

Backyard Initiative Evaluation Report

Development of CHAT Capacity for Health Promotion

Program Evaluation and the Backyard Initiative

From the field of program evaluation, the Backyard Initiative (BYI) is seen as a community-building enterprise in which residents who live in proximity to each other have come together as a collective to act in their shared self-interest. The Initiative sees strengthening community as the means that will lead to better resident health. It defines health broadly, to include social, emotional, economic, spiritual, and physical conditions.

The lead agency for the Backyard Initiative is the Cultural Wellness Center (CWC), located in the heart of the seven Minneapolis neighborhoods defining the geographical region of the Backyard. From the beginning of the BYI, the Cultural Wellness Center created and supported its infrastructure, which consists of the Community Commission on Health (Commission), Citizen Health Action Teams (CHATs), and the Community Resource Body (CRB).

By organizing residents into Citizen Health Action Teams (CHATs), each with a focus on a component affecting health, the Initiative expects to build a community that activates every resident's concern about his or her own health, as well as the health of his or her family, and the well-being of other people. Because community building is a consensual, long-term effort, one of the keys to the Initiative's success is cultivating and sustaining CHAT leadership and operating capacity to both implement their strategies and to move closer to having their intended impacts on community conditions to improve resident health.

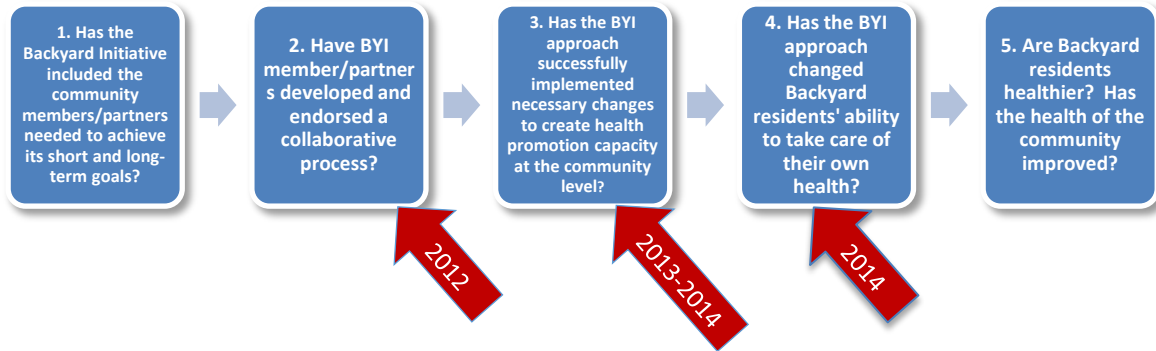
The purpose of this report is to document the growth in CHAT capacity over a one-year period of time, from 2013 to 2014. However, this work is based upon earlier, foundational work conducted by the Backyard Initiative, captured in earlier phases of the evaluation (described below).

Evaluation Design

The Evaluation Team's mission has been to determine the Initiative's success with translating its concepts and principles into action with the promise of showing the community's potential to contribute to the health of the residents in the Backyard.

BYI Definition of Health

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



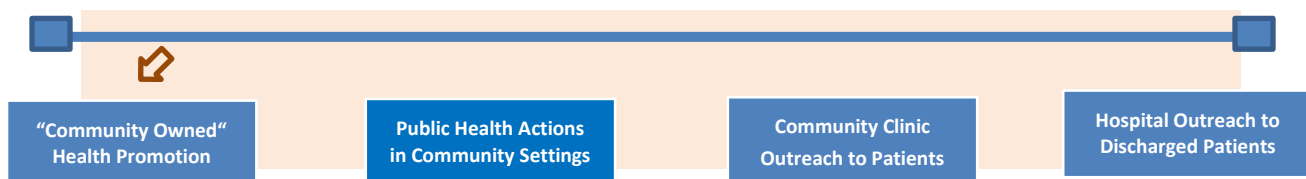
Phases 1 and 2 asked whether the “right people” and the “right process” were in place, thereby creating a strong foundation for the Backyard. By the end of 2012, the Team had answered the questions at Phases 1 and 2 in the affirmative, with extensive participation by Initiative participants and applying peer reviewed data collection methods from the field of public health. These results are documented in a 2012 report entitled *Leadership and Management of the Backyard Initiative Partnership*. The Cultural Wellness Center and other partners can be applauded for their extensive work in ensuring the strength of this foundation.

