

COMMUNITY AT THE CORE:

# The Backyard Initiative Community Health Survey

*Summary of the Findings*



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## *Summary of the Findings*

*A report prepared for the Backyard Initiative Community Commission on Health*

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# Executive Summary

## BACKGROUND

The goal of the Backyard Initiative (BYI) is to improve the health of residents living in the eight Backyard neighborhoods - Ventura Village, Phillips West, Midtown Phillips, East Phillips, Central, Powderhorn Park, Corcoran, and Standish. As part of working towards that goal, the **2013 Backyard Initiative Research Plan** was designed to collect, analyze, and interpret health related data identified as being important to the Backyard Community by further exploring the themes identified in the **2009 BYI Community Assessment** and the **Backyard Initiative Definition of Health**. The Research Plan process and results may be used to inform ongoing and future BYI activities and research endeavors.

## METHODOLOGY

In 2013, the BYI designed a Community Health Survey to collect information on 5 health-related areas: social support, social cohesion, health literacy, perceived stress, and patient activation, as well as demographic information. The survey utilized previously validated instruments and was constructed by a collaboration of members of the Allina Health Division of Applied Research, the Cultural Wellness Center, and the BYI Assessment Team. Survey participants were recruited using the BYI method of engagement and speaking with people. The survey was administered by survey hosts using the Turning Point Audience Response System (“clickers”).

## RESULTS AND DISCUSSION

Primary findings from each priority health area and demographics included:

### **Demographics: Who Came to the Sessions?**

Seven Community Health Survey sessions were conducted within the Backyard neighborhoods over a two month time period, with approximately 260 residents representing multiple cultural groups, ages, and neighborhoods. A total of 206 people completed the survey.

### **Perceived Stress**

Perceived Stress is defined as the degree to which situations in one’s life are appraised as stressful (Cohen et al. 1983). Overall, the majority of participants reported feeling stressed; 65% said that in the last month, they felt they were unable to control the important things in their life at least sometimes (i.e., sometimes, fairly often or very often), and 63 % said that in the last month, they were unable to cope with all the things they had to do at least sometimes. Further exploration on coping mechanisms and resilience is recommended.

## **Social Support**

Social Support is the emotional, instrumental, and financial aid that is obtained from one's social network. Support is generally considered as an exchange or transaction between people (Berkman 1984). Many community residents reported seeing close friends and/or family none or 1-2 times/month (close friends: 46%, family: 66%), and many people reported having someone to talk to only "a little of the time" or less (19%), which may contribute to the isolation that exists for many Backyard residents. Defining an individual's social network is complex, and survey participants asked questions about definitions of "family" and "friends" because the questions did not seem to reflect their current definitions.

## **Social Cohesion**

Social Cohesion is a feeling that members have of belonging, a feeling that members matter to one another and to the group, and a shared faith that members' needs will be met through their commitment to be together (McMillan and Chavis 1986). Over half of the survey participants (66%) reported feeling safe in their neighborhood during the daytime, and 79% responded that they think their neighborhood is a good place for them to live. Further discussion on what it means to "feel safe" is recommended.

## **Health Literacy**

Health Literacy is people's knowledge, motivation, and competencies to access, understand, appraise, and apply health information in order to make judgments and make decisions concerning healthcare, disease prevention, and health promotion to maintain or improve quality of life during the life course (Sorenson et al. 2012). Forty-four percent of survey participants reported needing to have someone help them at least sometimes when they read instructions, pamphlets, or other written materials from their health care provider, and 40% were "somewhat confident" or less when filling out medical forms by themselves. Further exploration is recommended to understand what help is needed to interact effectively with health care systems.

## **Activation**

Patient Activation is the belief that patients have important roles to play in self-managing care, collaborating with providers, and maintaining their health (Hibbard et. al. 2004). When asked about their role in their own health, 91% strongly agree or agree that taking an active role in their own health care is the most important thing that affects their health. It was noted that it is important to be attentive to the 27% who reported that they disagree strongly or disagree that they are confident they can figure out solutions when new problems arise with their health.

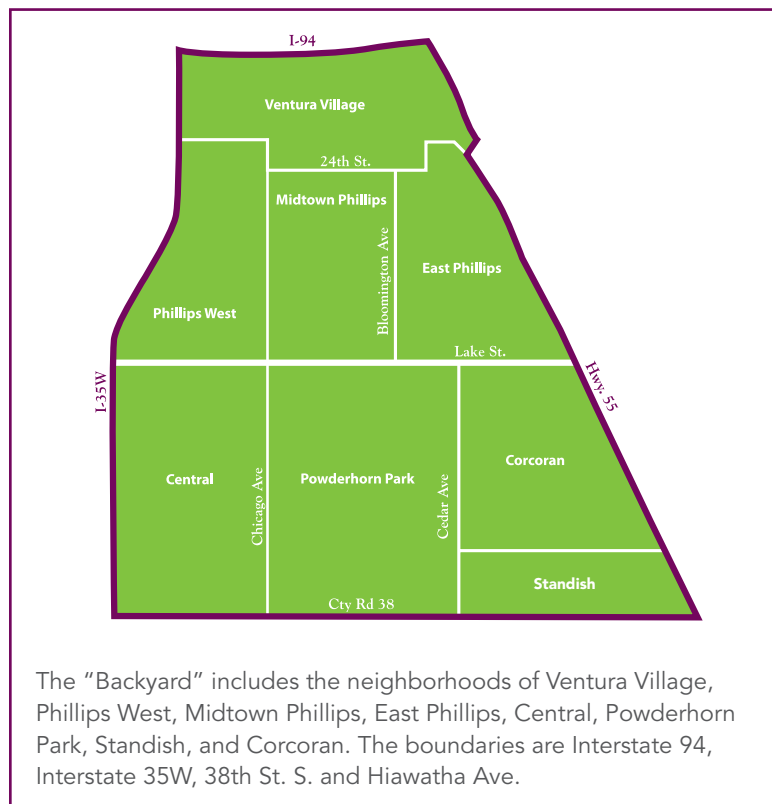
## Recommendations for Consideration

Based on the Results and Discussion, the BYI Analysis Team put forth **Recommendations for Consideration** to the BYI Assessment Team and the Community Commission on Health, including:

- **Listening Circles:** An engagement tool used to surface knowledge and experience within community members while building relationships between community members. Participants in Listening Circles take turns discussing a particular matter with the help of a facilitator.
- **Future Surveys:** Changes to future surveys; specifically, changes to the survey methodology, including the data collection tool (BYI Community Health Survey), survey session presentation, and process, reflecting learnings from this pilot study.
- **Future Backyard Initiative Activities:** Items for Citizen Health Action Teams (CHATs), the Community Commission on Health, and the Community Resource Body (CRB) to consider working on or incorporating into their activities.
- **Future Examination of Survey Responses:** Items that may require further analysis to better understand the results, such as conducting cross-tabulations to describe the relation between multiple variables, such as stress and social support.

# Introduction

The Backyard Initiative (BYI) is a dynamic partnership between Allina Health and the Backyard Community to improve the health of residents in the Backyard. The area defined as “the Backyard” encompasses the approximately one square mile area surrounding the Allina Commons (2925 Chicago Ave S), Abbott Northwestern Hospital and Phillips Eye Institute in Minneapolis, MN. Neighborhoods in the Backyard include East Phillips, Midtown Phillips, Ventura Village, Phillips West, Central, Powderhorn Park, Standish, and Corcoran.



