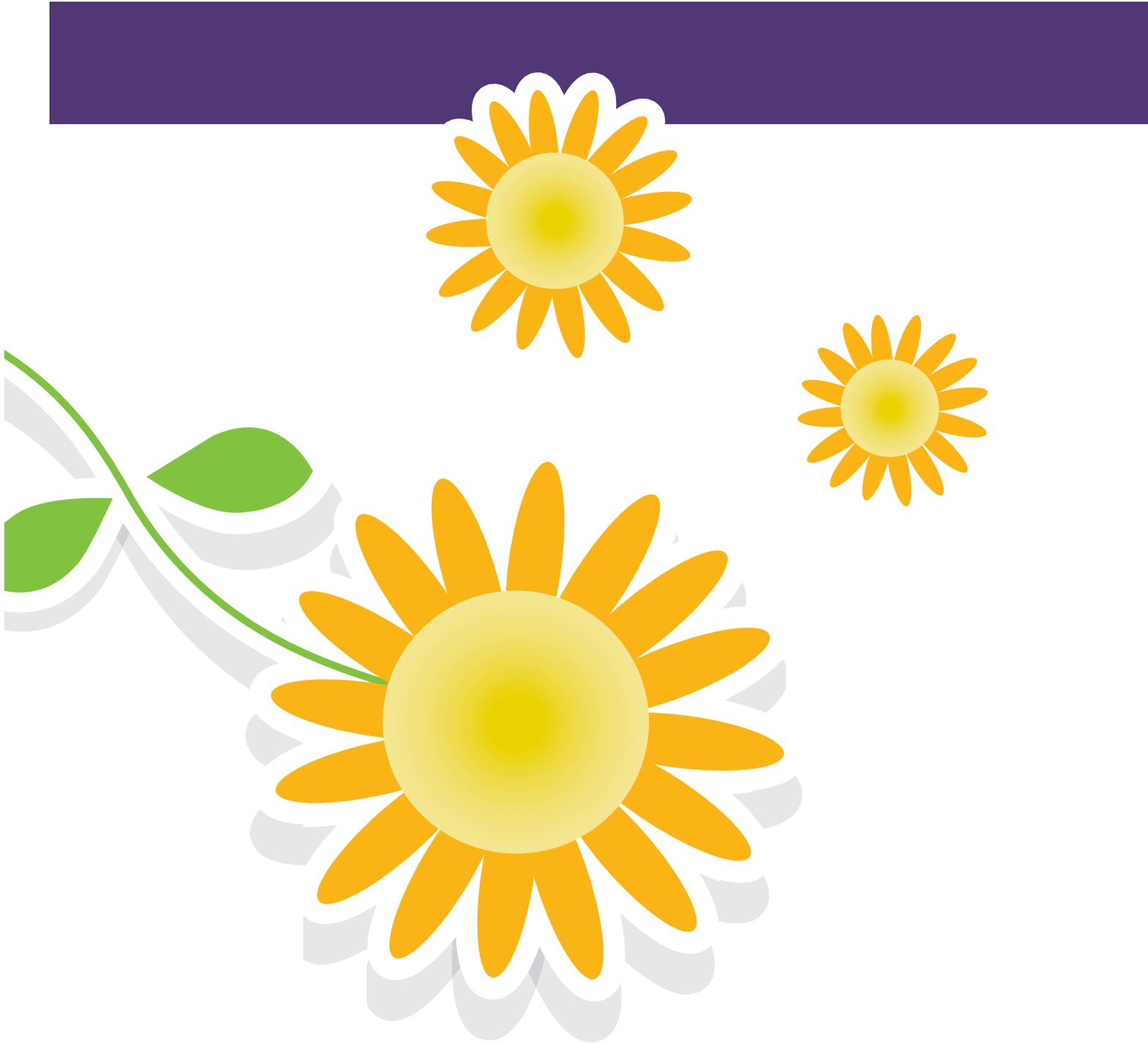


# The Backyard Initiative:

## A 10-year Community Health Partnership





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# EXECUTIVE SUMMARY

## LAUNCHED IN MAY 2008, THE BACKYARD INITIATIVE (BYI) WAS A DYNAMIC 10-YEAR PARTNERSHIP BETWEEN ALLINA HEALTH AND RESIDENTS OF SEVEN SOUTH MINNEAPOLIS NEIGHBORHOODS.

The BYI aimed to improve health in the approximately one-square mile area surrounding the Allina Health headquarters and Allina Health's largest hospital, Abbott Northwestern, in Minneapolis, Minnesota. The Backyard is a diverse, culturally-rich community of more than 42,000 residents:

- 70 percent are people of color;
- 25 percent were born in other countries; and
- 40 percent speak a language other than English in their home.