Phase Three – CHAT Capacity Study

The focus of this evaluation report is Phase Three, which was designed to answer the question, “Has the BYI approach successfully implemented necessary changes to create health promotion capacity at the community level?”

A question that inevitably arises with measuring capacity at the community level is, “What does it mean, exactly, to measure community capacity?” The answer is best demonstrated through the following diagram. By *community capacity for health promotion*, i.e., community-owned health promotion, the evaluation seeks to understand what residents can accomplish, beyond what is done by public health, community clinics, and hospitals as they reach out into the community.

Community Resident/Organization Involvement in Health Promotion



In 2013, the evaluation team interviewed CHATs to learn how they were building their capacity as community-based groups to improve resident social support, social cohesion, health literacy/education, and health empowerment/patient activation (Time 1 interviews). On the basis of these interview data, the evaluation team created model metrics for measuring this capacity. To further engage community members in evaluation and build evaluation capacity at the community level, an Evaluation Analysis Team was formed. This team consists of four community members and the Allina Project Manager, who met five times during the last quarter of 2013. Members studied foundational documents previously approved by the Community Commission on Health (e.g., “Criteria for a Good CHAT”) and ac-

cordingly revised the capacity metrics. They ultimately approved eight implementation and four impact criteria with their respective metrics (see Appendixes A and B).

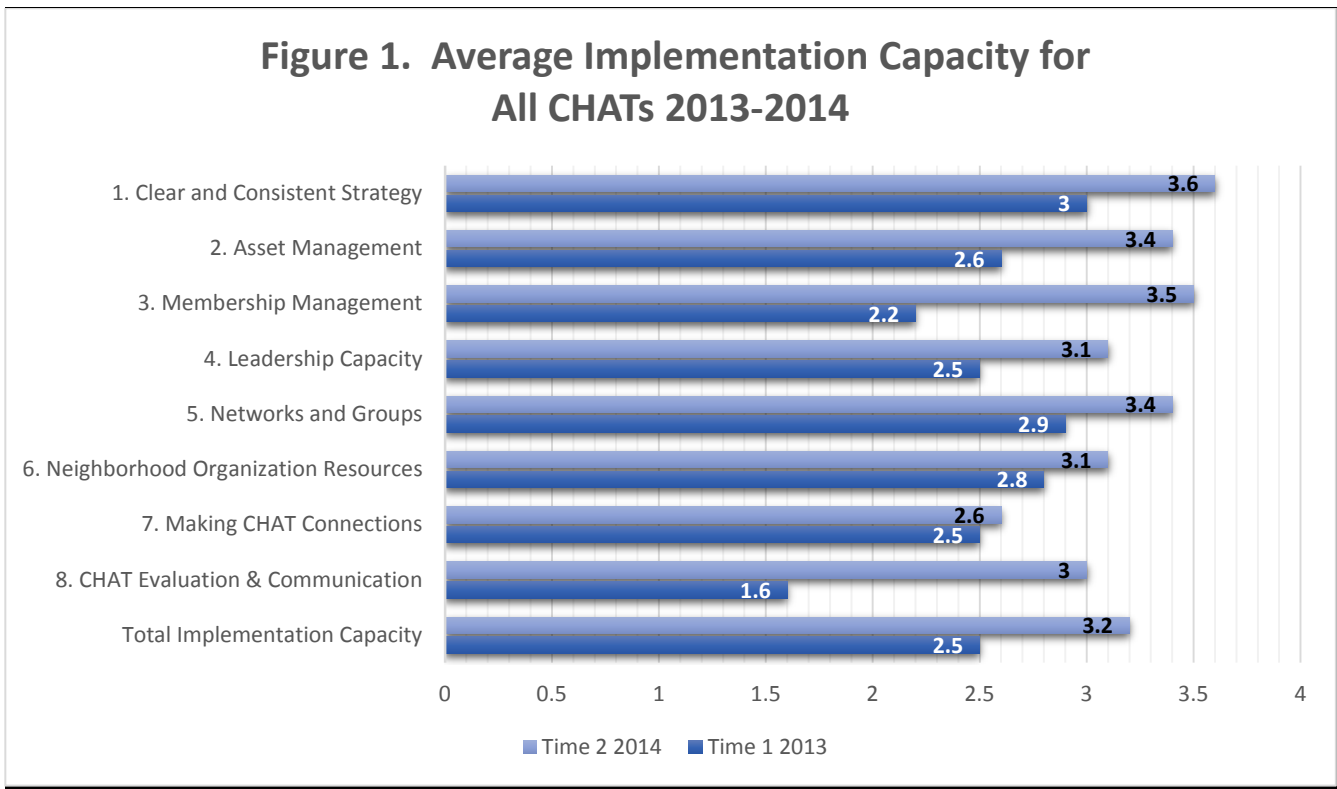
Upon completion of this work, using the approved criteria and metrics, the Evaluation Analysis Team rated capacity of the eight CHATs based on Time 1 interview data. In alphabetical order, these CHATs were: Anchor Families, A Partnership of Diabetics (A-POD), Growing the Backyard, Latina Environmental Health, Out in the Backyard, Project SELF, Rebirthing Community, and Somali Women's Health. The Circle of Healing CHAT was also interviewed; however, their work was outside the scope of the criteria and metrics developed. Therefore, their data are not included in this report. This decision was made by consensus with the Circle of Healing CHAT members.

