role of the fiduciary and/or Funder — in our case,
a local healthcare organization — includes:*

- Applying for and managing grant funding for this project.
- Managing the internal and external financial operations, including balancing budgets and interfacing with subcontractors.
- Providing additional funding for ongoing work.
- Sharing grants of interest with the project team.
- Holding a fiduciary role in the implementation process.
- Providing project management.

Neutral Third-Party Convener
In our case, the Backbone Organization contracted with a neutral third-party convener in 2023 to utilize data from the focus groups and door-to-door surveys to determine fundable community priorities and then design a facilitate-the-funding award process. The funding for this effort was provided by the Funder and/or Fiduciary. The third-party convener:

- Coordinates with the community to determine fundable priorities.
- Develops an equitable Request for Proposal Process.
- Convenes a group to select organizations for funding.

Community Advisory Board (CAB)
CAB members are neighborhood residents who are compensated for their time and given assistance (like childcare) to attend meetings. They have a central role throughout the project, with responsibilities that include:

- Representing the Roosevelt Park neighborhood.
- Advocating on the community's behalf during all project phases.
- Participating in all phases of the project.
- Determining a strategy to explore solutions to health concerns.
- Contributing to evaluation efforts.
- Holding decision-making power.
- Assisting with data collection and analysis.
- Establishing group bylaws, governance, and operating procedures.

Community-Based Participatory Research (CBPR) Model Expert
Because the model can develop based on the needs of the neighborhood and include components of more than one existing CBPR-type model, the need for a go-to expert on the selected model was identified. In our case, this continued to be a local university whose responsibilities include:

- Ensuring familiarity with the selected model(s).
- Coordinating group agreement on model implementation.
- Leading model implementation.
- Ensuring model implementation is based on best and evolving practices.
- Creating a neighborhood profile.
- Managing focus groups:
    - Forming focus group questions.
    - Facilitating focus groups.
    - Capturing focus group data.
    - Coding and reporting focus group data.
- Creating community survey questions.

Data Access, Storage, and Reporting
For this model, the local Health Department was used for data access, storage, and reporting. This role could be held by a different entity, but they should have access to local health data. This role included:

- Storing quantitative data, including the Qualtrics Community Survey.
- Accessing and sharing health data.
- Providing standardized reporting.

Consultant Roles
Consultants were brought in for additional assistance in evaluation, design, and website creation.

Summary of Changes

The following is a summary of role changes as it relates to the Our Neighborhood, Our Health partners.

ONOH Partner	Role in 2021-2022	Role in 2022-present
Calvin University	Community-Based Participatory Research Model Expert	Community-Based Participatory Research Model Expert
Corewell Health	Community Partnership Coordinator, Neighborhood Coordinator, Fiduciary	Fiduciary and/or Funder
Hispanic Center of West Michigan	Lead Community-Based Organization	Backbone Organization
KConnect	Not applicable / no role	Neutral Third-Party Convener (starting in 2023)
Kent County Health Department	Data Access, Storage, and Reporting	Data Access, Storage, and Reporting
Resident Representatives	Community Advisory Board	Community Advisory Board
Other / Varies	Consultant Roles	Consultant Roles
W. K. Kellogg Foundation	Primary funder: grant operated by Corewell Health.	

our process

Selecting a Neighborhood

In selecting a neighborhood to implement the Our Neighborhood, Our Health model we:

- Ensured there is not a place-based community-based participatory research model already being implemented in the neighborhood.
- Considered sustainability.
- Assessed prior and potential partnerships that may help drive success.

Our Neighborhood, Our Health started in Roosevelt Park because of:

1. The high level of health and economic disparities as identified by the High Area Deprivation Index,
2. To our knowledge, no CBPR model had been integrated into the community, and
3. The primary fiduciary and partial funder had existing relationships and a long-time programmatic presence in the neighborhood.

Asset Mapping

The next step in the Our Neighborhood, Our Health implementation process involved asset mapping and developing a neighborhood profile consisting of:

- Census tracts within the neighborhood.
- Demographic and socio-economic data from the 2020 American Community Survey.
- 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.
- Demographic and socio-economic data from the 2020 American Community Survey.

The full 2022 Roosevelt Park Neighborhood Profile can be found in *Appendix 2*. In addition, a two-page summary of the asset map can be found in *Appendix 3*.

Creating a Community Advisory Board

Composition:
Data from the Asset Map was used to assemble The Community Advisory Board (CAB). The CAB was composed of 5-9 individuals living in the neighborhood. This group is meant to be representative of the neighborhood's demographics with respect to age, race/ethnicity, and gender.

Recruitment:
The Neighborhood Coordinator contacted community organizations who had identified interest in the project and asked for nominations of community members who were community leaders interested in participating in the CAB. Each organization identified 1 or 2 individuals. The team member then reached out via email, text, or phone call to the identified individuals.

A template describing the role, time commitment, and what to expect can be found in *Appendix 4*. Please note that the compensation structure was updated later in the project.

The CAB roles and responsibilities were to:
- Work with the program team to provide feedback on the project process.
- Provide insights into the neighborhood.
- Serve on a team to analyze focus group data, as interest allowed.

Compensation Model:
The compensation model for the Community Advisory Board members is $35 per hour which is received via Visa Gift Card. The Lead Community-Based Organization, or Backbone Organization, pays the CAB and receives reimbursement from the fiduciary.

Capacity Building

Capacity-building activities depend largely on the strengths, needs, and interests of residents. Examples of what we used are:

For the Community Advisory Board
- Designing and Facilitating Meetings Training
- Community Survey Administration
- Focus Group Analysis
- Public Speaking
- Advocacy
- Community-Based Participatory Research Education

For Community Members-at-large
- Community Survey Administration

For Organizations Partners
- Community-Based Participatory Research Education

Community Assessment

The assessment phase aims to identify strengths, needs, and associated solutions from the selected community. The assessment components intentionally took a broad approach to avoid instilling assumptions and biases of neighborhood needs, strengths, and solutions into the process while ensuring community members were driving findings. Each assessment was designed to deepen the understanding of the previous assessment—for example, questions in the community survey aligned with themes identified in the focus groups.

The assessment process was designed to be replicated in various neighborhoods with the option to compare results between neighborhoods.

ONOH intended to reassess neighborhoods every three years. The final assessment frequency should be carefully considered with stakeholders.

focus groups

community survey

community conversations
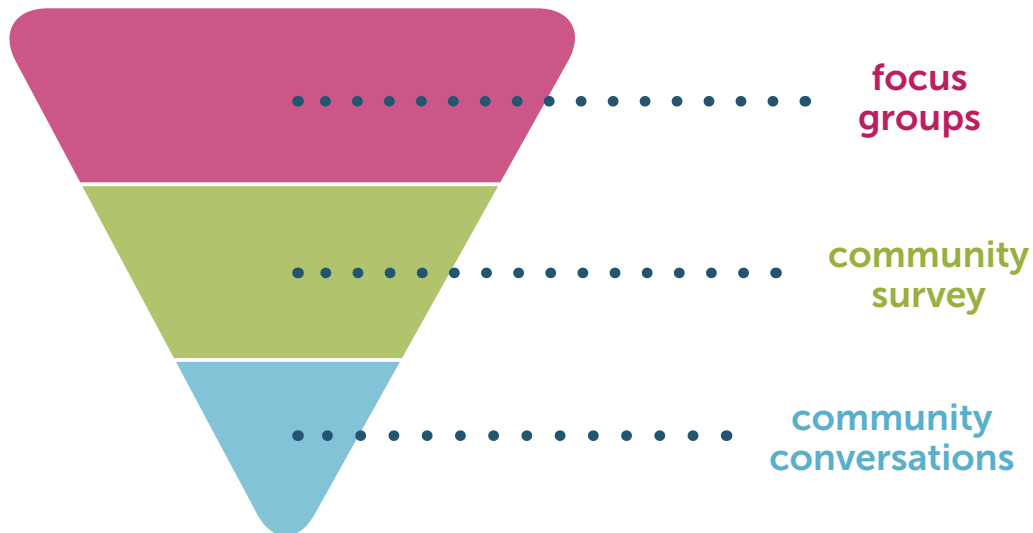
▼ Focus Groups

The first phase of assessment is focus groups. In June 2022, three focus groups were conducted with community residents to gather their insights and opinions on the neighborhood's strengths, concerns, and views on health. These discussions were instrumental in ensuring that the initiative was grounded in the lived experiences and perspectives of community members. In implementing the model in Roosevelt Park, close to 25 residents participated in these sessions.

To recruit focus group members, multiple neighborhood agencies recommended individuals compile a diverse group of participants, with 7-10 participants in each focus group. Our goal was to recruit 30-32 participants to account for any cancellations. We also posted flyers in public locations. A flyer template used to help recruit focus group participants is in *Appendix 5*.

The Focus Group Guidelines provide a full guide to the focus group process and questions. Please note that Spectrum Health is referred to in the guide. Spectrum Health merged with Beaumont Health midway through this project, and its new name is Corewell Health. Focus Group Guidelines can be found in *Appendix 6*.

▼ Community Surveys

Next, we distributed a community survey as part of the assessment process. The purpose of the community survey is to:

1. Deepen the understanding of top health and social determinants of health concerns in the neighborhood.
2. Compare data over and between neighborhoods.
3. Aid in evaluation (i.e., are there improvements over time?)
4. Show the need to help obtain funding.

Our process for developing the survey included:

- Select domains to be included in the survey.
- Develop methodology and sample plan. Our survey methodology can be found in *Appendix 7*.
- Recruit survey administrators. A community surveyor job description can be found in *Appendix 8*. It is important to have one member of each survey team who speaks languages spoken in the neighborhood. Teams consisted of neighbors and members of the project team.
- Train survey administrators. Survey administrators were given a common protocol to administer the survey, as found in *Appendix 9*.
- Organize community survey packets that include survey administration methodology, quick tips, and a community resource sheet.
- Administer the survey — we recommend recruiting participants to a community listening session at the same time. A community survey recruitment postcard can be found in *Appendix 10* and a copy of the survey can be found in *Appendix 11*. All survey data was collected on an iPad that was secure and HIPAA compliant.

The survey we used was developed in partnership with the project team and Peterson Consulting.

▼ Listening Sessions

To share the results of the survey, listening sessions were held within the neighborhood. A recruitment flyer for these can be found in *Appendix 12*.

Data Analysis

All collected data was stored securely and analyzed by a combination of project partners and consultants.

Survey data was de-identified and stored on a private internal server owned and managed by the Data, Storage, Access, and Reporting partner. In partnership with a consultant, Qualtrics was utilized to analyze survey data.

Focus group data were transcribed using NVivo transcription. Once the transcriptions were spot-checked and identifying information was removed, the audio recordings were deleted. A member of the Community-Based Participatory Research Model Expert team and two Community Advisory Board members analyzed these focus group data in Microsoft Word. Focus group data were stored on password-protected computers of those analyzing the data for short-term analysis. Long term, all the transcriptions were stored on an internal server owned and managed by the Data, Storage, Access, and Reporting Partner.

Utilizing data from the asset map, focus groups, and surveys, three areas were identified as priorities in the neighborhood.

These were proposed and finalized with the Community Advisory Board and other neighbors. These were health, public health, and mental health. Additionally, affordable housing was identified as a significant need in the community, but it was decided that the other three were narrower in scope and could be affected by a $200,000 investment ("fundable").

The Backbone Organization and Neutral Third-Party Convenor held two community listening sessions at the Backbone Organization's facility to present the survey and focus group data to the community and collect feedback on the priority areas. These community nights were conducted in Spanish and interpreted into English because of the demographic makeup and language of the community. Meetings included a group presentation and a gallery walk of the different priority areas and ideas from the focus groups. See the photos in *Appendix 13*.

Additionally, several dashboards were created related to the survey and focus groups and shared with stakeholders including the Community Advisory Board. These can be found in *Appendix 14*.

Funding Awards

The Funder and/or Fiduciary committed $200,000 to provide funding awards within Roosevelt Park to support responses to the community-identified needs in 2023-2024. They looked to the Lead Community-Based Organization (later, Backbone Organization) to help drive this process. Because all priority areas were unable to be meaningfully impacted with this budget, the Backbone Organization, with additional financial support, contracted with a Neutral Third-party Convenor in 2023 outside of the neighborhood to work with residents to 1) determine which of these priorities could be impacted by a small to medium-sized grant and be considered fundable, and 2) design and facilitate a resident-driven process to allocate funding. In this way, the Backbone Organization could also be considered for funding.

The Neutral Third-Party Convenor identified four design principles for the funding award process: Inclusive, Transparent, Equitable, and Realistic. They created a website for the process that explained the history, timeline, and application process. The website was in both English and Spanish. This is where the community could find out about the grant funds, ask questions, and apply. The website is rooseveltparkfunding.org.

Three fundable priority areas were identified: health, public safety, and mental health. *Applicants were asked to submit a video in either English or Spanish answering 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

6. How much are you asking for?

7. How would you measure the success of the program or initiative?

*Applicants were given the following parameters for the
video submission to enhance accessibility:*

- Videos should be 5-10 mins in length.
- We encourage organizations to use a phone camera or Zoom.
- Please avoid editing videos and adding effects.
- In the video, the organization should answer the six questions.
- Videos may be submitted using the language of preference.
- Organizations may apply in more than one priority area but will only be funded in a maximum of one priority area.
- If submitting multiple applications, organizations should submit a video for each priority area.
- Videos should include:
  - The name of the organization
  - The names of those on the video
  - The priority area they are applying for. [1]

From there, the Neutral Third-Party Convenor created a funding committee. The funding committee reviewed applications, conducted interviews, and awarded funding. The committee consisted of three people, 1) the Neutral Third-Party Convenor President, 2) a Roosevelt Park Neighborhood Representative, and 3) a representative from the CAB. An additional Third-Party Convenor staff member provided technical assistance. Committee members could not have a conflict of interest regarding the funding. (i.e. should not work for an organization that is applying for funding). The Neighborhood Representative was compensated for their time via the Neutral Third-Party Convenor's Community Engagement Compensation Structure. The Neutral Third-Party Convenor's policy was that those who were not being paid by their employer to participate would be paid by the Neutral Third-Party Convenor for their expertise and participation.

As the award process was delegated to the Backbone Organization, the Fiduciary and/or Funder asked that funds be awarded by early June 2023. After the design process, the applicants had a couple of weeks to prepare and submit an application. Sixteen video applications were received. Each member of the funding team scored the application based on the answers to the seven questions above. The scoring sheets were aggregated using Qualtrics and the highest-scoring proposals were selected for funding. A copy of the scoring sheet can be found in *Appendix 15*.

Ultimately, $200,000 was distributed for the award year of 2023-2024 to organizations working in the priority areas of health (2-$50,000 awards), public safety (2-$35,000 awards), and mental health (2-$15,000 awards). The Funder and/or Fiduciary committed another $100K for a second funding year (2024-2025). For further information about this process, see the report from KConnect (Neutral Third-Party Convenor) in *Appendix 16*.

Evaluation

At the end of the project, an evaluation was conducted as required by a key funder and desired by the partners. We contracted Katie Daniels of SIDEStrategies for this item. The evaluation methodology can be found in *Appendix 17*, and the full evaluation report can be found in *Appendix 18*.

The success of the project was evaluated by the following:

- Engagement of residents
- Were processes facilitated in alignment with expectations?
- Has the project spurred additional work in the neighborhood?
- Are health priorities by residents being impacted? [2]

The results of the Evaluation Report were utilized in creating this manual as well as a white paper and can inform future iterations of the model for us and others.

1. KConnect, 2023, Our Neighborhood, Our Health Preliminary Report.

2. Daniels, Katie, SIDEStrategies, Our Neighborhood Our Health Roosevelt Park Pilot Evaluation.

future model implementation

The evaluation report and our learning led to real-time model changes as well as other recommendations for consideration. The following outlines some of those learnings and recommended changes for future implementation.

Pre-Planning Engagement

Before expanding the Our Neighborhood, Our Health model to additional neighborhoods, it is essential to invest time to ensure the model will be of value to the community, and communication with neighbors throughout the project is central. We communicated about ONOH primarily using newsletters. An example of one of the newsletters can be found in *Appendix 19*. In future implementation, a thorough communication plan should be developed early and include the creation of a listserv of neighborhood stakeholders to regularly engage.

In addition, we have two tools available to engage Community-Based Organizations and Academic Institutions in this work. Please see *Appendix 20*.

Relatedly, a larger Community Advisory Board recruitment strategy should be determined early on. We recommend disseminating a flyer, job posting, or other form of communication about the project and the opportunity to serve on CAB. In this way, community-based organizations wouldn't need to use as much of their social capital to locate members and the information itself would be more accessible to all residents. Recruitment should also consider different interests and experiences and how they might benefit different aspects of the project – like focus group notetaking, facilitation, assistance with surveying and data analysis, and more.

Additionally, the role of a Neighborhood Expert could be a consideration for future implementation. This person works in partnership with the CBPR Model expert. The Neighborhood Expert, a person recommended by the Backbone Organization, should be known, respected, and trusted by neighbors and organizations and have a leadership role on the CAB.

Finally, while involving residents throughout the project was a success, we recommend defining Community Advisory Board member roles earlier to ensure they are actively involved in each phase of the model. Additionally, more resident engagement could be helpful in the following areas:

- Ensuring the CAB has a more explicit role in the determination of funding priorities.
- Creating a plan for involving residents who are not on CAB to help identify priorities and solutions.

Determining a Model

Initially, Our Neighborhood, Our Health was going to be based on the Community-Based Participatory Research model that Calvin University Nursing Department has been using for 20+ years in Grand Rapids. As ONOH began, project members learned of Rhode Island's Health Equity Zone (HEZ) Model. After visiting Rhode Island to see their model in action, a hybrid approach was developed for ONOH that utilized aspects of Calvin University's and the Health Equity Zone models. In the future, neighborhoods will need to determine which model or hybrid structure to utilize.

Partner Collaboration and Communication

Communication and collaboration amongst partners are key to successful implementation. The cadence and structure of communication varied throughout the project and as staff transitioned in and out of the project as part of the regular cycle of talent acquisition. An opportunity for the future includes setting expectations for clear and regular communication among partners. Examples include:

- Establish an onboarding process, which could include creating an orientation handbook that would be kept up to date throughout the project.
- Create standards and cadence for communication between all partners, including CAB members.
- Create guidelines for decision-making responsibilities, specifically regarding the use of consultants and third-party vendors and the role of the Backbone Organization.
- Establish timelines and agree on action items that are regularly communicated to all partners.
- As learning occurs during planning and implementation, project documentation and understanding of roles and responsibilities should be regularly revisited and agreed upon. While the first refinement of roles was welcomed, there is still work to do to clarify roles even further.

Data Considerations

Data is a key component of the Our Neighborhood, Our Health model. Despite the robust assessment process, there remain additional opportunities to further integrate data into planning and decision-making.

- At the beginning of the project, all partners should agree on the most pertinent social determinant of health outcomes and indicators to explore and measure.
- These agreed-upon indicators should help drive the creation of the neighborhood profile, survey questions, and focus group questions as well as guide tracking over time.
- Data collected during the neighborhood profile phase should be utilized throughout the project to aid the development of focus groups, community surveys, and data prioritization.
- Create a more robust decision-making process for using data to drive the selection of fundable priorities.
- Utilize evidence-based practices to arrive at potential solutions in response to needs.
- Continue ensuring data is shared broadly in the community with multiple points of access.

Funding Awards

Overall, the process of selecting funding award recipients to address community-identified needs was successful. However, additional improvements to the process might include:

- Identify what types of organizations are desirable or preferred for funding.
- Develop a timeline process and standard process for requests for proposals and decisions.
- Build capacity among grant recipients to track and evaluate outcomes.

final learnings & conclusion

Our greatest learning from this project is the power of capacity building, engagement, and resident voice in mobilizing and creating neighborhood change.

The Backbone Organization shared that by providing training and networking opportunities to residents and organizational leaders and by having multiple platforms from which all residents could speak—from door-to-door surveying, to focus groups conducted in 2022, to a CAB, to the engagement conducted by the Neutral Third-Party Convenor around priorities—they co-designed the project and its outcomes.

They developed priority areas and supported the allocation of funding to non-profits for capacity building and direct service delivery in and for their neighborhood. Residents were so excited and engaged in the project that they continued to ask the Backbone Organization (which facilitated much of their engagement), "What's next?".

All organizations shared that they learned about the diversity of organizations and the unique programs offered in the neighborhood through the sub-award process.

Additionally, grantees have shared that their experience in applying for and receiving funding was positive.

Engagement, trust, and alignment amongst the partners was another key takeaway. With time, the institutional partners developed a culture of openness and honesty that allowed them to navigate missteps and varying points of view.

Finally, we learned that there is more work to be done. Due to staff turnover, model pivots, and other learning, this model requires further refinement. We encourage other neighborhoods to use our materials to learn from our efforts and use or adapt them in a way that may work best for them.

The sustainability and future of this project ultimately depend on funding, capacity, and resident and institutional stakeholder interests and commitment to continuation. In summer 2024 Healthier Communities will convene a Program Assessment Committee with program partners to consider the future of this project.

references

1. KConnect, Grand Rapids, MI, 2023,
Our Neighborhood, Our Health Preliminary
Final Report.

2. Daniels, Katie. SIDEStrategies,
Grand Rapids, MI, 2023, Our Neighborhood,
Our Health Roosevelt Park Pilot Evaluation.

appendices

introduction

appendices

COMMUNITY-LED ACTION

A MODEL FOR SUPPORTING HEALTHY, RESILIENT COMMUNITIES

MISSION

Community-Led Action is a framework for public health collaboration that relies on community-driven solutions to community-identified needs.

PURPOSE/GOAL

A one-size-fits-all approach to public health assumes that all communities have the same needs and the same resources to address these needs. On the other hand, an equity-driven approach acknowledges that every community has unique challenges that may require different resources to achieve a shared goal.

Calvin University, the Kent County Health Department (KCHD), and Spectrum Health Healthier Communities are launching Community Engaged Action in an effort to equitably address health concerns at the neighborhood level. Community input and resident voice is central to the successof this model.

WHERE?

Efforts will be centered in the Roosevelt Park Neighborhood of Grand Rapids.

Year 1 Connection	Year 2 Implementation	Beyond
• Learn about Roosevelt Park neighborhood • Share information with Roosevelt Park community about partnering agencies (Calvin University, KCHD, and Spectrum Health) • Work with community to establish relationships and develop plan for next steps	• Work with Roosevelt Park residents and organizations to identify most pressing health concerns by conducting a neighborhood health needs assessment • Identify community-driven solutions to top health concerns	• Identify sustainable solutions for the continuation of Community Led Action • Share information about model with other organizations

GUIDING PRINCIPLES

COMMUNITY-LED

Resident voice is the driving force behind Community-Led Action. It's even in the name!

TRANSPARENT PROCESSES

Did you used to hate when you parents said, "Because I said so!"? Us too! That's why we won't make unilateral decisions without brainstorming solutions and agreeing on an outcome together.

EQUITABLE

Every single person is deserving of a community where they can thrive. We want to support ongoing activities and identify new activities to help make this a reality.

COLLABORATIVE

Have you ever tried to put a piece of Ikea furniture together on your own? It's impossible. Much like Ikea furniture, healthy and resilient communities need collaboration to succeed!

TRUST

Equal partnerships must be based in trust.

SUSTAINABLE

We want to be part of your community for the long haul. Since we learned from an early age that money doesn't grow on trees (ugh), we will work together to identify ways to ensure that the work continues for years to come!

PARTNER WITH US!

Are you a Roosevelt Park resident or community organization?

roles & infrastructure

appendices

Roosevelt Park Neighborhood Profile

2022

Credit: The Rapidian, Grand Rapids Community Media Center

Table of Contents

Introduction

The 2022 Roosevelt Park Neighborhood Profile aims to provide information about the demographics, environment, and health of the Roosevelt Park Neighborhood in the City of Grand Rapids, Michigan. This report can be used to facilitate discussions and collaboration that will benefit the residents in the neighborhood.

How Can This Information Be Used?

1. Learn how your neighborhood compares to the City of Grand Rapids, Kent County, State of Michigan, and the United States.

2. Encourages discussions and collaboration with neighbors and community leaders to identify needs and priorities for improving the neighborhood.

3. Talk with local health care providers and clinics about unmet needs in the neighborhood.

4. Work with groups within the neighborhood to apply for funding to make improvements in the community.

5. Develop and expand partnerships within the neighborhood to develop, implement, and evaluate programs and initiatives to address unmet needs.

6. Share with neighborhood, city, county, state, and federal leaders to advocate for improvements in the neighborhood.

<u>About the Roosevelt Park Neighborhood</u>   **Page 2**

The Roosevelt Park Neighborhood, as defined by the City of Grand Rapids, is located in the southwest corner of the City of Grand Rapids, Kent County, Michigan. As defined by the Roosevelt Park Neighborhood Association, the neighborhood is located west of US-131, east of Clyde Park Avenue, south of Hall Street, and north of Alger Street.

The Roosevelt Park Neighborhood data for this report came from Census Tracts 26, 39, and 40. Census Tract 39 is located entirely in the Roosevelt Park Neighborhood. In contrast, Census Tract 26 is located in the Roosevelt Park and Grandville Avenue Neighborhoods, and Census Tract 40 is located in the Roosevelt Park and Garfield Park Neighborhoods.

<u>Neighborhood History</u>

The Roosevelt Park Neighborhood was established in the 1800s by Dutch immigrants living near Grandville Avenue, one of the main roads into the City of Grand Rapids.

In the 1920s, Mexican immigrants who came to work on the railroads settled in the area. Around 1945, there was a significant increase in the Mexican population due to the Bracero Program, established by the Mexican Farm Labor Program. Puerto Ricans began to settle in the neighborhood during the 1940s and 1950s.

A few decades later, in the 1990s, many Guatemalan immigrants arrived in the area. Today, the Roosevelt Park Neighborhood is home to a diverse population of predominantly Hispanic people.