This Initiative began with Allina Health engaging in many conversations with community stakeholders in May 2008. In December 2008, Allina Health partnered with the Cultural Wellness Center (CWC), a community non-profit organization based in Minneapolis, to facilitate the community engagement process. Early in the process, residents developed a definition of health that became the foundation for the Initiative, which is defined as:

- **Health** is a state of physical, mental, social, and spiritual well-being.
- **Health** is a state of balance, harmony, and connectedness with and amongst many systems – the body, the family, the community, the environment, and culture.
- **Health** is an active state of being – people must be active participants to be healthy, and health cannot be achieved by being passive.
- **Health** is not only the absence of infirmity and disease.

In 2009, the Backyard Initiative (BYI) completed a Community Assessment. An Assessment Team was formed to create a picture of the current state of health and well-being of residents in the Backyard, engage a broad network of residents in the process, and inform and plan the next steps for the Backyard Initiative. The BYI Assessment Team included community residents and staff from Allina Health, the Cultural Wellness Center, and Wilder Research. The Assessment was comprised of 21 Listening Circles and 677 face-to-face, walk-around interviews. **Three themes** emerged from the Assessment:

**The Power of Interconnectedness:** Each dimension of health named in the community definition of health is dependent on the others; one dimension of health cannot be understood or addressed in isolation.

**The Power of Relationships:** Relationships impact the many determinants of health. People talked about the need for 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 institutions keeps the community healthy.

**The Power of Knowledge and Creativity:** Cultural knowledge, information exchange between patients and health practitioners, and community dialogue can be resources for health.

The complete 2009 BYI Assessment Report may be found at:

[http://www.allinahealth.org/ahs/aboutallina.nsf/page/Backyard\\_Initiative\\_Assessment\\_Report\\_April\\_2010.pdf/\\$FILE/Backyard\\_Initiative\\_Assessment\\_Report\\_April\\_2010.pdf](http://www.allinahealth.org/ahs/aboutallina.nsf/page/Backyard_Initiative_Assessment_Report_April_2010.pdf/$FILE/Backyard_Initiative_Assessment_Report_April_2010.pdf)

Further foundational information about the Backyard Initiative is in **Appendix A** (“A Blueprint for Constructing Health in the Area Called the Backyard”) and **Appendix B** (“BYI Community Engagement Policy: Community Functions as a Whole”).

# Background

The **2013 Backyard Initiative (BYI) Research Plan** was designed to collect, analyze, and interpret health related data identified as being important to the Backyard Community by further exploring the themes identified in the 2009 BYI Community Assessment and the Backyard Initiative Definition of Health. Collecting and analyzing this information will add to our understanding of these health-related topics in the Backyard Community, and may be used to inform ongoing and future BYI activities and research. The five health-related topics are:

1. **Perceived stress:** the degree to which situations in one's life are appraised as stressful.
2. **Social support:** the emotional, instrumental, and financial aid that is obtained from one's social network. Support is generally considered as an exchange or transaction between people
3. **Social cohesion:** a feeling that members of a group have of belonging, a feeling that members matter to one another and to the group, and a shared faith that members' needs will be met through their commitment to be together
4. **Healthy literacy:** people's knowledge, motivation, and competencies to access, understand, appraise and apply health information in order to make judgments and make decisions concerning healthcare
5. **Patient activation:** the concept that patients have important roles to play in self-managing care, collaborating with providers, and maintaining their health

The findings from the BYI Research Plan will be disseminated back to the Community, to stakeholders, and to those in other communities who could learn and benefit from our work.

# Methodology

The Backyard Initiative is committed to a specific set of principles for engagement in community research (**Appendix C**). The BYI Research Plan process was shaped and guided by these principles.

The following methods were used:

- **Recruitment** using the BYI method of engagement and speaking with people
- **Community Leadership Capacity/Community Engaged Leadership Model** for keeping people accountable
- **Data Collection Tool:** Turning Point Audience Response System ("Clickers"). The "Clickers" were first used in the BYI at a training hosted by Take Action Minnesota. Community residents enjoyed answering the questions using the "Clickers" and recommended to the Assessment Team that the BYI Community Health Survey utilize the "Clickers"



- **Data Collection Instrument:** BYI Community Health Survey collected information on 5 health-related areas: social support, social cohesion, health literacy, perceived stress, and patient activation, as well as demographic information. The survey utilizes previously validated instruments and was constructed by a collaboration of members of the Division of Applied Research at Allina Health, the Cultural Wellness Center, and the BYI Assessment Team.

### **Survey Sessions:**

- Seven sessions were held
- Locations:
  - BYI Survey Host Orientation Session (held at Cultural Wellness Center)
  - BYI All CHAT: Meeting in which all of the Citizen Health Action Teams (CHATs<sup>1</sup>) come together to work on their ideas and statement of purpose in order to have a uniform plan and process
  - Cultural Wellness Center: Dakota and African-American participants recruited by residents of the geographic Backyard
  - A Partnership Of Diabetics (A-POD) Diabetes Breakfast
    - English speaking
    - Spanish speaking
  - Project S.E.L.F (Save. Educate. Liberate. Free.) Dinner
  - Out in the Backyard: Zumba class participants
    - English speaking session
    - Spanish speaking session
  - Hope Community Residents

### **Attendance:**

- 260 people attended the BYI Survey Sessions
- 239 people took the BYI Community Health Survey
- 206 people completed the BYI Community Health Survey

<sup>1</sup> Citizen Health Action Teams (CHATs): resident driven groups that are designed to capture the ideas, experiences, creativity, and cultural values of Backyard residents. CHATs develop and implement pilot projects that work towards achieving the Definition of Health.

# Analysis Process

The analysis process for the BYI Research Plan combined the BYI Assessment Listening Circles process with the partnership principles outlined in the BYI Community Health Survey Memorandum of Agreement (MOA). See **Appendix D** for the “Backyard Initiative Community Health Survey Analysis Process” document.

1. **Analysis Team Purpose:** The purpose of the Analysis Team was to conduct an in-depth analysis of the data collected during the BYI Community Health Survey Sessions on behalf of the BYI Assessment Team and the Community Commission on Health<sup>2</sup>, and as an extension of residents of the Backyard Community.
2. **Analysis Team Lenses of Interpretation:** The Analysis Team was comprised of residents of the Backyard and staff from Allina Health and the Cultural Wellness Center. As an extension of the community of 45,000 residents who live in the geographic Backyard, the Analysis Team viewed the data through the following lenses: culture, age, gender, sexual orientation, immigration status, economic bracket, social class, community resident, neighborhood perspective, and research perspective.
3. **Written Statement from Analysis Team Members** - Janet Dahlem, Mau Jernigan, Pamela Mink, Dimpho Orionzi, Lovel Trahan, Elena Rosenberg-Carlson, Susan Gust, and Amged Yusuf

**The following written statements describe what each person contributed, and what each person learned.**

*I learned the Cultural Wellness Center model of community engagement and community self-study worked again as I engaged and got to know my fellow committee members in deeper ways through the lenses of race, gender, immigration status, age, sexual orientation, and generational differences. I appreciated the opportunity to be engaged in discussions through the lens of community research historically restricted to the scientific or academic communities. — Janet Dahlem*

*In this analysis of the 2013 BYI Community Health Survey, I learned the process of community-based participatory research, inviting and bringing the voices of the people to tell their own perspectives of health, community and knowing cultural ways on how to heal. I participated as a community member in this research, and also in analysis, using my personal lenses as a tool to continue to see the many layers that it takes to understand the heart-beat of the people and to uplift the people. — Mau Jernigan*

*It has been an honor and a joy to have been part of the Research Analysis Team. This experience has affirmed my belief that community-based participatory research can be a powerful tool to generate knowledge, guide health improvement action(s), and foster new ideas. — Pamela Mink*

<sup>2</sup> Community Commission on Health: a 35 member group of people who live and work in the geographic Backyard and engages residents, organizations, and health care, in an advisory and decision making capacity to inform and drive the work of improving the health of people in the Backyard.

