

Leadership and Management of the Backyard Initiative Partnership

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Introduction to the Study

Partnerships between community-based groups, public health, and hospital and clinic organizations have the potential to improve the health of community residents and concurrently make significant and unique contributions to achieving health care service goals for reducing health care costs, improving service quality, and raising patients' health status. Research has led to greater understanding of what is needed to create and sustain well-functioning partnerships (Wendel, et al. 2010).

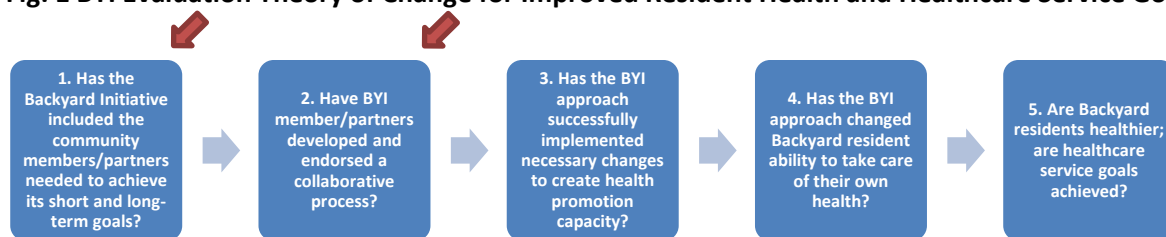
This research finds that essential to partnership success is a collaborative interface in which community and health organization members freely combine their distinctive knowledge and skills to achieve goals that would be impossible for either group on its own. The necessary elements for an effective collaborative interface have been of special interest to public health researchers (Weiss, et al. 2010). Though experience-based knowledge has accumulated, much less empirical attention has been given to illuminating the necessary components for achieving health *outcomes* through collaboration.

This evaluation study sought to make recommendations on enhancing community and institutional partnership in a shared and equitable interface for health promotion through the Backyard Initiative (BYI). It examined the relationship between Backyard Initiative members' perceptions of how well leadership and management facilitated their involvement as reflected by their satisfaction with their role and influence within the partnership. The study was based on accumulated evidence showing the critical role of leadership in identifying problems, fostering community change activities, and providing opportunities for citizen participation.

Theory of Change

The study addressed the theory of change shown in Figure 1. This representation for evaluation of the development of the BYI draws on community-based approach theories (DiClemente, et al. 2009) and begins with leadership success in including the essential partners necessary for achieving short- and long-term goals. The theory of change

Fig. 1 BYI Evaluation Theory of Change for Improved Resident Health and Healthcare Service Goals



proposes that the next necessary condition is developing a collaborative planning and work process. It hypothesizes that if elements 1 and 2 in the theory of change model are achieved, then the following stages of development will occur and the promise of benefit to residents and health care providers will be more predictable. The leadership evaluation studies the BYI's success with the first two stages in the theory of change. If successful, the study would strengthen the BYI partnership by highlighting where leadership and

management are clearly working for members and identifying opportunities for next stages of growth. The evaluation will examine the next steps in the Theory of Change in subsequent months.

Method

The Backyard Initiative The BYI is a partnership of Allina Health, The Cultural Wellness Center, Hope Community, Portico Healthnet, community-based organizations, and individual residents of the

Backyard community in southern Minneapolis. Its overall strategy is empowering residents to draw on their own knowledge, skills, and cultural values to care for themselves, their families, and their neighbors and to integrate the wisdom and experience of residents into the expertise and resources of health care organizations. The partnership has a broad definition and interest in health. One of its focal concerns are social determinants of health, particularly how individuals' social connectedness can diminish or promote their health literacy, commitment to self-care, and access to and motivation to make the best possible use of medical services.

The Cultural Wellness Center has served as the fiscal agent and guide for the Initiative. Their leadership is shared by Initiative partners. Community assessment has been conducted and discussion of results has helped define health as multi-dimensional, not focused exclusively on illness or disability. It created agreed-upon approaches to pursuing health improvement that would respect resident values, culture, and clarified how a balanced interface can be maintained among residents, community-based organizations, and institutional providers of health services.

The BYI Community Commission on Health and Citizen Health Action Teams ("CHATs") are the fundamental infrastructure for action on health and health-related social determinants of health. CHATs are formed by residents to design, implement, and evaluate prevention and wellness projects.