Source: "On The Ground: The Heart Of Grandville Avenue" 2022

Michigan

City of Grand Rapids Neighborhoods

Roosevelt Park Neighborhood
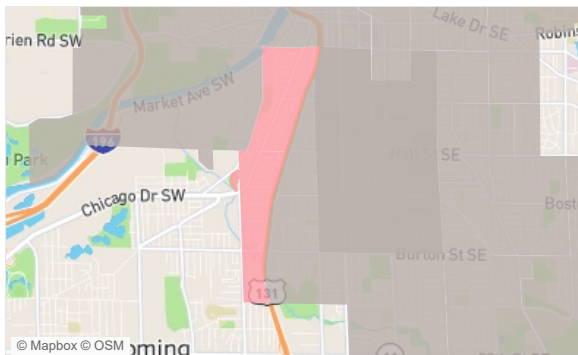
Census Tracts 26, 39, and 40
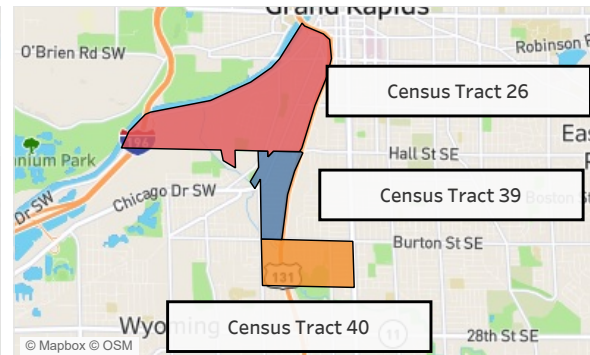
Community Assets

Community Assets - Community Centers

Page 4

The location of the community centers in the Roosevelt Park Neighborhood is shown below on the map.

The Roosevelt Park Neighborhood Association hosts community events, works to prevent crime in the neighborhood, and creates improvement plans for the neighborhood.

The Weeks of Hope Community Garden is maintained by volunteers of the Roosevelt Park Neighborhood Association.

The Cook Library Center has books, computers, Wi-Fi, and other media for the community.
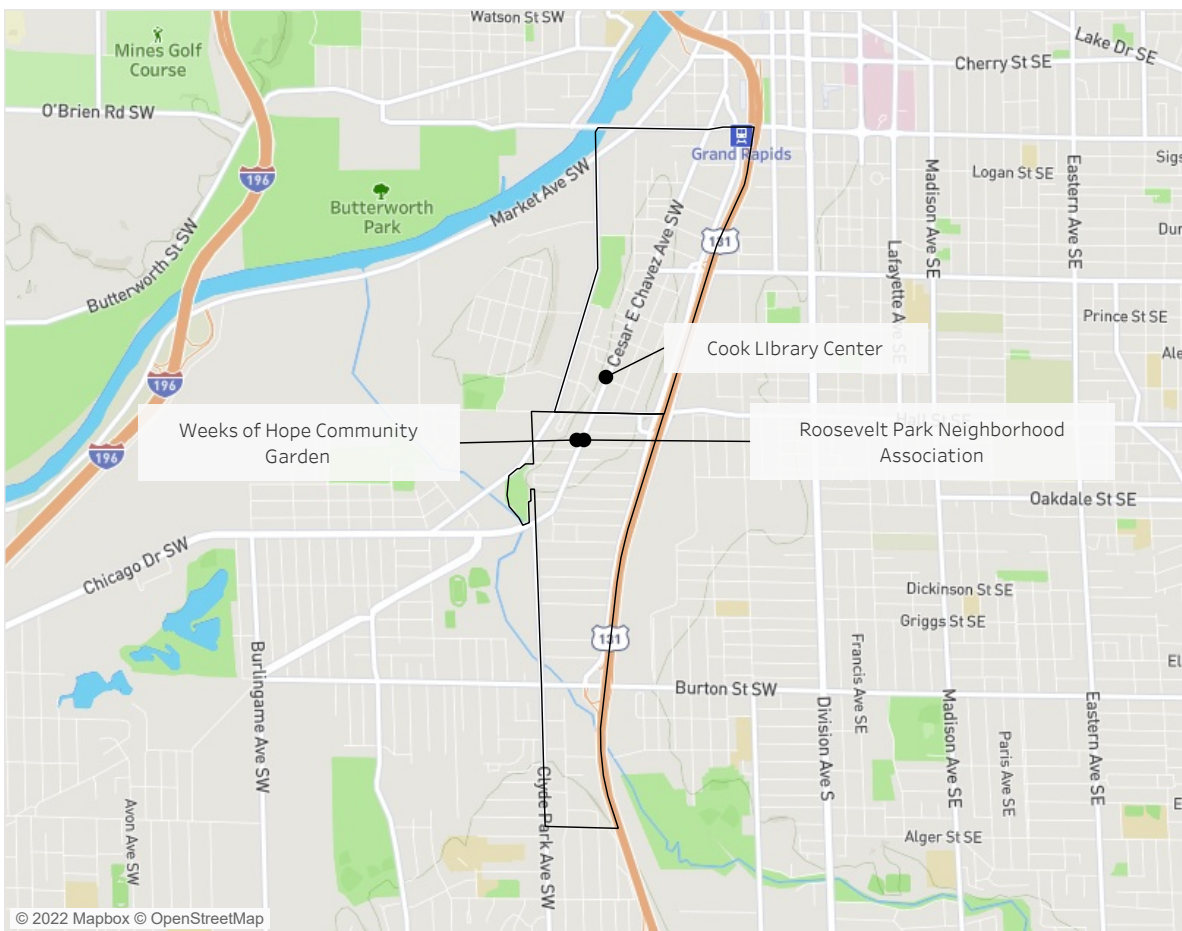
Organization and Address

Cook Library Center	1100 Cesar E. Chavez Ave SW, Grand Rapids, MI 49503
Roosevelt Park Neighborhood Association	1260 Cesar E. Chavez Ave SW, Grand Rapids, MI 49503
Weeks of Hope Community Garden	1267 Cesar E. Chavez Ave SW, Grand Rapids, MI 49503

Community Assets - Community Health Centers

The location of the community health centers in the Roosevelt Park Neighborhood is shown below on the map.

Spectrum Health Healthier Communities – More Life Más Vida provides community members health screenings, care, and education related to the prevention of cardiovascular disease.

Clinica Santa Maria offers the community a wide range of health care services. The entire staff is bilingual, and the clinic often cares for underserved or uninsured community members.
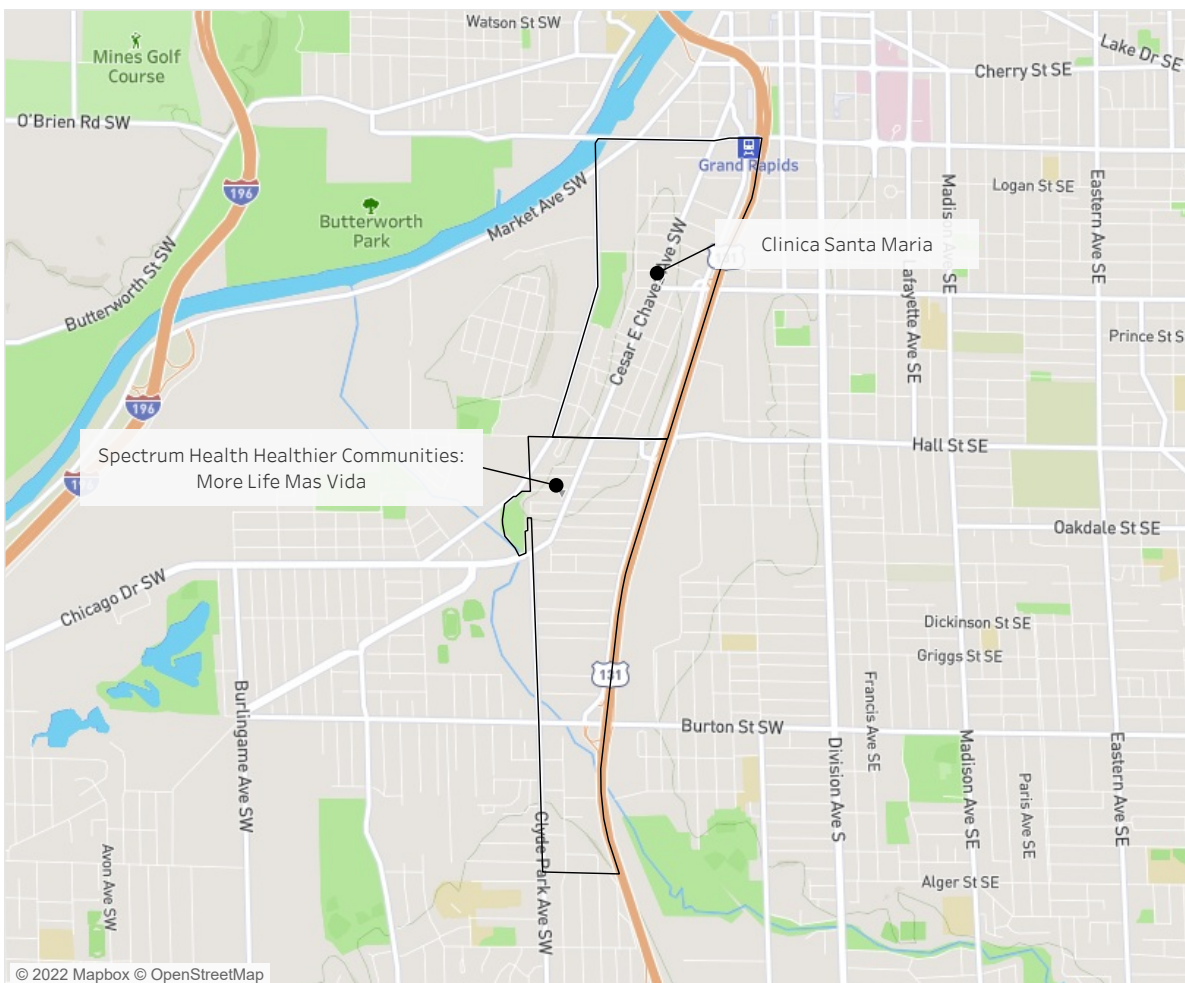
Organization and Address

Clinica Santa Maria	730 Cesar E. Chavez Ave SW, Grand Rapids, MI 49503
Spectrum Health Healthier Communities - More Life Mas Vida	1357 Cesar E. Chavez Ave SW, Grand Rapids, MI 49503

Community Assets - Grocery Stores

Page 6

The map shows the grocery stores in the Roosevelt Park Neighborhood, which are all located near Cesar E. Chavez Avenue in the northern part of the neighborhood.
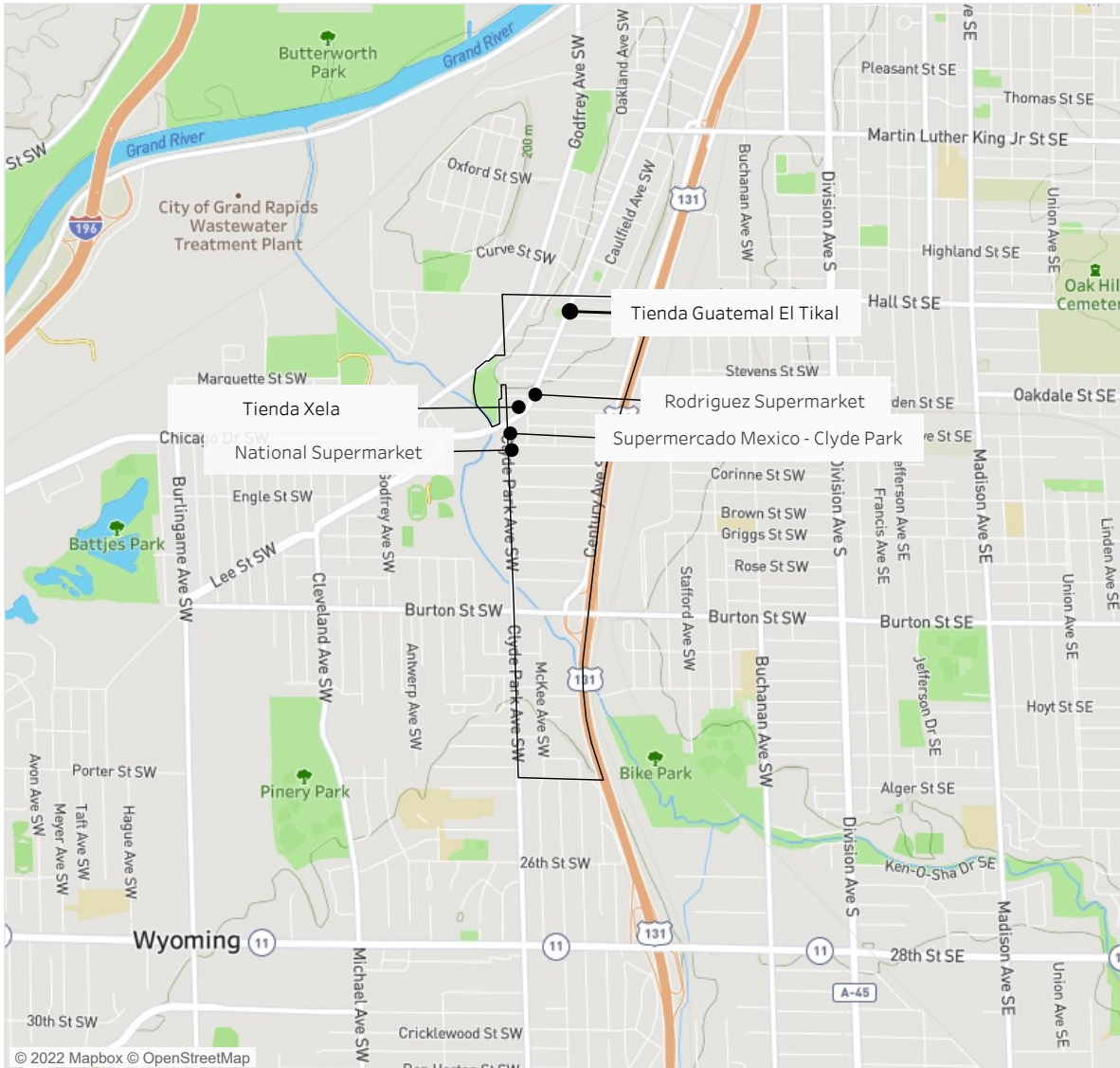
Organization and Address

National Supermarket	1610 Clyde Park Ave SW, Grand Rapids, MI 49509
Rodriguez Supermarket	1428 Cesar E. Chavez Ave SW, Grand Rapids, MI 49503
Supermercado Mexico - Clyde Park	1546 Clyde Park Ave SW, Grand Rapids, MI 49509
Tienda Guatemal El Tikal	1230 Cesar E. Chavez Ave SW, Grand Rapids, MI 49503
Tienda Xela	1509 Cesar E. Chavez Ave SW, Grand Rapids, MI 49503

Community Assets - Non-Profit Organizations

The non-profit organizations located within the Roosevelt Park Neighborhood are shown on the map.

The Hispanic Center of West Michigan offers services including but not limited to family support services, language services, and youth and education services.

Changing Thirsty Lives helps Hispanic children living in poverty by providing basic needs, educational support, and activities outside of school.

The Health Net of West Michigan works toward health equity by connecting community members to healthcare and social service resources.

The Cook Arts Center provides a place for students and families to practice their art skills and celebrate their culture.

Whole Self Counseling offers resources and counseling for various mental health concerns.

The Habitat Kent Workspace and Learning Center is Habitat for Humanity's main office. Habitat for Humanity helps community members find safe, affordable housing.
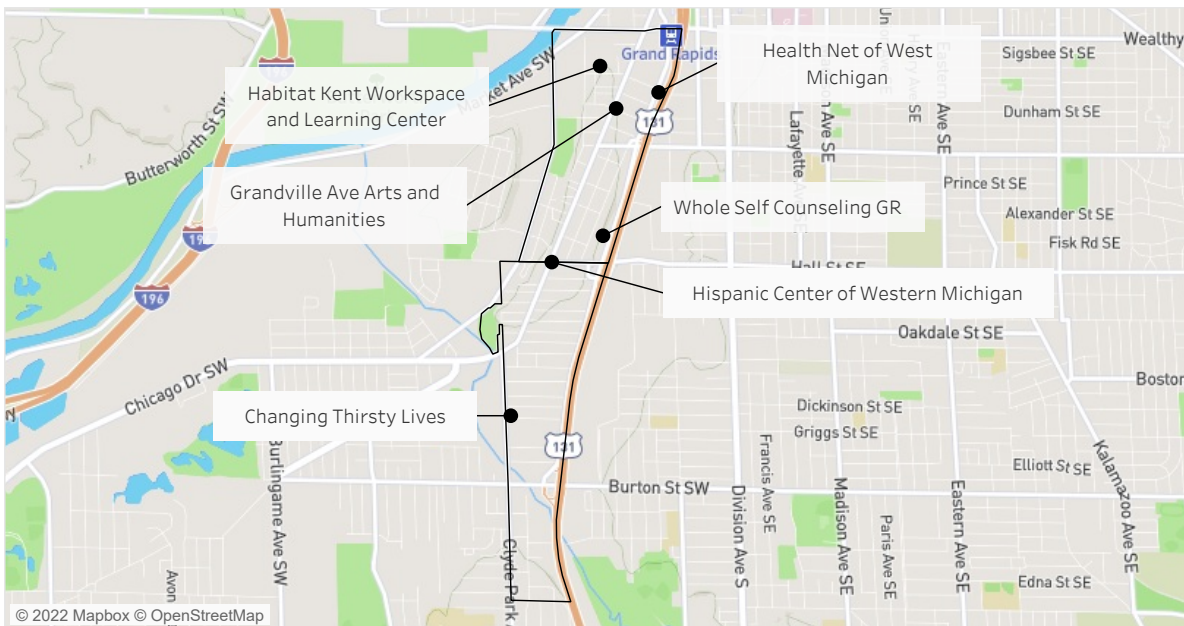
Organization and Address

Changing Thirsty Lives	754 Griggs St SW, Grand Rapids, MI 49503
Grandville Avenue Arts & Humanities	644 Cesar E. Chavez Ave SW, Grand Rapids, MI 49503
Habitat Kent Workspace and Learning Center	425 Pleasant St SW, Grand Rapids, MI 49503
Health Net of West Michigan	620 Century Ave SW #210, Grand Rapids, MI 49503
Hispanic Center of Western Michigan	1204 Cesar E. Chavez Ave SW, Grand Rapids, MI 49503

Community Assets - Places of Worship

Page 8

Places of worship in the Roosevelt Park Neighborhood are shown on the map below. Most places of worship are located in the northern part of the neighborhood.
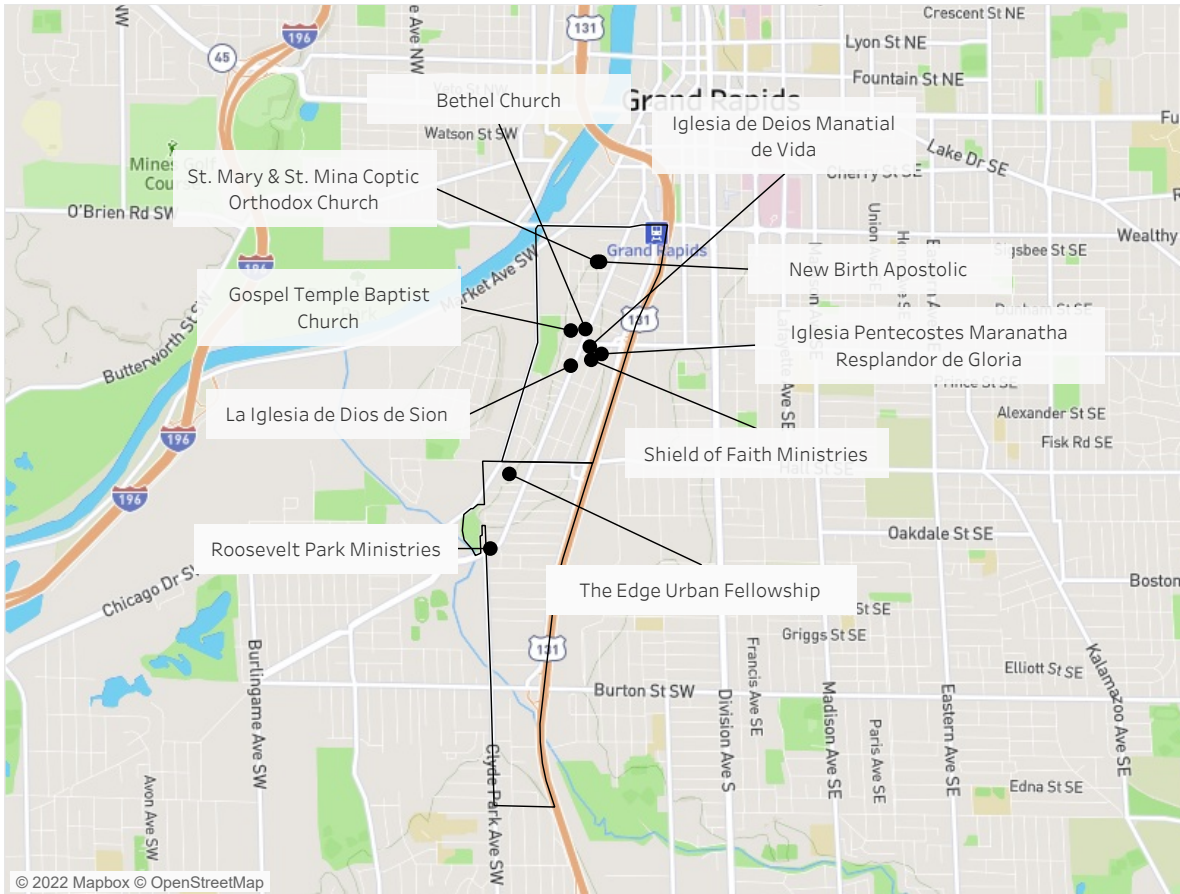
Organization and Address

Bethel Church	832 Cesar E. Chavez Ave SW, Grand Rapids, MI 49503
Gospel Temple Baptist Church	460 Franklin St SW, Grand Rapids, MI 49503
Iglesia de Deios Manatial de Vida	400 M.L.K. Jr St SE, Grand Rapids, MI 49503
Iglesia Pentecostes Maranatha Resplandor de Gloria	835 Sheridan Ave SW, Grand Rapids, MI 49503
La Iglesia de Dios de Sion	860 Cesar E. Chavez Ave SW, Grand Rapids, MI 49503
New Birth Apostolic	535 Church Pl SW, Grand Rapids, MI 49503
Roosevelt Park Ministries	1530 Cesar E. Chavez Ave SW, Grand Rapids, MI 49503
Shield of Faith Ministries	840 Caulfield Ave SW, Grand Rapids, MI 49503
St. Mary & St. Mina Coptic Orthodox Church	535 Church Pl SW, Grand Rapids, MI 49503

Community Assets - Childcare/Education

The places of education in the Roosevelt Park Neighborhood are shown on the map below. In addition to K-12 schools, the West Michigan Construction Institute and Grand Rapids Community College have buildings in the neighborhood.
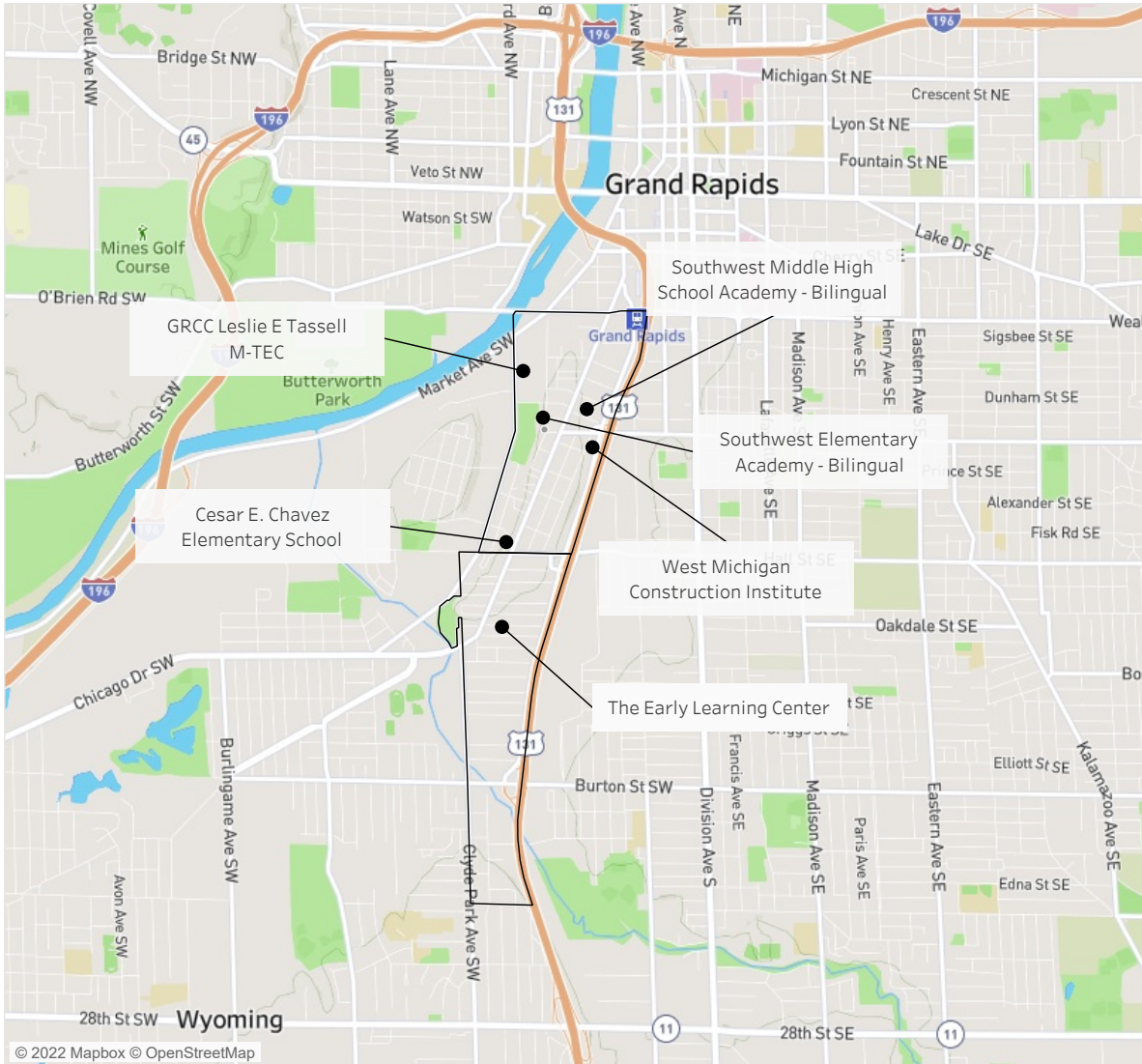
Organization and Address

Cesar E. Chavez Elementary School	1205 Cesar E Chavez Ave SW, Grand Rapids, MI 49503
Early Learning Center	641 Vries St SW, Grand Rapids, MI 49503
GRCC Leslie E Tassell M-TEC	622 Godfrey Ave SW, Grand Rapids, MI 49503
Southwest Elementary Academy - Bilingual	801 Oakland Ave SW, Grand Rapids, MI 49503
Southwest Middle High School - Bilingual	327 Rumsey St SW, Grand Rapids, MI 49503
West Michigan Construction Institute	801 Century Ave SW, Grand Rapids, MI 49503