*Being part of the research process for the BYI has been an honor and a challenge. I have learned the importance of being aware of all the perspectives and experiences around the table, and giving time and space to each. — Dimpho Orionzi*

*My contribution to the process was primarily the creation of the graphs and tables for the document. I have learned that our theories of social activation levels, within the Backyard, were justified based on the activation scores captured within the community survey. — Lovel Trahan*

*I am so grateful to have had the opportunity to be part of the Research Analysis Team. One of my fondest memories is of experiencing the Analysis Team members find our collective voice built on our diverse perspectives, knowledge, and wellness promotion goals. I have learned, and am still learning, the power of developing this collective voice using a community-based participatory research approach. — Elena Rosenberg-Carlson*

*One of many lessons that I seem to keep re-learning is to “love the ones you’re with” — as the adage in an old rock ‘n roll song goes! This means to not pre-judge based on looks, assumptions, first impressions, context of the meeting, etc. We were able to build solid and honest relationships across many perspectives of thought.*

*I hope I was, in turn, counted on for my honesty, direct communication, collective-minded spirit and commitment to the work. I think we inspired each other to first and foremost, create a safe, respectful, mutually trustworthy and mutually beneficial space to do this research work, allowing us all to commit to the work together. — Susan Gust*

*When we continue to ask ourselves the right questions then we will find answers to collective solutions. I am truly honored to be part of this wonderful BYI research project and work with a team of leadership and teachers. Every opinion matters and in the tradition of gathering, the community came together and reflected themselves through this well designed survey. — Amged Yusuf*

# Results and Discussion

The following section is a summary report of the findings from the analysis of the BYI Community Health Survey data. Community Health Survey sections are listed in chronological order of Analysis Team discussion, with the first section listed being the first section discussed by the Analysis Team. Each section is formatted in the following way:

- **Introduction** to the health area covered in the survey
- **Results and Discussion** from the Analysis Team
- **Data table** for each health area, which includes participant responses to the questions on the survey for each section

Based on the Results and Discussion, the BYI Analysis Team also put forth **Recommendations for Consideration** to the BYI Assessment Team and the Community Commission on Health, which follows the full Results and Discussion section.

## I. DEMOGRAPHICS: WHO CAME TO THE SESSIONS?

Respondents were asked questions to help describe who came to the survey sessions and participated in the survey.

When asked about their general health status, 39% of respondents rated their health as excellent or very good (Figure 1).

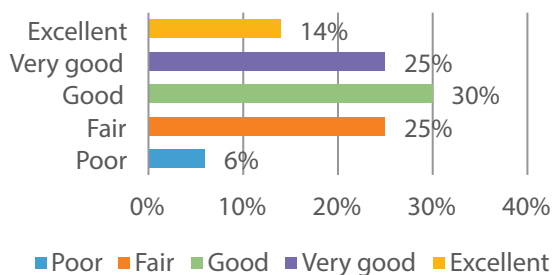
Twenty-five percent of respondents were ages 18-29, and almost half of the respondents were ages 18-39 (Figure 2a). The age range of survey participants, therefore, was younger than those most often attending BYI meetings. It was noted that there is an opportunity to engage more young adult residents in BYI activities.

Most respondents identified as women (66%) (Figure 2b), which was consistent with other BYI events. It was notable that 65% of survey participants reported household incomes of less than \$25,000/year, and 43% reported less than \$15,000/year (Figure 2c).

**Figure 1. General Health:**

Participant responses to the “demographic information & general health” questions of the BYI Community Health Survey

**“In general, would you say your health is...?”**

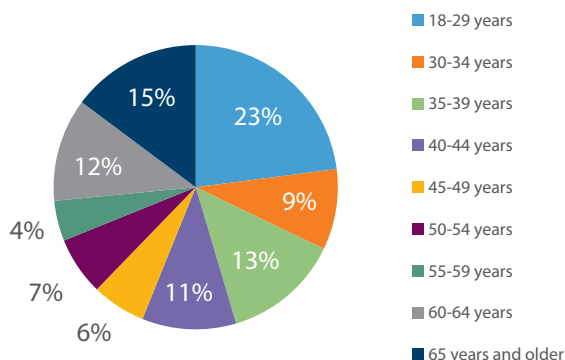


*\*Question adapted from the Hennepin County Survey of Health of the Population and the Environment (SHAPE)*  
*\*\*Percents reported do not reflect “Choose Not to Answer” or missing responses. For the general health question there was 1 “Choose Not to Answer” response and 30 missing responses.*  
*\*\*\*Complete data available upon request.*

**Figure 2a. Demographics:**

Participant responses to the “demographics & general health” questions of the BYI Community Health Survey

**What age range are you in?**



\*Question developed by the BYI Assessment Team.

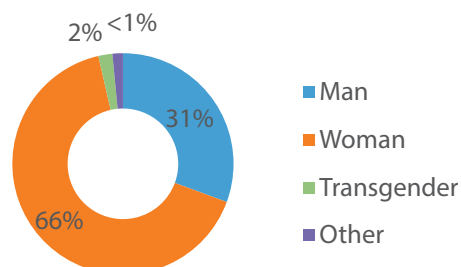
\*\*Percents reported do not reflect “Choose Not to Answer” or missing responses. For the demographics questions, the number of “Choose Not to Answer” responses ranged from 2-22 per question and missing responses ranged from 30-59 per question.

\*\*\*Complete data available upon request.

**Figure 2b. Demographics:**

Participant responses to the “demographics & general health” questions of the BYI Community Health Survey

**How do you identify?**



\*Question adapted from the Hennepin County Survey of Health of the Population and the Environment (SHAPE)

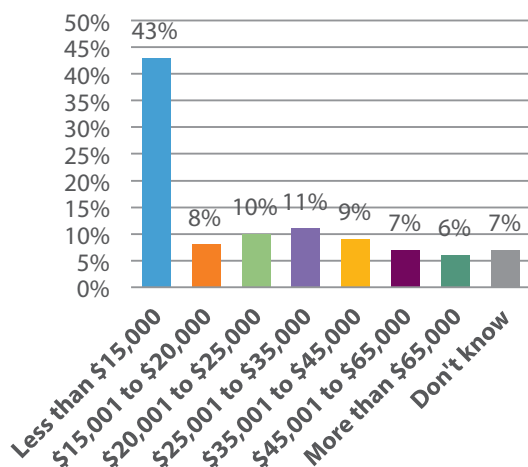
\*\*Percents reported do not reflect “Choose Not to Answer” or missing responses. For the demographics questions, the number of “Choose Not to Answer” responses ranged from 2-22 per question and missing responses ranged from 30-59 per question.