The team subsequently re-interviewed CHATs in 2014 (Time 2 interviews) and applied the same process to rate the Time 2 data. Therefore, analysis of the interview data reflected collaboratively prepared questions, response coding, ratings, and interpretation. The purpose was to measure development of community-building capacity in order to enhance the Initiative's health improvement effectiveness.

Evaluation Results

Fig. 1 and 2 and Table 1 present the evaluation findings for capacity change from 2013-2014. The data are presented in aggregate form for the eight CHATs. Each individual CHAT received its own ratings in a face-to-face meeting held with the Evaluation Team, but for purposes of this report, we discuss the findings in aggregate.

Figure 1. Average Implementation Capacity for All CHATs 2013-2014



CHAT Implementation Capacity Metric

1. Clear and Consistent Strategy <i>“What is the need that your CHAT is trying to meet and how are you trying to meet this need?”</i>	2. Asset Management <i>“How do you decide the ways to spend your time and money on the things your CHAT does to meet this need?”</i>	3. Membership Management <i>“What are you doing to keep your membership and to add new members when you need them?”</i>	4. Leadership Capacity <i>“How is leadership shared in your CHAT?” “What would you do if one of your important leaders had to leave your CHAT?”</i>	5. Networks and Groups <i>“Does the CHAT reach out to groups of people?”</i>	6. Neighborhood Organization Resources <i>“What organizations in the community have you collaborated with to bring resources to the work of your CHAT?”</i>	7. Making CHAT-to-CHAT Connections <i>“How do you stay in touch with other CHATs?”</i>	8. CHAT Evaluation and Communicating Success <i>“How do you show others your CHAT’s successes?”</i>
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CHAT Capacity Coding: 0=Not clear or not mentioned in the interview, 1=Considering, 2=Planning, 3=Implementing, 4=Optimizing