Community Assets - Parks and Recreation

The parks located in the neighborhood are shown on the map below. The parks have a playground and picnic area, among other amenities.
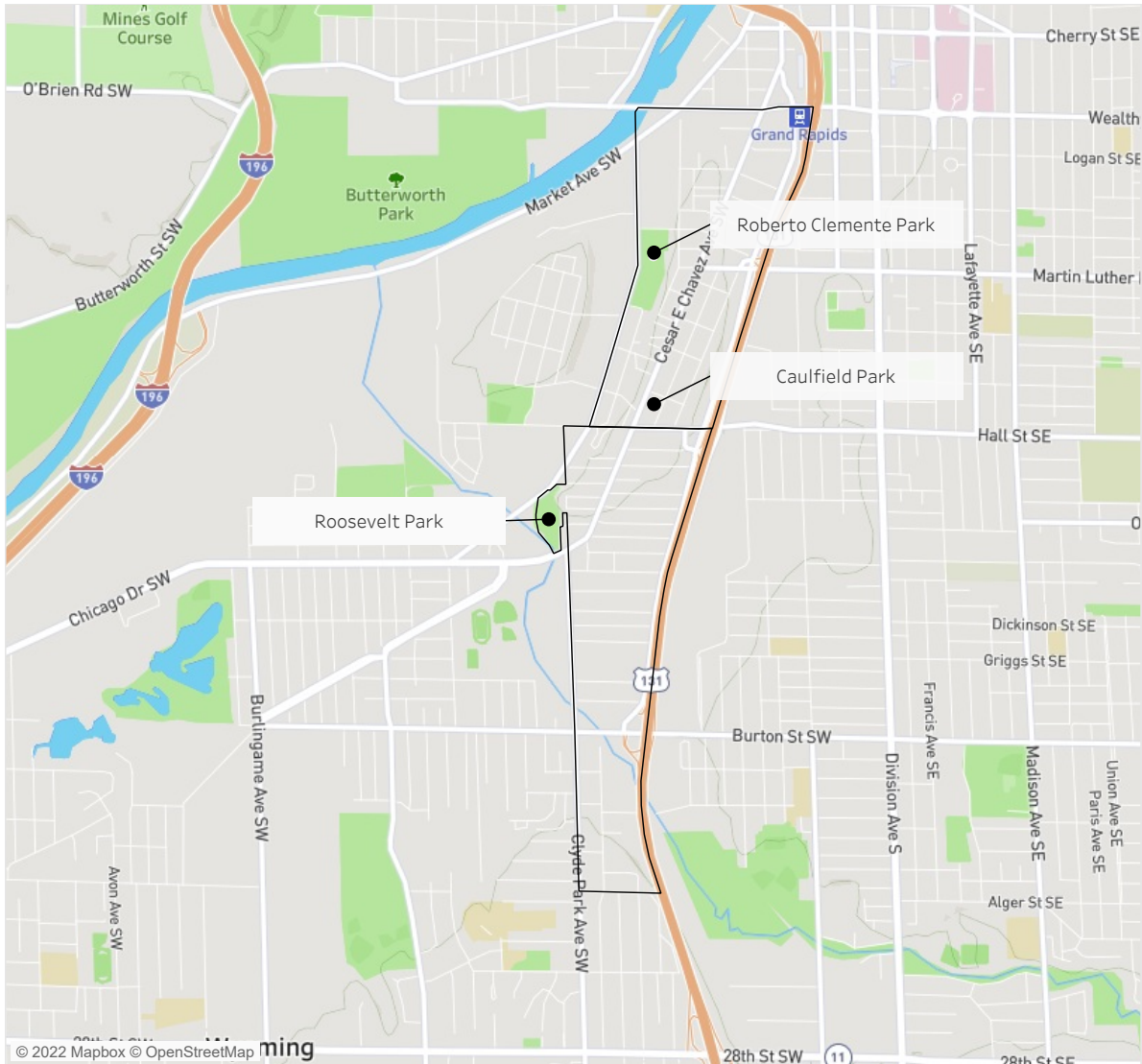
Demographics
and
Socio-Economic Environment

Credit: Roosevelt Park Neighborhood Association

Demographics

Table 1: Total Population

Table 1 shows the estimated population of each area in 2020. Census Tracts 26, 39, and 40 each had close to 4,000 residents, although the population of Census Tract 40 was slightly higher.

Roosevelt Park - Census Tract 26	Roosevelt Park - Census Tract 39	Roosevelt Park - Census Tract 40	City of Grand Rapids	Kent County, Michigan	Michigan	United States
3,635 +/- 742	3,715 +/- 706	4,163 +/- 634	199,417 +/- 89	652,617 +/-	9,973,907 +/-	326,569,308 +/-

Source: American Community Survey, 2020 5-Year Estimates, Table DP05

Table 2: Race/Ethnicity

Table 2 shows the race and ethnicity of the areas. The percentage of Hispanic residents in Census Tracts 26, 39, and 40 was much higher than that of Hispanic residents in Grand Rapids, Kent County, Michigan, and the United States.

	Roosevelt Park - Census Tract 26	Roosevelt Park - Census Tract 39	Roosevelt Park - Census Tract 40	City of Grand Rapids	Kent County, Michigan	Michigan	United States
Black	8.6% +/- 5.1%	18.5% +/- 9.9%	5.8% +/- 3.1%	17.5% +/- 0.8%	9.0% +/- 0.3%	13.5% +/- 0.1%	12.2% +/- 0.1%
Hispanic	69.1% +/- 9.6%	67.0% +/- 13.4%	82.8% +/- 5.3%	16.3% +/- 0.8%	10.7% +/- %	5.2% +/- 0.1%	18.2% +/- 0.1%
White	17.2% +/- 7.1%	11.1% +/- 5.0%	9.6% +/- 4.8%	58.2% +/- 1.1%	72.9% +/- 0.2%	74.5% +/- 0.1%	60.1% +/- 0.1%

Source: American Community Survey, 2020 5-Year Estimates, Table DP05

Table 3: Sex

The distribution of sex for the areas is shown in Table 3. Percentage-wise, there were slightly more females than males in Census Tract 26, Grand Rapids, Kent County, Michigan, and the United States. In Census Tracts 39 and 40, the percentage of males was higher than that of females.

	Roosevelt Park - Census Tract 26	Roosevelt Park - Census Tract 39	Roosevelt Park - Census Tract 40	City of Grand Rapids	Kent County, Michigan	Michigan	United States
Female	52.2% +/- 3.6%	46.8% +/- 4.8%	47.8% +/- 3.8%	51.0% +/- 0.7%	50.7% +/- 0.1%	50.8% +/- 0.1%	50.8% +/- 0.1%
Male	47.8% +/- 3.6%	53.2% +/- 4.8%	52.2% +/- 3.8%	49.0% +/- 0.7%	49.3% +/- 0.1%	49.2% +/- 0.1%	49.2% +/- 0.1%

Source: American Community Survey, 2020 5-Year Estimates, Table DP05

Table 4: Age By Groups

Table 4 shows the percentage of residents in each age group for each area. The percentage of residents younger than five years, five to nine years, and 10 to 14 years in Census Tracts 26, 39, and 40 were higher than in the City of Grand Rapids, Kent County, Michigan, and United States.

	Roosevelt Park - Census Tract 26	Roosevelt Park - Census Tract 39	Roosevelt Park - Census Tract 40	City of Grand Rapids	Kent County, Michigan	Michigan	United States
Under 5 Years	8.9% +/- 3.3%	9.3% +/- 3.0%	10.7% +/- 3.2%	6.9% +/- 0.4%	6.7% +/- 0.1%	5.7% +/- 0.1%	6.0% +/- 0.1%
5-9 Years	12.2% +/- 5.4%	8.6% +/- 2.3%	10.0% +/- 2.3%	6.1% +/- 0.3%	6.8% +/- 0.2%	5.9% +/- 0.1%	6.1% +/- 0.1%
10-14 Years	10.6% +/- 2.4%	7.1% +/- 2.4%	8.8% +/- 2.8%	5.6% +/- 0.4%	6.6% +/- 0.2%	6.2% +/- 0.1%	6.5% +/- 0.1%
15-19 Years	6.5% +/- 2.6%	10.4% +/- 3.8%	8.2% +/- 2.9%	7.2% +/- 0.4%	6.6% +/- 0.1%	6.6% +/- 0.1%	6.5% +/- 0.1%
20-24 Years	9.8% +/- 3.2%	16.7% +/- 12.2%	5.4% +/- 2.2%	10.4% +/- 0.5%	6.9% +/- 0.1%	6.9% +/- 0.1%	6.7% +/- 0.1%
25-34 Years	21.0% +/- 5.0%	11.6% +/- 3.8%	17.3% +/- 3.3%	20.1% +/- 0.6%	15.8% +/- 0.1%	12.9% +/- 0.1%	13.9% +/- 0.1%
35-44 Years	13.5% +/- 3.0%	9.0% +/- 3.1%	14.9% +/- 4.8%	11.3% +/- 0.4%	12.6% +/- 0.1%	11.7% +/- 0.1%	12.7% +/- 0.1%
45-54 Years	8.3% +/- 2.9%	10.4% +/- 3.2%	15.0% +/- 4.5%	9.9% +/- 0.5%	12.0% +/- 0.1%	12.9% +/- 0.1%	12.7% +/- 0.1%
55-59 Years	2.2% +/- 1.1%	3.6% +/- 2.2%	5.0% +/- 2.1%	5.5% +/- 0.4%	6.4% +/- 0.2%	7.1% +/- 0.1%	6.7% +/- 0.1%
60-64 Years	2.2% +/- 1.4%	3.4% +/- 2.0%	1.6% +/- 0.9%	4.7% +/- 0.3%	6.0% +/- 0.2%	6.9% +/- 0.1%	6.2% +/- 0.1%
64-74 Years	2.6% +/- 1.4%	6.6% +/- 3.5%	2.3% +/- 1.0%	7.2% +/- 0.5%	8.0% +/- 0.1%	10.1% +/- 0.1%	9.4% +/- 0.1%
75-84 Years	1.5% +/- 1.1%	3.3% +/- 3.5%	0.8% +/- 0.6%	3.1% +/- 0.3%	3.7% +/- 0.2%	4.9% +/- 0.1%	4.7% +/- 0.1%
Over 85 Years	0.7% +/- 1.5%	0.2% +/- 0.3%	0.1% +/- 0.2%	2.0% +/- 0.2%	1.9% +/- 0.2%	2.2% +/- 0.1%	2.0% +/- 0.1%

Source: American Community Survey, 2020 5-Year Estimates, Table DP05

Table 5: Median Age

The median age for each area is shown in Table 5. The median age of residents in Census Tracts 26, 39, and 40 was significantly lower than the median age in the City of Grand Rapids, Kent County, Michigan, and the United States.

Roosevelt Park - Census Tract 26	Roosevelt Park - Census Tract 39	Roosevelt Park - Census Tract 40	City of Grand Rapids	Kent County, Michigan	Michigan	United States
26.0 +/- 1.9	24.8 +/- 5.2	28.5 +/- 2.9	31.2 +/- 0.4	35.4 +/- 0.1	39.8 +/- 0.1	38.2 +/- 0.1

Source: American Community Survey, 2020 5-Year Estimates, Table DP05

Demographics

Table 6: English Speaking Proficiency

Table 6 displays the percentages of residents five years and older that speak English only or English well. The percent of the population that spoke only English or spoke English well was over 90% in Grand Rapids, Kent County, Michigan, and the United States. The percentage of the population that speak English only or English well was significantly lower for Census Tracts 26, 39, and 40.

Roosevelt Park - Census Tract 26	Roosevelt Park - Census Tract 39	Roosevelt Park - Census Tract 40	City of Grand Rapids	Kent County, Michigan	Michigan	United States
69.9% +/- 6.7%	62.6% +/- 9.2%	56.6% +/- 6.9%	91.6% +/- 0.8%	94.6% +/- 0.3%	96.6% +/- 0.1%	91.8% +/- 0.1%

Source: American Community Survey, 2020 5-Year Estimates, Table S1601

Table 7: Population 5 Years and Older that Spoke Languages Other Than English

The percentages of residents five years and older that spoke a language other than English are shown in Table 7. The percentage of the population that spoke languages other than English was much higher in Census Tracts 26, 39, and 40 compared to the City of Grand Rapids, Kent County, Michigan, and the United States.

Roosevelt Park - Census Tract 26	Roosevelt Park - Census Tract 39	Roosevelt Park - Census Tract 40	City of Grand Rapids	Kent County, Michigan	Michigan	United States
64.5% +/- 11.0%	67.6% +/- 12.9%	74.6% +/- 7.6%	17.0% +/- 1.0%	12.3% +/- 0.3%	9.7% +/- 0.1%	21.5% +/- 0.1%

Source: American Community Survey, 2020 5-Year Estimates, Table S1601

Households and Families

Table 8: Number of Households

The number of households in each area is shown in Table 8. It was estimated that Census Tract 26 had 1,017 households, Census Tract 39 had 1,295 households, and Census Tract 40 had 1,098 households in 2020.

Roosevelt Park - Census Tract 26	Roosevelt Park - Census Tract 39	Roosevelt Park - Census Tract 40	City of Grand Rapids	Kent County, Michigan	Michigan	United States
1,017 +/- 167	1,295 +/- 400	1,098 +/- 195	76,360 +/- 1,217	244,795 +/- 1,159	3,980,408 +/- 8,401	122,354,219 +/- 211,970

Source: American Community Survey, 2020 5-Year Estimates, Table S1101

Table 9: Average Household Size

Table 9 shows the average household size in each area. The average household size for Census Tracts 26, 39, and 40 was higher than that for Grand Rapids, Kent County, Michigan, and the United States.

Roosevelt Park - Census Tract 26	Roosevelt Park - Census Tract 39	Roosevelt Park - Census Tract 40	City of Grand Rapids	Kent County, Michigan	Michigan	United States
3.6	2.9	3.8	2.5	2.6	2.5	2.6

Source: American Community Survey, 2020 5-Year Estimates, Table S1101

Table 10: Number of Families

The number of families in each area is shown in Table 10. It was estimated that Census Tract 26 had 733 families, Census Tract 39 had 1,031 families, and Census Tract 40 had 818 families in 2020.

Roosevelt Park - Census Tract 26	Roosevelt Park - Census Tract 39	Roosevelt Park - Census Tract 40	City of Grand Rapids	Kent County, Michigan	Michigan	United States
733 +/- 168	1,031 +/- 355	818 +/- 173	42,353 +/- 959	162,996 +/- 1736	2,526,437 +/- 8567	79,849,830 +/- 199011

Source: American Community Survey, 2020 5-Year Estimates, Table S1101

Households and Families

Table 11: Average Family Size

The average family size for each area is shown in Table 11. The average family size for Census Tract 39, Grand Rapids, Kent County, Michigan, and the United States was close to three. The average family size for Census Tracts 26 and 40 was around four people.

Roosevelt Park - Census Tract 26	Roosevelt Park - Census Tract 39	Roosevelt Park - Census Tract 40	City of Grand Rapids	Kent County, Michigan	Michigan	United States
3.9	3.0	4.3	3.2	3.2	3.1	3.2

Source: American Community Survey, 2020 5-Year Estimates, Table S1101

Table 12: Households with Adults Over 60 Years of Age

Table 12 displays the percentage of households with adults over 60 years of age for each area. Census Tracts 26 and 40 had notably lower percentages than Census Tract 39, City of Grand Rapids, Kent County, Michigan, and the United States.

Roosevelt Park - Census Tract 26	Roosevelt Park - Census Tract 39	Roosevelt Park - Census Tract 40	City of Grand Rapids	Kent County, Michigan	Michigan	United States
18.7% +/- 7.0%	30.8% +/- 15.6%	14.8% +/- 4.9%	31.5% +/- 1.2%	35.4% +/- 0.5%	41.5% +/- 0.1%	40.2% +/- 0.1%

Source: American Community Survey, 2019 5-Year Estimates, Table S1101

Households and Families

Table 13: Households with Children Under 18 Years of Age

The percentages of households with children under 18 years are shown in Table 13. The percentage of households with children under 18 years was around 30% for Grand Rapids, Kent County, Michigan, and the United States. However, the percentage of households with children under 18 years was closer to 50% for Census Tracts 26, 39, and 40.

Roosevelt Park - Census Tract 26	Roosevelt Park - Census Tract 39	Roosevelt Park - Census Tract 40	City of Grand Rapids	Kent County, Michigan	Michigan	United States
47.5% +/- 11.4%	56.0% +/- 16.4%	55.4% +/- 9.6%	28.1% +/- 1.2%	33.0% +/- 0.6%	28.3% +/- 0.2%	30.7% +/- 0.1%

Source: American Community Survey, 2020 5-Year Estimates, Table S1101

Table 14: Single Parent Households with Children Under 18 Years of Age

Table 14 shows the percentage of single-parent households with children under 18. Census Tracts 26 and 39 had fewer single-single parent households compared to the City of Grand Rapids, Kent County, Michigan, and the United States. However, 5.5% of households were comprised of single parents with children under 18 years of age in Census Tract 40, which was higher than in the other areas.

Roosevelt Park - Census Tract 26	Roosevelt Park - Census Tract 39	Roosevelt Park - Census Tract 40	City of Grand Rapids	Kent County, Michigan	Michigan	United States
3.2%	2.2%	5.5%	4.2%	4.1%	5.1%	4.8%

Source: American Community Survey, 2019 5-Year Estimates, Table DP02..

Table 15: Owner-Occupied Housing Units

The percentage of owner-occupied housing units is shown in Table 15. The percentage of owner-occupied housing units was below 50% for Census Tracts 26 and 39 and around 50% for Census Tract 40. All three census tracts have fewer owner-occupied housing compared to the City of Grand Rapids, Kent County, Michigan, and the United States.

Roosevelt Park - Census Tract 26	Roosevelt Park - Census Tract 39	Roosevelt Park - Census Tract 40	City of Grand Rapids	Kent County, Michigan	Michigan	United States
40.2% +/- 8.9%	37.1% +/- 12.7%	50.4% +/- 10.6%	55.0% +/- 1.4%	70.4% +/- 0.6%	71.7% +/- 0.2%	64.4% +/- 0.2%

Source: American Community Survey, 2020 5-Year Estimates, Table S1101

Table 16: Renter-Occupied Housing Units

Table 16 shows the percentage of renter-occupied housing units. The percentage of renter-occupied housing units was higher in Census Tracts 26, 39, and 40 than in the City of Grand Rapids, Kent County, Michigan, and the United States.

Roosevelt Park - Census Tract 26	Roosevelt Park - Census Tract 39	Roosevelt Park - Census Tract 40	City of Grand Rapids	Kent County, Michigan	Michigan	United States
59.8% +/- 8.9%	62.9% +/- 12.7%	49.6% +/- 10.6%	45.0% +/- 1.4%	29.6% +/- 0.6%	28.3% +/- 0.2%	35.6% +/- 0.2%

Source: American Community Survey, 2020 5-Year Estimates, Table S1101

Education

Table 17: Highest Education Attained by Age Group

The percentage of residents with the highest education attained by age group is shown in Table 17. In Census Tracts 26 and 40, the percentage of residents aged 18 to 24 with education levels less than high school and high school diploma or equivalent was higher than in the other areas. The percentages of residents 18 to 24 years who completed a Bachelor's Degree or higher were lower in Census Tracts 26, 39, and 40 compared to the other areas.

	Roosevelt Park - Census Tract 26	Roosevelt Park - Census Tract 39	Roosevelt Park - Census Tract 40	City of Grand Rapids	Kent County, Michigan	Michigan	United States
18-24 Years, Less than High School	27.1% +/- 13.9%	10.3% +/- 10.8%	22.1% +/- 12.4%	12.8% +/- 1.9%	13.7% +/- 1.2%	12.4% +/- 0.3%	12.2% +/- 0.1%
18-24 Years, High School Diploma or Equivalent	53.1% +/- 14.6%	22.6% +/- 20.4%	64.2% +/- 13.7%	24.0% +/- 2.6%	29.4% +/- 1.9%	31.2% +/- 0.4%	32.1% +/- 0.1%
18-24 Years, Some College or Associate's Degree	10.6% +/- 6.9%	63.2% +/- 31.4%	12.9% +/- 6.9%	45.3% +/- 2.7%	41.8% +/- 1.7%	45.0% +/- 0.5%	43.9% +/- 0.1%
18-24 Years, Bachelor's Degree or Higher	9.2% +/- 7.0%	3.9% +/- 4.9%	0.9% +/- 2.6%	17.9% +/- 2.5%	15.1% +/- 1.5%	11.4% +/- 0.3%	11.8% +/- 0.1%
25 Years and Older, 9th-12th Grade, No Diploma	21.7% +/- 12.1%	12.7% +/- 4.3%	26.1% +/- 10.2%	6.5% +/- 0.8%	5.0% +/- 0.3%	6.0% +/- 0.1%	6.6% +/- 0.1%
25 Years and Older, High School Diploma or Eqivalent	19.3% +/- 4.5%	31.8% +/- 10.8%	25.6% +/- 6.2%	22.0% +/- 1.0%	24.2% +/- 0.6%	28.5% +/- 0.2%	26.7% +/- 0.1%
25 Years and Older, Associate's Degree	4.1% +/- 4.1%	1.5% +/- 1.3%	2.3% +/- 1.5%	7.8% +/- 0.6%	9.3% +/- 0.4%	9.6% +/- 0.1%	8.6% +/- 0.1%
25 Years and Older, Some College, No Degree	16.0% +/- 5.9%	10.2% +/- 4.5%	12.7% +/- 4.4%	19.8% +/- 0.9%	21.1% +/- 0.5%	23.2% +/- 0.1%	20.3% +/- 0.1%
25 Years and Older, Bachelor's Degree	7.7% +/- 3.4%	1.9% +/- 1.3%	0.8% +/- 0.7%	25.2% +/- 1.1%	24.0% +/- 0.6%	18.3% +/- 0.1%	20.2% +/- 0.1%
25 Years and Older, Graduate or Professional Degree	3.6% +/- 2.9%	3.0% +/- 4.2%	0.5% +/- 0.6%	12.5% +/- 0.7%	12.9% +/- 0.4%	11.7% +/- 0.1%	12.7% +/- 0.1%

Source: American Community Survey, 2020 5-Year Estimates, Table S1501

Table 18: Highest Education Attained by Race/Ethnicity

Table 18 shows the percentage of residents who attained each education level by race. Among all races, the percentage of residents who completed a high school degree or higher and Bachelor's Degree or higher was lower in Census Tracts 26, 39, and 40 compared to the other areas.

	Roosevelt Park - Census Tract 26	Roosevelt Park - Census Tract 39	Roosevelt Park - Census Tract 40	City of Grand Rapids	Kent County, Michigan	Michigan	United States
Black Alone, High School or Higher	83.8% +/- 12.7%	68.3% +/- 21.4%	95.6% +/- 5.9%	84.8% +/- 2.2%	87.2% +/- 1.6%	86.9% +/- 0.3%	86.7% +/- 0.1%
Black Alone, Bachelor's Degree or Higher	15.7% +/- 14.8%	9.6% +/- 13.0%	6.1% +/- 7.3%	19.2% +/- 2.3%	21.3% +/- 2.0%	17.9% +/- 0.4%	22.6% +/- 0.1%
Hispanic or Latino Origin, High School or Higher	30.3% +/- 9.6%	40.1% +/- 12.7%	31.9% +/- 10.3%	53.7% +/- 3.5%	63.6% +/- 2.4%	74.8% +/- 0.7%	70.3% +/- 0.2%
Hispanic or Latino Origin, Bachelor's Degree or Higher	6.9% +/- 5.0%	4.4% +/- 5.6%	0.6% +/- 0.7%	12.3% +/- 1.9%	15.7% +/- 1.6%	20.6% +/- 0.7%	17.6% +/- 0.2%
White Alone, Not Hispanic or Latino, High School or Higher	87.1% +/- 9.4%	78.1% +/- 16.5%	56.6% +/- 14.9%	94.2% +/- 0.8%	95.2% +/- 0.3%	93.0% +/- 0.1%	93.2% +/- 0.1%
White Alone, Not Hispanic or Latino, Bachelor's Degree or Higher	25.5% +/- 15.0%	7.7% +/- 7.8%	1.3% +/- 2.2%	47.0% +/- 1.5%	40.6% +/- 0.8%	31.1% +/- 0.2%	36.5% +/- 0.1%

Source: American Community Survey, 2020 5-Year Estimates, Table S1501

Income

Table 19: Average Household Income

The average household income by area is shown in Table 19. The average household income was lower in Census Tracts 26, 39, and 40 compared to the City of Grand Rapids, Kent County, Michigan, and the United States.

Roosevelt Park - Census Tract 26	Roosevelt Park - Census Tract 39	Roosevelt Park - Census Tract 40	City of Grand Rapids	Kent County, Michigan	Michigan	United States
$50,113 +/- $8,537	$43,331 +/- $4,624	$44,851 +/- $4,209	$66,387 +/- $1,649	$87,911 +/- $1,409	$80,803 +/- $312	$91,547 +/- $157

Source: American Community Survey, 2020 5-Year Estimates, Table S1901

Table 20: Median Household Income

The median household income for each area is shown in Table 20. Census Tracts 26, 39, and 40 had lower median household incomes compared to the City of Grand Rapids, Kent County, Michigan, and the United States.

Roosevelt Park - Census Tract 26	Roosevelt Park - Census Tract 39	Roosevelt Park - Census Tract 40	City of Grand Rapids	Kent County, Michigan	Michigan	United States
$45,335 +/- $8,738	$43,595 +/- $1,708	$38,910 +/- $8,081	$51,333 +/- $1,275	$65,722 +/- $910	$59,234 +/- $218	$64,994 +/- $128

Source: American Community Survey, 2020 5-Year Estimates, Table S1901

Income

Table 21: Household Income

Table 21 displays the percentages of households in each income category. 58.2% of households in Census Tract 26, 73.8% of households in Census Tract 39, and 61.1% of households in Census Tract 40 make less than $50,000 in household income compared to 48.3% in the City of Grand Rapids, 37.9% in Kent County, 42.6% in Michigan and 39.0% in the United States.