Leadership Study Design This was a mixed-methods study. Data came from individual, in-person interviews with the BYI's historically most active members, primarily Commission members and Allina staff, and from their completion of an

adaptation of the Lasker and Weiss Partnership Self-Assessment Tool (Weiss, et al. 2002). Study participants were asked nine interview questions. These were created by the evaluation team based upon conversations with BYI participants and observations of participant meetings (the "Interview," see Appendix A).

Closed-ended answers to eight item sections of the Self-Assessment Survey (the "Survey," see Appendix B) were subjected to exploratory Varimax factor analysis, and factor scores were computed. Of the eight survey sections, five were explained by one factor, two by two factors, and the variance of one section by three factors. These data preparation procedures with the Self-Assessment Survey suggested that interpretation of findings with factor scores would be appropriate. To better understand why individuals rated aspects of the Initiative in the manner that they did, we went back to the interview questions. Independent Student's t-tests were conducted with the dependent variable being individual satisfaction with an aspect of the Initiative, and the independent variable being presence or absence of comments made by that individual in the four interview response categories.

Study Sample Thirty of the historically most active participants, primarily Commission members and Allina staff, from the BYI responded to an interview invitation and to complete a survey about leadership and management. At the time of their interviews, they were offered for signature an informed consent that explained the study purpose, what would be expected, protection of privacy, and how results would be reported. Table 1 shows characteristics of the study sample. The sample was dominated by CHAT members, was diverse in terms of age and ethnicity, and included twice as many women as men.

Table 1 Study Participant Characteristics (N = 30)

Affiliation	70.0% CHAT Members	20.0% Comm. Organizations	10.0% Allina Health		
Age Group	6.7% 29 Years or Younger	20.0% 30-39 Years	26.7% 40-49 Years	26.7% 50-59 Years	26.7% 60 Years or Older
Gender	66.7% Female	33.3% Male			
Ethnicity	30% African Am.	6.7% Am. Indian	3.3% East Indian	40.0% European Am.	3.3% Latina 16.7% Somali

Results

Partnership Synergy Community-based groups collaborating to promote resident health commonly include members representing health care, public health, community organizations, residents, and others. The diversity of resources and perspectives may create social capital that can be invested in health promotion action, e.g. the BYI’s CHATs. Research and experience show that the

benefits emerging from cooperation among individuals and organizations is related to both the composition of the membership and their ability to work together toward an identified goal. “Partnership synergy” was the opening topic in the leadership study. Table 2 presents the results graphically. Each topic represents a group of items in the Self-Assessment Survey that statistical

Table 2 Partnership Synergy

Topic 1: Involving People in the Backyard Initiative How well the Commission has succeeded with involving different kinds of members and incorporating their perspectives to develop common, understood goals (Mean = 3.14)



Topic 2: Success with Communication and Documentation How well the Commission has obtained support from and communicated with individuals, agencies, and institutions about its actions to address health (Mean = 2.92)



Topic 3: Membership Diversity How well the Commission succeeded with being better able to carry out its work because of the contribution of diverse members and partners (Mean = 3.60)



analysis showed could be grouped together because they were answered similarly by study participants. Synergy, or working together collaboratively, was moderately strong in terms of involving the necessary people and facilitating communication among them, and stronger still from the perspective of assuring a diversity of individuals among those included in the BYI.

In their open-ended interview questions, some response categories were significantly related (*Student’s t*, $p < .05$ or less) to members’ views on Partnership Synergy as measured by the Survey. These added depth and definition to their numerical ratings. For example, higher (more favorable) ratings on the Survey were given when in their interviews, respondents mentioned having been personally encouraged to network with other BYI members or to participate in events or workshops. Ratings on Partnership Synergy were

brought down by members who felt that, though they considered the BYI inclusive, other conditions reduced its significance. For example, some members believed that the same people tended to be active in the meetings. Members commented also in their interviews that participation was restricted due to agendas being too full or meetings that were too large for individuals to take part. A few felt decisions about fiscal support for CHATs were not sufficiently open to their understanding. Experiences and attitudes like these led some members to give lower ratings on the topics shown in Table 2.