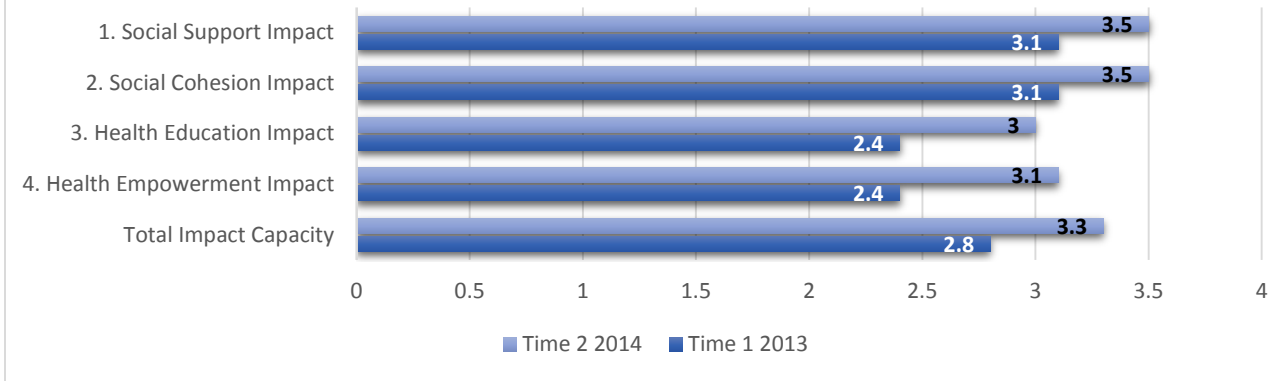
“Considering” – The CHAT appears to have had only very limited discussion on this topic

“Planning” – CHAT talks about this topic in a general way

“Implementing” – CHAT applies their discussion of this topic to their program planning and action

“Optimizing” – CHAT considers this option in all aspects of their program and in communications with the BYI

Figure 2. Average Impact Capacity for All CHATs 2013-2014



CHAT Impact Capacity Metric

1. Social Support Impact *“What, if anything, have you done in the area of social support?”*

2. Social Cohesion Impact *“What, if anything, have you done in the area of social cohesion?”*

3. Health Education Impact *“What, if anything, have you done in the area of health literacy?”*

4. Health Empowerment Impact *“What, if anything, have you done in the area of health empowerment?”*

Table 1. Means, Student's t statistics, and Significance Levels in CHAT Capacity Ratings from 2013-2014

Capacity Criteria	Time 1 Mean	Time 2 Mean	Student's t	Significance Level ¹
Implementation Capacity				
1. Clear and Consistent Strategy	3.0	3.6	3.416	.011*
2. Asset Management	2.6	3.4	2.049	.080
3. Membership Management	2.2	3.5	2.546	.038*
4. Leadership	2.5	3.1	2.376	.049*
5. Networks and Groups	2.9	3.4	1.871	.104
6. Neighborhood Organization Resources	2.8	3.1	.893	.402
7. Making CHAT-to-CHAT Connections	2.5	2.6	.424	.685
8. Evaluation and Communication	1.6	3.0	4.245	.004**
<i>Total Implementation Capacity</i>	2.5	3.2	4.832	.002**
Impact Capacity				
1. Social Support	3.1	3.5	2.049	.080
2. Social Cohesion	3.1	3.5	2.049	.080
3. Health Education	2.4	3.0	1.488	.180
4. Health Empowerment	2.4	3.1	1.821	.111
<i>Total Impact Capacity</i>	2.8	3.3	2.693	.031*

¹Significance levels with an asterisk (*) and in bold font are statistically significant at the p<.05 level. Those with two asterisks (**) are statistically significant at the p<.01 level. To interpret this column, we should state that the lower the number, the better. This number (the p-value) stands for "probability value," that is, it is the probability that we would see these results due to chance. For example, if the p-value is .05, this means that if we replicated the study 100 times, only 5% or less of these 100 times would there not be a significant increase from Time 1 to Time 2.

Implementation Capacity Development At initial assessment of each CHAT (Time 1, 2013), overall capacity averaged about 2.5 on the 4-level scale across the eight implementation criteria. This finding showed that the Initiative was mid-way between the "Planning" and "Implementation" stages of community building. This statistic translated into the average team process as primarily thinking about different options and experimenting with some of them in the community. Ratings on the eight topics showed CHATs were strongest with formulating a clear strategy that would guide their activities and weakest when it came to evaluating what was accomplished and communicating their success to others. These appear to be reasonable findings for the Initiative, considering its relatively brief community building timeline.