	Roosevelt Park - Census Tract 26	Roosevelt Park - Census Tract 39	Roosevelt Park - Census Tract 40	City of Grand Rapids	Kent County, Michigan	Michigan	United States
Less Than $10,000	13.5% +/- 7.1%	6.3% +/- 4.9%	7.1% +/- 4.4%	8.4% +/- 1.0%	4.8% +/- 0.4%	6.4% +/- 0.1%	5.8% +/- 0.1%
$10,000 to $14,999	1.1% +/- 1.2%	7.1% +/- 7.9%	5.6% +/- 4.1%	4.7% +/- 0.7%	3.3% +/- 0.3%	4.1% +/- 0.1%	4.1% +/- 0.1%
$15,000 to $24,999	13.2% +/- 5.5%	12.5% +/- 6.8%	12.9% +/- 7.8%	11.6% +/- 1.3%	8.6% +/- 0.6%	9.2% +/- 0.1%	8.5% +/- 0.1%
$25,000 to $34,999	13.1% +/- 6.3%	7.5% +/- 6.4%	20.9% +/- 8.5%	9.2% +/- 0.8%	8.2% +/- 0.4%	9.6% +/- 0.1%	8.6% +/- 0.1%
$35,000 to $49,999	17.3% +/- 6.3%	40.4% +/- 19.2%	14.6% +/- 6.2%	14.4% +/- 1.0%	13.0% +/- 0.5%	13.3% +/- 0.1%	12.0% +/- 0.1%
$50,000 to $74,999	21.3% +/- 7.5%	17.5% +/- 11.2%	25.4% +/- 9.8%	19.6% +/- 1.1%	19.1% +/- 0.6%	18.2% +/- 0.1%	17.2% +/- 0.1%
$75,000 to $99,999	15.5% +/- 10.4%	5.3% +/- 3.3%	7.1% +/- 3.2%	12.9% +/- 0.8%	14.2% +/- 0.6%	12.9% +/- 0.1%	12.8% +/- 0.1%
$100,000 to $149,999	3.4% +/- 3.3%	1.6% +/- 2.2%	6.4% +/- 4.2%	12.5% +/- 0.9%	16.7% +/- 0.6%	14.6% +/- 0.1%	15.6% +/- 0.1%
$150,000 to $199,999	0.0% +/- 2.7%	1.8% +/- 2.1%	0.0% +/- 2.5%	3.7% +/- 0.5%	6.0% +/- 0.3%	5.9% +/- 0.1%	7.1% +/- 0.1%
$200,000 or more	1.6% +/- 1.4%	0.0% +/- 2.1%	0.0% +/- 2.5%	2.8% +/- 0.4%	6.3% +/- 0.4%	5.7% +/- 0.1%	8.3% +/- 0.1%

Source: American Community Survey, 2020 5-Year Estimates, Table S1901

Poverty

Table 22: Poverty

Table 22 shows the percentage of residents below the poverty level. The percentage of residents in poverty was higher in Census Tracts 26, 39, and 40, with about 25% to 30% of residents below the poverty level than in the City of Grand Rapids, Kent County, Michigan, and the United States.

Roosevelt Park - Census Tract 26	Roosevelt Park - Census Tract 39	Roosevelt Park - Census Tract 40	City of Grand Rapids	Kent County, Michigan	Michigan	United States
25.8% +/- 7.9%	30.9% +/- 10.2%	28.0% +/- 9.5%	19.9% +/- 1.2%	11.1% +/- 0.5%	13.7% +/- 0.2%	12.8% +/- 0.1%

Source: American Community Survey, 2020 5-Year Estimates, Table S1701

Table 23: Poverty by Race/Ethnicity

Table 23 shows the percentage of residents below the poverty level by race. Among the Hispanic and White people, the percentage of residents below the poverty level was higher in Census Tracts 26, 39, and 40 compared to the City of Grand Rapids, Kent County, Michigan, and the United States.

	Roosevelt Park - Census Tract 26	Roosevelt Park - Census Tract 39	Roosevelt Park - Census Tract 40	City of Grand Rapids	Kent County, Michigan	Michigan	United States
Black or African American	29.6% +/- 18.4%	17.0% +/- 22.1%	29.8% +/- 26.2%	29.0% +/- 3.2%	26.5% +/- 2.6%	27.5% +/- 0.5%	22.1% +/- 0.1%
Hispanic or Latino	29.1% +/- 10.3%	37.0% +/- 11.0%	29.0% +/- 11.0%	33.3% +/- 3.9%	23.7% +/- 2.2%	20.7% +/- 0.7%	18.3% +/- 0.1%
White	27.6% +/- 11.2%	29.6% +/- 14.5%	33.9% +/- 16.1%	15.6% +/- 1.2%	8.3% +/- 0.4%	10.9% +/- 0.1%	10.6% +/- 0.1%

Source: American Community Survey, 2020 5-Year Estimates, Table S1701

Poverty

Table 24: Poverty by Sex

The percentage of residents below the poverty level by sex is shown in Table 24. The percentages of females and males below the poverty level were higher in Census Tracts 26, 39, and 40 compared to the City of Grand Rapids, Kent County, Michigan, and the United States. The percentage of females below the poverty level was higher than that of males across all areas.

	Roosevelt Park - Census Tract 26	Roosevelt Park - Census Tract 39	Roosevelt Park - Census Tract 40	City of Grand Rapids	Kent County, Michigan	Michigan	United States
Female	30.1% +/- 9.5%	39.1% +/- 13.0%	30.9% +/- 10.8%	21.4% +/- 1.4%	12.3% +/- 0.6%	14.8% +/- 0.2%	14.0% +/- 0.1%
Male	21.0% +/- 10.2%	23.8% +/- 8.6%	25.3% +/- 9.7%	18.2% +/- 1.5%	9.9% +/- 0.6%	12.6% +/- 0.2%	11.6% +/- 0.1%

Source: American Community Survey, 2020 5-Year Estimates, Table S1701

Table 25: Poverty by Age

Table 25 shows the percentage of residents below the poverty level by age. For residents younger than 18 years and 18 to 64 years, the percentages were generally highest in Census Tracts 26, 39, and 40 compared to the City of Grand Rapids, Kent County, Michigan, and the United States. In Census Tract 39, almost half of residents younger than 18 were below the poverty level.

	Roosevelt Park - Census Tract 26	Roosevelt Park - Census Tract 39	Roosevelt Park - Census Tract 40	City of Grand Rapids	Kent County, Michigan	Michigan	United States
Less than 18 Years	23.5% +/- 15.5%	48.8% +/- 13.0%	34.9% +/- 15.2%	27.2% +/- 2.7%	14.2% +/- 1.2%	18.8% +/- 0.3%	17.5% +/- 0.2%
18-64 Years	26.1% +/- 8.1%	23.1% +/- 10.0%	25.3% +/- 8.2%	18.6% +/- 1.2%	10.6% +/- 0.5%	13.4% +/- 0.1%	12.1% +/- 0.1%
65 Years and Older	36.4% +/- 27.0%	23.7% +/- 23.0%	8.1% +/- 8.8%	12.8% +/- 2.4%	8.0% +/- 0.8%	8.5% +/- 0.2%	9.3% +/- 0.1%

Source: American Community Survey, 2020 5-Year Estimates, Table S1701..

Table 26: Poverty by Highest Education Attained

The percentage of residents below the poverty level by the highest education attained is shown in Table 26. The percentages were generally higher across all education levels in Census Tracts 26, 39, and 40 compared to the City of Grand Rapids, Kent County, Michigan, and the United States.

	Roosevelt Park - Census Tract 26	Roosevelt Park - Census Tract 39	Roosevelt Park - Census Tract 40	City of Grand Rapids	Kent County, Michigan	Michigan	United States
Less than High School (Population 25 Years and Older)	36.6% +/- 13.4%	32.6% +/- 13.0%	22.0% +/- 10.0%	35.2% +/- 5.2%	25.4% +/- 2.6%	27.6% +/- 0.5%	24.1% +/- 0.1%
High School or Eqivalent (Population 25 Years and Older)	34.2% +/- 14.7%	21.5% +/- 16.1%	35.4% +/- 13.1%	21.0% +/- 2.3%	11.4% +/- 1.0%	14.3% +/- 0.2%	13.4% +/- 0.1%
Some College or Associate's Degree (Population 25 Years and Older)	9.2% +/- 7.5%	26.0% +/- 17.5%	29.7% +/- 14.1%	15.6% +/- 1.6%	8.7% +/- 0.6%	9.9% +/- 0.2%	9.4% +/- 0.1%
Bachelor's Degree or Higher (Population 25 Years and Older)	5.1% +/- 7.3%	6.9% +/- 11.8%	10.0% +/- 17.6%	4.8% +/- 0.9%	3.3% +/- 0.4%	4.1% +/- 0.1%	4.3% +/- 0.1%

Source: American Community Survey, 2020 5-Year Estimates, Table S1701

Supplemental Nutrition Assistance Program (SNAP)

Table 27: Households on Supplemental Nutrition Assistance Program

Table 27 shows the percentage of households on the Supplemental Nutrition Assistance Program (SNAP). The percentages were higher in Census Tracts 39 and 40 than in Census Tract 26, City of Grand Rapids, Kent County, Michigan, and the United States.

Roosevelt Park - Census Tract 26	Roosevelt Park - Census Tract 39	Roosevelt Park - Census Tract 40	City of Grand Rapids	Kent County, Michigan	Michigan	United States
16.2% +/- 5.1%	40.8% +/- 19.2%	26.8% +/- 8.5%	16.1% +/- 1.2%	9.7% +/- 0.5%	12.7% +/- 0.1%	11.4% +/- 0.1%

Source: American Community Survey, 2020 5-Year Estimates, Table S2201

Table 28: Households with Children Under 18 on Supplemental Nutrition Assistance Program

The percentage of households with children younger than 18 years on the Supplemental Nutrition Assistance Program is shown in Table 28. About 86% of households with children under 18 in Census Tract 39 and about 60% of households with children under 18 in Census Tracts 26 and 40 were on SNAP, which was much higher than in the City of Grand Rapids, Kent County, Michigan, and the United States.

Roosevelt Park - Census Tract 26	Roosevelt Park - Census Tract 39	Roosevelt Park - Census Tract 40	City of Grand Rapids	Kent County, Michigan	Michigan	United States
55.8% +/- 18.1%	86.4% +/- 12.9%	58.8% +/- 13.7%	46.9% +/- 4.1%	47.8% +/- 2.8%	43.6% +/- 0.5%	49.2% +/- 0.1%

Source: American Community Survey, 2020 5-Year Estimates, Table S2201

Table 29: Households without Children Under 18 on Supplemental Nutrition Assistance Program

Table 29 shows the percentage of households on the Supplemental Nutrition Assistance Program that did not have children under 18 years. The percentages in Census Tracts 26, 39, and 40 were lower than in the City of Grand Rapids, Kent County, Michigan, and the United States. The percentage of households without children under 18 on SNAP is notably lower in Census Tract 39, with only about 14% of households without children on the program.

Roosevelt Park - Census Tract 26	Roosevelt Park - Census Tract 39	Roosevelt Park - Census Tract 40	City of Grand Rapids	Kent County, Michigan	Michigan	United States
44.2% +/- 18.1%	13.6% +/- 12.9%	41.2% +/- 13.7%	53.1% +/- 4.1%	52.2% +/- 2.8%	56.4% +/- 0.5%	50.8% +/- 0.1%

Source: American Community Survey, 2020 5-Year Estimates, Table S2201

<u>Insurance</u>

Table 30: Insurance

Table 30 shows the percentage of residents with each type of health insurance. The percentage of residents on Medicaid or uninsured was significantly higher in Census Tracts 26, 39 and 40 compared to the other areas. The percentage of residents on Medicare and private insurance was lowest in Census Tracts 26, 39 and 40 compared to the City of Grand Rapids, Kent County, Michigan, and the United States.

Note: Residents could have a combination of insurance types. As a result, total percentage in an area may exceed 100%.

	Roosevelt Park - Census Tract 26	Roosevelt Park - Census Tract 39	Roosevelt Park - Census Tract 40	City of Grand Rapids	Kent County, Michigan	Michigan	United States
Medicaid	36.0% +/- 8.2%	52.1% +/- 10.2%	45.8% +/- 7.2%	28.0% +/- 1.3%	19.0% +/- 0.6%	22.1% +/- 0.2%	20.1% +/- 0.1%
Medicare	6.7% +/- 3.0%	6.4% +/- 3.2%	4.9% +/- 1.4%	14.2% +/- 0.6%	15.3% +/- 0.2%	19.5% +/- 0.1%	17.6% +/- 0.1%
Uninsured	19.5% +/- 6.1%	18.1% +/- 5.3%	27.8% +/- 6.0%	8.6% +/- 0.7%	5.7% +/- 0.3%	5.4% +/- 0.1%	8.7% +/- 0.1%
Private	44.4% +/- 10.9%	27.5% +/- 7.2%	27.4% +/- 7.8%	61.8% +/- 1.1%	73.7% +/- 0.6%	71.5% +/- 0.2%	68.1% +/- 0.2%

Source: American Community Survey, 2020 5-Year Estimates, Tables S2701, S2703, S2704

Table 31: Insurance Type by Age

The type of health insurance residents had by age is summarized in Table 31. For all age groups except 65 years and older, the percentage of residents in Census Tracts 26, 39, and 40 on Medicaid were typically higher than in the other areas. The percentage of residents without insurance was higher in Census Tracts 26, 39, and 40 for all age groups, except for residents under 19 years in Census Tract 39. Also, the percentage of residents in Census Tracts 26, 39, and 40 that had direct-purchase health insurance or employer-based insurance was typically lower than in the other areas.

Note: Residents could have a combination of insurance types. As a result, total percentage in an age group and area may exceed 100%.

	Roosevelt Park - Census Tract 26	Roosevelt Park - Census Tract 39	Roosevelt Park - Census Tract 40	City of Grand Rapids	Kent County, Michigan	Michigan	United States
Under 19 Years, No Insurance	5.3%	4.7%	11.4%	4.5%	3.3%	3.1%	5.2%
Under 19 Years, Medicaid	60.2%	72.4%	72.0%	48.3%	28.1%	32.3%	33.5%
Under 19 Years, Medicare	0.0%	0.0%	0.0%	0.2%	0.1%	0.1%	0.3%
Under 19 Years, Direct-Purchase Health Insurance	1.9%	0.9%	0.0%	2.8%	4.4%	4.2%	5.4%
Under 19 Years, Employer-Based Insurance	27.1%	19.8%	9.9%	36.7%	56.5%	52.9%	47.9%
19-34 years, No Insurance	28.7%	25.0%	41.9%	12.4%	9.7%	9.9%	15.0%
19-34 years, Medicaid	12.5%	53.6%	28.3%	16.1%	13.7%	18.4%	13.9%
19-34 years, Medicare	1.2%	0.0%	0.0%	0.5%	0.3%	0.3%	0.3%
19-34 years, Employer-Based Insurance	51.1%	17.9%	24.6%	58.2%	63.3%	57.6%	55.4%
35-64 years, No Insurance	31.5%	26.8%	37.8%	10.5%	6.5%	6.4%	10.7%
35-64 years, Medicaid	19.0%	30.8%	20.3%	16.6%	8.9%	12.0%	9.6%
35-64 years, Medicare	0.8%	0.3%	0.0%	1.6%	1.3%	1.7%	1.7%
35-64 years, Direct-Purchase Health Insurance	5.0%	2.0%	6.5%	6.1%	7.7%	7.5%	8.5%
35-64 years, Employer Based Insurance	38.2%	35.5%	23.9%	54.8%	66.6%	61.9%	59.4%
65 Years and Older, No Insurance	0.6%	18.9%	0.0%	1.2%	0.4%	0.3%	0.8%
65 Years and Older, Medicare	42.6%	29.3%	37.0%	33.2%	29.7%	20.3%	29.3%
65 Years and Older, Direct-Purchase Health Insurance	0.0%	0.0%	0.0%	0.2%	0.2%	0.2%	0.5%
65 Years and Older, Employer-Based Insurance	1.1%	28.8%	0.0%	2.9%	2.4%	1.9%	2.7%

Source: American Community Survey, 2020 5-Year Estimates, Table B27010

Disability Status

Table 32: Population with a Disability

The percentage of residents with a disability in each area is shown in Table 32. Census Tract 39 had the highest percentage of residents with a disability compared to the other areas. In contrast, Census Tract 26 had the lowest percentage of residents with a disability compared to the other areas.

	Roosevelt Park - Census Tract 26	Roosevelt Park - Census Tract 39	Roosevelt Park - Census Tract 40	City of Grand Rapids	Kent County, Michigan	Michigan	United States
With Disability	8.7% +/- 3.5%	20.4% +/- 12.3%	10.8% +/- 2.7%	12.6% +/- 0.7%	11.1% +/- 0.4%	14.2% +/- 0.1%	12.7% +/- 0.1%

Source: American Community Survey, 2020 5-Year Estimates, Table S1810

Table 33: Population with a Disability by Race

Table 33 displays the percentage of residents with a disability by race. The percentage of Black residents with a disability was much higher in Census Tract 39 than in the other areas. The percentage of White residents with a disability was higher in Census Tract 39 than in other areas.

	Roosevelt Park - Census Tract 26	Roosevelt Park - Census Tract 39	Roosevelt Park - Census Tract 40	City of Grand Rapids	Kent County, Michigan	Michigan	United States
Black	19.2% +/- 10.0%	46.0% +/- 32.4%	8.3% +/- 9.2%	17.9% +/- 2.0%	13.4% +/- 1.4%	17.5% +/- 0.3%	14.0% +/- 0.1%
Hispanic	6.1% +/- 4.3%	6.1% +/- 2.4%	8.2% +/- 2.8%	8.9% +/- 1.3%	8.6% +/- 0.9%	10.2% +/- 0.3%	9.2% +/- 0.1%
White	6.3% +/- 4.3%	20.2% +/- 14.0%	11.4% +/- 4.8%	11.6% +/- 0.8%	11.0% +/- 0.4%	14.0% +/- 0.1%	13.3% +/- 0.1%

Source: American Community Survey, 2020 5-Year Estimates, Table S1810

Table 34: Population with a Disability by Sex

The percentages of residents with a disability by sex are shown in Table 34. The percentage of females with a disability and males with a disability was highest in Census Tract 39 compared to the other areas.

	Roosevelt Park - Census Tract 26	Roosevelt Park - Census Tract 39	Roosevelt Park - Census Tract 40	City of Grand Rapids	Kent County, Michigan	Michigan	United States
Female	6.9% +/- 3.7%	15.7% +/- 10.3%	9.3% +/- 3.7%	13.5% +/- 0.9%	11.7% +/- 0.5%	14.4% +/- 0.1%	12.8% +/- 0.1%
Male	10.8% +/- 5.0%	24.5% +/- 14.7%	12.3% +/- 3.5%	11.6% +/- 0.9%	10.4% +/- 0.4%	14.0% +/- 0.1%	12.5% +/- 0.1%

Source: American Community Survey, 2020 5-Year Estimates, Table S1810

Disability Status

Table 35: Population with a Disability by Age

Table 35 shows the percentages of residents with a disability by age group. The percentage of residents aged 18 to 34 with a disability was much higher in Census Tract 39 than in the other areas. Also, the percentage of residents aged 65 to 74 years and 75 years and older with a disability was much higher in Census Tracts 26 and 40 compared to the other areas.

	Roosevelt Park - Census Tract 26	Roosevelt Park - Census Tract 39	Roosevelt Park - Census Tract 40	City of Grand Rapids	Kent County, Michigan	Michigan	United States
Under 5 Years	0.0% +/- 8.2%	0.0% +/- 7.7%	4.5% +/- 5.1%	0.5% +/- 0.4%	0.3% +/- 0.2%	0.7% +/- 0.1%	0.7% +/- 0.1%
5-17 Years	2.3% +/- 3.0%	5.0% +/- 3.2%	4.8% +/- 3.0%	6.2% +/- 1.2%	5.1% +/- 0.5%	6.3% +/- 0.1%	5.7% +/- 0.1%
18-34 Years	4.2% +/- 3.5%	43.7% +/- 28.9%	9.8% +/- 4.6%	8.6% +/- 1.3%	6.8% +/- 0.6%	7.8% +/- 0.2%	6.6% +/- 0.1%
35-64 Years	12.3% +/- 5.8%	12.1% +/- 4.7%	12.4% +/- 5.0%	15.4% +/- 1.3%	11.7% +/- 0.6%	14.6% +/- 0.1%	12.5% +/- 0.1%
65-74 Years	62.1% +/- 23.7%	14.2% +/- 18.3%	71.6% +/- 19.5%	21.0% +/- 2.4%	20.7% +/- 1.3%	24.4% +/- 0.3%	24.4% +/- 0.1%
75 Years and Older	84.0% +/- 25.3%	25.0% +/- 32.0%	55.0% +/- 30.9%	49.8% +/- 4.2%	46.0% +/- 3.1%	47.7% +/- 0.5%	48.1% +/- 0.1%

Source: American Community Survey, 2020 5-Year Estimates, Table S1810

Table 36: Hearing Difficulties by Age

The percentages of residents with hearing difficulties by age group are shown in Table 36. The percentages of residents 65 to 74 years and 75 years and older with hearing difficulties were much higher in Census Tracts 26 and 40 than in the other areas.

	Roosevelt Park - Census Tract 26	Roosevelt Park - Census Tract 39	Roosevelt Park - Census Tract 40	City of Grand Rapids	Kent County, Michigan	Michigan	United States
Under 5 Years	0.0% +/- 8.2%	0.0% +/- 7.7%	4.5% +/- 5.1%	0.3% +/- 0.2%	0.1% +/- 0.1%	0.4% +/- 0.1%	0.5% +/- 0.1%
5-17 Years	0.0% +/- 2.9%	1.4% +/- 2.0%	1.0% +/- 1.5%	0.5% +/- 0.2%	0.5% +/- 0.2%	0.6% +/- 0.1%	0.6% +/- 0.1%
18-34 Years	0.0% +/- 2.1%	1.1% +/- 1.9%	1.4% +/- 1.9%	0.8% +/- 0.3%	0.8% +/- 0.2%	0.9% +/- 0.1%	0.8% +/- 0.1%
35-64 Years	0.4% +/- 0.6%	2.3% +/- 2.0%	1.7% +/- 1.9%	2.2% +/- 0.4%	2.5% +/- 0.3%	2.8% +/- 0.1%	2.6% +/- 0.1%
65-74 Years	38.9% +/- 32.1%	0.0% +/- 10.5%	33.7% +/- 25.0%	7.1% +/- 1.7%	8.0% +/- 0.9%	9.2% +/- 0.2%	8.8% +/- 0.1%
75 and Older	38.3% +/- 38.7%	7.8% +/- 15.2%	42.5% +/- 38.4%	20.5% +/- 3.2%	22.5% +/- 2.7%	22.4% +/- 0.4%	21.8% +/- 0.1%
Total	2.0% +/- 1.9%	1.5% +/- 0.9%	2.9% +/- 1.3%	2.5% +/- 0.3%	3.1% +/- 0.2%	3.9% +/- 0.1%	3.6% +/- 0.1%

Source: American Community Survey, 2020 5-Year Estimates, Table S1810

Table 37: Vision Difficulties by Age

Table 37 compares the percentage of residents with vision difficulties. The percentages for residents aged 65 to 74 with vision difficulties were higher in Census Tracts 26, 39, and 40 compared to the other areas. The percentages of residents 75 years and older with vision difficulties were lower in Census Tracts 26, 39, and 40 than in the other areas.

	Roosevelt Park - Census Tract 26	Roosevelt Park - Census Tract 39	Roosevelt Park - Census Tract 40	City of Grand Rapids	Kent County, Michigan	Michigan	United States
Under 5 Years	0.0% +/- 8.2%	0.0% +/- 7.7%	0.0% +/- 6.0%	0.3% +/- 0.3%	0.2% +/- 0.1%	0.4% +/- 0.1%	0.4% +/- 0.1%
5-17 Years	0.0% +/- 2.9%	1.2% +/- 1.7%	0.0% +/- 2.7%	1.3% +/- 0.6%	0.8% +/- 0.2%	0.8% +/- 0.1%	0.9% +/- 0.1%
18-34 Years	0.0% +/- 2.1%	1.6% +/- 1.9%	0.0% +/- 2.5%	1.2% +/- 0.3%	1.1% +/- 0.2%	1.2% +/- 0.1%	1.2% +/- 0.1%
35-64 Years	5.9% +/- 4.0%	2.8% +/- 2.5%	3.1% +/- 2.0%	2.7% +/- 0.5%	1.9% +/- 0.2%	2.3% +/- 0.1%	2.4% +/- 0.1%
65-74 Years	41.1% +/- 27.6%	5.3% +/- 10.8%	8.4% +/- 10.5%	4.2% +/- 1.3%	3.2% +/- 0.5%	3.6% +/- 0.2%	4.2% +/- 0.1%
75 and Older	0.0% +/- 28.1%	0.0% +/- 19.2%	0.0% +/- 43.1%	7.1% +/- 1.7%	7.2% +/- 1.2%	8.3% +/- 0.3%	9.2% +/- 0.1%
Total	2.6% +/- 1.6%	1.9% +/- 1.1%	1.3% +/- 0.8%	2.1% +/- 0.2%	1.8% +/- 0.1%	2.2% +/- 0.1%	2.4% +/- 0.1%

Source: American Community Survey, 2020 5-Year Estimates, Table S1810

Disability Status

Table 38: Cognitive Difficulties by Age

The percentage of residents with cognitive disabilities by age group is displayed in Table 38. The percentage of residents aged 18 to 34 with cognitive difficulties was higher in Census Tract 39 than in the other areas. The percentage of residents 75 years and older with cognitive difficulties was higher in Census Tracts 26 and 40 than in other areas.