The BYI was initially launched by Allina Health in response to the concern that despite providing world-class medical care in the community, many people residing in its 'backyard' experienced poor health outcomes. However, the Backyard Initiative quickly evolved into a community-resident led effort. At the start of the BYI, Backyard residents challenged Allina Health to see itself not as a corporation, but as the residents see Allina Health – part of the community's backyard. As a result, community engagement became core to the Backyard Initiative.

The Backyard Initiative went beyond medical care to improve health by supporting the capacity of residents to strengthen their own health. The work of BYI partners and participants built the community's collective capacity to address the social conditions, or root causes of illness, that impact the health of our communities. BYI activities improved health by increasing social support, social cohesion, health education and health empowerment. Backyard residents drew upon their own knowledge, skills and cultural values to take care of themselves, their families, friends and neighbors – and it worked!

### Backyard Initiative's Definition of Health

The Backyard Initiative's first step was to engage in a relationship and trust-building process to surface the knowledge, experience, cultural values and health-related priorities of the Backyard residents. Residents began to see their own potential and power as a group for improving their health. Drawing on the knowledge and experience of a diverse group of people, residents developed a **Definition of Health** that became the foundation for the Initiative.





- Health is an active state of being; people must be active participants to be healthy. Health cannot be achieved by being passive.
- Health is not merely the absence of infirmity and disease. Health is a state of physical, mental, social and spiritual well-being.
- Health is a state of balance, harmony and connectedness within, and among, many systems – the body, the family, the community, the environment and culture. Health cannot be seen only in an individual context.

Residents formed and operated Community Health Action Teams (CHATs) organized around issues residents understood to be important to their health, such as economic insecurity, access to healthy food, exercise, isolation and cultural preservation.

This community-led partnership was organized and facilitated by the Cultural Wellness Center, a cultural and community knowledge production organization in south Minneapolis that leverages connectedness and cultural practices to better serve communities, cultivate local champions, build local capacity and reflect community culture and values in the pursuit of wellness.

### **WHAT WE LEARNED: The Power of Community**

The Backyard Initiative was a partnership grounded in principles that sought equal value, mutual respect and a balance in perceived power for everyone involved. A principle of the partnership was that any assessment of needs, assets, strengths or weaknesses must be done by or with the residents. In 2009, the BYI completed a Community Assessment comprised of 21 Listening Circles and 677 face-to-face, walk-around interviews.

### **Three themes emerged from that work, and helped guide the Backyard Initiative activities through 2018:**

- **The Power of Interconnectedness:** Each aspect of health named in the Backyard Initiative's Definition of Health is dependent on the other aspects; one aspect of health cannot be understood or addressed in isolation.
- **The Power of Relationships:** Relationships impact residents' health. People need personal connection in all things related to health. Exercise is best done with others, as a social activity; healthy eating requires the whole family to support each other; talking with family and friends about your problems keeps you mentally healthy; accountability between people, and between people and institutions, keeps the community healthy.
- **The Power of Knowledge and Creativity:** Cultural knowledge, information exchange between patients and health practitioners and community dialogue are resources for health.

## OUTCOME: Improved Health in the Backyard

The Backyard Initiative focused on activities designed to improve four indicators important for health: social support, social cohesion, health education and health empowerment. These indicators were chosen as priorities because they relate closely to the BYI Definition of Health and the findings of the initiative's initial 2009 community assessment report. The BYI incorporated rigorous, community-based participatory evaluation from the beginning of the project to understand the impact of its activities.

**A 2016 survey of 450 participants showed the BYI achieved its goal of increasing the community's health by significantly increasing:**

- **Social Support:** Backyard Initiative activities increased social support for 93 percent of respondents.
- **Social Cohesion:** 95.5 percent of respondents had a greater sense of belonging and 95 percent were more willing to help others in their community after participating in the Backyard Initiative.
- **Health Education:** More than 90 percent of respondents received and gave information and resources that helped them and others to take care of themselves.
- **Health Empowerment:** 86 percent of survey respondents were doing something differently to take care of themselves as a result of participation in a CHAT activity.

The evaluation also showed that the BYI was reaching nearly 6,000 people annually from many different groups of people in the Backyard area, while also attaining the Initiative's goal of engaging people to attend BYI activities consistently and over a long period of time.



With a 2018 evaluation, the BYI Assessment Team dug deeper to learn why Backyard Initiative activities led to improved health.