At Time 2 (2014), the average rating for all CHATs on eight measures was 3.2, equivalent to a 20% growth in community-building capacity. Table 1 (see "Total Implementation Capacity") shows that this gain was statistically significant. Capacity gain was led once again by CHATs' increased proficiency with having a clear and consistent strategy and membership

management. Still weakest was the criterion of CHAT evaluation and communication of successes.

Impact Capacity Development Making an impact on community conditions influencing health is likely to follow behind development of CHAT's capacity to implement their strategies. Interestingly, the results indicate that this was not necessarily the case. In fact, CHATs were still able to have influences in the community at Time 1. The CHATs had an average rating of 2.8 on the Total Impact Criteria at Time 1, reflecting their being in the "Planning – Considering" phases overall. However, a closer examination of the data shows that they were strongest in social support and social cohesion and on these two criteria, the average rating reflected the Implementation phase.

At Time 2, the average rating was 3.3, also equivalent to 15-20% growth. Table 1 shows this gain was statistically significant. Capacity gain was led by CHATs' greater proficiency with improving on their already strong influence with social support and social cohesion. Their ability to affect the health education and engagement of residents had also grown.

Discussion

The fundamental question asked in Phase Three of the evaluation is whether capacity development to change and improve the community was occurring through the work of the CHATs. The results above indicate that:

- 1. The CHATs as a whole are, in fact, successfully creating health promotion capacity at the community level. As a group, they increased their overall ability to do so from Time 1 to Time 2.**

On the implementation criteria, the CHATs were strongest and weakest in the following areas at Time 2:

2. CHATs were strongest are in having a clear and consistent strategy and membership management. They are also quite strong in asset management and connecting to networks and groups within the community.
3. CHATs were weakest in making CHAT-to-CHAT connections.

On the impact criteria, the CHATs were strongest and weakest in the following areas at Time 2:

4. CHATs were strongest in social support and social cohesion and weakest in health education and health empowerment.

Areas of greatest growth between Time 1 and Time 2 were:

5. On implementation, the area of greatest growth between Time 1 and Time 2 for the CHATs was in evaluation and communication. On impact, the area of greatest growth was health empowerment.

6. Several CHATs were at the optimizing level in all or nearly all criteria at Time 2, that is, a “ceiling effect” was achieved on the metric. Therefore, if this metric were to be used in the future, it is likely that it would need revision, to reflect even more increased capacity on the part of the CHATs.

The study found that CHATs with the most consistent leadership were also the teams most likely to develop useful neighborhood resources to supplement their own funding, to cultivate social networks in the community, and to engage with other CHATs in conversation and activities. Three groups emerged from the CHAT analysis:

1. CHATs that were strong in nearly all implementation and impact criteria (n=3), with no leadership change or change in focus
2. CHATs that were strong in many criteria but had undergone leadership changes or absences, impacting their work over the past year (n=3)
3. CHATs that had undergone both leadership change and change in focus, impacting their work over the past year (n=2).

Room for Growth

In the interviews, people often reflected on issues and questions beyond the question asked, but that added important information for strengthening the BYI. As people reflected on the criteria for a strong CHAT, they also reflected on what makes for a strong “wheel” of the whole Backyard Initiative. They brought up questions regarding the long-term sustainability of the initiative, how the CHATs can reach all the people in the Backyard, and how the experience and learning of the CHATs can be shared with more staff at Allina and with other communities and organizations. As community members take ownership of the evaluation process, responding to and building on this information can help the Backyard Initiative maximize its current opportunities and potential for its own future and that of other communities interested in improving the health of their residents.

The following are comments made by the CHAT members, paraphrased by the evaluators, with questions about themes of reach, knowledge sharing of effective practices, and use of resources aligned with these practices.