\*\*\*Complete data available upon request.

**Figure 2c. Demographics:**

Participant responses to the “demographics & general health” questions of the BYI Community Health Survey

**Approximately what was your household's income from all sources last year before taxes?**



\*Question adapted from the Hennepin County Survey of Health of the Population and the Environment (SHAPE)

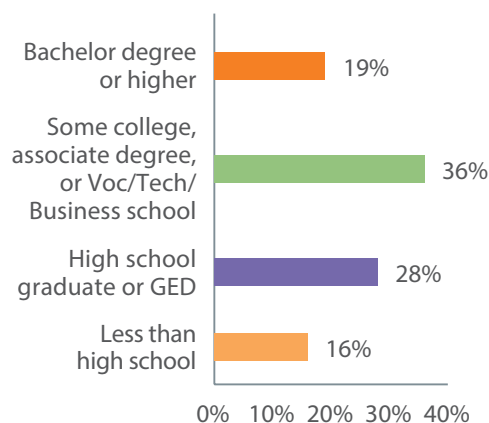
\*\*Percents reported do not reflect “Choose Not to Answer” or missing responses. For the demographics questions, the number of “Choose Not to Answer” responses ranged from 2-22 per question and missing responses ranged from 30-59 per question.

\*\*\*Complete data available upon request.

**Figure 2d. Demographics:**

Participant responses to the “demographics & general health” questions of the BYI Community Health Survey

**What is the highest grade or year of school you completed?**



\*Question developed by the Backyard Initiative Assessment Team.

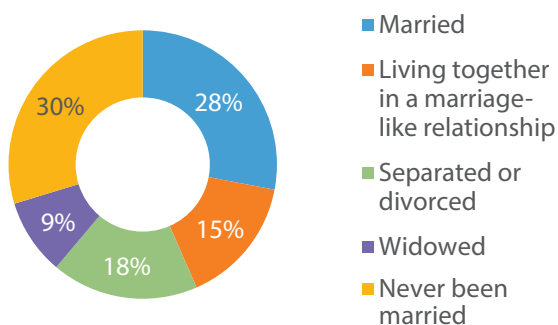
\*\*Percents reported do not reflect “Choose Not to Answer” or missing responses. For the demographics questions, the number of “Choose Not to Answer” responses ranged from 2-22 per question and missing responses ranged from 30-59 per question.

\*\*\*Complete data available upon request.

**Figure 2e. Demographics:**

Participant responses to the “demographics & general health” questions of the BYI Community Health Survey

**Are you currently?**

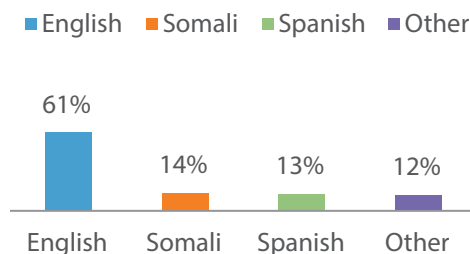


\*Question adapted from the Hennepin County Survey of Health of the Population and the Environment (SHAPE)  
 \*\*Percents reported do not reflect “Choose Not to Answer” or missing responses. For the demographics questions, the number of “Choose Not to Answer” responses ranged from 2-22 per question and missing responses ranged from 30-59 per question. \*\*\*Complete data available upon request.

**Figure 2f. Demographics:**

Participant responses to the “demographics & general health” questions of the BYI Community Health Survey

**Which languages are spoken in your household?**

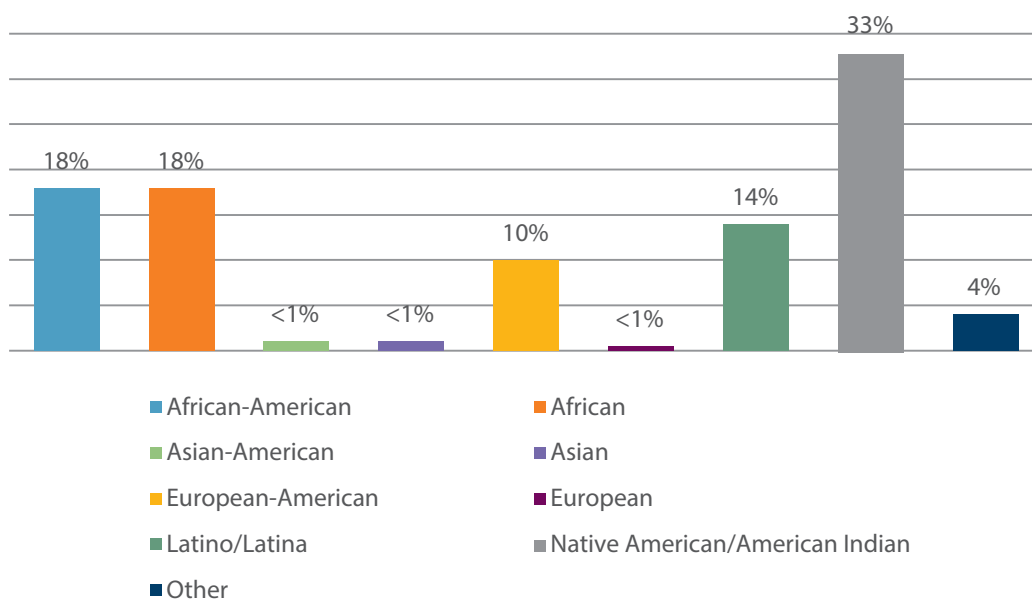


\*Question adapted from the Hennepin County Survey of Health of the Population and the Environment (SHAPE)  
 Participants were instructed to choose all that apply 148 participants selected 1 language, 27 participants selected 2 languages, 6 participants selected 3 languages  
 \*\*Percents reported do not reflect “Choose Not to Answer” or missing responses. For the demographics questions, the number of “Choose Not to Answer” responses ranged from 2-22 per question and missing responses ranged from 30-59 per question. \*\*\*Complete data available upon request.

**Figure 2g. Demographics:**

Participant responses to the “demographics & general health” questions of the BYI Community Health Survey

**Which of the following cultural groups do you consider yourself a part of?**



\*Question developed from the Backyard Initiative Community Health Assessment Participants were instructed to choose all that apply. 159 participants selected 1 group, 16 participants selected 2 groups, 3 participants selected 3 groups, 1 participant selected 5 groups. \*\*Percents reported do not reflect “Choose Not to Answer” or missing responses. For the demographics questions, the number of “Choose Not to Answer” responses ranged from 2-22 per question and missing responses ranged from 30-59 per question. \*\*\*Complete data available upon request.

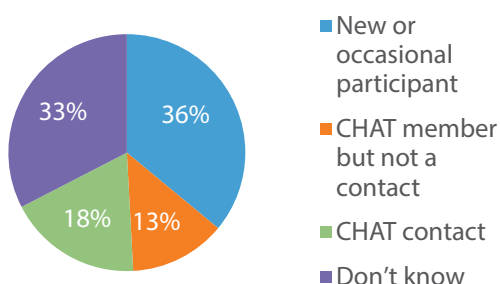
Thirty-three percent of participants reported that they did not live in one of the Backyard neighborhoods listed (Figure 2i), which might have reflected survey recruitment or uncertainty about neighborhood names/boundaries more than the actual neighborhoods where regular BYI participants reside. The distribution for responses to the CHAT participation question (Figure 2h), with many “Don’t Knows” (33%) and more participants identifying as CHAT Contacts than exist according to the Cultural Wellness Center’s record (32 participants – 18%) likely reflected confusion about the definitions of each type of BYI/CHAT participation.