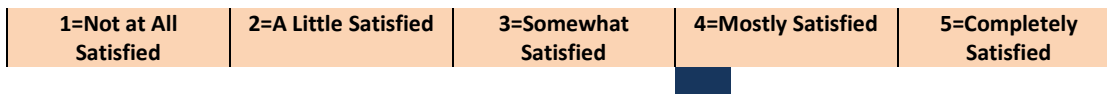
Shared Leadership “Shared leadership” has been the subject of extensive research studies and its presence is considered essential with building community capacity for health promotion among diverse groups, cultures, and perspectives. Shared leadership involves the cultivation of leadership

skills and attributes needed to safeguard the community process in order to deliver results across sectors. The Self-Assessment Survey asked 10 questions on this subject. Review of answers found that two topics captured the thinking of respondents. These are shown in Table 3. Success with generating a common language that would combine member perspectives was particularly strong, according to respondents' ratings. They were "Mostly Satisfied" with leadership related to this topic. When study respondents said in their open-ended interviews that they felt they had

been personally encouraged to take part in the BYI, enjoyed networking with other members, or had been involved in organizing an event, training, or meeting, they rated Shared Leadership higher. Lower survey ratings on this topic came from respondents who brought up in their interview concerns with the process or operations of the BYI's meetings and activities. Some noted that the same people tended to talk in meetings, that sometimes there were so many present that their own ideas were not heard, or that items on agendas were not completed, but taken up repeatedly.

Table 3 Shared Leadership

Topic 4: Developing a Common Language The effectiveness of Cultural Wellness Center and the Commission leadership with combining participants' perspectives, building a common language, and empowering them to act together (Mean = 4.00)



Topic 5: Fostering Mutual Respect and Openness The effectiveness of Cultural Wellness Center and the Commission leadership with fostering mutual respect and openness, and creating an environment that tolerates differences of opinion (Mean = 3.64)

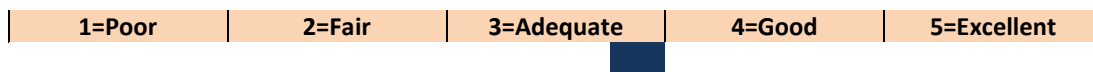


Administration and Management Most studies of community approaches find members saying that when project administration is efficient with communications, solves logistical problems to bring people together, and handles all the necessary details, e.g., telephone calls and printing and distributing documents, that they believe their

organization is more effective. For this reason, the Self-Assessment Survey included eight questions on this subject. Ratings of the Cultural Wellness Center's role were found to be highly consistent so that respondents' answers could be added together for a single topic, shown in Table 4.

Table 4 Administration and Management

Topic 6: Cultural Wellness Center Administration and Coordination The effectiveness of the Cultural Wellness Center in coordinating meetings and events, communicating with members, preparing materials, and eliminating barriers to participation (Mean = 3.9)



Statistical comparison of Self-Assessment Survey ratings on this subject showed that approval of the Cultural Wellness Center's effectiveness with communication and coordination was most common among those who reported in their inter-

views that they were active and felt engaged in the BYI. Less engaged members were also less likely to endorse effectiveness and their ratings were brought down by stated concerns in their

interviews about some of the process issues mentioned with the above Survey topics.

Commission Management of Financial and Other Resources How money available to a community group is managed and the way member resources

are accessed have been shown to be important to members' satisfaction with leadership and management. Two questions were asked of BYI leadership study respondents and analysis found these could be combined for reporting purposes. Table 5 reports surveyed members' answers.

Table 5 Commission Management of Financial and Other Resources

Topic 7: Commission Efficiency with Resources Commission efficiency with managing financial and partners' in-kind, tangible resources (Mean = 3.19)



When on the Survey members held back endorsement of the BYI's fiscal management, their open-ended interview responses showed reservations were related to opinions about aspects of the process of meetings and decision-making. Some of these were similar to comments above. Respondents felt that meetings and other activities could be handled more efficiently. A few, but vocal interviewees expressed confusion about how decisions were made to fund activities. To these respondents, the process was less clear to them than they would like, contributing to lower ratings on this leadership and management topic.

Commission Capacity to Sustain Membership The Self-Assessment Survey included six items on this subject and statistical analysis of answers found

that they could be combined under the two topics shown in Table 6. Respondents who were most outspoken about networking with other members and being involved in BYI activities were also those whose convictions were strongest that the BYI had what it needs to engage and sustain relationships with community leaders and residents. Their opinions were bolstered by their beliefs that the Initiative had done a good job of developing shared beliefs across the membership. Less assured were Survey respondents who tended to express reservations about leadership's management of meetings, gatherings, and events. They felt that at times there were problems with execution and that consequently, while people had been brought together, their effectiveness once assembled was less than it might be otherwise.