**Results from interviews and listening circles with participants revealed five elements or conditions in BYI activities that led to improved health which included:**

-  **1. Connecting with others** by gaining an understanding about people they wouldn't normally meet, sharing stories and conversation, and feeling a sense of belonging.
-  **2. Learning together** by developing new skills and learning useful information.
-  **3. Seeing results** by getting healthier and seeing their life and others' lives improve.
-  **4. Gathering in a positive environment** with positive energy, people modeling health and healthy behaviors, community support and the sharing of meals.
-  **5. Giving back** by taking action and having an outlet for their passion and commitment.

**CONCLUSION: THE POWER OF COMMUNITY**

The success of the Backyard Initiative came down to the willingness of all partners to approach their work with transparency and openness, and to support Backyard residents' ability to meet and work together as active members of a community who take care of each other.

- Community residents formed and operated 12 different Community Health Action Teams (CHATs) over the 10 years of the Backyard Initiative.
- CHATs provided up to 35 unique activities per month including free exercise classes, gardening, farmers markets, cultural arts activities and peer support for people with diabetes and for immigrant communities.
- Up to 6,000 people participated and 25,000 connections were made each year by the CHATs through activities designed to make new connections among the 42,000 residents within the Backyard.
- An annual average of 42,000 volunteer hours were donated by community members – the equivalent of more than \$10 million in donated time over 10 years.

In the BYI, community members proved that not only can they build on the resources within the community to increase indicators of health, but for people to stay engaged in healthy activities and make healthy changes, they need to meet together, learn together and contribute.





**Based on these findings, the BYI offers the following recommendations for other health organizations, government, nonprofit and social service agencies, residents and future leaders of community health activities wanting to tap into the power of community to improve health:**

- Integrate building community and community engagement into your goals. Whatever the strategy, support people to contribute to their community and connect with each other.
- Bring in all the skills needed for the project. Partner with a trusted community organization to facilitate the community engagement necessary between the institutional partner and community residents. Community engagement is a skill and an institutional partner may not be able to do this on its own.
- When planning and implementing any program for improving health, know that the way an activity is structured and conducted is as important as the content of the activity.
- Commit to relationship and trust building as a critical first step. Build in time for this process and know that it cannot be rushed. This will be an ongoing activity and will need careful attention during the entire project.
- In the early stage of a partnership, be clear about your vision and goals for the project. Develop a common vision with all partners and refer to it throughout.
- Consider how a community approach might impact the way health is understood within your organization and/or community. Consider the ways the BYI Definition of Health may be used to support efforts to improve health.
- Be prepared for past experiences and cultural differences to impact current interactions. Addressing this to support healing and understanding may be necessary for a project to be successful.
- Clearly articulate and recognize the contributions of each partner in the partnership; this includes areas of responsibility and authority. Create a decision-making process that supports this.
- Discuss the impact of money and power on the partnership. Power can include historical experiences, perceptions and current practice. Identify the impact (e.g. creating an imbalance of power) and develop a plan for addressing it.
- If you represent an organization, bring your whole self. Your cultural identity and your membership in the community are part of what you bring as well as your role as representative of your organization. This will take time and self-reflection.
- Walk your talk and be a model for health. Engage in your own health maintenance and improvement.



## Stay Connected

The learnings from the Backyard Initiative will inform the ongoing work of the Cultural Wellness Center as they launch the Backyard Community Health Hub, which will feature activities designed to continue to support social connections and improved health outcomes in the Backyard community.

For more information about the Backyard Initiative and to read evaluation reports:

- Visit [allinahealth.org/backyard](http://allinahealth.org/backyard)
- Contact the Cultural Wellness Center at [www.culturalwellnesscenter.org](http://www.culturalwellnesscenter.org) or the Backyard Community Health Hub at 612-353-6211.



# A 10-YEAR COMMUNITY HEALTH PARTNERSHIP

## BACKGROUND: Placing Community at the Core

### Getting to Know the 'Backyard'

Launched in May 2008, the Backyard Initiative (BYI) was a dynamic 10-year partnership between Allina Health and the residents of seven south Minneapolis neighborhoods. The BYI aimed to improve the health of community members living in the approximately one-square mile surrounding the Allina Health headquarters and Allina Health's largest hospital, Abbot Northwestern, in Minneapolis, Minnesota. Neighborhoods in the Backyard include East Phillips, Midtown Phillips, Ventura Village, Phillips West, Central, Powderhorn Park and Corcoran. The Backyard community is a diverse, culturally rich community of more than 42,000 residents:

- 70 percent are people of color;
- 25 percent were born in other countries; and
- 40 percent speak a language other than English in their home.



The BYI was initially launched by Allina Health to respond to its concern that despite providing world-class medical care in the community, many people residing in its 'backyard' experienced poor health outcomes. However, the Backyard Initiative quickly evolved into a community-resident led effort. Backyard residents challenged Allina Health to see itself not as a corporation, but as the residents see Allina Health – part of the community's backyard.