	Roosevelt Park - Census Tract 26	Roosevelt Park - Census Tract 39	Roosevelt Park - Census Tract 40	City of Grand Rapids	Kent County, Michigan	Michigan	United States
Under 18 Years	2.3% +/- 3.0%	3.7% +/- 3.3%	3.8% +/- 3.2%	4.4% +/- 1.0%	3.9% +/- 0.5%	5.0% +/- 0.1%	4.4% +/- 0.1%
18-34 Years	4.2% +/- 3.5%	39.6% +/- 30.5%	7.3% +/- 4.4%	5.8% +/- 1.0%	4.6% +/- 0.5%	5.3% +/- 0.1%	4.2% +/- 0.1%
35-64 Years	25.6% +/- 25.4%	7.5% +/- 9.5%	11.9% +/- 13.2%	7.7% +/- 1.4%	7.9% +/- 1.3%	8.2% +/- 0.2%	8.4% +/- 0.1%
65-74 Years	9.5% +/- 15.2%	8.9% +/- 12.5%	0.0% +/- 24.7%	4.2% +/- 1.1%	3.9% +/- 0.6%	5.1% +/- 0.2%	5.1% +/- 0.1%
75 and Older	44.4% +/- 36.7%	4.7% +/- 11.6%	40.0% +/- 30.5%	13.1% +/- 2.6%	14.0% +/- 3.0%	12.8% +/- 0.4%	13.1% +/- 0.1%
Total	5.1% +/- 2.9%	17.9% +/- 13.9%	6.4% +/- 2.4%	6.2% +/- 0.5%	5.0% +/- 0.3%	6.0% +/- 0.1%	5.1% +/- 0.1%

Source: American Community Survey, 2020 5-Year Estimates, Table S1810

Table 39: Ambulatory Difficulties by Age

Table 39 displays the percentage of residents with ambulatory difficulties by age group. For residents under 18 years, 18 to 34 years, and 35 to 64 years, the percentages for Census Tracts 26, 39, and 40 were either lower or similar to the other areas. For Census Tracts 26 and 40, the percentage of residents aged 65 to 74 with ambulatory difficulties was much higher than in the other areas.

	Roosevelt Park - Census Tract 26	Roosevelt Park - Census Tract 39	Roosevelt Park - Census Tract 40	City of Grand Rapids	Kent County, Michigan	Michigan	United States
Under 18 Years	0.0% +/- 2.9%	0.0% +/- 3.4%	0.4% +/- 0.7%	1.2% +/- 0.3%	0.7% +/- 0.1%	0.6% +/- 0.1%	0.6% +/- 0.1%
18-34 Years	0.0% +/- 2.1%	0.7% +/- 1.2%	0.0% +/- 2.5%	1.6% +/- 0.4%	1.3% +/- 0.2%	1.5% +/- 0.1%	1.3% +/- 0.1%
35-64 Years	7.4% +/- 4.6%	5.4% +/- 3.5%	6.4% +/- 3.7%	8.6% +/- 0.9%	5.5% +/- 0.4%	8.1% +/- 0.1%	6.8% +/- 0.1%
65-74 Years	31.6% +/- 28.6%	2.4% +/- 5.5%	35.8% +/- 26.5%	11.8% +/- 1.9%	11.2% +/- 1.1%	14.5% +/- 0.3%	14.7% +/- 0.1%
75 and Older	74.1% +/- 28.0%	7.8% +/- 15.2%	15.0% +/- 21.8%	33.8% +/- 3.4%	26.5% +/- 1.9%	30.1% +/- 0.5%	31.3% +/- 0.1%
Total	4.8% +/- 2.5%	2.3% +/- 1.2%	3.8% +/- 1.7%	6.3% +/- 0.4%	5.2% +/- 0.2%	7.6% +/- 0.1%	6.8% +/- 0.1%

Source: American Community Survey, 2020 5-Year Estimates, Table S1810

Table 40: Self-Care Difficulties by Age

The percentages of residents with self-care difficulties by age are shown in Table 40. The percentage of residents aged 75 and older with self-care difficulties was lower in Census Tracts 39 and 40 than in other areas; however, it was the highest in Census Tract 26. The percentage of residents aged 65 to 74 with self-care difficulties was much higher in Census Tracts 26 and 40 than in other areas.

	Roosevelt Park - Census Tract 26	Roosevelt Park - Census Tract 39	Roosevelt Park - Census Tract 40	City of Grand Rapids	Kent County, Michigan	Michigan	United States
Under 18 Years	0.0% +/- 2.9%	0.0% +/- 3.4%	0.4% +/- 0.7%	1.2% +/- 0.3%	0.7% +/- 0.1%	0.6% +/- 0.1%	0.6% +/- 0.1%
18-34 Years	0.0% +/- 2.1%	0.7% +/- 1.2%	0.0% +/- 2.5%	1.6% +/- 0.4%	1.3% +/- 0.2%	1.5% +/- 0.1%	1.3% +/- 0.1%
35-64 Years	7.4% +/- 4.6%	5.4% +/- 3.5%	6.4% +/- 3.7%	8.6% +/- 0.9%	5.5% +/- 0.4%	8.1% +/- 0.1%	6.8% +/- 0.1%
65-74 Years	31.6% +/- 28.6%	2.4% +/- 5.5%	35.8% +/- 26.5%	11.8% +/- 1.9%	11.2% +/- 1.1%	14.5% +/- 0.3%	14.7% +/- 0.1%
75 and Older	74.1% +/- 28.0%	7.8% +/- 15.2%	15.0% +/- 21.8%	33.8% +/- 3.4%	26.5% +/- 1.9%	30.1% +/- 0.5%	31.3% +/- 0.1%
Total	4.8% +/- 2.5%	2.3% +/- 1.2%	3.8% +/- 1.7%	6.3% +/- 0.4%	5.2% +/- 0.2%	7.6% +/- 0.1%	6.8% +/- 0.1%

Source: American Community Survey, 2020 5-Year Estimates, Table S1810

Table 41: Independent-Living Difficulties by Age

Table 41 shows the percentage of residents with independent-living difficulties by age group. The percentages were similar across the areas, but the percentage of residents aged 65 to 74 years with independent-living difficulties was higher in Census Tract 40 compared to the other areas. However, the percentage of residents 75 years and older with independent-living difficulties in Census Tract 40 was the lowest of the areas.

	Roosevelt Park - Census Tract 26	Roosevelt Park - Census Tract 39	Roosevelt Park - Census Tract 40	City of Grand Rapids	Kent County, Michigan	Michigan	United States
18-34 Years	1.6% +/- 1.8%	3.0% +/- 2.9%	1.9% +/- 2.2%	3.4% +/- 0.7%	2.8% +/- 0.3%	3.2% +/- 0.1%	2.6% +/- 0.1%
35-64 Years	4.5% +/- 3.3%	6.1% +/- 3.2%	4.1% +/- 2.8%	6.3% +/- 0.8%	4.2% +/- 0.3%	5.3% +/- 0.1%	4.3% +/- 0.1%
65-74 Years	5.3% +/- 10.1%	2.4% +/- 5.5%	11.6% +/- 12.5%	6.2% +/- 1.4%	5.1% +/- 0.8%	7.4% +/- 0.2%	7.3% +/- 0.1%
75 and Older	32.1% +/- 34.1%	25.0% +/- 32.0%	12.5% +/- 17.3%	28.8% +/- 4.0%	23.7% +/- 3.5%	23.2% +/- 0.5%	23.6% +/- 0.1%
Total	3.9% +/- 2.1%	5.2% +/- 2.1%	3.6% +/- 1.8%	6.4% +/- 0.5%	5.2% +/- 0.3%	6.5% +/- 0.1%	5.8% +/- 0.1%

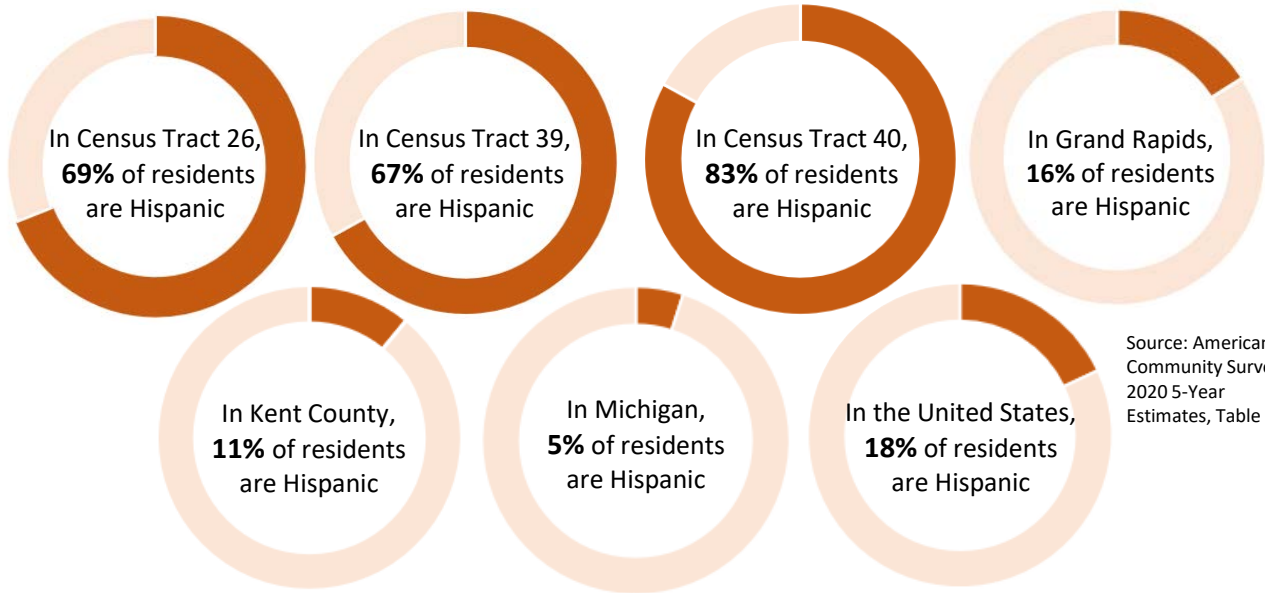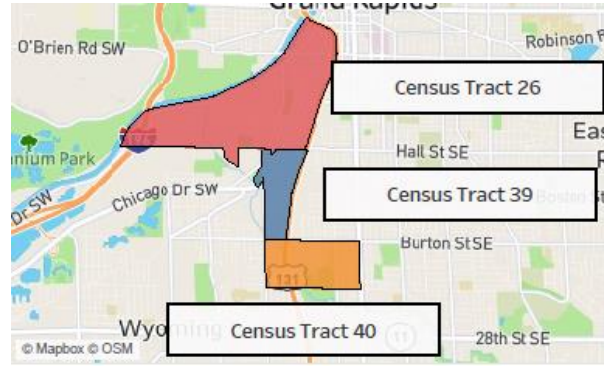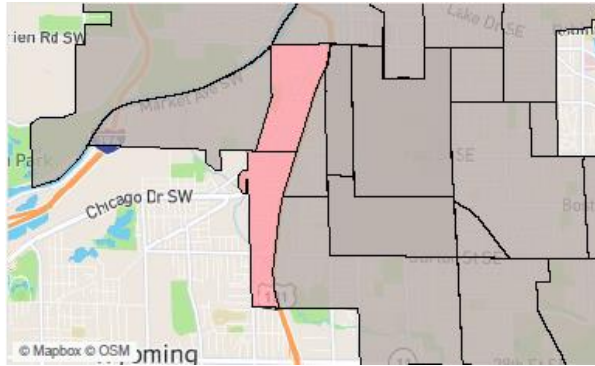**Source:** American Community Survey, 2020 5-Year Estimates, Table S1810

<u>References</u>

1.   "Passing The Mic: Roosevelt Park Neighborhood Association Answers, "How Can Neighborhood Associations Help Improve Community-Police Relations?" | The Rapidian". 2020. The Rapidian | Therapidian.Org. https://www.therapidian.org/passing-the-mic-roosevelt-park-neighborhood-association.

2.   "On The Ground: The Heart Of Grandville Avenue". 2022. Rapid Growth . https://www.rapidgrowthmedia.com/features/091417-OTG1grandville.aspx.

3.   "About RPNA | Roosevelt Park Neighborhood Association |". 2022. Roosevelt Park Neighborhood Association. https://www.rooseveltparkna.org/about/.

4.   United States Census Bureau. 2022. ACS Demographic and Housing Estimates, 2020 5-Year Estimates Data Profiles, Table DP05. https://data.census.gov/cedsci/table?q=United%20States&g=0100000US_0400000US26_0500000US26081_1400000US26081003900,26081004000_1600000US2634000&tid=ACSDP5Y2020.DP05.

5.   United States Census Bureau. 2022. Language Spoken at Home, 2020 5-Year Estimates Data Profiles, Table S1601. https://data.census.gov/cedsci/table?q=United%20States&g=0100000US_0400000US26_0500000US26081_1400000US26081003900,26081004000_1600000US2634000&tid=ACSST5Y2020.S1601.

6.   United States Census Bureau. 2022. Households and Families, 2020 5-Year Estimates Data Profiles, Table S1101. https://data.census.gov/cedsci/table?q=United%20States&g=0100000US_0400000US26_0500000US26081_1400000US26081003900,26081004000_1600000US2634000&tid=ACSST5Y2020.S1101.

7.   United States Census Bureau. 2021. Selected Social Characteristics in the United States, 2019 5-Year Estimates Data Profiles, Table DP02. https://data.census.gov/cedsci/table?q=United%20States&g=0100000US_0400000US26_0500000US26081_1400000US26081003900,26081004000_1600000US2634000&tid=ACSDP5Y2019.DP02.

8.   United States Census Bureau. 2022. Educational Attainment, 2020 5-Year Estimates Data Profiles, Table S1501. https://data.census.gov/cedsci/table?q=United%20States&g=0100000US_0400000US26_0500000US26081_1400000US26081003900,26081004000_1600000US2634000&tid=ACSST5Y2020.S1501.

9.   United States Census Bureau. 2022. Income in the Past 12 Months (in 2020 Inflation-Adjusted Dollars), 2020 5-Year Estimates Data Profiles, Table S1901. https://data.census.gov/cedsci/table?q=United%20States&g=0100000US_0400000US26_0500000US26081_1400000US26081003900,26081004000_1600000US2634000&tid=ACSST5Y2020.S1901.

10.   United States Census Bureau. 2022. Poverty Status in the Past 12 Months, 2020 5-Year Estimates Data Profiles, Table S1701. https://data.census.gov/cedsci/table?q=United%20States&g=0100000US_0400000US26_0500000US26081_1400000US26081003900,26081004000_1600000US2634000&tid=ACSST5Y2020.S1701.

11.   United States Census Bureau. 2022. Food Stamps/Supplemental Nutrition Assistance Program (SNAP), 2020 5-Year Estimates Data Profiles, Table S2201. https://data.census.gov/cedsci/table?q=United%20States&g=0100000US_0400000US26_0500000US26081_1400000US26081003900,26081004000_1600000US2634000&tid=ACSST5Y2020.S2201.

12.   United States Census Bureau. 2022. Selected Characteristics of Health Insurance Coverage in the United States, 2020 5-Year Estimates Data Profiles, Table S2701. https://data.census.gov/cedsci/table?q=United%20States&g=0100000US_0400000US26_0500000US26081_1400000US26081003900,26081004000_1600000US2634000&tid=ACSST5Y2020.S2701.

13.   United States Census Bureau. 2022. Private Health Insurance Coverage by Type and Selected Characteristics, 2020 5-Year Estimates Data Profiles, Table S2703. https://data.census.gov/cedsci/table?q=United%20States&g=0100000US_0400000US26_0500000US26081_1400000US26081003900,26081004000_1600000US2634000&tid=ACSST5Y2020.S2703.

14.   United States Census Bureau. 2022. Public Health Insurance Coverage by Type and Selected Characteristics, 2020 5-Year Estimates Data Profiles, Table S2704. https://data.census.gov/cedsci/table?q=United%20States&g=0100000US_0400000US26_0500000US26081_1400000US26081003900,26081004000_1600000US2634000&tid=ACSST5Y2020.S2704.

15.   United States Census Bureau. 2022. Types of Health Insurance Coverage by Age, 2020 5-Year Estimates Data Profiles, Table B27010. https://data.census.gov/cedsci/table?q=b27010&g=0100000US_0400000US26_0500000US26081_1400000US26081003900,26081004000_1600000US2634000&tid=ACSDT5Y2020.B27010.

16.   United States Census Bureau. 2022. Disability Characteristics, 2020 5-Year Estimates Data Profiles, Table S1810. https://data.census.gov/cedsci/table?q=United%20States&g=0100000US_0400000US26_0500000US26081_1400000US26081003900,26081004000_1600000US2634000&tid=ACSST5Y2020.S1810.

Roosevelt Park Neighborhood Profile 2022

The Roosevelt Park Neighborhood is in the southwest part of the City of Grand Rapids in Kent County, Michigan. The neighborhood is composed of Census tracts 26, 39, and 40. Census Tract 39 is located entirely in the neighborhood, while Census Tracts 26 and 40 cover a portion of the neighborhood.

In Census Tract 26, **69%** of residents are Hispanic

In Census Tract 39, **67%** of residents are Hispanic

In Census Tract 40, **83%** of residents are Hispanic

In Grand Rapids, **16%** of residents are Hispanic

In Kent County, **11%** of residents are Hispanic

In Michigan, **5%** of residents are Hispanic

In the United States, **18%** of residents are Hispanic

Source: American Community Survey, 2020 5-Year Estimates, Table DP05

Estimated Average Household Income

$50,113	$43,331	$44,851	$66,387	$87,911	$80,803	$91,547
Census Tract 26	Census Tract 39	Census Tract 40	Grand Rapids	Kent County	Michigan	United States

Source: American Community Survey, 2020 5-Year Estimates, Table S1901

Estimated Median Age

26.0	24.8	28.5	31.2	35.4	39.8	38.2
Census Tract 26	Census Tract 39	Census Tract 40	Grand Rapids	Kent County	Michigan	United States

Source: American Community Survey, 2020 5-Year Estimates, Table DP05

Roosevelt Park Neighborhood Profile 2022

Educational Attainment

The percentage of residents aged 25 years and older with a Bachelor's Degree or higher in Census Tracts 26, 39, and 40 was **11.3%**, **4.9%**, and **1.3%**, respectively, which was lower than the City of Grand Rapids (**38%**), Kent County (**37%**), Michigan (**30%**), and the United States (**33%**).

Source: American Community Survey, 2020 5-Year Estimates, Table S1501

Households with Children

In Census Tracts 26, 39, and 40, **about half of the households had children under 18 years of age** which was higher than the City of Grand Rapids (**28%**).

Source: American Community Survey, 2020 5-Year Estimates, Table S1101

Health Insurance

The percentages of residents who were uninsured in Census Tracts 26, 39, and 40 were **20%**, **18%**, and **28%**, respectively, which was higher than the City of Grand Rapids (**9%**) and Kent County (**6%**).

Source: American Community Survey, 2020 5-Year Estimates, Tables S2701, S2703, S2704

Language

Of the population aged five years and older, the percentage who spoke a language other than English in Census Tracts 26, 39, and 40 was **65%**, **68%**, and **75%**, respectively, which was higher than the City of Grand Rapids (**17%**), Kent County (**12%**), Michigan (**10%**), and the United States (**22%**).

Source: American Community Survey, 2020 5-Year Estimates, Table S1601

Disabilities

9% of the population in Census Tract 26, **20%** of the population in Census Tract 39, and **11%** of the population in Census Tract 40 had a disability.

For comparison, the percentage of the population with a disability was **13%** in the City of Grand Rapids, **11%** in Kent County, **14%** in Michigan, and **13%** in the United States.

Source: American Community Survey, 2020 5-Year Estimates, Table S1810

Supplemental Nutrition Assistance Program (SNAP)

It was estimated that **16% of households** in Census Tract 26, **41% of households** in Census Tract 39, and **27% of households** in Census Tract 40 were using SNAP, which was higher than the City of Grand Rapids (**15%**), Kent County (**10%**), Michigan (**13%**), and the United States (**11%**).

Source: American Community Survey, 2020 5-Year Estimates, Table 2201

Community Advisory Board

Roosevelt Park

Time Commitment

- First three meetings will be held once a week for three weeks (times will vary)
- Virtual meetings- zoom or teams
- Schedule will be sent out and set before each meeting
- At least a 6 month commitment (will be addressed further during meetings)

Compensation

- $20 an hour
- Gift Cards will be given

Roles

- Provide information on the neighborhood
- Provide translation help when needed
- Identify a lead community-based organization
- Work to aid in clear communication with neighborhood
- Help gather members of the neighborhood when needed
- Identify top health concerns in the neighborhood

What you can expect from us

- We will get a hold of you via email or phone
- We will give you questions or topics to address before each meeting
- We will listen to your ideas and feedback at all stages of this process.
- Our goal is to create an equitable process as this project grows
- We will be available for questions and concerns

Please email keagan.johnson@spectrumhealth.org

What do you like about your neighborhood?

You are invited to be part of a focus group in the Roosevelt Park neighborhood.

The Our Neighborhood, Our Health Team would like to hear from you about the strengths, concerns and dreams of residents in Roosevelt Park neighborhood. We will also listen to your views about what the top health concerns are for people in the Roosevelt Park neighborhood and barriers to getting the health care that you need. We hope to use what we learn to plan programs that would help promote the health of the Roosevelt Park neighborhood and make it a better place to live.

- Participants must be residents of Roosevelt Park neighborhood who are 18 years old or older
- You may choose to participate in a group discussion in either English or Spanish
- You will receive a $35 gift card after the group discussion
- The discussion will take about one hour, and child care will be provided

When: You may select one of three times
June 2 6:30pm
June 4 10:30am
June 4 2:00pm
Where: Hispanic Center of West Michigan

If you are interested in participating, please call 616-526-8568 or e-mail Keagan Johnson from Spectrum Health Healthier Communities
keagan.johnson@spectrumhealth.org

Focus Group Guidelines

Contents:

Preparing for the Focus Group

Recruitment:

- Plan to recruit for 3 focus groups with 7-10 people in each. It is best to aim high and recruit a total of 30-32 people to allow for last minute cancellations

- Post recruitment flyers in as many neighborhood locations as possible (grocery stores, community organizations, neighborhood associations, schools…). Social media platforms may also be used for recruitment. It is best to use a recruitment strategy that results in focus group participants who are strangers.

- Partner with multiple different neighborhood agencies to request personal recommendations of potential participants. Request recommendations of people that will help you obtain a diverse group of participants that reflect the demographics of the neighborhood (i.e.: age, gender, race/ethnicity, socioeconomics).

- Make sure to call all interested participants to share the purpose of the focus group, let them know the focus group will be recorded but their name will remain confidential / not used in any reports, and confirm that they are available on the suggested date / time.

- If focus group is conducted online, make sure the participant has reliable internet where they will be joining from. If they are not familiar with the online platform being used, set up a time to train them in how to use the platform before the focus group. If focus group is conducted in person, try to assure access to transportation and childcare.

- Ask participants for the following information. You can obtain this information when you sign them up or confirm their attendance in the focus group.
  - Age
  - Race/ethnicity
  - Gender
  - Contact information for incentives and for confirmation that participant lives in designated boundaries (mailing address, phone number and email).

Preparing for Focus Group Implementation:

- If focus group is in person you will need:
  - Digital tape recorders
  - 1-2 notetakers (see page 14 for note taking instructions)
  - Facilitator
  - Access to childcare on site. Transportation support for those who need it
  - Sign-up sheet for participants to complete letting us know if they would like to come back and hear the results
  - Incentives / Gift Cards

- If focus group is online you will need:
  - Access to an online platform with the ability to tape session and provide an audio transcript (Zoom, Teams). Make sure to test the recording system of the virtual platform ahead of time and make sure you can create a file that can be saved when you are finished. Focus group will last approximately 60 minutes.
  - Facilitator
  - 1 notetaker
  - 1-2 staff who will assist with technical difficulties. Their phone numbers will need to be provided to participants beforehand.
  - Assure incentives / gift cards will be distributed after the event.

Ground Rules

Review the ground rules and discuss their importance during the introduction. Here are some extended details you can mention as you review each of the rules:

2

- We welcome different opinions.
  - Every person's experiences and opinions are important.
  - Speak up whether you agree or disagree with individual comments.
  - We want to hear a wide range of opinions.
- We would like everyone to have the opportunity to participate.
  - You are here because your voice represents the community. We value your opinion.
- Share one thought at a time.
  - Please be respectful of others. Let them finish a thought completely before commenting yourself.
  - As the moderator, I will ensure that we discuss the topics we have listed. Having said that, I may interrupt from time to time to keep the conversation moving.
- What we say here, stays here.
  - We want you to feel comfortable sharing if, and when, sensitive issues come up.
  - We will take notes and tape the conversation, but they are to ensure that we don't miss someone's comment and can reference the comments later.
  - No person will have anything they say associated with their name.
- Expect some unfinished business.
  - We may discuss topics today that you feel passionate about, and we encourage you to express your opinions; however, to get through everything on our agenda, we may have to cut some conversations short.
  - I will do my best to provide time at the end to cover any unfinished business.
- Two additional ground rules if focus group is online:
  - Please keep camera on to promote engagement with others
  - We ask you to find a room that you can be in alone to limit distractions / outside noise and help maintain confidentiality for participants.

The Introduction Overview

Beginning the discussion in a clear and concise manner will work to concentrate the group around the right topic. The introduction segment of a discussion group sets the tone for the whole session. The segment is also the time at which you should remind participants that the conversation will be recorded.

Moderator Introduction:

Begin by introducing yourself as the moderator, using a format like what follows:

- Introduce yourself to the participants and thank them for coming.
- State the purpose of the group. This can be general or detailed. Below are some examples:
    - "We're here today to listen well to residents of this community to hear your opinions about the strengths, concerns and dreams for your neighborhood."
    - "These conversations are part of the…. We hope today's discussion will help us better understand residents' lived experiences – including the strengths and challenges that exist in their community and ways we (as a health department, hospital system, health care providers, community organization, or collective group) can partner with you to support and improve health and wellbeing where you live, work, learn, and play."
- Let participants know they will be receiving a $25 gift card (or equal value incentive) as compensation for their time and participation.
- Tell participants the discussion will be recorded – remind them that all the information shared in the discussion will be kept private and confidential. The recording will be sent to the Kent County Health Department (KCHD). The recording will be transcribed (i.e., typed out) and deidentified, so your name will not be linked to anything you say. KCHD will analyze the transcriptions and look for common themes.
- Tell participants that the findings will be used to develop a survey which will be distributed in the neighborhood. After both the focus group and surveys are completed, we will take the results and present them both back to the community to determine how best we can partner to promote the health and well-being of the community.
- Cover the ground rules that are listed above.

Moderators who can build a good rapport naturally with participants often hold the most productive discussions. It's very important to quickly develop a good relationship with participants. Begin building relationships the moment participants enter the meeting: greet them, chat with them about activities / the community / interests and make them comfortable. It is helpful if the moderator was also involved in recruitment. This will assist in building trust and rapport with participants.