**Recommendations for Consideration** related to the analysis and interpretation of the questions in this section begin on page 24.

**Figure 2h. Demographics:**

Participant responses to the “demographics & general health” questions of the BYI Community Health Survey

**Tell us about your participation in the Backyard. Are you a . . . ?**



\*Question developed by the Backyard Initiative Assessment Team

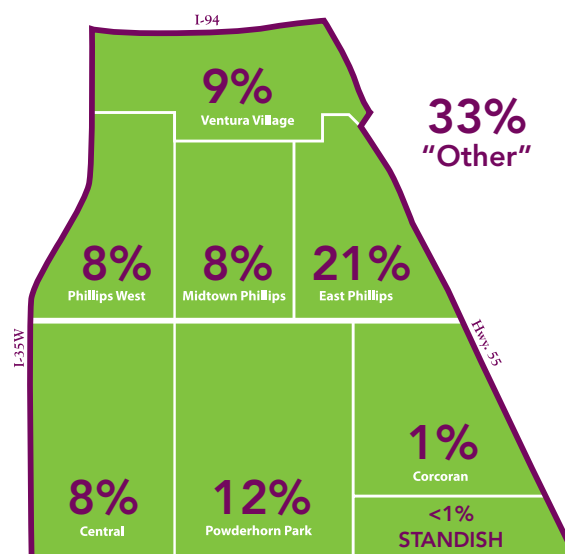
\*\*Percents reported do not reflect “Choose Not to Answer” or missing responses. For the demographics questions, the number of “Choose Not to Answer” responses ranged from 2-22 per question and missing responses ranged from 30-59 per question.

\*\*\*Complete data available upon request.

**Figure 2i. Demographics:**

Participant responses to the “demographics & general health” questions of the BYI Community Health Survey

**What neighborhood do you live in?**



\*Question developed by the Backyard Initiative Research Team

\*\*Percents reported do not reflect “Choose Not to Answer” or missing responses. For the demographics questions, the number of “Choose Not to Answer” responses ranged from 2-22 per question and missing responses ranged from 30-59 per question.

\*\*\*Complete data available upon request.

## II. PERCEIVED STRESS: PERCEIVED STRESS SCALE

Perceived Stress is defined as the degree to which situations in one’s life are appraised as stressful (Cohen et al. 1983). Stress was the most common self-reported health condition experienced by participants in the 2009 BYI Community Assessment.

Overall, the majority of participants in the Community Health Survey reported experiencing stress at least sometimes during the previous month (“sometimes,” “fairly often,” or “very



often”). In the last month, 65% responded that they felt they were unable to control the important things in their life at least sometimes, 63% responded they were unable to cope with all the things they had to do at least sometimes, and 51% have felt difficulties were piling up so high that they could not overcome them at least sometimes (Table 1).

However, given the challenges that many people in the Backyard Community face (e.g., financial challenges), a greater number of people who reported frequent perceived stress might have been expected. One possible explanation for these results was that some residents may have answered that they felt less stressed than they actually felt because they wanted to appear to be able to handle their personal issues. Another possible explanation discussed was that the urban environment of the Backyard allows people to be connected, which facilitates coping and provides support. **Recommendations for Consideration** related to the analysis and interpretation of the questions in the perceived stress section begin on page 25.

**Table 1: Perceived Stress**

The following table shows the participant responses to the “Stress” section of the BYI Community Health Survey.

	Never	Almost Never	Sometimes	Fairly Often	Very Often
1. In the last month, how often have you felt that you were unable to control the important things in your life?	21%	14%	42%	10%	13%
2. In the last month, how often have you felt confident about your ability to handle your personal problems?	12%	5%	26%	25%	33%
3. In the last month, how often have you felt that things were going your way?	9%	8%	39%	22%	22%
4. In the last month, how often have you found that you could not cope with all the things that you had to do?	17%	19%	41%	14%	8%
5. In the last month, how often have you felt difficulties were piling up high so that you could not overcome them?	21%	28%	30%	13%	8%
6. In the last month, how often have you been angered because of things that were outside of your control?	12%	23%	34%	16%	13%

\*Questions 1-6 are from Cohen's Perceived Stress Scale (Cohen et al. 1983).

\*\*Percents reported do not reflect “Choose Not to Answer” or missing responses. For the Perceived Stress questions, the number of “Choose Not to Answer” responses ranged from 5-12 per question and missing responses ranged from 24-36 per question. \*\*\*Complete data are available upon request.



### III. SOCIAL SUPPORT: BERKMAN-SYME SOCIAL NETWORK INDEX AND ADDITIONAL QUESTIONS WRITTEN BY THE BYI ASSESSMENT TEAM

Social Support is the emotional, instrumental, and financial aid that is obtained from one's social network. Support is generally considered as an exchange or transaction between people (Berkman 1984). The BYI Assessment Team also wrote four new questions about social support.

**Social Networks and Social Support addresses the following kinds of questions:**

How many people do community residents have in their networks, what kinds of relationships do they have with those in their networks, and what is the quality of support they receive from those relationships?

Defining an individual's social network using the Berkman-Syme questions proved to be complex. Many questions were brought up during the survey sessions and during data analysis about people who build their social support networks in non-traditional ways and how those structures fit in. For example, participants asked questions about the definitions of "friends" and "family" because the questions did not seem to reflect their current definitions.

It was noted that many people see close friends and/or family none or 1-2 times/month (close friends: 46%, family: 66%), and many people have someone to talk to only "a little of the time" or less (19%), which may contribute to the isolation that exists for some Backyard residents (Table 2a and 2b). **Recommendations for Consideration** related to the analysis and interpretation of the questions in the social support section begin on page 25.

**Table 2a. Social Network and Social Support**

Participant responses to the "Social Network" questions of the BYI Community Health Survey

	None	1 or 2	3 to 5	6 to 9	10 or More	
1. How many close friends do you have that you feel at ease with and can talk to about private matters?	13%	41%	29%	9%	8%	
2. How many of these close friends do you see at least once a month?	11%	35%	33%	11%	10%	
3. How many relatives do you have that you feel at ease with and can talk to about private matters?	14%	41%	26%	7%	12%	
4. How many of these relatives do you see at least once a month?	24%	42%	21%	6%	8%	
5. Do you participate in any groups, such as a senior center, cultural gathering, social or work group, religious or spiritually-connected group, self-help group, or charity, public service, or community group?				Yes	No	
				84%	16%	
6. About how often do you go to religious or spiritual gatherings or services?	Never or almost never	Once or twice a year	Every few months	Once or twice a month	Once a week	More than once a week
	12%	16%	19%	11%	25%	16%

**Table 2b. Social Network and Social Support**

Participant responses to the "Social Support" questions of the BYI Community Health Survey