### Building Trust and Partnership

The BYI began with Allina Health engaging community stakeholders in conversations around strategies to improve health in the neighborhoods surrounding the new Allina Health in south Minneapolis. Health statistics showed this area to have some of the largest disparities by cultural group in Minnesota and Allina Health made a commitment to invest in the health of the surrounding neighborhood. Engaging primarily with organizational leaders, Allina Health choose several strategies for improving health in the community, one of which was community engagement.

To begin the community engagement strategy, Allina Health consulted with the Cultural Wellness Center (CWC), a cultural and community knowledge production organization in south Minneapolis trusted by residents to facilitate conversation between all partners. The CWC convened a large gathering of residents from diverse cultures who expressed anger that the strategies of the initiative had already been decided, when genuine community engagement required that residents should be part of the process from the beginning.

As a result, Allina Health placed community engagement at the core of the initiative. In December 2008, the CWC was brought on to design and facilitate the Backyard Initiative's community engagement process.



### This process brought to the surface several barriers and complex problems:

- Unequal power dynamics between communities and institutions and a history of painful experiences with institutions in the area leading to mistrust between community residents and Allina Health;
- Neighborhood physical and economic development efforts proceeded any community conversation about health;
- A history of research that had not benefited the community and had not been conducted in partnership with residents informed community and individual experiences; and
- An over-reliance on expert/eurocentric conventional research, engagement and development models that use top-down approaches and do not give voice to the knowledge and experience of community residents.

Community members named the CWC as the organization to establish a deeper partnership between themselves and Allina Health. The CWC became the lead agency and facilitated, organized and consulted with both Allina Health and community residents to support them to function as equals. The CWC ensured every step of the initiative would be taken with, by and for community residents.

### The BYI Definition of Health

Early in the process, the CWC and Backyard residents developed the BYI Definition of Health. The definition was developed by community residents in an early meeting of the initiative through a process designed by the CWC and called, “Before and After Engagement.” The CWC knew the frustration expressed by residents during the first meeting with Allina Health could be harnessed and transformed into a positive vision that would support the community’s engagement and guide every step of the initiative.



First, residents were asked what their community looked like at that time, before health engagement work. Through this conversation, residents and Allina Health established a common understanding about what health is not. Knowing what health did not look like helped residents develop statements about what the community could look like after a health engagement campaign. This visioning established a clear understanding about what health looked and felt like to community residents, from which the Backyard Initiative Definition of Health was created:

- Health is a state of physical, mental, social and spiritual wellbeing. Health is not only the absence of infirmity and disease.
- Health is a state of balance, harmony and connectedness within and among many systems – the body, the family, the community, the environment and culture. Health cannot be seen only in an individual context.
- Health is an active state of being; people must be active participants to be healthy. Health cannot be achieved by being passive.

The Definition of Health was foundational to the BYI’s work as it provided a shared understanding and orientation to the approach of the Backyard Initiative for all partners and participants.

### Cohesive Sustainability in Structure

The Backyard Initiative went beyond medical care to improve health by supporting the capacity of residents to strengthen their own health. The work of BYI partners and participants built the community’s collective capacity to address the social conditions, or root causes of illness, that impact the health of our communities. BYI activities improved health by increasing social support, social cohesion, health education and health empowerment. Backyard residents drew upon their own knowledge, skills and cultural values to take care of themselves, their families, friends and neighbors – and it worked!

This was primarily done through the work of Community Health Action Teams (CHATs), which were formed and led by Backyard residents (**see Appendix A for full list of CHATs**). The health improvement teams were organized around specific issues that community members understood to be important determinants of health (e.g., economic insecurity, access to healthy food, exercise, toxic cleaning products, isolation and cultural preservation).





The Cultural Wellness Center’s approach to creating an equal partnership included designing an infrastructure with three “pillars” for sharing authority and governance. CHATs were a pillar in the BYI’s infrastructure, along with two other pillars: The Community Commission on Health (CCoH) and the Community Resource Body (CRB). Together, these three pillars allowed the partnership to have cohesive sustainability so that the work of constructing health in the Backyard could continue for 10 years.

**The CCoH** – comprised of committed Backyard residents and representatives from key organizational partners – authorized CHAT funding and was responsible for listening to the people in the community about their health concerns, keeping in touch with the pulse of the community and naming the BYI priorities.

**The CRB** – comprised of resident Commission members and invited leaders from public health, health care and community development – leveraged social, cultural and financial capital to strengthen the BYI. The Commissioner of the Minneapolis Health Board had an active role in both the CRB and the Commission.