The Discussion Overview

The dynamic of the group's interaction is one of the advantages of discussion groups. A certain amount of spontaneity makes that dynamic work. One participant's comments may lead another participant to think of something that would not have occurred to him/her/them otherwise. As a result, the entire discussion is enriched. Begin the discussion by asking the group questions from your prepared guide. Use the probing

4

statements to get more detailed information, clarify responses, and ensure everyone from the group has a chance to answer. Throughout the discussion, remember to do the following:

- Cover all points on the prepared discussion guide.
- Remain neutral on the subject. Do not say anything that would lead the participants to think one way or another.
- Remember to speak slowly and encourage people to listen well to each other. Interaction is the key to a good focus group.
- Continue to emphasize that participants may have different opinions.
- Use good transition phrases such as "Thank you for sharing, does anyone else have something they would like to share" or "Thank you for sharing, now we will move on to the next question"
- Fully probe participants' answers, using technique such as:
  - Pause for the answer. A thoughtful nod or expectant look can convey that you want a more complete answer.
  - Repeat the question. Repetition gives participants more time to think.
  - Repeat the reply using "So it sounds like you are saying…." Hearing it again sometimes stimulates conversation and gives participants a chance to clarify their answer.
  - Ask follow-up questions to provoke more detailed information, such as:
    - "Can you give me an example of that?" or "Can you talk more about that?"
    - "Has this been true for other people you know?"
    - "What is that like for you and your neighbors?"
  - Encourage other people to share:
    - "What are the thoughts of others in the group?"
    - "Does anyone else in the group have a similar or different experience?"
    - "Is there anything else someone would like to add?"

Managing Challenges

- DOMINEERING PARTICIPANT: An overbearing participant can crowd out other opinions and take over the group.
  - Pointedly call on other participants by name. Wait to ask for the domineering participant's opinion until everyone else has had a chance to speak.
  - If online, you can at times have participants provide responses in the order that they appear on the screen. If in-person, you can go around the table.

- GROUPTHINK: Groupthink occurs when one person responds to a question, and everyone else just agrees with him or her. Groupthink sometimes happens because of a domineering participant, but it can happen in any group with people who are unsure of themselves.
  - Continually remind participants that there is no right or wrong answer, and encourage differences of opinion (e.g., Michael thought [opinion]. Who has something new to add?).
- FRIENDSHIPS: Try to avoid grouping participants together if they know each other prior to starting the session.
  - Prior friendships can result in groupthink, as the friends will want to agree with each other.
- FATIGUE: Participants sometimes get tired of talking about a topic or have nothing more to say.
  - Watch for signs that participants are ready to move on.
  - Ask confirming questions: Is there anything else that you would like to share? [pause] If not, we can move on to our next topic.
- IRRELEVANT DISCUSSIONS: Sometimes, the group dynamic takes participants down a path that isn't relevant to your goals for the discussion. Use the following language to steer the conversation back to the topic at hand:

  - Thank you for that interesting idea. Given our current time constraints, I think we should move on to a different topic. If we have time at the end, we can re-visit this idea and discuss it more.
  - Keep track of these ideas in your notes. List anything that may be worth discussing but is not relevant to the topic under discussion.
- SIDE CONVERSATIONS: During the ground rules, stress that side conversations interfere with an individual's ability to fully participate in the group discussion and also pose challenges if you are recording the discussion.
  - If side conversations occur, don't stop the conversation abruptly. Respectfully remind people of the ground rules and ask that people finish their conversations and rejoin the larger group discussion taking place.
  - Side conversations may signal that it's time to take a break. Suggest a five-minute break so that people can use the restroom or just stretch and refocus.

6

Focus Group Demographic Questionnaire

Questions:

1. How old are you? _____

2. Which of the following best describes your race or origin?
    a. Black or African American
    b. Hispanic, Latino or Spanish origin
    c. White or Caucasian
    d. American Indian or Alaskan Native
    e. Asian
    f. Other (Please specify) _____

3. What is your highest level of education?
    a. Less than 9th grade
    b. Grade 9-11
    c. High School diploma / GED
    d. Some college
    e. Associate or technical degree
    f. Bachelor's degree
    g. Master's degree or higher

4. What is your annual household income from all sources?
    a. Less than $10,000
    b. $10,000 - $14,999
    c. $15,000 - $24,999
    d. $25,000 - $34,999
    e. $35,000 - $49,999
    f. $50,000 - $74,999
    g. $75,000 or above
    h. Don't know / not sure

5. How would you describe your gender?
    a. Male
    b. Female
    c. Non-binary
    d. Prefer to self-describe _____
    e. Prefer not to say

Discussion Tool – Introduction, Questions, and Closing Comments

Introduction:

Good afternoon / evening, thank you for being here today. My name is _____. I am _____. Our purpose this afternoon/evening is to listen well to residents within the neighborhood to hear your thoughts/opinions about the strengths, concerns and dreams for your neighborhood. Today's focus group will be one of 3 conducted in the neighborhood. We believe that people who live in a neighborhood are the experts on their community. (Project Name) is an approach to improving the health of a neighborhood where residents are asked to identify both their top health concerns and their solutions. Spectrum Health Healthier Communities, the Kent County Health Department and Calvin University commit to working alongside residents implementing their solutions with the goal of promoting the health and well-being of the community. Tonight, you will be asked a series of questions where you will be able to tell us about this neighborhood including the most pressing health concerns you see here. I'll be the person to ask questions and will guide the conversation and (introduce _____) will record the conversations and take notes. The discussion will take approximately one hour. We will not record your name and your comments will be confidential. After the discussion you will receive a $25 gift card as a thank you for your time, participation, and knowledge.

Later we will listen to the tape to understand your viewpoints even better about the neighborhood. The findings will be used to develop a survey which will be distributed _____ (share when). We will then take the results from the focus groups and results from the survey and present both back to you so that you can share your thoughts on what you believe the most pressing concerns are in the neighborhood and the solutions to those concerns. If you would like to be invited back to this informational session, we will be passing around a sign-up sheet after our discussion, where you can give us your name and how to contact you. In this way, we will listen and learn from you and others in this neighborhood to make it a healthier place for all.

Questions:

1. Let's start by talking about what people like about this neighborhood. What are the good things you have found about living in _____ Neighborhood?
   - Purpose of Question: Trying to understand the **strengths** of the neighborhood
   - PROBE: What do you like best about living in this neighborhood? Where do people get together to do things?

8

2. All people have **day to day worries or concerns**. What kinds of things do people in _____ Neighborhood worry about?
   - Purpose of question: trying to understand basic needs. Listen for concerns about SDoH such as jobs, food, housing, discrimination, transportation.
   - PROBE: What kind of basic needs (such as housing, employment, transportation, access to fresh foods, social support…) do people worry most about? Describe your experiences trying to meet this basic need.

3. Where do people in this neighborhood go when they need health care?
   - Purpose of question: to find out if people have **access to health care** and if not, why not?
   - PROBE: Are there health care providers available in the neighborhood? When do people seek health care? What keeps people from receiving the health care they need?

4. What are the biggest health problems people face in _____ Neighborhood?
   - Purpose of question: to find out **people's perception/opinions of the health needs** in the neighborhood.
   - PROBE: What do you or your neighbors worry about as far as health concerns? What are the biggest health concerns **adults** face? What are the biggest health concerns **children** face?

5. Before we asked about people's day to day concerns. Now we'd like to ask about people's **concerns with the neighborhood as a whole**?
   - Purpose of question: to find out people's concerns with the neighborhood itself
   - PROBE: In what ways do people feel safe in this neighborhood? In what ways, do they feel unsafe? Do people feel respected, valued, or like they belong here?

6. When people need help, what prevents people from getting the help they need?
   - Purpose of question: to understand **barriers** people are experiencing
   - PROBE: Do people know where to turn for help?

7. If you could make **one wish**, what would you change about living in _____ Neighborhood?

8. What could encourage residents to play a more active role in community improvement?

9. **What else** should we talk about related to _____ Neighborhood? Is there anything else you would like to say?

Closing

Thank participants for coming. Remind them that we will contact them when analysis is complete to see if they would like to hear the results. Distribute gift cards if in person or tell participants how you will distribute them if online.

Focus Group Analysis

Background:

Analyzing qualitative data (e.g., focus groups, interviews, etc.) involves identifying themes and categorizing them using a process called coding. Coding allows the analysis team to interpret and summarize information from multiple focus groups.

Codes are tags or labels used to assign meaning to (i.e., interpret) the descriptive or inferential information collected during a focus group. What matters most is the meaning of the words, not simply the words spoken. For example, the descriptive code used for the excerpt below may be 'security' (even though the word 'security' was not actually said).

> "I notice that the grand majority of homes have chain link fences in front of them. There are many dogs (mostly German shepherds) with signs on fences that say 'Beware of the Dog.'"
> *Example from* Saldana, J. (2015). The coding manual for qualitative researchers.

Codes can be pre-determined based on the focus group questions or existing literature; codes can also be generated from themes that emerge in the data set. This combined approach to thematic analysis is appropriate when the project has some specific issues to explore, but also leaves space to discover other unexpected aspects of the participants' experience.

Coding is an iterative process, meaning the codes and/or interpretation of themes will likely change or can be further refined after reading and coding the data multiple times. Ideas and reactions to the meaning of what you are seeing grow steadily. These ideas are important because they suggest new interpretations, leads, connections with other parts of the data, and they usually point toward questions and issues to look into during the next wave of data collections, and to ways of elaborating some of the ideas.

Who Should Be a Part of Your Data Analysis Team:

An experienced person in qualitative analysis, an experienced person in the healthcare field with working knowledge of the neighborhood, and a resident from the neighborhood. Ideally the resident would be involved in both note-taking during the focus group(s) and analysis.

Steps for Focus Group Analysis:

These steps are based on the Framework Method analysis. For more details, refer to the following article: Gale, N.K., Heath, G., Cameron, E., Rashid, S. & Redwood, S. (2013). Using the framework method for the analysis of qualitative data in multi-disciplinary health research. *BMC Medical Research Methodology*, 13, 117. https://bmcmedresmethodol.biomedcentral.com/articles/10.1186/1471-2288-13-117

1. Transcribe the recordings word for word, breaking apart based on different speakers (for example, assign "F" next to everything the facilitator says, "P1" each time participant 1 speaks, and so on). Next, recheck (or have someone else check) the transcription for accuracy by listening back to the audio recording while reading the transcript. During this recheck phase, add nonverbal notes from the note-takers to the finalized transcripts (nodding, laughing, anger, crying, etc.).

   The process of transcribing is time intensive but a good opportunity to become familiarized with the data (and is strongly encouraged for new researchers). An alternative to transcribing by hand is to pay for automatic transcription services through companies like NVivo or Rev.com. Google voice is a free transcription service, but accuracy may not be as strong. Note: You will need to recheck the transcription regardless of whether it's transcribed automatically or by hand.

2. Have the team members separately read through the transcript so they become familiar with the whole data set.

3. Have the team leader make a simple framework for coding based on the focus group questions.

4. Each team member will read through the transcript again and start coding using the simple framework. Underline or highlight the data you feel worthy of coding (a few words, part of a sentence, a whole paragraph, etc.). Link the underlined/highlighted content with the related code. Use the margins to record additional notes, thoughts, impressions, or new codes that do not fit in the simple framework. (Please note: NVivo is recommended for the coding process as it makes analysis easier).

5. Conduct a coding check with the team after each person has read through and coded the first transcript. Compare your coding, notes, and interpretations with the other team members and discuss any new themes that emerged. Agree on a set of codes including a brief definition of each code. It's always worth having an 'other' code to avoid ignoring data that does not fit.

12

6. Read and code the other two transcripts; look for any new codes or impressions that did not fit the existing set but are recurring themes across multiple focus groups.

7. Review your coding again with other team members, revise the initial framework to incorporate new and refined codes. Repeat this process until no new codes are generated.

8. Starting with the original transcript, recode each transcript using the finalized set of codes. You may find that your interpretation of the data in focus group 1 is different after becoming fully immersed in the rest of the data.

9. Summarize the data by category from each transcript.

10. Define and name themes and subthemes across all transcripts.

    Theming refers to the drawing together of codes from one or more transcripts to present the findings of qualitative research in a coherent and meaningful way. For example, there may be examples across participants' narratives of the way in which they were treated in hospital, such as "not being listened to" or "lack of interest in personal experiences." These may be drawn together as a theme running through the narratives that could be named "the patient's experience of hospital care."

    Source: Sutton, J., & Austin, Z. (2015). Qualitative research: Data collection, analysis, and management. *The Canadian Journal of Hospital Pharmacy*, 68(3), 226-231. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4485510/

11. Produce a report that identifies and describes the themes and subthemes along with supportive quotes

Sample Note Taking

Focus Group at SECOM
Burton Heights Neighborhood
6:30-7:30pm on Feb. 16, 2021

Facilitator**:** Name   Note-Taker**:** residents name

KEY:
R1: female red scarf / glasses   R4: female white shirt
R2: male black coat   R5: Male baseball cap
R3: male blue shirt   R6: female yellow sweater

FAC: Let's start by talking about what you like about this neighborhood. What are the good things you have found about living in Burton Heights Neighborhood?

2: I've got pretty good neighbors. We….

1: I agree with that. I do have some good neighbors.

6: Um, I like Burton School. It is within walking distance…. (#1 nods in agreement)

1: I agree with that. There are a lot of resources at the school like the clinic….

(many others nodded in agreement)

*** This is a short example of what a note taker may document. Please put a header on the top of the first page which includes which focus group it was, date of meeting, facilitator, and note-taker (your name). Include a key which indicates simple descriptors for ease of identification. Go around the circle from left of the facilitator to right and number each respondent (R1, R2 etc..) next to their descriptor. When the conversation starts, label the speaker (FAC for facilitator and number for respondent / resident) according to the code, then document the first several words. If it is the facilitator – also document the question asked. Next, document the response - speaker number and the first several words that are spoken. Note any nonverbals or voice tones which assist in understanding the words and their meanings such as anger, sadness, smiling, nodding. If others are nodding in agreement or disagreement in the group, please note that too.

14

Steps to Assure Privacy and Confidentiality

Confirm that steps are taken throughout the community assessment process to maintain privacy and confidentiality of those involved.

During this project we will not ask sensitive information (immigration status, illegal drug use, criminal records). In addition, participation is voluntary. Participants can refuse to answer any of the questions and are free to stop at any time.

Although names and basic demographic data will be collected during the focus group recruitment / participation stage, this data will not be linked to the focus group transcripts nor any comments participants give. Demographic data will be reported in aggregate form as overall participation numbers and used to confirm that the sample was representative and reflective of the neighborhood's demographics.

Similarly, those who participate in the survey will not be named and their comments will not be linked to their name or address.

Any audio tapes, transcripts, surveys, and notes obtained during the community assessment process will be de-identified and stored on the Kent County Health Department's password protected computer system. If the process yields any paper copies of items, they will be de-identified and stored in a locked filing cabinet. After paper copies have been uploaded, they will be destroyed to maintain confidentiality.

Methodology Overview:

- Door-to-door surveying of a randomly selected sample of households in the Roosevelt Park/Grandville neighborhood
- Survey administration period: August 27 - November 1, 2022
- Total sample size: 112 completed surveys (7 mail-in, 105 in-person)
  - Mail-in option was added part way thru data collection period to boost response rate (some residents were unable to complete survey at the time survey administrators stopped by – they were provided a paper survey with a pre-paid envelope to complete and mail back)

Survey Administration

Survey teams went door to door in the Roosevelt Park neighborhood to ask members of randomly selected households to participate in a survey. Each survey team was comprised of three people including one person who is bilingual (English and Spanish) and at least one resident of the Roosevelt Park neighborhood. Teams only surveyed houses that were listed in the sampling plan. Each house in the sample was approached at least once and up to three times in attempts to survey residents. If someone did answer the door and either completed or refused to take the survey, surveyors did not return to that house. If no one answered the door, surveyors stopped going to the house after three attempts. Houses were considered ineligible to participate in the survey due to the following reasons: didn't exist, under construction, vacant homes, no trespassing signs, locked gates, individuals drinking alcohol, or no parents were home (survey participants had to be at least 18 years of age or older). The ineligible houses were subtracted from the original sample number, resulting in an overall 22.7% response rate.

Surveyors used iPads to administer surveys interview-style, reading the questions and answer choices to residents. For the first round of surveying, some residents were offered the option to complete a paper survey and to return via mail. Only residents who expressed interest in taking the survey but said they did not have time to complete it at that moment were offered the paper survey.

Sampling Plan

To guarantee a random sample and prevent bias, houses were selected in such a way as every house has an equal chance of being selected. Spectrum Health Healthier Communities staff developed the sampling plan and outlined the process details:

1. Using the August 2022 parcel data on the Kent County GIS website, parcels that were commercial or Residential but were vacant were excluded. Kent County moved where they have stored the geographical shapefile of active parcels, but here is a link to the November 2022 list - https://kentcountymi-accesskent.opendata.arcgis.com/datasets/accessKent::hub-parcels-/explore?location=43.031141%2C-85.549400%2C11.28&showTable=true

2. The RP/Grandville Neighborhoods were divided into sections by major crossing streets.

    a. Grandville Neighborhood - South of Wealthy St, North of Hall St, East of Godfrey Ave, West of 131

    b. Roosevelt Park West – West of Cesar Chavez Ave, East of Godfrey Ave, North of High Street, South of Hall St

    c. Roosevelt Park North East – West of 131, East of Cesar Chavez Ave, North of Cordelia St, South of Hall St

    d. Roosevelt Park North South – West of 131, East of Clyde Park Ave, North of Plett St, South of Cordelia St

    e. Roosevelt Park Middle – West of 131, East of Clyde Park Ave, South of Plett St, North of McKendrick St

    f. Roosevelt Park South – West of 131, East of Clyde Park Ave, South of Burton St, North of Alger St

Steps:

1. We estimated the number of parcels/households needed to meet a 10% Margin of Error, a 95% Confidence Level, and a 30% response rate.
2. For each area, we calculated the proportion of parcels that each area contributed to the entire neighborhood. ***This method was used to help ensure we had a representative selection across the entire neighborhood. This step could have been skipped***
3. We then multiplied the proportion of parcels for each area by the number of parcels to get the responses needed ***This method was used to help ensure we had a representative selection across the entire neighborhood. This step could have been skipped***
3. We then randomly selected the total number of parcels needed for each area, assuming a 30% response rate. ***This method was used to help ensure we had a representative selection across the entire neighborhood. This step could have been skipped***
4. Out of the 834 occupied residential parcels in the Roosevelt Park Neighborhood, 288 were randomly selected to get the 87 total responses needed
5. Out of the 508 occupied residential parcels in the Grandville Neighborhood, 270 were randomly selected to get the 82 total responses needed
6. We did have to do a second draw to take into account vacant/empty parcels that were not identified in the Parcel Shapefiles, but the protocol and total responses needed did not change

Note: According to the Roosevelt Park Neighborhood Association, the neighborhood includes RP and Grandville as defined by the City of GR.

Comparison Data

Some questions on the Our Neighborhood Our Health survey were written to match the Behavioral Risk Factor Surveillance Survey (BRFSS). Below is the county and state level BRFSS data for the questions that align with the ONOH survey.

	Kent County (BRFSS, 2020)	Michigan (BRFSS, 2019-2021)
Percentage of adults who have been told by a doctor that they have the following conditions:		
Asthma	17%	15%
Depression*	24%	20%
Diabetes or Prediabetes	18%	14%
High cholesterol	26%	35%
Hypertension	29%	35%
Obesity**	31%	35%

*Our Neighborhood Our Health survey asked about diagnosis of any mental health condition; comparison data include diagnosis of a depressive disorder only

**County and state comparison data for obesity is based on BMI classification, not "obesity" diagnosis

	Kent County (BRFSS, 2020)	Michigan (BRFSS, 2019-2021)
Housing		
Own	64%	74%
Rent	28%	21%
Other	7%	5%
Health Care/Access		
Has a usual source of health care*	87%	86%
No health insurance coverage (age 18-64)	11%	8%
Needed to see a doctor in the past year but did not due to concerns about cost	9%	8%
Had a dental visit in the past year	64%	69%
Monthly finances: in general, how do your finances usually work out at the end of the month?		
Usually do not have enough to make ends meet	7%	n/a
Have just enough to make ends meet	31%	n/a
End up with some money left over	58%	n/a

*Kent County and MI BRFSS estimates based on question: "do you have one person you think of as your personal doctor or health care provider?"

Community Surveyor

Job Description:

Our Neighborhood, Our Health - Roosevelt Park will be conducting door-to-door surveys during the month of October 2022. We recognize that we cannot accomplish this alone and are looking for additional Roosevelt Park Residents to assist with these efforts. Surveyors should be over the age of 18. Surveyors will go out in groups of two or three made up of community members, project team members and health professional students for approximately three hours at a time. Residents who assist in the surveying will be compensated $35/hr.

If interested, please contact Krystal Bunch at Krystal.Bunch@spectrumhealth.org or 616-460-3908 with your availability and/or any questions you may have. Indicating availability is not a guarantee of the hours. The project team will use this information to coordinate teams of three and confirm the dates you are needed.

Thank you!

Protocol for Administering the Our Neighborhood, Our Health Survey

<u>**General safety tips and dress code**</u>
- Comfortable walking shoes are a necessity! Dress for the weather. You may want to carry water with you if the weather is warm.

- Dress in casual clothes and wear your Our Neighborhood, Our Health t-shirt. Make sure clothing is modest.

- Wear your name tags so you are easily identifiable.

- The ideal situation is to do the survey at the door and be visible from the street. It's fine to ask the resident if you may sit down on their porch to complete the survey. Our Neighborhood, Our Health staff will be collecting data on the street with you or driving around the streets during data collection.

- Do not approach a house that says 'No trespassing' or 'Do not enter'. (Consider it Refused and add this to the sampling plan details).

- Watch out for dogs: do not approach a house unless dog is on a leash or ask the owner to hold the dog.   If a house has a gate, shake the gate to see if a dog might be in the back yard. Do not approach a house that has a 'Beware of Dog' sign (Consider it Ineligible and add this to the sampling plan details).

- Bring a cell phone and make sure you give your number to the Our Neighborhood, Our Health staff before beginning data collection. The survey will be overseen by Danielle Gritters (616-914-1482). Please keep her number handy if you have questions while surveying.

<u>**Rules for selecting a home to be included in sampling plan**</u>
- You will go out as a survey team of three. The team should include someone who is bilingual and at least one resident of Roosevelt Park Neighborhood. Each survey team will be assigned particular zones / streets to survey.

- Teams will only survey houses listed on the sampling plan. To guarantee a random sample and prevent bias, we selected houses in such a way as every house has an equal chance of being selected. If the house is not listed on the sampling plan, we cannot include it in the sample.

- You will only go to **front doors**. If there are more than 1 front doors with the same house number (such as a duplex that has 2 front doors but the same street address), choose one and knock on the door. If you are able to complete a survey, move on in your sampling plan. If not, you may try the second door. Record details in the appropriate place on your sampling plan details sheet. Do not survey both houses if there are multiple front doors at the same address.

Sampling Plan Details   (see hand-out)

- Fill in details on chart. Notice the street name is on the top of the page and specific house numbers are in the left column. If someone is home, write Y in second column. If not, write N 1 (for No –first time), N 2 (for No –second time), etc. Do not go to a particular house more than 3 times. Consider this a No Response.

- In the third column, write **C** for **completed** surveys, **I** for **Ineligible** or **R** for **Refused.** To be included in the sample the respondent must be an adult living in the home. The rules for who is ineligible include: *age* (must be over age 18), *mental or physical impairment* (such as under the influence of alcohol or drugs) or *unrelated adults* (such as babysitters).

- If you go up to a particular street number and it is a business rather than a residence, write **I** for **Ineligible** and note that it is a business. If you come to an apartment building, please note that on the sheet and call it to the attention of the Our Neighborhood, Our Health staff but do not survey an apartment building.

- Under notes, fill in any details that may be helpful to you in the future.

Survey

- Knock on the door, introduce yourselves and explain the purpose for doing the survey as outlined for you in the introduction of the survey. It is very important that you make sure people know that you will not be recording their names or addresses on the survey. If a child answers the door, ask to speak to an adult.

- At the top of the survey, be sure to document the name of person conducting the survey (this is important, in case we have questions later).

- You may write simple notes at the end of the survey if there is anything unusual you want to record. (Example: grandmother who took survey may have dementia)

- At the end of the survey, please share with the participant that the findings will be used to promote the health of the neighborhood. There will be neighborhood meetings in the fall to share the results of the surveys. Dates of these meetings will be posted at various neighborhood sites. If the participant would like a personal invitation to neighborhood meeting, give them a postcard where they could either scan their contact information through a QR code or mail in their contact information on a self-addressed stamped postcard. Before leaving their door, please offer them a printed community resource sheet.

- If someone refuses to complete the survey, please still share with them that there will be neighborhood meetings in the fall to share the results. Invite them to come if they are interested and offer a postcard as noted above.

- Before leaving the neighborhood at the end of your data collection session, please turn in I-pads and survey bags to an Our Neighborhood, Our Health staff member.

Spectrum Health Healthier Communities
665 Seward Ave NW, Suite 110
Grand Rapids, MI 49504

our neighborhood our health
nuestro vecindario
nuestra salud

ROOSEVELT PARK

Dear Resident,

You have been randomly selected to participate in a community survey that aims to hear your thoughts on the most pressing needs of Roosevelt Park Neighborhood. During the month of October, members from our team will be visiting your home asking you to participate! If you complete the survey you will be entered in a drawing to win 1 of 10 $25 gift cards.

See you soon!

nuestro vecindario nuestra salud
our neighborhood
our health

ROOSEVELT PARK

Estimada vecina, estimado vecino,

Su hogar ha sido seleccionado al azar para participar en una encuesta que tiene la intención de escuchar sus opiniones sobre las necesidades más apremiantes del vecindario Roosevelt Park. Durante el mes de octubre, el personal de nuestro equipo visitara su vivienda para animarle a que participe. Si acepta y completa la encuesta, su nombre se incluirá en una rifa para ganar una de diez tarjetas de regalo con valor de $25 dólares. **¡Hasta muy pronto!**

1

**our neighborhood
our health**
nuestro vecindario
nuestra salud
_____

ROOSEVELT PARK

Introduction **[Script for survey administrators]:**

Hi, my name is _____ and this is _____ and _____ *[introduce other surveyors]*. We are volunteers with Our Neighborhood, Our Health which is a collaboration between community organizations and residents. We are surveying residents to collect information on the needs and priorities of people who live in Roosevelt Park.

The survey should take about 20 minutes. I will read the questions and *[name of person who is recording]* will record your answers on the iPad. We will not write your name down on this survey, so your responses will be confidential and will not be linked to you.

The survey results will be shared back with the Roosevelt Park community this fall, and the next step is working with residents to create solutions for the most pressing issues that come up.

You can choose whether or not you'd like to participate, but if you do complete the survey you will be entered into a raffle to win a $25 Meijer gift card. Would you or someone in your house be willing to participate and answer a few questions?