Issue: Paid vs. Unpaid Work

Some CHATs are proud of the number of unpaid workers they have – they see this as rebuilding the infrastructure of a caring community. Other CHATs stressed the need for monetary support for some of their work hours. Is there a balance between unpaid and paid work, so that community is strengthened but people are compensated appropriately? When should people be compensated for their time? How does this issue affect the long-term sustainability of the work? How does it affect the ability to reach more people?

Issue: CHAT Structure

Some CHAT members expressed lack of knowledge about the benefits of different structures for the CHAT. There is variety within the CHATs with regard to structure, especially on the continuum from serving people to teaching people to help themselves. If the goals of

the BY include increasing health empowerment for more and more people, what type of structure is most effective for achieving this? Are some models more effective at creating ripple effects, so more and more people take leadership and spread knowledge and practices to their own networks of people? How does the structure of a CHAT affect its reach?

Issue: Funding

Most CHAT members were concerned about continued funding from Allina or were hoping for other sources of financial support. Some mentioned specific needs that required funding and others talked about spreading the number of ways that neighbors support each other without money. What CHAT practices could be sustained without funding? Which are most essential to support? What would it look like if the community was taking care of itself?

Issue: Self-Assessment & Improvement

Some CHATs talked more than others about self-improvement and reflected on what is working best. Could the implementation and impact criteria be used as a self-assessment tool? How might the Assessment Team and Commission support the CHATs to annually self-assess their work? How can the CHATs continue to pull out their best practices to be of use to others?

Issue: Accountability

Some CHATs expressed a lack of knowledge about budgets. We heard questions on three levels. Sometimes there was a lack of full knowledge within the CHAT as to how the budget was decided or how monies were spent. Sometimes there was confusion about differences between what the CHAT thought it had in reserve or had spent on various line items versus what the incubator agency reported. Finally, CHATs sometimes were uncertain as to how the dollar amount given to each CHAT is decided at the Commission level. What is the best way to address these levels of confusion? How can the CHATs align their budgets with their self-assessments to spend their dollars most effectively? What level of transparency is most helpful to the CHATs and community?

Issue: CHAT Partnerships

On average, CHATs were slow to form partnerships with other CHATs, even though they had overlapping interests. They stated that they would not be able to improve on the criterion of CHAT-to-CHAT connections unless time was formally built in to connect with one another. They did not feel they could add more meetings but needed to have this time built into the existing infrastructure. Some CHATs suggested that the All-CHAT meetings are their best opportunity for connecting with each other. Some asked for some unstructured time to connect among themselves in those meetings. Is this the best way to support partnerships among CHATs, or might there be other ways?

Issue: Lead Agency Organizational Support

Some CHATs stated how essential the Cultural Wellness Center is in supporting their work. Some CHATs seemed to be operating more independently. How is the CWC's support crucial to the success of the initiative? How does the CWC keep the focus on the integrity of the whole initiative, i.e., the whole wheel, as opposed to individual CHATs? What are the challenges that the CWC consistently addresses to keep the BYI strong?

Next Steps for the Evaluation

Phases 1 – 3 reflect the Initiative’s progress with developing the infrastructure necessary to alter four conditions known to affect the health of residents: having the social support of those who care about them, feeling socially connected to a community that respects their beliefs and values, improving health literacy/education, and acquiring a sense of empowerment about personal and family health improvement.

The next phase of the evaluation will involve interviews with community residents that are participants in CHAT activities, to ascertain the impact of the CHATs on their health and the health of their families and members of their social networks. It is believed that achieving these outcomes in Phase 4 will result in involved residents beginning an upward trajectory toward improved health, as shown in Phase 5.

Potential of these Results for the Health Care System

The implications of these community-building results for improvement of health, health care, and care costs are significant. For instance, health improvement goals requiring modification of social determinants of health and of lifestyle and behavioral change may be more easily accomplished when interventions arise from within the person’s own social networks. These same social networks informed by community-based teams could be the health care provider’s most valuable ally when care quality is hampered by lack of patient engagement. A favorable cost-to-benefit index of community-based interventions offers the prospect of generating a net savings from investment in health improvement, a needed but yet unattained feature of health care reform. These results show the first steps toward realizing the potential of community-building for health improvement.