Table 6 Commission Capacity to Sustain Membership

Topic 8: Sustaining Connections to Community Leaders The Commission currently has what it needs for connections with community leaders (Mean = 2.3)



Topic 9: Convening Community Leaders The Commission currently has what it needs for bringing people together (Mean = 2.4)



Meeting Challenges with Member-Partner Recruitment Experience and research with community-based groups organized to address health find addressing member recruitment, retention, and motivation challenging. The Survey asked one

question about each of these challenges. Responses were so similar that analysis found they could be combined into a single topic, as shown in Table 7.

Table 7 Membership Challenges

Topic 10: Member-Partner Involvement Challenges Extent to which the Commission encounters problems in involving individual members and partners (Mean = 1.7)

1=Not at All	2=Somewhat	3=Quite a Bit	4=A Lot
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Agreement was high among surveyed members of the BYI that recruiting and retaining members who would be actively involved has not been a challenge at all. The most important interview response related to lower ratings of the Initiative's success with recruitment was a belief by some that, though highly effective with bringing people into the Initiative, when members came together meetings were sometimes so large or time was so often occupied by a few, that these conditions

reduced somewhat the full benefit of having an extended membership.

Member Satisfaction with their Role and Influence in the BYI Partnership

Finally, study participants were queried on their overall satisfaction with where the BYI is today, compared to its beginnings. Table 8 indicates that on their Self-Assessment Surveys, most BYI members felt generally satisfied with their roles and influence.

Table 8 Member Overall Satisfaction with the BYI

Topic 11: Satisfaction in the Backyard Initiative How satisfied you are with your role and your influence in the Commission (Mean 3.94)

1=Not at All Satisfied	2=A Little Satisfied	3=Somewhat Satisfied	4=Mostly Satisfied	5=Completely Satisfied
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Overall satisfaction was influenced most by member feeling that leaders of the Initiative had worked hard and that they were successful with engaging different kinds of members. The sense among members that leadership had been effective with efforts to foster mutual respect and empowerment significantly raised satisfaction, as did the perception that a common language had been developed within the Initiative and leadership had sought a diverse membership.

Summary and Conclusions

Most, if not all of the persistent health problems at the national, regional, and local levels have complex behavioral, social, economic, and environmental causes. Many of the most significant are beyond the capacity of dedicated professionals in hospitals and clinics to alter. With the reform of health care services in the United States, it has been determined that only the combined efforts of health care institutions and community-based organizations and residents with a stake in

health promotion can achieve goals for better care, better health, and managed costs. The Backyard Initiative is an experiment in institutional-community group-resident collaboration in which extraordinary investment continues to create an interface that intentionally respects the viewpoints of each sector and cautiously monitors the balance of authority to elicit the unique and essential assets of each.

Between the time sector members come together to begin planning and when they achieve their long-term goal of resident health improvement, this leadership evaluation identified five necessary "bridges" or Initiative milestones. The purpose of the evaluation was to study independently the status of milestone 1 – the Initiative's progress with including members from three sectors: health institutions, community organizations, and residents. Milestone 2 – the quality of their collaborative process – was the study's second purpose. The cooperation of BYI leadership, organiza-

tions, and community residents, combined with the insights from the published work of researchers in the field of community approaches to health assisted the study toward measuring these two milestones.

Does the BYI have the Partners Needed to Accomplish its Health Improvement Goal? The evaluators were able to reach nearly all of the historically most active members of the partnership, and their characteristics are evidence of its diversity in member gender, age, ethnicity, and role in the community and health care. When queried, members generally affirmed that the BYI had obtained the involvement of the necessary individuals, agencies, and institutions. Further, in their judgment, the Initiative had the capacity to recruit, engage, retain, and grow its membership. For some respondents, their endorsement was qualified by concerns about the Initiative’s operational efficiency and management of the membership. Problems identified were mentioned also in connection with questions on the Initiative’s collaborative process, therefore, they are discussed in together in a section below.

Has the BYI Created a Collaborative Process Endorsed by its Membership? The study drew from published research to identify the core leadership-related features found to affect community-based partnership success. The evaluators were fortunate to find evidence-based assessment tools, and respondents were forthcoming in answering interview questions and completing survey questions. Results are summarized in Table 9.

Evaluation finds that since its beginnings in 2008, the BYI has achieved the two foundational bridges or milestones necessary for building the capacity that will measurably improve resident health.