If yes, begin the survey

If no, ask: Would you like to be part of the planning meetings in the fall and hear the survey results?

If yes, read: If you want to be a part of the planning meetings we ask that you provide your name and contact information so we can contact you with information for the community meeting. Are you comfortable using a QR code to provide your contact information?

> **If yes:** provide the QR postcard.
> **If no:** provide the post-card with stamp.
>
> **If no:** Thank you for your time, have a great day.

Q2 Name of surveyor (person administering the survey to resident)

_____

End of Block: Introduction

2

Start of Block: Housing

Read: *To begin, I'd like to ask you a few questions about your household.*

_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

Q1 How many adults (age 18 and over) live in your household?

_____

○ Refused/Don't Know

Q2 How many children (under age 18) live in your household?

_____

○ Refused/Don't Know

Q3 Do you have any of the following concerns with the place you currently live? *(Select all that apply).*

☐ Lead presence

☐ Mold presence

☐ Radon presence

☐ Non-functioning smoke detector(s)

☐ Affordability of the home

☐ Accessibility of the home

☐ None of the above

☐ Other – Please Describe _____

_____

_____

☐ Refused/Don't Know

Q4 Do you own or rent your home?

○ Own

○ Rent (including home, apartment, subsidized housing, or college housing)

○ Other – Please Describe _____

○ Refused/Don't Know

Q5 How long have you lived in this neighborhood?

○ Less than 1 year

○ 1-5 years

○ 6-10 years

○ 11-20 years

○ 21+ years

○ Refused/Don't Know

Q6 How many times have you moved in the past year?

○ 0

○ 1

○ 2

○ 3

○ 4+

○ Refused/Don't Know

End of Block: Housing

Start of Block: Physical Health

Read: *Now I'd like to ask you a few questions about your health.*

_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

Q7 Is there a place where you usually go when you are sick or need advice about your health?
[Prompt if needed: Is there one place you consistently go, or does it vary depending on the incident?]

○ Yes

○ No **(skip to Q9)**

○ Other - Please Describe_____

_____

○ Refused/Don't Know **(skip to Q9)**

Q8 What kind of place is it?

○ Clinic or health center

○ Doctor's office or Health Maintenance Organization

○ Hospital emergency room

○ Urgent care/walk-in clinic

○ Other - Please Describe_____

_____

○ Refused/Don't Know

Q9 In the past year, how satisfied have you been with your physical health?

○ Satisfied

○ Neither satisfied or unsatisfied

○ Unsatisfied

○ Refused/Don't Know

Q10 Do you have any kind of health coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare or Indian Health Service?

- ○ Yes
- ○ No **(skip to Q12)**
- ○ Refused/Don't Know **(skip to Q12)**

Q11 What type of health coverage do you have? *(Select all that apply).*
[Note: If respondent says specific company such as "Molina" or "Priority Health" ask to clarify if it's Medicaid, Medicare, or Private].

- ☐ Medicaid
- ☐ Medicare
- ☐ Private insurance (through an employer or the marketplace)
- ☐ Other - Please Describe _____
- ☐ Refused/Don't Know

Q12 How many times in the past year have you felt the need to see a doctor, but did not do so due to concerns about cost?

_____

Q13 Including all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists, how long has it been since you last visited a dentist or a dental clinic for any reason?

- ○ Within the past year
- ○ Within the past 2 years (more than 1 year but less than 2 years ago)
- ○ Within the past 5 years (more than 2 years but less than 5 years ago)
- ○ 5 or more years ago
- ○ Never
- ○ Refused/Don't Know

Q14 Have you or anyone in your household ever been told by a doctor, nurse, or other health professional that they have the following health disease or condition?

	You	Someone else in your household	None	Refused/ Don't Know
Asthma	☐	☐	☐	☐
Cancer	☐	☐	☐	☐
Cardiovascular disease (such as heart disease or stroke)	☐	☐	☐	☐
Chronic pain	☐	☐	☐	☐
Diabetes or Pre-diabetes	☐	☐	☐	☐
High blood pressure or Hypertension	☐	☐	☐	☐
High cholesterol	☐	☐	☐	☐
Lead poisoning	☐	☐	☐	☐
Mental health conditions (such as depression or anxiety)	☐	☐	☐	☐
Obesity	☐	☐	☐	☐

Q15 Over the last two weeks, how often have you been bothered by the following problems?

	Not at all	Several days	More than half of the days	Nearly every day	Refused /Don't Know
Feeling nervous, anxious, or on edge	○	○	○	○	○
Not being able to stop or control worrying	○	○	○	○	○
Feeling down, depressed, or hopeless	○	○	○	○	○
Little interest or pleasure in doing things	○	○	○	○	○

4

Q16 I'm going to list off things that may cause stress in people's lives. For each one, please rate your general level of stress on a scale of 1 (no stress at all) to 10 (constantly stressed).

	1	2	3	4	5	6	7	8	9	10	Refused/Don't Know
Family responsibilities	1	2	3	4	5	6	7	8	9	10	○
Money or finances	1	2	3	4	5	6	7	8	9	10	○
Employment or unemployment	1	2	3	4	5	6	7	8	9	10	○
Health (personal health concerns or health of my family/people close to me)	1	2	3	4	5	6	7	8	9	10	○
Safety (personal safety or safety of my family/people close to me)	1	2	3	4	5	6	7	8	9	10	○
Housing	1	2	3	4	5	6	7	8	9	10	○
Transportation	1	2	3	4	5	6	7	8	9	10	○
Immigration status	1	2	3	4	5	6	7	8	9	10	○
Racism	1	2	3	4	5	6	7	8	9	10	○
Discrimination (discriminatory treatment based on identify factors other than race, such as gender, sexual orientation, disability, etc.)	1	2	3	4	5	6	7	8	9	10	○

Q17 In this section you will be asked questions about barriers to receiving needed health care. I will be giving you a list of statements. Let me know how well each one describes you or the people in your household, using the following categories: Agree or true. Neutral or not sure, Disagree or not true.

	Agree or True	Neutral or Not Sure	Disagree or Not True	Refused/Don't Know
I am able to receive health care when I need it.	○	○	○	○
I am able to obtain dental care when I need it.	○	○	○	○
Language barriers prevent me from getting the health care that I need.	○	○	○	○
I have not received prescription medications because they cost too much.	○	○	○	○

End of Block: Physical Health

Read: *Thank you for your responses so far! Now I'd like to ask you a bit about transportation and your neighborhood.*

Q18 In the past month, how often has transportation interfered with your daily activities?

- ○ Never
- ○ Rarely
- ○ Sometimes
- ○ Often
- ○ All of the time
- ○ Refused/Don't Know

Q19 How satisfied are you with the number of working street lights where you currently live?

- ○ Satisfied
- ○ Neither satisfied or unsatisfied
- ○ Unsatisfied
- ○ Refused/Don't Know

Q20 How satisfied are you with the amount of publicly accessible, usable green space (trees, grass, etc.) in your neighborhood?

- ○ Satisfied
- ○ Neither satisfied or unsatisfied
- ○ Unsatisfied
- ○ Refused/Don't Know

Q21 Which of the following neighborhood resources would you like to have within an accessible distance? *(Select all that apply).*

- ☐ Bus stops
- ☐ Pharmacies
- ☐ Restaurants
- ☐ Stores that sell packaged food
- ☐ Stores that sell fresh food
- ☐ Parks
- ☐ Schools
- ☐ Other - Please Describe _____
- ☐ Other - Please Describe _____
- ☐ Other - Please Describe _____
- ☐ Refused/Don't Know

Q22 How well do the businesses in your neighborhood reflect the culture of the neighborhood?

- ○ Not very well
- ○ Neither well or not well
- ○ Very well
- ○ Refused/Don't Know

Q23 Do you agree or disagree with the following statements:

	Disagree	Neither disagree or agree	Agree	Refused/ Don't Know
There are people in my community that I can rely on for help.	○	○	○	○
Overall, my community is positive for people of my identity or background(s).	○	○	○	○
I feel like I belong in this community.	○	○	○	○

Q24 How much of a safety issue do you think the following things are in your community?

	Not a safety issue	Somewhat of a safety issue	A major safety issue	Refused/ Don't Know
Traffic	○	○	○	○
Crime	○	○	○	○
Gun violence	○	○	○	○

Q25 Does the current level of policing in your neighborhood help you feel safe?

- ○ Yes
- ○ No
- ○ Other - Please Describe_____
_____
- ○ Refused/Don't Know

6

Q26 To feel safer, do you think your community needs
- ○ Less police presence
- ○ More police presence
- ○ Or, regardless of the level of police presence, police do not make me feel safer
- ○ Refused/Don't Know

End of Block: Transportation & Environment

Start of Block: Economic Stability

Read: *Now I just have one question about your household's economic situation.*

___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Q27 In general, how do your finances usually work out at the end of the month? Do you find that you usually:
- ○ Not have enough to make ends meet
- ○ Have just enough to make ends meet
- ○ End up with some money left over
- ○ Refused/Don't Know

End of Block: Economic Stability

Start of Block: Demographics

Read: *Lastly, I'd like to ask you a few demographic questions.*

___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Q28 How old are you? _____

Q29 Which of the following race/ethnicity categories best describe how you identify? *(Select all that apply).*
- ☐ African American/Black
- ☐ American Indian/Alaskan Native
- ☐ Asian/Asian American
- ☐ Caucasian/White
- ☐ Hispanic/Latino
- ☐ Middle Eastern/North African
- ☐ Native Hawaiian/Pacific Islander
- ☐ Not listed - Please Describe _____
- ☐ Refused/Don't Know

Q30 How do you identify your gender?
- ○ Female
- ○ Male
- ○ Non-binary/Third Gender/Two Spirit
- ○ Not listed - Please Describe _____
- ○ Refused/Don't Know

Q31 What is the highest level of education you've completed?
- ○ 5th Grade or less
- ○ 6-8th Grade
- ○ 9-12th Grade, but did not complete high school/GED
- ○ High school diploma, GED, or equivalency
- ○ Some college or technical education, no degree
- ○ Associate's degree
- ○ Bachelor's degree
- ○ Graduate or professional degree
- ○ Refused/Don't Know

Q32 What is your current employment status?
- ○ Employed full time (31+ hours per week)
- ○ Employed part time (30 hours per week or less)
- ○ Not employed, Not seeking employment
- ○ Not employed, Seeking employment
- ○ Unable to work due to disability
- ○ Retired
- ○ Stay at home parent/Caregiver
- ○ Student
- ○ Other - Please Describe _____
- ○ Refused/Don't Know

Q33 What is your total household income in the past year (before taxes)?
- ○ Less than $10,000
- ○ $10,000-$14,999
- ○ $15,000-$24,999
- ○ $25,000-$34,999
- ○ $35,000-$49,999
- ○ $50,000-$74,999
- ○ $75,000-$99,999
- ○ $100,000-$149,999
- ○ $150,000 or more
- ○ Refused/Don't Know

End of Block: Demographics

Read Thank you for your time. Your responses are very important and will be used to help prioritize needs of residents in Roosevelt Park. Results from all of the surveys will be shared at neighborhood planning meetings in the fall. Would you be interested in coming to these meetings to help us plan ways to improve the health of the Roosevelt Park neighborhood?

IF YES (read to participant): We will not be turning in any names or addresses with the surveys, so if you want to be a part of the planning meetings we ask that you provide your name and contact information so we can contact you with information for the community meeting. Are you comfortable using a QR code to provide your contact information?
If yes: provide the QR postcard.
If no: provide the post-card with stamp.

Surveyor Notes:

_____

_____

_____

_____

our neighborhood
our health
nuestro vecindario
nuestra salud

ROOSEVELT PARK

our neighborhood
our health
nuestro vecindario
nuestra salud

ROOSEVELT PARK

There will be neighborhood meetings in the future to share the results of the Roosevelt Park Community survey. If you would like a personal invitation to this meeting, please complete the survey using the following QR code:

Mental Health: Resident Identified Solutions

Salud mental: Soluciones identificadas
por los residentes de la comunidad

Consejería escolar
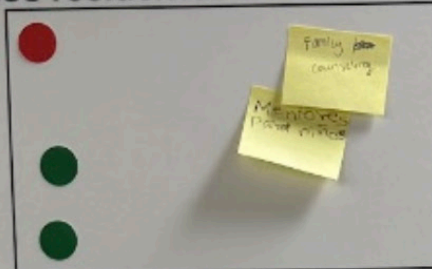
School counseling

Apoyo local de salud
mental para mujeres
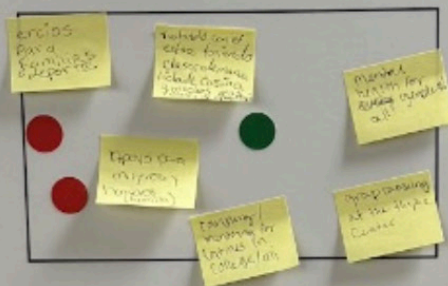
Local mental health
support for women
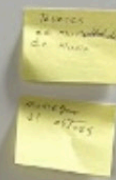
Cross-Cutting Resident Identified Solutions

Soluciones transversales identificadas
por los residentes comunitarias

Más información sobre
los programas disponibles
(promoción)
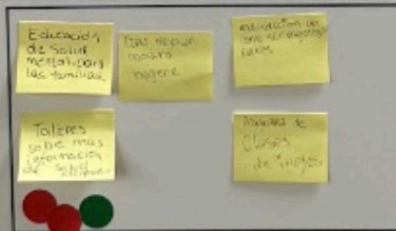
More information about
programs available
(advertising)

Todos deben ser
escuchados/tener una
voz para impulsar el
cambio en la comunidad
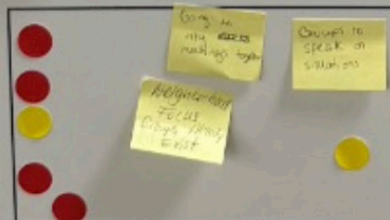
Everyone to be heard
and have a voice to drive
community change

In partnership with

KCONNECT   HISPANIC CENTER   Calvin UNIVERSITY   Corewell Health
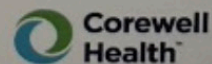
Roosevelt Park Survey: Demographics & Economics

Housing (All) Time in R. Park (All) Total Respondents **112**

Employment Status

Full Time	50%
Not Employed, Not Seeking	11%
Not Employed, Seeking	8%
At-Home Caregiver	8%
Retired	8%
Part Time	5%
Unknown	5%
Unable due to Disability	4%
Student	1%

Household Income

Income	Percent
$0-$25K	41%
$25K-50K	18%
$50K-$75	7%
$75K-$100K	4%
$100K+	3%
Refused/DK	28%

Language Preference

English 37%
Spanish 63%

Race & Ethnicity

Hispanic	72%
White	11%
Black	9%
2 or More	4%
Am Indian	1%

Education

No HS	52%
HS Diploma	24%
Some College	13%
Associate...	4%
Bachelor's	3%
Graduate	1%

Age

18-29	24%
30 - 44	27%
45 - 59	24%
60 - 74	17%
75+	4%

Gender

Female	53%
Male	46%
NB	1%

>KCONNECT

Source: Based on survey data of Roosevelt Park residents collected by Corewell Healthier Communities

Roosevelt Park Survey: Housing

User Language (All)
Race/Ethni.. (All)
Gender (All)
Level of Ed.. (All)
Age of Res.. (All)
Total Respondents **112**

Housing Status

Own	59%
Rent	37%
Living with Relative	3%

Length of Time in the Neighborhood

Less than 1 year	7%
1-5 years	37%
6-10 years	15%
11-20 years	14%
21+ years	27%

>KCONNECT
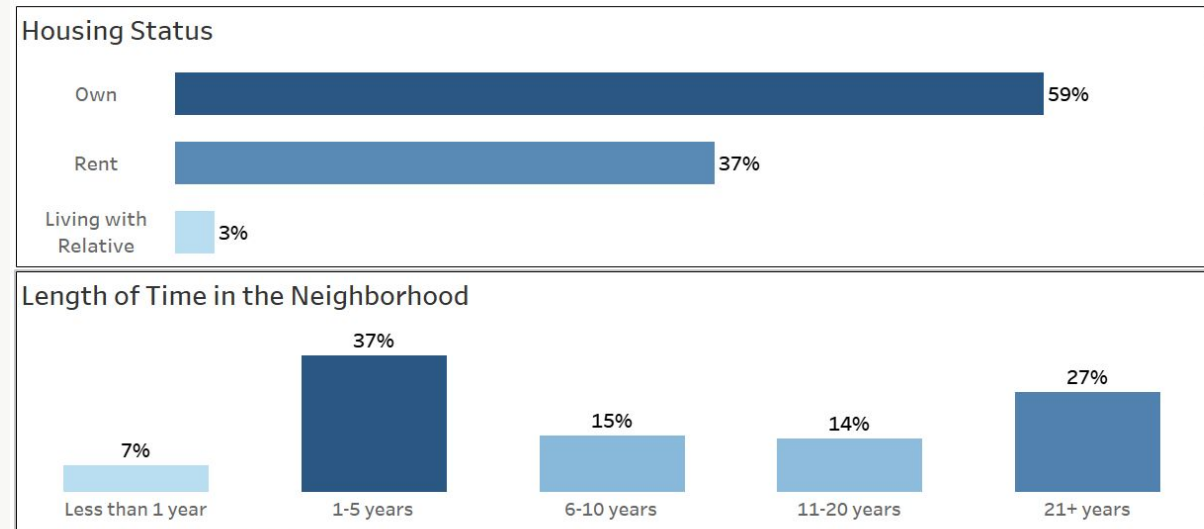
Source: Based on survey data of Roosevelt Park residents collected by Corewell Healthier Communities

Roosevelt Park: Community Strengths

Belonging — 88%

Identity — 74%

Culture — 67%

Help — 59%

>KCONNECT
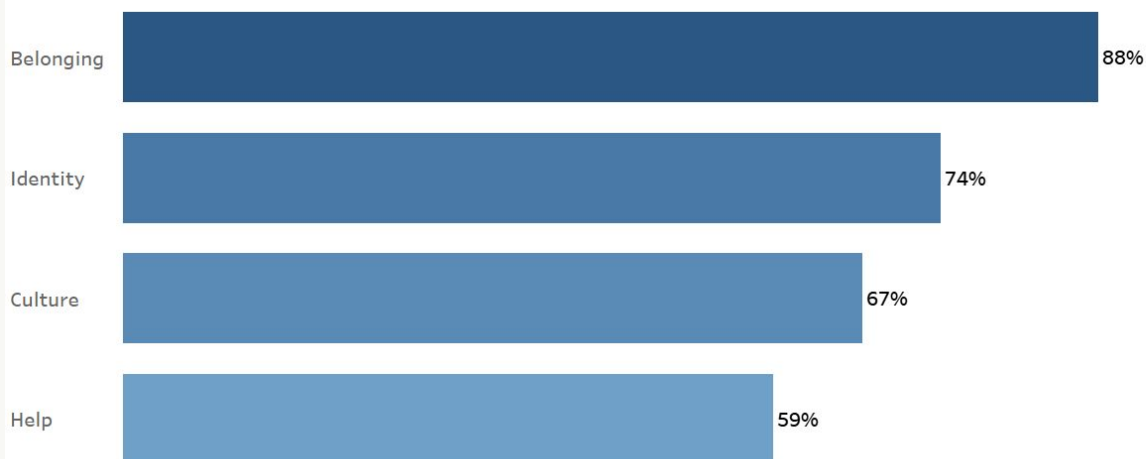
Source: Based on survey data of Roosevelt Park residents collected by Corewell Healthier Communities

---

Roosevelt Park: Health

Insurance

| 69% Yes | 31% No |

Health Condition in Household

| 64% Yes | 36% No |

Medical Care When Needed

| 50% Yes | 50% No/Not Sure |

age Barrier Prevents Health Care

| % es | 80% No/Not Sure |

spondents
12

Top 5 Conditions

High Cholesterol — 31
Diabetes — 27
High Blood Pressu.. — 23
Obesity — 14
Mental Health Co.. — 14

>KCONNECT

Source: Based on survey data of Roosevelt Park residents collected by Corewell Healthier Communities
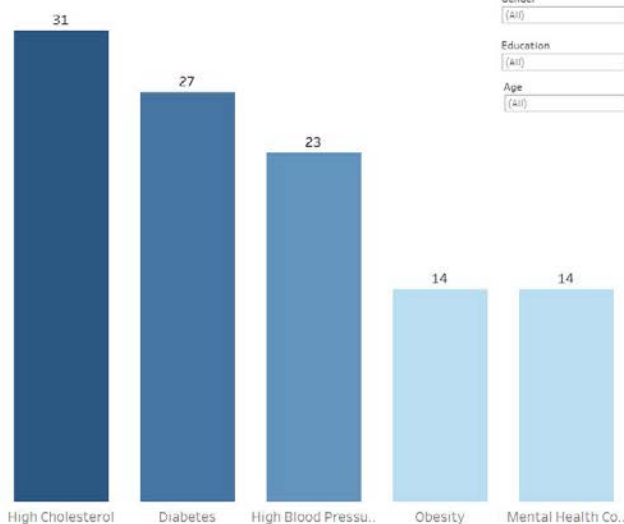
Roosevelt Park: Mental Health

Any Anxiousness, Depression, Worry, or Lack of Interest?

	38% Yes

Feeling Nervous or Anxious

4% ~Everyday	6% >Half the Time	18% Several days

Depression

	4% >Half the Time	15% Several days

Worried

5% ~Everyday	5% >Half the Time	8% Several days

Lack of Interest

7% ~Everyday		8% Several days

User Language
◉ (All)
○ English
○ Spanish

Race/Ethnicity (group)
(All) ▾

Gender
(All) ▾

Level of Education (group)
(All) ▾

Age of Respondent (bin)
(All) ▾

Total Respondents
112

Source: Based on survey data of Roosevelt Park residents collected by Corewell Healthier Communities

ꓘCONNECT

Roosevelt Park: Public Safety

Crime

23% Major Issue	23% Somewhat	55% Not a Issue

Traffic

35% Major Issue	31% Somewhat	34% Not a Issue

Gun Violence
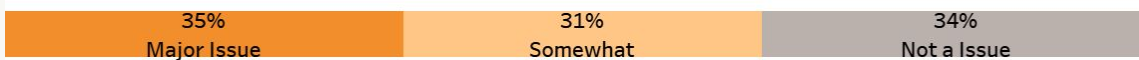
29% Major Issue	19% Somewhat	52% Not a Issue

The Current Level of Policing Makes Me Feel Safe

66% Yes	27% No	

Correct Amount of Police Presence to Feel Safe

4% Less	17% No Level	29% Don't Know/No Answer	50% More

User Language
(All) ▾

Race/Ethni.. (All) ▾

Gender (All) ▾

Level of Ed.. (All) ▾

Age of Res.. (All) ▾

Total Respondents
112

ꓘCONNECT

Source: Based on survey data of Roosevelt Park residents collected by Corewell Healthier Communities

Default Question Block

Your Name/Su Nombre

Name of Person(s) on Recording/Nombre(s) de la(s) persona(s) en el video

Name of organization or group/nombre de la organizacion o grupo.

Which area of focus are they applying for? - ¿Qué área de enfoque están solicitando?

○ Health/Salud

○ Public Safety/Seguridad Pública

○ Mental Health/Salud Mental

How much funding are they asking for? - ¿Cuánto dinero están pidiendo?

What language was the proposal submitted in? - ¿En qué idioma se presentó la propuesta?

○ English/inglés

○ Spanish/español

○ Swahili/swahili

○ [   ] Other/Otro idioma

On a scale of 1 to 7 (with 1 being strongly disagree and 7 being strongly agree), please indicate the extent you agree with each of the following statements. En una escala del 1 al 7 (siendo 1 totalmente en desacuerdo y 7 totalmente de

acuerdo), indique en qué medida está de acuerdo con cada una de las siguientes afirmaciones.

	1	2	2	3	3	4	5	5	6	6	7

The proposal demonstrates the organization's interest in working in or being involved in the Roosevelt Park Neighborhood. La propuestademuestra el interésde la organizaciónen trabajaren o ser parte del Vecindario del Parque Roosevelt.

1	2	2	3	3	4	5	5	6	6	7

The proposal demonstrates the organization's understanding of the Roosevelt Park Neighborhood. La propuesta demuestra la comprensión de la organización o grupo del Vecindario del Parque Roosevelt. La organización o grupo ha demostrado sus logros anteriores en el Vecindario del Parque Roosevelt.

The organization has demonstrated its prior accomplishments in the Roosevelt Park neighborhood. El propósito de la propuesta es claro. El plan para medir el éxito de la propuesta es claro y práctico.

| | 1 | 2 | 2 | 3 | 3 | 4 | 5 | 5 | 6 | 6 | 7 |

The purpose of the proposal is clear. El propósito de la propuesta es claro.

The plan to measure the proposal's success is clear and practical. El plan para medir el éxito de la propuesta es claro y práctico.

6. How long has the proposing organization been working in the Roosevelt Park Neighborhood? - ¿Cuánto tiempo ha estado trabajando la organización o grupo en el Vecindario de Roosevelt Park?

Do you recommend funding this organizations proposal? - ¿Recomienda financiamiento para la propuesta de esta organización?