Acknowledgments

The Evaluation Team wishes to extend its appreciation to members of the Evaluation Analysis Team, Assessment Team, Community Commission on Health, Cultural Wellness Center, and Allina Health for supporting this effort. We want to say a special thank you to all the CHAT members who graciously gave of their time to share their knowledge and experience with us during this interview process.

Appendix A

CHAT Implementation Capacity Criteria

Criterion 1. Clear and consistent strategy

- CHAT members agree on the need for their work in the community.
- CHAT members agree on the strategy to achieve their mission, ensuring that the strategy is aligned with the CHAT's mission.
- They remain consistent and focused in applying their strategy, still allowing for adaptation and responsiveness to change when appropriate.
- Their strategy has guided decisions, actions, results, and ideas for new CHAT activities.

Criterion 2. Asset management

- The CHAT knows the cost, in both time and money, of its work.
- They consider these costs in relation to the number of people engaged in their CHAT and in the context of other CHATs.
- CHAT members know how to use all their assets effectively, including money, people's time (both paid and volunteer) and people's skills and cultural assets.

Criterion 3. Membership management

- The CHAT actively works to add members for current work.
- The CHAT actively works to keep members committed and regularly engaged.
- The CHAT has a process for adding and orienting new members.

Criterion 4. Leadership capacity

- The CHAT practices shared leadership among its members. That is, leadership is not the sole responsibility of a single person, but rather, responsibilities are shared.
- The CHAT considers future leadership before current leaders leave or become less active. That is, there is a backup plan for its leadership.
- CHAT leadership maintains effective communication with the incubator.
- CHAT leadership understands its work as a spoke in the wheel of the BYI (as a part of a community-wide effort) and attends Commission meetings, All CHAT meetings, and other meetings relevant to the overall work of the Backyard.

Criterion 5. Networks and groups

- The CHAT extends its work in social networks of community members/residents and reaches out to groups of people.

Criterion 6. Neighborhood organizational resources

- The CHAT recognizes the value of extending its work to neighborhood organizational resources that support its work.
- The CHAT's connections to other resources are clearly defined, as are the boundaries with these other groups.
- In making connections, they stay focused on strengthening the CHAT's capacity to achieve its primary mission.

Criterion 7. Making CHAT-to-CHAT connections

- The CHAT takes the initiative to engage other CHATS in its work.
- The CHAT collaborates with other CHATS.
- CHAT members support and participate in the work of other CHATS.

Criterion 8. CHAT evaluation and communication

- The CHAT reflects and communicates regularly on its mission and accomplishments.
- The CHAT understands and communicates its success within the context of the larger Backyard Initiative, i.e., that it is part of a greater partnership.
- The CHAT communicates effectively with other Spokes in the Wheel, Allina, the Cultural Wellness Center, the Communications CHAT, and its incubator.
- The CHAT considers how to best represent its success to those in the Backyard (e.g., Commission) and beyond.

Appendix B

CHAT Impact Capacity Criteria

Criterion 1. Social Support Impact

- Knowledge that improving social support is important to or could enhance the CHAT's mission
- Types of social support activities that have been sponsored
- Frequency of activities
- Scope of influence of people in the community

Criterion 2. Social Cohesion Impact

- Knowledge that improving social cohesion is important to or could enhance the CHAT's mission
- Types of social cohesion activities that have been sponsored
- Frequency of activities
- Scope of influence on people in the community

Criterion 3. Health Education Impact

- Knowledge that improving health education is important to or could enhance the CHAT's mission
- Types of health education activities that have been sponsored
- Frequency of activities
- Scope of influence of people in the community

Criterion 4. Health Empowerment Impact

- Knowledge that improving health empowerment is important to or could enhance the CHAT's mission
- Types of health empowerment activities that have been sponsored
- Frequency of activities
- Scope of influence of people in the community