Table 9 Summary of Collaborative Process Quality Findings

Core Leadership-Related Feature	Finding
▪ Topic 1: Succeeded with involving people in the BYI	“Quite a bit”
▪ Topic 2: Success with communication and documentation	“A little-Quite a bit”

Core Leadership-Related Feature	Finding
▪ Topic 3: Succeeded with membership diversity	“Quite a bit”
▪ Topic 4: Developing a common language	“Mostly Satisfied
▪ Topic 5: Fostering mutual respect and openness	“Somewhat satisfied”
▪ Topic 6: Administration and coordination	“Adequate-Good”
▪ Topic 7: Commission efficiency with managing resources	“Agree”
▪ Topic 8: Commission has what it needs to sustain connections to community leaders	“Has some”
▪ Topic 9: Commission has what it needs to convene community leaders	“Has some”
▪ Topic 10: Encountering problems with involving members and partners	“Not at all”
▪ Topic 11: Satisfaction in the BYI	“Somewhat satisfied – Mostly satisfied

How Satisfied is the BYI Membership with their Role and Influence? On the whole, every member interviewed and surveyed by the evaluators expressed the belief that the community had the power to improve the health of its residents and that in most respects, the approach taken by the Cultural Wellness Center and Initiative partners was correct and would deliver the results expected. Respondents were proud to be part of the BYI. As with any human venture, however, room for growth is to be expected.

Room for Growth and Recommendations

Some respondents were thoughtfully reflective in describing what they perceived to be shortcomings or actual obstacles to progress with the BYI achieving its goals. The following comments – paraphrased by the evaluators – led respondents to limit their approval of one or another aspect of the Initiative:

- Large meetings are inclusive of presence, but not of a sense of participation – many people present means some will not be heard
- Some dominate discussion – mentioned by more than a few was the feeling that some expect to speak, while others listen or that

- agendas are composed by one or two and are to be accepted by the group
- Packed agendas often mean skimming over topics, only to close the meeting with no decisions made
- Meeting-to-meeting follow through is lacking – it was mentioned that dialog or discovery began, but was not completed, and sometimes new ideas were raised when old ideas already presented were forgotten
- As important as meetings and being inclusive are, it is making progress with activities that improves health
- Feeling out of touch with other CHAT members – frequently mentioned was a need to know more about what others were doing
- New members can slow progress as they need to describe their work and catch up on what has occurred, while long-standing members wait for new developments that may be delayed as a result
- Allina's role in the BYI is less clear than it once was – we need to know what they expect and where they see the BYI going
- Conditions exist for CHATs to become “territorial” and avoid sharing their resources, or to feel favored because they have been funded when others have not

- Leaders need to do more to see that resources are known and available to all – we do not know what is available in the community or known to other CHATs
- The rules for CHAT funding are not known to everyone – we do not know why some CHATs are funded and others not
- Some of us are ready to do more and need only some resources to begin – we are standing at the ready but not sure what we should do next

Evaluation recommends facilitated discussion of these and any other topics that may influence member satisfaction and the quality of the BYI's collaborative process. Follow-up assessment of leadership in one year will show progress with reducing the barriers mentioned above.

The Future of the BYI The leadership study has uncovered the substantial progress made by the partners in designing, supporting, and guiding a promising community-based approach to health improvement. In all important aspects, the Initiative is on solid ground. The evaluators were inspired by the intellectual and emotional commitment of members to their work and their unsailable belief that communities can care for themselves.

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Acknowledgement

Without the thoughtful and genuine reflections of the BYI participants, this study would not have been possible. The authors express their appreciation for time, energy, and the opportunity to hear the strong, positive spirit in which members are engaged in their pursuit of a healthier community.

Appendix A – Open-Ended Interview Questions

1. In your experience, do you feel that the Backyard Initiative actively promotes participation from all members of the Commission and CHATs?
2. Can you give an example of how you are actively encouraged to participate in the Backyard Initiative?
3. Can you give an example of something you have done, or would like to do, to encourage members to participate in the Backyard Initiative?
4. Do you feel that the Backyard Initiative actively encourages members to seek out resources, information, and ideas made available by other members?
5. Can you give an example of how you were encouraged to share information, ideas, and resources with other members?
6. Can you give an example of something you have done, or would like to do, to share information, ideas, and resources with others?
7. How important is it for members of the Backyard Initiative to have shared beliefs and goals?
8. Can you give an example of something the Backyard Initiative has done to encourage shared beliefs and goals among members?
9. Can you give an example of something you have done, or would like to do, to encourage shared beliefs and goals among members?