## OUTCOME: Improved Health in the Backyard

### Accomplishments Demonstrated by Evaluation

Designed as a 10-year initiative, the BYI met its goal of improving health. The BYI incorporated rigorous, community-based participatory evaluation from the beginning of the initiative. A principle of the partnership was that any assessment of needs, assets, strengths or weaknesses must be done by or with the residents. In other words, community members took ownership of valuing their work and producing knowledge. All of the work was done by members of the BYI Assessment Team, composed of CHAT leaders and Cultural Wellness Center and Allina Health staff.

### 2009–2010: The Community Health Assessment

In 2009, the Assessment Team of the BYI, comprised of community residents and staff from Allina Health, the Cultural Wellness Center and Wilder Research, undertook a community health assessment. The purpose of the health assessment was three-fold: 1) To create a picture of the current state of health and well-being of the residents within the Backyard; 2) To engage a broad network of residents in the process; and 3) Use the information gathered to inform and plan the initiative. Community members facilitated 21 Listening Circles and took part in administering 674 surveys, in person or by phone.



The BYI Assessment Team analyzed and interpreted the findings, out of which three themes emerged:

- 1) The Power of Interconnections:** Each aspect of health named in the BYI Definition of Health is dependent on the other aspects; one aspect of health cannot be understood or addressed in isolation.
- 2) The Power of Relationships:** Relationships impact residents' health. People need personal connection in all things related to health. Exercise is best done with others, as a social activity; healthy eating requires the whole family to support each other; talking with family and friends about your problems keeps you mentally healthy; accountability between people, and between people and institutions, keeps the community healthy.
- 3) The Power of Knowledge and Creativity:** Cultural knowledge, information exchange between patients and health practitioners and community dialogue are resources for health.

### 2012: Leadership Study

In 2012, the Backyard Initiative partners wanted to know: Does the BYI have the right people and the right processes to achieve improved health outcomes? After conducting interviews with 30 Commission members and CHAT leaders, the evaluators concluded that the foundation of the initiative was strong, the right people were involved and the right process was being used. In other words, partners felt engaged and supported, trusting relationships were being built and maintained and the structure of BYI fit the goal of the initiative. The Leadership Study also identified several opportunities for improvement including addressing concerns about delays in getting to action because of the large numbers of people involved and assuring everyone the opportunity to be heard.

### 2013–2014: The CHAT Capacity Study

The CHAT Capacity Study assessed the extent to which the Backyard approach, through the CHATs, demonstrated the community's capacity to impact health. The evaluation question was: Has the BYI approach successfully implemented necessary changes to create health promotion capacity at the community level? Evaluators assessed the capacity of eight CHATs that were in existence in 2013 and reassessed their capacity in 2015 using criteria developed by an Evaluation Team composed of community residents, CWC and Allina Health staff and evaluators. They concluded that all the CHATs increased their capacity by having clear and consistent strategy and membership management (across eight implementation criteria) and impact criteria of social cohesion and support (across four impact criteria). To guide ongoing work, several issues or areas of growth were identified including balancing paid versus unpaid work, implementing various types of CHAT structures, funding and accountability.



## 2015: Resident Health Benefits

The evaluation question in 2015 was: Has the BYI approach changed Backyard residents' ability to take care of their own health? Evaluators interviewed up to eight community members from each of the CHATs to ask how BYI activities impacted them. With the BYI Definition of Health and the 2009 Assessment Report in mind, the Community Commission on Health (the decision-making body of the BYI) focused on four health indicators:

- 1) **Social Support:** The many kinds of support that a community member receives from and gives to other community members.
- 2) **Social Cohesion:** The sense of community and belonging.
- 3) **Health Education:** The degree to which community members have the capacity to obtain, process and understand basic information and services needed to make appropriate decisions regarding their health.
- 4) **Health Empowerment:** The ability and motivation to take care of oneself – to attain the knowledge, skill and confidence to do what it takes to get healthy and/or stay healthy.

From the information collected, the BYI Assessment Team found that participants had positive changes in health, had made new social connections and were sharing information with other participants.

## 2016: Health Benefits

In 2016, the Assessment Team continued to evaluate the health benefits of the BYI activities by conducting a survey of CHAT participants. The survey, developed by the Assessment Team, was administered to participants at CHAT activities held in the Backyard during June–September 2016. A total of 454 surveys from BYI participants and 19 from BYI leaders were eligible for analysis. The results showed that CHAT activities had significantly increased:

- 1) **Social Support:** Backyard Initiative activities increased social support for 93 percent of respondents.
- 2) **Social Cohesion:** 95.5 percent of respondents had a greater sense of belonging and 95 percent were more willing to help others in their community after participating in the Backyard Initiative.
- 3) **Health Education:** More than 90 percent of respondents received and gave information and resources that helped them and others to take care of themselves.
- 4) **Health Empowerment:** 86 percent of survey respondents were doing something differently to take care of themselves as a result of participation in a CHAT activity.