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
<b>7. Is there someone available whom you can count on to listen when you need to talk?</b>	4%	15%	23%	26%	32%
<b>8. Is there someone available to give you good advice about a problem?</b>	4%	18%	24%	26%	28%
<b>9. Can you count on anyone to provide you with emotional support (talking over problems or helping you make a difficult decision)?</b>	6%	11%	26%	27%	29%
<b>10. Do you have as much contact as you would like with someone you feel close to (someone whom you can trust and confide in)?</b>	5%	22%	22%	24%	26%
<b>11. Do you have someone available to you who you are comfortable having with you in the doctor's office and speaking to the doctor with you?</b>	17%	17%	21%	18%	27%
<b>12. Do you have people who support you in caring for your health and wellness (diet, exercise, managing medicines) on a day to day basis?</b>	20%	16%	21%	19%	25%
<b>13. Do you have people who are willing and available to complete all the chores/ physical activities you need to have done if your ability to complete them is limited by your health condition?</b>	21%	16%	22%	20%	21%
<b>14. Do you have people who will give you rides to the places you need to go if your health condition prevents you from driving or taking the bus?</b>	16%	17%	21%	23%	23%

\*Questions 1-10 came from the Berkman-Syme Social Network Index developed by Berkman and Syme (1979) (one item was omitted at the request of the BYI Assessment Team).

\*\*Questions 11-14 were developed by the BYI Assessment Team. \*\*\*Percents reported do not reflect "Choose Not to Answer" or missing responses. For the Social Support and Social Network questions, the number of "Choose Not to Answer" responses ranged from 5-15 per question and missing responses ranged from 35-49 per question. Complete data are available upon request.

## IV. SOCIAL COHESION: SENSE OF COMMUNITY INDEX AND “YOUR NEIGHBORHOOD”

Social cohesion is a feeling that members of a group have of belonging, a feeling that members matter to one another and to the group, and a shared faith that members' needs will be met through their commitment to be together (McMillan and Chavis 1986).

**Social Cohesion and Sense of Community address questions such as:**

How connected and unified do community residents feel? What is the quality of community residents' experiences in their neighborhoods?

Overall, the majority of responses to the “Sense of Community” questions on the survey were positive. When asked about safety, 66% of respondents responded that they feel safe in their neighborhood during the daytime. It was noted during the discussion of the results that there are many different definitions of safety. Given the perception by some that the Backyard is a high crime area, it was noted with interest that 79% of people think their neighborhood is a good place for them to live (Table 3a). In addition, 83% responded “true” to the statement, “I feel at home in this neighborhood.”

When asked about contact with neighbors, 48% of people responded that they have contact with their neighbors every day. Furthermore, 46% get together socially with their neighbors at least once a week. It was recalled that the energy level of participants picked up during this section of survey questions. **Recommendations for Consideration** related to the analysis and interpretation of the questions in the social cohesion section begin on page 26.

**Table 3a. Social Cohesion - Sense of Community**

Participant responses to the "Social Cohesion" questions of the BYI Community Health Survey.

	True	False
1. I think my neighborhood is a good place for me to live.	79%	21%
2. People in this neighborhood do not share the same values.	62%	38%
3. My neighbors and I want the same thing from the neighborhood.	74%	26%
4. I can recognize most of the people who live in my neighborhood.	57%	43%
5. I feel at home in this neighborhood.	83%	17%
6. Very few of my neighbors know me.	57%	43%
7. I care about what my neighbors think of my actions.	70%	30%
8. I have no influence over what this neighborhood is like.	42%	58%
9. If there is a problem in this neighborhood; people who live here can get it solved.	68%	32%
10. It is very important to me to live in this particular neighborhood.	64%	36%
11. People in this neighborhood generally don't get along with each other.	37%	63%
12. I expect to live in this neighborhood for a long time.	62%	38%

\*Questions in Table 3A came from the Sense of Community Index developed by Chavis (1986).

\*\*Percents reported do not reflect "Choose Not to Answer" or missing responses. For the Social Cohesion questions, the number of "Choose Not to Answer" responses ranged from 8-32 per question and missing responses ranged from 32-45 per question.

**Table 3b. Social Cohesion – Your Neighborhood 1**

Participant responses to the "Social Cohesion" questions of the BYI Community Health Survey

	Almost every day	Several times a week	About once a week	1-3 times a month	Less than once a month	Never or hardly ever
1. How often do you have any contact, even something as simple as saying 'hello,' with any of your neighbors?	48%	21%	13%	5%	4%	9%
2. How often do you have a real conversation or get together socially with any of you neighbors?	14%	15%	17%	11%	15%	28%

**Table 3c. Social Cohesion – Your Neighborhood 2**

Participant responses to the “Social Cohesion” questions of the BYI Community Health Survey

	A lot	Some	A little	Not at all
1. I feel safe being out alone in my neighborhood during the daytime.	66%	23%	5%	6%
2. I feel safe being out alone in my neighborhood at night.	28%	28%	20%	24%
3. I could call on a neighbor for help if I needed it.	31%	27%	23%	19%
4. People in my neighborhood trust each other.	14%	34%	27%	26%

\*Questions in Tables 3B and 3C came from the National Survey of Midlife Development in the United States II (MIDUS II, 1996).

\*\*Percents reported do not reflect “Choose Not to Answer” or missing responses. For the Social Cohesion questions, the number of “Choose Not to Answer” responses ranged from 8-32 per question and missing responses ranged from 32-45 per question.

## V. HEALTH LITERACY: SINGLE ITEM LITERACY SCALE (SILS) AND ADDITIONAL QUESTIONS WRITTEN BY THE BYI ASSESSMENT TEAM

Health literacy refers to “people’s knowledge, motivation, and competencies to access, understand, appraise and apply health information in order to make judgments and make decisions concerning healthcare, disease prevention, and health promotion to maintain or improve quality of life during the life course.” (Sorenson et al. 2012)

**The Health Literacy section helps address questions such as:**

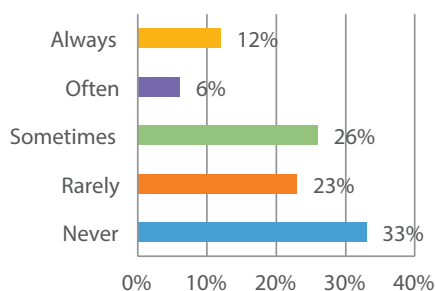
**Do community residents have the knowledge, skills, resources, and ability they need to work in partnership with healthcare to improve health?**

When asked about their ability to understand written medical information, 44% of participants responded that they need to have someone help them at least sometimes (sometimes, often or always) when they read instructions, pamphlets, or other written materials from their health care provider. Forty percent responded that they are “somewhat” confident or less when filling out medical forms by themselves (Figure 3a-d).

### Figure 3a. Health Literacy:

Participant responses to the “Health Literacy” questions of the BYI Community Health Survey

**How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your health care provider?**



\*Question adapted from Single Item Literacy Score (SILS) developed by Morris NS, MacLean CD, Chew LD, Littenberg B. The Single Item Literacy Screener: evaluation of a brief instrument to identify limited reading ability. BMC family practice. 2006

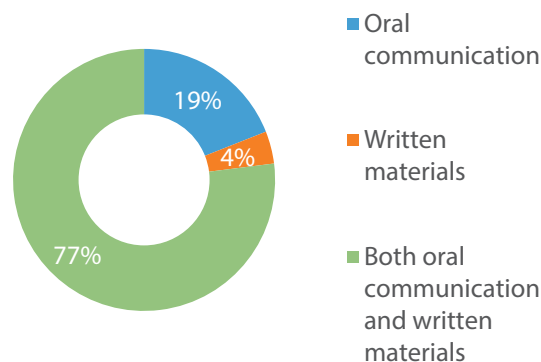
\*\*Percents reported do not reflect “Choose Not to Answer” or missing responses. For the demographics questions, the number of “Choose Not to Answer” responses ranged from 3-7 per question and missing responses ranged from 23-28 per question.