○ Definitely not/ Definitivamente no

○ Probably not/ Probablemente no

○ Might or might not/ podría o no (mas o menos)

○ Probably yes/ Probablemente sí

○ Definitely yes/ Definitivamente sí

Is there anything about this organization or people associated with this proposal that we should consider before funding them? (optional) ¿Hay algo sobre la organización o las personas asociadas con esta propuesta que debamos considerar antes de financiarlos? (opcional)

Powered by Qualtrics

10 YEARS ❯KCONNECT

Our Neighborhood, Our Health

2023

Preliminary Report

GR
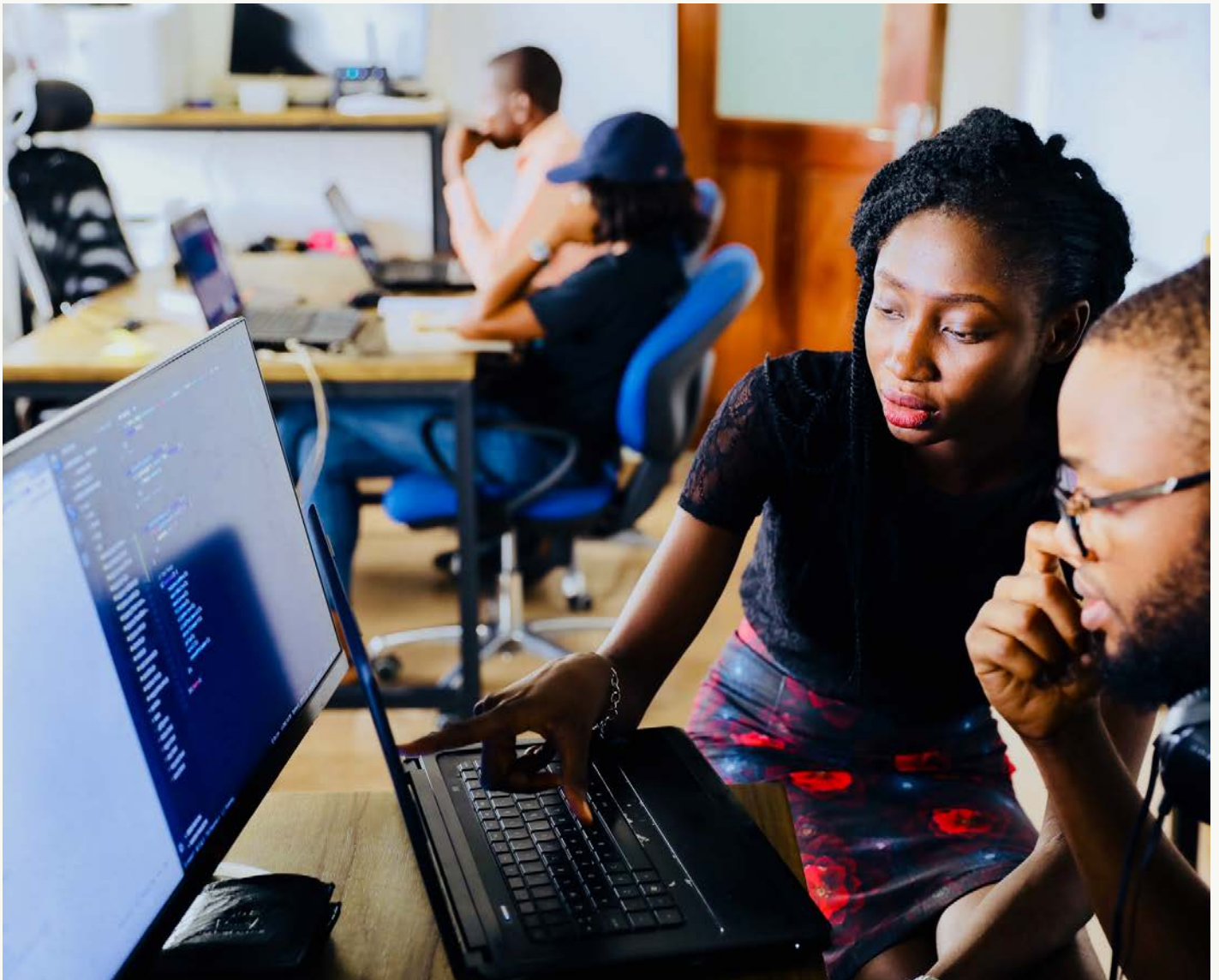
401 Hall St SW | Suite 385
Grand Rapids, MI 49505
k-connect.org

Table of

CONTENTS

401 Hall St SW | Suite 385
Grand Rapids, MI 49505
k-connect.org

10 YEARS KCONNECT

KCONNECT

INTRODUCTION

Executive Summary

KConnect is a network of public and private organizations working to advance a collective movement to ensure all children in Kent County have an equitable path to economic prosperity through quality education, family, and community support.

Fundamental to our vision is that we are committed to nothing less than closing the unacceptable achievement gaps for low-income students and children of color and increasing the achievement for all students from prenatal to college and career.

To fulfill our mission and vision and that of our clients, we inherently believe we need to :

Be **Curious.**

Be **Creative.**

Be **Courageous.**

KConnect Racial Equity Statement

In an ideal world, the prosperity of children and families would not be shaped by where they live or how they are racialized and marginalized. Instead, youth and families would thrive while living in economic prosperity through quality education, family, and community support.

KConnect is a network of community leaders, content experts, and systems change-makers working toward this shared vision. We support children and families by using data and working with those most harmed by inequities. We don't design systems; we don't build them; we don't manage them; we connect them.

We know systemic racism is the root of many problems across the country. Communities are situated differently in relation to well-being and opportunity. Black, Indigenous, Latinx, and Asian communities each have their own experiences of racism. We must address and acknowledge the unique expertise, assets, and needs of each community. We must also break down and rebuild the policies and power structures that fail people of color. Racial and ethnic equity is necessary to help every child succeed in school and in life.

We know that communities are strong together. We need to acknowledge and address inequities collectively. This work requires a commitment to anti-racist policies, practices, and behaviors. Our resolve comes from our belief that every child has value and promise.

KConnect and the Prenatal to Career Network are working to:

- Center lived experience, including people of color and those most impacted by systemic racism, to create solutions together, with particular attention to the Black and Latinx communities that continue to be significantly harmed.
- Operationalize equity to improve outcomes for those most affected by oppressive systems.
- Increase participation and the development of leadership positions for Black, Indigenous, Latinx, and people of color in systems work.

The Our Neighborhood, Our Health initiative aligns perfectly with KConnect's core values. KConnect's office is located within the Roosevelt Park neighborhood, and our team was incredibly excited to be asked to be a part of co-creating an equitable and transparent funding process for Roosevelt children and families.

the backbone team

Salvador Lopez
President

Dr. Shayla Young
Post-Doctoral Fellow

Mark Woltman
Vice President

Katie Hop
Director of
Communication

Maegan Frierson
Director of
System Building

Stephanie Salamone
Admin/Operations

CAPABILITIES

10 YEARS ΧΚCONNECT

KCONNECT
capabilities

A Backbone Team, for Kent County. We facilitate difficult conversations, convene small and large groups, write strategic messaging, provide project management, and visualize data. All of our work is completed or overseen by experienced KConnect staff.

A Natural Extension of Your Team. KConnect has years of experience working with cross-sector leaders. We act quickly and strategically to support the collective's mission, vision, or north star.

Our Network Goes Deep. Our backbone team is supported by cross-sector groups led by content experts in Data and Capacity, Policy and Advocacy, and Community Engagement. We ensure that qualitative and quantitative storytelling is embedded within the work, that the work is informed by policies that impact the scale of an initiative, and that lived experience is embedded in all parts of the planning from beginning to end.

401 Hall St SW | Suite 385
Grand Rapids, MI 49505
k-connect.org

KCONNECT

KCONNECT
our work

Many of Grand Rapids and Kent County's most respected organizations have recognized KConnect's work, including the City of Grand Rapids, Kent Intermediate School District, Hispanic Center of Western Michigan, and First Steps Kent.

KConnect is a 501c3 nonprofit organization, holding this designation since 2013. Our regional impact is clear, but our success extends nationally and internationally. We have led national conversations for FSG, Reimagining Social Change (MA), The Collective Impact Forum (CA), StriveTogether (OH), and Collective Change Lab (UK).

A collective impact framework and equitable outcomes guide our work.

PROCESS

КCONNECT

>K CONNECT
process

One or more of the areas in this incubator were deployed in the ONOH project based on specific needs.
Each area is defined based on the scope of work.

Our Neighborhood, Our Health (ONOH)

1 — Research
2 — DEI
3 — Community Engagement
4 — Facilitation
5 — Financials
6 — Strategy
7 — Fundraising
8 — Data Viz
9 — Communications
10 — System Mapping
11 — Decision Protocol
12 — Legal
13 — Evaluation
14 — Convening

>K CONNECT

preliminary
REPORT

10 YEARS КCONNECT

preliminary report

Project Overview

Our Neighborhood, Our Health is a scalable, resident-driven model that can broaden the institutional support of addressing systematic change and implementing resident-identified solutions.

In the fall of 2020, Corewell Health Healthier Communities, Calvin University, and the Kent County Health Department received seed funding from Healthier Communities to develop a community-based participatory research approach to pilot in the Roosevelt Park neighborhood. The development of this model pulled from the approach Calvin University has been using for over 20 years, as well as the Health Equity Zone model in Rhode Island. The purpose of the model development was to create a resident-driven model that could be scaled to other neighborhoods and broaden the institutional support for the model, including addressing systematic change and implementing resident-identified solutions.

The Our Neighborhood, Our Health project dedicated time in 2021 to connecting with over 15 neighborhood organizations in the Roosevelt Park neighborhood to communicate the project's vision. In March 2022, a Roosevelt Park Community Advisory Board was developed to provide input and guide the application of the approach in the Roosevelt Park neighborhood. Between March and May 2022, the Community Advisory Board selected a lead community-based organization to partner with. The Community Advisory Board selected the Hispanic Center of Western Michigan as the lead community-based organization for this work.

Ultimately, a total of $200,000 was to be distributed broken up into:

- Health: two awards for up to $50,000 in Health for a total of $100,000
- Public Safety: Two awards for up to $35,000 in Public Safety for a total of $70,000
- Mental Health: Two awards for up to $15,000 in Mental Health for a total of $30,000

Community data informed the process (see next page), and additional information can be shared upon request.

KCONNECT
10 YEARS

preliminary report

Process - Application

The Hispanic Center of Western Michigan approached KConnect, requesting the development of an equitable funding model to distribute funds.

To apply, applicants were asked to submit a video in either English or Spanish answering 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?

Applicants were given the following parameters for the video submission:
1. Videos should be 5-10 mins in length
2. We encourage organizations to use a phone camera or Zoom
3. Please avoid editing videos and adding effects
4. In the video, the organization should answer the six questions
5. Videos may be submitted using the language of preference
6. Organizations may apply in more than one priority area but will only be funded in a maximum of one priority area
7. If submitting multiple applications, organizations should submit a video for each priority area
8. Videos should include:
    a. The name of the organization
    b. The names of those on the video
    c. The priority area they are applying for

This simplified application process aimed to make funding more accessible for all organizations and individuals in the Roosevelt Park community.

401 Hall St SW | Suite 385
Grand Rapids, MI 49505
k-connect.org

KCONNECT
10 YEARS

preliminary report

Process - Website

Applications are due at the end of May, with determinations and funding finalized the following week. You can learn more about this process at rooseveltparkfunding.org

our neighborhood our health
nuestro vecindario nuestra salud

Priority Areas + Awards   Process   Timeline   History   Español   **Apply Now**

Our Neighborhood Our Health

Our Neighborhood, Our Health is a scalable, resident-driven model that can broaden the institutional support of addressing systematic change and implementing resident-identified solutions.

Apply Now
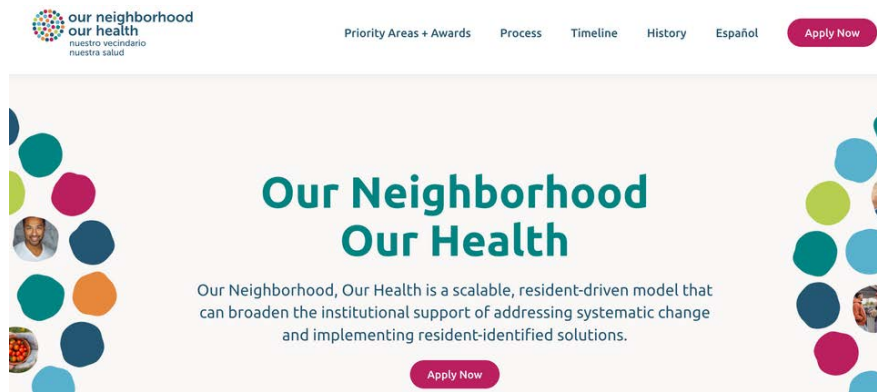
Priority Areas + Awards

Based on data collected by the ONOH community advisory board in the Roosevelt Park Neighborhood, three priority areas have been identified, including Health, Public Safety, and Mental Health. ONOH will be awarding **$200,000 total**, including:

Health

Two awards for up to $50,000 in **Health** for a total of $100,000

Public Safety

Two awards for up to $35,000 in **Public Safety** for a total of $70,000

Mental Health

Two awards for up to $15,000 in **Mental Health** for a total of $30,000

Notification Timeline

Once a video application is submitted, you will receive initial feedback within 30 days and, in most cases, within 14 days. A short interview may be scheduled by the committee if additional questions arise based on your proposal. All organizations with proposals will be notified of the funding decision regardless if they received funding or not.

Important Dates

Informational Meeting	Deadline for Submission	Committee Review	Funding Awards	Potential Interviews	Distribution of Funds
Monday, May 15	May 26		June 1st		June 5th
Watch Recording					

KCONNECT
preliminary report

Process - Recipients

The recipients of the Our Neighhood, Our Health grants are:

Health Category

Hispanic Center of Western Michigan

The Hispanic community in the Roosevelt Park Neighborhood faces significant health disparities. The Hispanic Center of Western Michigan has two goals with the grant. First, 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. Second, we aim to increase awareness through outreach strategies, ensuring that health information is accessible to all.

$50,000

Trinity Health Grand Rapids - Clinica Santa Maria

Funding will be used to fund two programs. First, the organization will purchase an artificial intelligence (AI) camera to test the eyes of patients with diabetes. With this camera, patients get the test, learn the results immediately, and are referred to ophthalmology if the exam result shows signs of Diabetic Retinopathy. Second, the "Centering Program" will relaunch. Pregnant parents with similar due dates will meet together with their doctor to ask questions, share their concerns, and learn about pregnancy, breastfeeding, safe sleep, and labor and delivery.

$50,000

Public Safety Category

Grandville Avenue Arts and Humanities

The Teen Leaders program has three major components: academic support, leadership development/civic engagement through internships, and creative expression. GAAH works to provide opportunities in these areas, all with a foundation of trusting relationships. Building strong interpersonal relationships and networks of support for each participant is their number one focus, as they know that real individual growth and support for young people can't happen without trusting relationships. They believe the community is safer and stronger when there are strong and trusting relationships with one another - especially with young people.

$35,000

Process - Recipients

The recipients of the Our Neighhood, Our Health grants are:

Public Safety Category Continued

KSSN/Southwest Community Campus Parent Group

Southwest Elementary School Academia Bilingue has established a committee consisting of parents and other members of the community who will be Guardia's de Cruses and will oversee the success of the program. Rain or shine, Guardia's de Cruses will promote the safety of students walking to and from school. The contribution will contribute to the success and safety of Southwest students and will be an important part of the school and community.

$35,000

Mental Health Category

Art of Mind LLC

AOM will use the funding to expand awareness of Mental Health as an important priority in the Roosevelt Park neighborhood. Funds will help with the creation of an AOM - Mental Health Champion certification that will target community leaders, business owners, nonprofits, and religious institutions who serve the Roosevelt Park community. This bilingual train-the-trainer model will allow leaders who interact with residents to be better equipped to identify signs of mental health stressors and take action to support their neighbors.

$15,000

Puertas Abiertas

Puertas Abiertas was developed in January 2019 to create culturally specific strategies to enhance access to services and resources for rural and urban victims and survivors of domestic violence, sexual assault, and human trafficking. The financial support will enable them to expand 1:1 mental health therapy and therapeutic support groups for women, men, children, adolescents, and LGTBQ+ victims or witnesses of domestic abuse.

$15,000

KCONNECT
closing remarks

This preliminary report includes a high-level overview of the process led by KConnect in partnership with the Hispanic Center of Western Michigan, Corewell Health, and Roosevelt Park community members. Additional information about the Our Neighborhood, Our Health initiative or this preliminary report is available upon request.

What's next? During the grant cycle, the grantees meet quarterly with the Hispanic Center of Western Michigan and KConnect to share successes, discuss challenges, and work on measuring outcomes. KConnect will write a final report on the grants from the quarterly meetings. Based on the initiative timeline, a final report with additional details about the Our Neighborhood, Our Health initiative is expected to be delivered by the KConnect team in the spring of 2024.

The Our Neighborhood, Our Health initiative aligns perfectly with KConnect's mission and core values. This is a special project for the KConnect backbone team, given that KConnect's office is located within the Roosevelt Park neighborhood. Our team was incredibly excited to be asked to be a part of co-creating an equitable and transparent funding process for Roosevelt children and families. We look forward to seeing this project to completion in 2024.

Sincerely,

Salvador Lopez,
KConnect President

Evaluation Questions & Methods

our neighborhood
our health
nuestro vecindario
nuestra salud

_____

Purpose
The purpose of the formative evaluation of the Our Neighborhood Our Health initiative is to understand how the 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 determine how the success of Our Neighborhood Our Health should be determined.

Evaluation Questions
The evaluation will be 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 model partners?
   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 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 does 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 perspectives of funders about how success should be defined for the ONOH initiative?
   c) What are the ideal monitoring metrics and uses of data for the ONOH moving forward?

Data Collection Methods Description

The following strategies will be utilized to collect data for this evaluation.

Document & Data Review

- Review of ONOH PowerPoint slides
- Review of data collection instruments and tools (surveys, etc.)
- Review of data summaries from ONOH data collection

Community Partner Interviews

- KConnect Staff Interviews: President (Salvador Lopez); Vice President (Mark Woltman)
- Hispanic Center of West Michigan (HCWM): ONON HCWM liaison (Alva Favela) Executive Director (Evelyn Esparza-Gonzalez)
- Kent County Health Department: Public Health Program Supervisor (Janine O'Donnell); Public Health Epidemiologist (Maris Brummel)
- Calvin University: Associate Professor, Community Partnership Coordinator (Gail Zandee); Associate Professor – Nursing (Keagan Johnson)

Funding Partner Interviews

- Kellogg Foundation
- Community Commitment Advisory Committee (CCAC)

Corewell Health Healthier Communities (CHHC) Staff Feedback Questionnaire

- Healthier Communities Shared Services Manager (Danielle Gritters)
- Healthier Communities Community Health Program Specialist (Krystal Bunch)

Corewell Health Healthier Communities (CHHC) Staff Interviews

- Healthier Communities Shared Services Manager (Danielle Gritters)
- Former Community Health Program Specialist (Krystal Bunch) Community Health Program Specialist (Julio Cano Villalobos)

Community Resident Data Collection + Prioritization Focus Group

- Community Survey participants
- Community Focus Group participants

Community Resident Capacity Building Focus Group

- Community members that participated in the capacity building trainings and workshops:

- o Focus group skills (e.g., recruitment, note taking, analysis)
- o National Equity Project: Designing and facilitating meetings
- o Community Survey administration
- o Rhode Island Trip

<u>Community Advisory Board Focus Group</u>
Community Advisory Board members: Alva Favela; Sophie De la Cruz; Edith Castillo; Lesly Sis; Marcus Hargrave; Santa Matias; Toni Pointer

Evaluation Question/Data Collection Methods Summary

Evaluation Question	Data Collection Methods

What were the strengths and areas of tension in the ONOH model, as it was implemented in the Roosevelt Park Neighborhood?
   e) What was the experience of the model partners (Hispanic Center of West Michigan; KConnect)?
   f) To what extent did the implementation of the ONOH go as planned?
   g) How and to what extent was resident voice centered in the ONOH model?
   h) What community focused solutions were identified through the ONOH initiative, and to what extent were they resident focused?
	• Community Partner Interviews
	• Corewell Health Staff Interviews
	• Corewell Health Staff Feedback Questionnaire
	• Community Advisory Team Focus Group
	• Document Review

To what extent does the current ONOH model effectively support resident engagement?
   d) What was the experience of the residents, in their participation in the data prioritization, focus groups, and community surveying processes?
   e) What was the experience of residents on the community advisory board?
   f) What was the experience of the residents that participated in the ONOH capacity building?
	• Resident Feedback Focus Group
	• Community Partner Interviews
	• Corewell Health Staff Interviews
	• Community Advisory Team Focus Group
	• Community Resident Capacity Building Focus Group

How should success of the ONOH initiatives be determined moving forward?
   d) How do neighborhood residents, community partners, and the Community Advisory Board members define success for the ONOH initiative?
   e) What are the perspectives of funders about how success should be defined for the ONOH initiative?
   f) What are the ideal monitoring metrics and uses of data for the ONOH moving forward?
	• Resident Feedback Focus Group
	• Community Advisory Team Focus Group
	• Community Partner Interviews
	• Corewell Health Staff Interviews
	• Funder Interviews

Evaluation Activities Timelines

Data Collection	June 2023				July 2023				August 2023			
	WK1	WK2	WK3	WK4	WK1	WK2	WK3	WK4	WK1	WK2	WK3	WK4
Community Advisory Board Focus Group	▓	▓										
Resident Feedback Focus Group			▓	▓								
Community Partner Interviews					▓	▓	▓	▓	▓			
Resident Capacity Building Focus Group			▓	▓								
CHHC Staff Interviews							▓	▓				
CHHC Staff Feedback Questionnaire							▓	▓				
Funder Interviews										▓	▓	
Data & Document Review	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓

Data Analysis & Reporting	August 2023				September				October			
	WK1	WK2	WK3	WK4	WK1	WK2	WK3	WK4	WK1	WK2	WK3	WK4
Data Analysis	▓	▓	▓	▓								
Report Generation	▓	▓	▓	▓	▓	▓						
Draft of Full Evaluation Report Due							▓					
Review & Feedback								▓				
Final Evaluation Report Due										▓		

Corewell Health Healthier Communities

Our Neighborhood Our Health

Roosevelt Park Pilot Evaluation

SIDEStrategies
Katie Daniels, PhD
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.

1

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.

<u>Calvin University</u>

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.

<u>Kent County Health Department</u>

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.

<u>Corewell Health Healthier Communities</u>

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 2023. 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.

2

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.

4

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

5

- 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

6

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.

7

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.

8

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

9

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

11

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

12

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.

<u>Request for Proposal Process</u>

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

Areas of Tension

<u>Role Clarification</u>

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.

13

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.

14

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.

18

- 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.

<u>Role of Residents in Prioritization & Solutions</u>

- 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.

<u>Backbone Organization</u>

- 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.

<u>Community Advisory Board</u>

- 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

20

- 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

future model implementation

appendices

## our neighborhood our health
ROOSEVELT PARK

Vision

Our Neighborhood, Our Health is an approach to improving the health of a neighborhood where residents are asked to identify pressing health concerns and their solutions.

We believe that people who live in a neighborhood are the experts on their community.

Goals

- Center efforts around community voice and power
- Support residents and neighborhood organizations to lead
- Build on community strengths
- Commit long-term to the process

Past Event Photos
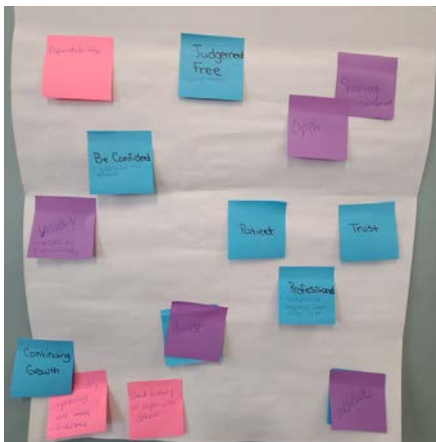
Advisory Board members worked together to identify a lead community-based organization for this project.

A focus group facilitator asked residents about the strengths and weaknesses of Roosevelt Park Neighborhood.

This is a collaborative project among Kent County Health Department, Calvin University, Spectrum Health Healthier Communities and The Hispanic Center of Western Michigan.

Project team members attended a conference to learn more about centering community voice and power.

What's Been Happening

Community Advisory Board

This project has been evolving with the guidance of a **Community Advisory Board**, made up of 5 Roosevelt Park Neighborhood residents. Members meet monthly to represent neighborhood residents and assist in planning for all areas of the project.

Lead Community-Based Organization

As selected by the Community Advisory Board, **The Hispanic Center of Western Michigan** has graciously filled the role as the Lead Community-Based Organization for this project. They will play a vital role in organization, leadership, and assisting in sustainability for long-term solutions to identified health concerns.

Networking

We have spoken **with 15+ organizations** within Roosevelt Park Neighborhood about this project to ensure we are collaborating and keeping organizations informed and involved.

We have also been working with organizations to ensure resident-identified solutions are sustainable.

Focus Groups

During the month of June, we hosted 3 focus groups with a total of 32 people who **shared their expertise of Roosevelt Park Neighborhood.** We want to extend a special THANK YOU to all the residents who participated, the facilitators, the Hispanic Center for hosting, and all other organizations and individuals who helped with recruitment!

What's to Come

Over the next 3 months we will...

1. Conduct a door-to-door survey
We will be walking door-to-door asking residents to participate in a survey. Residents who complete the survey will be entered in a drawing to win 1 of 10 $25 Gift Cards.

2. Share findings with community members and organizations
Hearing sessions will be held to review the data collected from the focus groups and door-to-door survey.

3. Begin to identify top health concerns and possible solutions
We will listen to residents' ideas and collaborate to create positive change in the community.

Questions? Contact Krystal Bunch at krystal.bunch@spectrumhealth.org

[Academic Script]

Dear _____,

To engage the _____neighborhood in identifying and addressing health needs, we are gathering a group of stakeholders to facilitate a Community-Based Participatory Research process. This process will include three phases consisting of:

- Phase 1: Asset mapping, gathering a Core Team, establishing a Community Advisory Board in the neighborhood.
- Phase 2: Identifying neighborhood priorities and solutions through focus groups and surveys.
- Phase 3: Creating a process to measure progress and address priorities.

Based on Community-Based Participatory Research (CBPR) models and the Rhode Island Health Equity Zones, this project not only works to address neighborhood-identified health priorities but also builds capacity in the neighborhood so that they can continue this work in the future.

We have resources in place to facilitate this process, but we need your help. Based on your experience with community-based research, we are asking that you join our team as a model expert. In this role, you will ensure this CBPR model is implemented based on our project plan and that data is analyzed with integrity. You will also support a neighborhood expert, who will facilitate a Community Advisory Board.

We would love to discuss this opportunity with you further.

[Community-Based Organization Script]

Dear _____,

To engage the _____neighborhood in identifying and addressing health needs, we are gathering a group of stakeholders to facilitate a Community-Based Participatory Research process. This process will include three phases consisting of:

- Phase 1: Asset mapping, gathering a Core Team, establishing a Community Advisory Board in the neighborhood.
- Phase 2: Identifying neighborhood priorities and solutions through focus groups and surveys.
- Phase 3: Creating a process to measure progress and address priorities.

Based on Community-Based Participatory Research (CBPR) models and the Rhode Island Health Equity Zones, this project not only works to address neighborhood-identified health priorities but also builds capacity in the neighborhood so that they can continue this work in the future.

We have resources in place to facilitate this process, but we need your help. Based on your experience and trust within the community, we ask that you consider joining this project as a backbone organization. In this role, you will coordinate a Community Advisory Board, host meetings, and hold fiduciary roles.

We would love to discuss this opportunity with you further.

our neighborhood
our health

nuestro vecindario
nuestra salud