The 2016 evaluation also showed the BYI was reaching many different groups of people in the Backyard area, while also attaining the initiative's goal of engaging people to attend consistently and over a long period of time.

## 2017–2018: The Final Evaluation

Conducted near the end of the 10-year initiative, this evaluation focused on answering three questions:

- 1) What about the CHAT model keeps people engaged?
- 2) What about the CHAT model helps people build social networks?
- 3) What about the CHAT model supports people to take care of themselves?

Interviews were conducted with 31 community members who participated in the health-related activities of seven CHATs, and 18 Backyard participants also participated in two listening circles. By exploring these questions with Backyard residents who participated in one or more of the CHATs, the final evaluation helped BYI learn how the initiative contributed to improved health outcomes.

The findings of the 2018 evaluation revealed important considerations for an effective community health improvement effort. BYI activities enabled participants to engage, to build systems of support and to better take care of their health. Not just any kind of community activity can achieve the results that the Backyard Initiative accomplished. The success of the BYI showed that the way an activity was structured and led was as important as the content of the activity. Results from interviews and listening circles with participants revealed five elements or conditions in BYI activities that led to improved health which included (for a full list of attributes, see Appendix B):

- 1) **Connecting with others** by gaining an understanding about people they wouldn't normally meet, sharing stories and conversation and feeling a sense of belonging.
- 2) **Learning together** by developing new skills and learning useful information.
- 3) **Seeing results** by getting healthier and seeing their life and others' lives improve.
- 4) **Gathering in a positive environment** with positive energy, people modeling health and healthy behaviors, community support and sharing of meals.
- 5) **Giving back** by taking action and having an outlet for their passion and commitment.



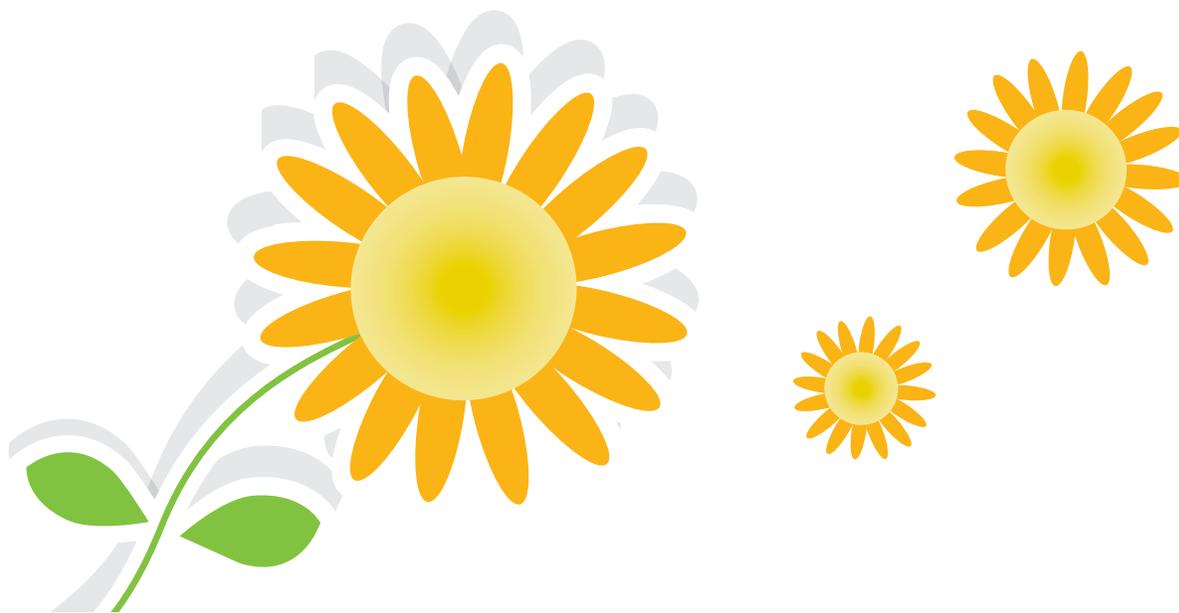
Moreover, the evaluation found that providing opportunities for participants to be active, not passive, was critical to maintaining engagement. BYI activities were effective because residents determined and led them, with the support of partners such as Allina Health. The facilitators and leaders of the activities modeled the principles they held and made it more possible for residents to be active participants in shaping their health, rather than passive consumers of health information.