\*\*\*Complete data available upon request.

### Figure 3b. Health Literacy:

Participant responses to the “Health Literacy” questions of the BYI Community Health Survey

**How would you like to have your medical information communicated to you?**



\*Question developed by the Backyard Initiative Assessment Team

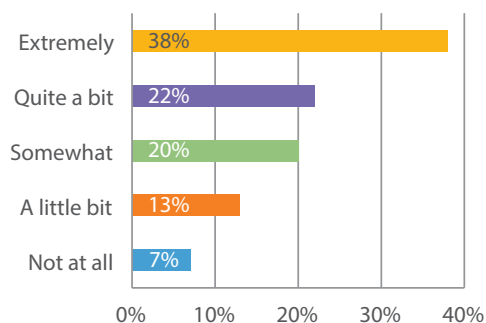
\*\*Percents reported do not reflect “Choose Not to Answer” or missing responses. For the demographics questions, the number of “Choose Not to Answer” responses ranged from 3-7 per question and missing responses ranged from 23-28 per question.

\*\*\*Complete data available upon request.

### Figure 3c. Health Literacy:

Participant responses to the “Health Literacy” questions of the BYI Community Health Survey

**How confident are you when filling out medical forms by yourself?**



\*Question adapted from Chew LD, Bradley KA, Boyko EJ. Brief questions to identify patients with inadequate health literacy. Family medicine. Sep 2004

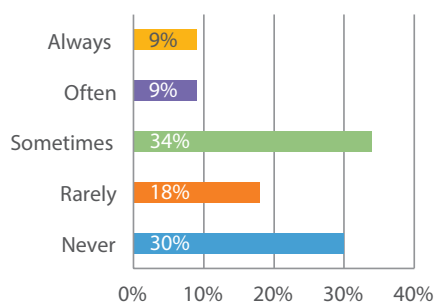
\*\*Percents reported do not reflect “Choose Not to Answer” or missing responses. For the demographics questions, the number of “Choose Not to Answer” responses ranged from 3-7 per question and missing responses ranged from 23-28 per question.

\*\*\*Complete data available upon request

### Figure 3d. Health Literacy:

Participant responses to the “Health Literacy” questions of the BYI Community Health Survey

**How often do you have problems learning about your medical condition because of difficulty understanding written medical information?**



\*Question adapted from Chew LD, Bradley KA, Boyko EJ. Brief questions to identify patients with inadequate health literacy. Family medicine. Sep 2004

\*\*Percents reported do not reflect “Choose Not to Answer” or missing responses. For the demographics questions, the number of “Choose Not to Answer” responses ranged from 3-7 per question and missing responses ranged from 23-28 per question.

\*\*\*Complete data available upon request.

Additionally, 52% of participants at least sometimes have problems learning about their medical condition because of difficulty understanding written medical information, 77% prefer medical information communicated through both written and oral communication, and only 4% prefer written communication alone. **Recommendations for Consideration** related to the analysis and interpretation of the questions in the health literacy section begin on page 27.

## **VI.ACTIVATION: PATIENT ACTIVATION MEASURE (PAM) AND ADDITIONAL QUESTIONS WRITTEN BY THE BYI ASSESSMENT TEAM**

Patient Activation is the belief that patients have important roles to play in self-managing care, collaborating with providers, and maintaining their health (Hibbard et al. 2004).

**The Patient Activation section helps to address questions such as:**

*Are community residents confident that they can manage their health, both in and outside of a clinical setting?*

When asked about their role in their own health, 95% reported “agree strongly” or “agree” that they are ultimately the one responsible, 91% strongly agree or agree that taking an active role in their own health care is the most important thing that affects their health, and 81% “agree strongly” or “agree” that they can tell whether they need to go to the doctor or can take care of their health problems themselves (Table 4).

It was also noted that 27% reported that they disagree strongly or disagree that they are confident they can figure out solutions when new problems arise with their health. **Recommendations for Consideration** related to the analysis and interpretation of the questions in the patient activation section begin on page 27.

**Table 4. Patient Activation Measure (PAM)**

Participant responses to the "Patient Activation" questions of the BYI Community Health Survey

	Disagree Strongly	Disagree	Agree	Agree Strongly
When all is said and done, I am the person who is responsible for taking care of my health.	3%	2%	30%	65%
Taking an active role in my own health care is the most important thing that affects my health.	3%	6%	32%	59%
I am confident I can help prevent or reduce problems associated with my health.	3%	5%	42%	49%
I know what each of my prescribed medications do.	7%	16%	35%	42%
I am confident that I can tell whether I need to go to the doctor or whether I can take care of a health problem myself.	6%	13%	43%	38%
I am confident that I can tell a doctor concerns I have even when he or she does not ask.	2%	10%	43%	44%
I am confident that I can follow through on medical treatments I may need to do at home.	2%	11%	47%	41%
I understand my health problems and what causes them.	3%	25%	41%	31%
I know what treatments are available for my health problems.	4%	23%	48%	25%
I have been able to maintain (keep up with) lifestyle changes, like eating right or exercising.	7%	24%	41%	27%
I know how to prevent problems with my health.	4%	16%	53%	27%
I am confident I can figure out solutions when new problems arise with my health.	4%	23%	50%	23%
I am confident that I can maintain lifestyle changes, like eating right and exercising, even during times of stress.	8%	27%	40%	26%
I know what my herbs and supplements do.	7%	28%	38%	26%

\*Questions 1-13 are from the 13-item Patient Activation Measure developed by Hibbard et al. (2004). Question 14 was developed by the BYI Assessment Team.

\*\*Percents reported do not reflect "Choose Not to Answer" or missing responses. For the Patient Activation questions, the number of "Choose Not to Answer" responses ranged from 1-9 per question and missing responses ranged from 21-45 per question.

\*\*\*Complete data are available upon request.



# Recommendations for Consideration

Based on the BYI Analysis Team's discussion and interpretation of the results from the BYI Community Health Survey, these are the Analysis Team's ideas and recommendations to the BYI Assessment Team and Commission for further study and activities. The recommendations are categorized in the following way:

- **Future Listening Circle Topics:** The Analysis Team suggests that the BYI hosts Listening Circles in early 2014 to provide community residents the opportunity to share their understanding of, and to have deeper conversations on, the BYI Community Health Survey findings.

*A Listening Circle is an engagement tool that is used to surface knowledge and experience within community members while building relationships between community members. Participants in Listening Circles take turns dialoguing about a particular matter through the help of a facilitator.*

- **Future Surveys:** The Analysis Team has compiled comments and suggestions regarding the survey methodology, including the data collection tool (BYI Community Health Survey), as well as the survey session presentation and process. These suggestions may be helpful for future BYI surveys.
- **Future Backyard Initiative Activities:** The Analysis Team has compiled ideas for action based on the BYI Community Health Survey findings that CHATs, the BYI Commission, and/or the Community Resource Body (CRB)<sup>3</sup> may wish to consider.
- **Future Examination of Survey Responses:** The Analysis Team has compiled ideas and suggestions for further exploration and analysis of specific findings from this survey to better understand and interpret the results.