Appendix B – Close-Ended Paper Survey Questions

Partnership Synergy

How well has is the Commission succeeded with . . .

1. Involving different kinds of members who have led to new or better ways of thinking about how the BYI can achieve its goal of better health for residents
2. Involving different kinds of members enabling the BYI to plan activities that connect people, resources, or programs
3. Incorporating into its work the perspectives and priorities of the residents of the Backyard

Leadership and Management of the Backyard Initiative Partnership

4. Obtaining support from individuals, agencies, and institutions in the community that can either block the BYI's plans or help move them forward
5. Carrying out its plans

1=Not at all	2=A little	3=Quite a bit	4=A lot
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How much do you agree or disagree with the following statements:

6. "The Commission is better able to carry out its work because of the contributions of diverse members and partners"
7. "The Commission has developed common goals that are understood and supported by all members and partners"
8. "The Commission has communicated clearly to others (e.g., the residents, Allina staff, and to people beyond the Backyard) how its actions will address the problems about health that are important to people in the Backyard"
9. "The Commission has done a good job of documenting the impact of its actions"

1=Strongly disagree	2=Disagree	3=Agree	4=Strongly Agree
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Partner Satisfaction (dependent variable)

1. How satisfied are you with your role in the Commission?
2. How satisfied are you with your influence in the Commission?

1=Not at all satisfied	2=A little satisfied	3=Somewhat satisfied	4=Mostly satisfied	5=Completely satisfied
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Leadership Evaluation Independent Variables

Shared Leadership (independent variable – partnership functioning)

How do you rate the effectiveness of the Cultural Wellness Center and Commission's leadership in the following areas?

1. Taking responsibility for the Commission
2. Inspiring and motivating Commission participants
3. Empowering participants to make their best contribution
4. Working to develop a common language within the Commission
5. Fostering mutual respect, trust, and inclusiveness among the participants
6. Encouraging openness in the Commission
7. Creating an environment where differences of opinion can be voiced
8. Resolving conflict among Commission participants
9. Combining participants' perspectives, resources, and skills
10. Helping Commission participants look at things differently and be creative

1=Poor	2=Fair	3=Adequate	4=Good	5=Excellent
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Administration and Management (independent variable – partnership functioning)

How do you rate the effectiveness of the Cultural Wellness Center in the following areas?

1. Coordinating communication between Commission participants
2. Coordinating communication with people and organizations outside the BYI
3. Coordinating Commission activities, including meetings and projects
4. Minimizing the barriers to participation in meetings and activities
5. Managing and disbursing funds to CHATs

6. Preparing materials that inform Commission participants and helping them make timely decisions
7. Performing secretarial duties (making phone calls, taking notes, etc.)
8. Providing orientation to new participants as they join the BYI

1=Poor	2=Fair	3=Adequate	4=Good	5=Excellent	Don't Know
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Commission Efficiency (independent variable – partnership functioning)

How much do you agree or disagree with the following statements:

1. “The Commission makes good use of the Commission’s financial resources”
2. “The Commission makes good use of partners’ in-kind resources”

1=Strongly disagree	2=Disagree	3=Agree	4=Strongly Agree
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Commission Use of Participants’ Time

1. Please choose the statement that best describes how well the Commission uses the participants’ time.

1=Makes poor use	2=Makes fair use	3=Makes adequate use	4=Makes good use	5=Makes excellent use
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Nonfinancial Resources (independent variable – partnership functioning)

How do you rate whether the Commission currently has what it needs to work effectively and achieve its goals for resident health in the following areas?

1. Skills and expertise with improving health
2. Data and information about improving health
3. Connections to people who would benefit from health improvement activities
4. Connections to community leaders (political decision makers, government agencies, or other organizations or groups)
5. Endorsements that give the BYI legitimacy and credibility
6. Influence and ability to bring people together for meetings or other activities

1=The Commission has none or almost none of what it needs	2= The Commission has some of what it needs	3= The Commission has all or most of what it needs
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Partner Involvement Challenges (independent variable – partnership functioning)

How often does the Commission encounter problems in these areas?

1. Recruiting members and helpful partners
2. Retaining members and helpful partners
3. Motivating members and partners to participate

1=Not at all	2=Somewhat	3=Quite a bit	4=A lot	Don't know
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