## **CONCLUSION: The Power of Community**

The success of the Backyard Initiative came down to the willingness of all partners to approach their work with transparency and openness, and to support Backyard residents' ability to meet and work together as active members of a community who takes care of each other.

### **In the 10 years of the Backyard Initiative:**

- Community residents formed and operated 12 different Community Health Action Teams (CHATs) over the 10 years of the Backyard Initiative.
- CHATs provided up to 35 unique activities per month including free exercise classes, gardening, farmers markets, cultural arts activities and peer support for people with diabetes and for immigrant communities.
- Up to 6,000 people participated and 25,000 connections were made each year by the CHATs through activities designed to make new connections among the 42,000 residents within the Backyard.
- An annual average of 42,000 volunteer hours were donated by community members – the equivalent of more than \$10 million in donated time over 10 years.





In the Backyard Initiative, community members proved that not only can they build on the resources within the community to increase indicators of health, but for people to stay engaged in healthy activities and make healthy changes, they need to meet together, learn together and contribute.

**Based on these findings, the BYI offers the following recommendations for other health organizations, government, nonprofit and social service agencies, residents and future leaders of community health activities wanting to tap into the power of community to improve health:**

- Integrate building community and community engagement into your goals. Whatever the strategy, support people to contribute to their community and connect with each other.
- Commit to relationship and trust building as a critical first step. Build in time for this process and know that it cannot be rushed. This will be an ongoing activity and will need careful attention during the entire project.
- In the early stage of a partnership, be clear about your vision and goals for the project. Develop a common vision with all partners and refer to it throughout.
- Bring in all the skills needed for the project. Partner with a trusted community organization to facilitate the community engagement necessary between an institutional partner and community residents. Community engagement is a skill and an institutional partner may not be able to do this on its own.
- When planning and implementing any program for improving health, know that the way an activity is structured and conducted is as important as the content of the activity.
- Consider how a community approach might impact the way health is understood within your organization and/or community. Consider the ways the BYI Definition of Health may be used to support efforts to improve health.
- Be prepared for past experiences and cultural differences to impact current interactions. Addressing this to support healing and understanding may be necessary for a project to be successful.



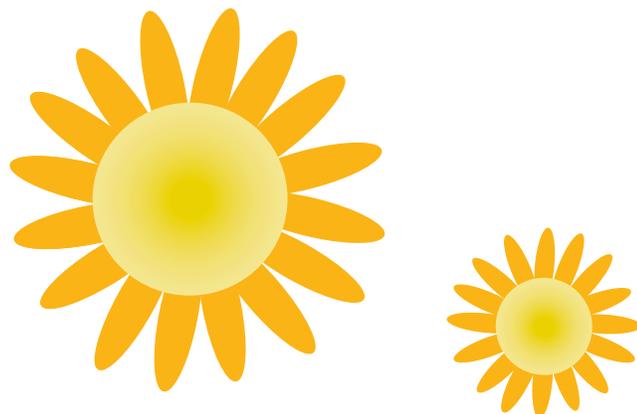
- Clearly articulate and recognize the contributions of each partner in the partnership; this includes areas of responsibility and authority. Create a decision-making process that supports this.
- Discuss the impact of money and power on the partnership. Power can include historical experiences, perceptions and current practice. Identify the impact (e.g. creating an imbalance of power) and develop a plan for addressing it.
- If you represent an organization, bring your whole self. Your cultural identity and your membership in the community are part of what you bring as well as your role as representative of your organization. This will take time and self-reflection.
- Walk your talk and be a model for health. Engage in your own health maintenance and improvement.

The learnings from the Backyard Initiative will inform the ongoing work of the Cultural Wellness Center as they launch the Backyard Community Resource Health Hub, which will feature activities designed to continue to support social connections and improved health outcomes in the Backyard community.

### For More Information

For more information about the Backyard Initiative and to read evaluation reports:

- Visit [www.allinahealth.org/backyard](http://www.allinahealth.org/backyard)
- Contact the Cultural Wellness Center at [www.culturalwellnesscenter.org](http://www.culturalwellnesscenter.org) or contact the Backyard Community Resource Health Hub at [612-353-6211](tel:612-353-6211).



## APPENDICES

### Appendix A: Community Health Action Teams (CHATs) and example activities

Following are Community Health Action Teams (CHATs) that were developed and led by Backyard residents as part of the Backyard Initiative. Many CHAT activities will continue through the work of the Cultural Wellness Center. Visit [www.culturalwellnesscenter.org](http://www.culturalwellnesscenter.org) to learn more and to stay in touch.

**A Partnership of Diabetes (A-POD)** supported diabetes self-management and recovery through networks of family, social and community-based resources that complemented the work of health care providers.

**Anchor Families** worked with residents living near each other to connect community members to each other and support each other. Activities included movie and game nights, grocery shopping help, tutoring children, teaching language and life skills, support for parenting, door-knocking, walk-arounds of the neighborhood and connecting youth and their families to wellness resources.

**Circle of Healing** worked to bridge the divide between western clinical care and traditional and alternative health care practices.

**Dakota Language Revitalization** was formed out of the recognition that the health of a culture is essential to the health of a people, and language is how culture and world view are transmitted. The CHAT focused on keeping Dakota language and life ways alive and vibrant in the Dakota community.

**“Did You Know”** worked to establish and strengthen informal networks of communication through neighbors and recruited, trained, equipped and supported block leaders.

**Growing in the Backyard** increased access to affordable, healthy food for Backyard families by training youth and families on gardening techniques and distributing fresh produce across cultural groups. Activities included hands-on training at community gardens, seed distribution and a farmers’ market.

**Guri Nabad** supported families impacted by incidences of childhood asthma to address the causes of chronic conditions and offer tools to assist families in coping with and managing these conditions.

**Latino Environmental Health Begins at Home** (LEHBAH) created healthy environments for Latino families within the Backyard by creating healthier indoor environments. Activities included trainings on environmental health hazards, instructions for making non-toxic cleaners, home audits, house cleanings and talking with people about healthy eating.



**Out in the Backyard** offered free exercise classes to all residents and connected individuals from all cultures who are lesbian, gay, bisexual or transgender (LGBT) with the resources they need to be healthy and safe. Activities included Zumba (exercise to music), yoga, Bollywood and Pilates classes, a community potluck and presentations and discussions on Ayurveda, health directives and other health topics.

**Project S.E.L.F.** (Save, Educate, Liberate, and Free) explored specific health and cultural concerns of people in immigrant communities through educational workshops to assist youth, elders and families in healthy living and artistic expressions. Activities include poetry sessions, open microphone performances, information workshops, mother-daughter discussions, dance (buraanbur) and other community dialogues.

**Rebirthing Community: Communities of Light** promoted energy independence, self-sufficiency and the community's personal capacity for leadership, learning and positive change. Activities included solar lantern and solar generator workshops (where community members made products that taught ways to achieve self-sufficiency by getting off the electric grid and becoming a member of a coop that sells these products), and Amen Corner where youth and adults had the opportunity to "speak their truth" through an open mic.

**Somali Women's Health Support Group** worked to teach families their culture, empower community members in grassroots leadership, conduct community education workshops on civic engagement and health issues, prevent tobacco use and offer parent workshops to bring families together to solve problems and bridge understanding.

**TEENS Project** was a peer-to-peer youth leadership and entrepreneurial skills development group. Activities included organizing and staffing the BYI Resource Center housed in the Midtown Global Market in Minneapolis and organizing activities for Re-Think Your Drink, a partnership with the City of Minneapolis Health Department to encourage youth to find alternatives to heavily sugared beverages and encourage vendors to offer some of these alternatives.





## Appendix B: Key elements of Backyard Initiative activities

Backyard Initiative activities provided opportunities for people to:

### 1. Connect with others. This includes:

- a. Specific people who inspire them and keep them engaged.
- b. Sharing stories and having conversation.
- c. Making connections with and gaining understanding about people they wouldn't normally meet.
- d. Valuing the diversity of people as well as common values.
- e. Feeling a sense of belonging, support and increased trust.
- f. Learning from role models.
- g. Feeling a sense of empowerment and ownership.
- h. Bridging power/institutions with community.

### 2. Learn together. This includes:

- a. Learning useful information.
- b. Having increased awareness about their health and health issues.
- c. Developing new skills, including leadership skills.
- d. Developing a positive vision and new opportunities with others.
- e. Being motivated to make changes.
- f. Growing each other's self-esteem.
- g. Keeping each other accountable.



### 3. See results. This includes:

- a. Getting healthier.
- b. Seeing their life and other lives improve.
- c. Doing more to improve their health and having the support to make better choices.
- d. Feeling a sense of empowerment and trust.

### 4. Gather in a positive environment. This includes spaces with:

- a. Positive energy.
- b. People modeling health and healthy behaviors.
- c. Community support.
- d. Food shared.
5. Give back. This includes:
  - a. Giving back to their community.
  - b. Having an outlet for their passion and commitment.
  - c. Serving their self-interest – giving to others is good for the giver.
  - d. Taking action.





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