<sup>3</sup> The Community Resource Body (CRB) is a group of leading health care, public health, funders, and economic and community development professionals who work in partnership with the Backyard Community—through the BY Commission on Health—to link and generate knowledge, relationships, and resources, including social, cultural, and financial capital to sustain the work of Backyard residents and improve the long-term health of the community.

**Table 5.**

The Analysis Team developed the following recommendations for the BYI Assessment Team and the Community Commission on Health. These recommendations were informed by the findings from the **Demographics** section of the BYI Community Health Survey.

	Future Listening Circle Topics	Future Surveys	Future Backyard Initiative Activities	Future Examination of Survey Responses
<b>Demographics</b>	Discuss how best to define communities where people in the Backyard live, given that many responded "other" to the question shown in Figure 2i.	<p>Question additions: In thinking about those with an income \$25,000/year, consider developing questions to understand how they are existing, and what makes it possible to get up every day and take care of their family and other responsibilities.</p>	<p>Give residents all of the questions and responses, and present it as an opportunity for self-study. For example, is it important to the BYI that participants in activities understand what a CHAT is or that they are participating in a BYI activity (and not just "Zumba")?</p> <p>Is there something to be learned from further thinking and discussion about some of the questions in the survey and how they may have been motivating or prompting changes in health behavior?</p>	<p>The Analysis Team came up with many additional questions that could be answered by further analysis of the survey data. For example, some of the responses could be broken down further to allow comparisons to see if answers to the questions were different for different groups of people.</p> <p>For example, was income level different for different age groups? Or, was level of education related to age?</p> <p>Some examples of comparisons are:</p> <ul style="list-style-type: none"> <li>• Compare levels of education to age range.</li> <li>• Compare levels of income to age range.</li> <li>• Compare cultural group to neighborhood.</li> <li>• Compare responses from health-related questions to level of participation in the BYI (for example, compare general health status (Figure 2a) by level of participation in BYI activities (Figure 2h). This would allow us to address the question, "Do people who respond that they are CHAT members or CHAT contacts report better overall health compared to people who respond that they are new or occasional participants or "don't know" whether they have participated in BYI activities?"</li> </ul>
	Discuss how best to define communities where people in the Backyard live, given that many responded "other" to the question shown in Figure 2i.	<p>Survey experience changes:</p> <p>The Analysis Team identified a need for several changes/additions to the questions about demographic factors.</p> <p>For example, using a more inclusive question about "marital status," and adding Dakota and Ojibwe as language options to the question about languages spoken at home.</p> <p>It was suggested that demographic and neighborhood questions should come first so that people can immediately see themselves in the survey.</p>		
	Explore whether participants in BYI activities recognize that CHAT events like A-POD breakfast and Zumba are BYI activities. In other words, do they recognize these events and activities as part of something larger?	<p>It is important to be able to talk about the BYI more and really engage people in the BYI process, including setting up a nice space to take the survey in. Meals and Tokens of Appreciation would be easier to do at the end, and doing that would persuade people to stay until the end.</p>		

**Table 6.**

The Analysis Team developed the following recommendations for the BYI Assessment Team and the Community Commission on Health. These recommendations were informed by the findings from the **Perceived Stress** section of the BYI Community Health Survey.

<b>Perceived Stress</b>	Future Listening Circle Topics		Future Backyard Initiative Activities	Future Examination of Survey Responses
	Explore resilience even in the face of life challenges.	Do Before-and-After Exercise.	Give residents all of the questions and responses, and present it as an opportunity for self-study.	Conduct further analyses of survey data to examine whether perceived stress might differ depending on a person's social network or social support.
	Explore mechanisms for coping with stress.			

**Table 7.**

The Analysis Team developed the following recommendations for the BYI Assessment Team and the Community Commission on Health. These recommendations were informed by the findings from the **Social Support** section of the BYI Community Health Survey.

<b>Social Support</b>	Future Listening Circle Topics	Future Surveys	Future Backyard Initiative Activities	Future Examination of Survey Responses
	Discuss what systems and types of intimacy allow people to feel safe and secure.	Question addition: Do you wish your social support were different?	It was suggested that CHATs could develop concrete social support systems – such as each CHAT member having at least one person who will always be available to go to the doctor with them.	<ul style="list-style-type: none"> <li>• Compare levels of social support to income.</li> <li>• Examine if number of close friends differs by age, culture, and number of close relatives.</li> <li>• Look at if the frequency of seeing close friends differs by cultural group.</li> <li>• Examine participation levels in the BYI by Social Network Index Score.</li> <li>• Compare levels of social support in caring for your health and wellness to patient activation levels.</li> <li>• Examine whether social support increases through participation in BYI activities, especially in CHATs that have social support as a main focus of their activities (whether stated outright or not).</li> </ul>
	Discuss how different people may want or need smaller or larger social networks. Not everyone may want or need a lot of people in their network	<p>Survey experience changes: Questions should be inclusive of all types of social support.</p> <p>It is important to preface this section with a reminder that the survey is anonymous and that there are no bad or good answers to the questions – simply people's honest experiences.</p>	Give residents all of the questions and responses, and present this section as an opportunity for self-study.	

**Table 8.**

The Analysis Team developed the following recommendations for the BYI Assessment Team and the Community Commission on Health. These recommendations were informed by the findings from the **Social Cohesion** section of the BYI Community Health Survey.

	Future Listening Circle Topics	Future Surveys	Future Backyard Initiative Activities	Future Examination of Survey Responses
<b>Social Cohesion</b>	Engage in a discussion about how often residents have a real conversation or get together socially with their neighbors.	<p>Suggestions/ideas for future surveys include considering the following:</p> <ul style="list-style-type: none"> <li>• Define “neighbors” more clearly.</li> <li>• Include 18 and under population in answering these questions.</li> <li>• Include geographic description of the neighborhoods.</li> <li>• Add, “How long have you lived in the Backyard?” question.</li> <li>• Add question about whether or not people are friends with their neighbors.</li> </ul>	<p>Suggestions for future BYI activities include the following:</p> <ul style="list-style-type: none"> <li>• Hold “Storytelling About Safety” sessions so people can learn from each other. “What does it mean to be safe?”</li> <li>• Take section results to Anchor Families CHAT; use results in the process of building further action.</li> <li>• Give residents all of the questions and responses from this section, and present it as an opportunity for self-study.</li> </ul>	Compare frequency of having real conversations with neighbors to number of close friends.
	Discuss further how people build relationships with others in their neighborhood, and/or suggestions about doing so.			Compare thinking that your neighborhood is a good place to live with neighborhood where people live.
	Discuss perceptions of BYI neighborhoods, both within the Backyard community and that others outside the Backyard may have. What do residents feel about the findings from the “Sense of Community” questions?			

**Table 9.**

The BYI Analysis Team developed the following recommendations for the BYI Assessment Team and the BYI Community Commission on Health. These recommendations were informed by the findings from the **Health Literacy** section of the BYI Community Health Survey.

	Future Listening Circle Topics	Future Surveys	Future Backyard Initiative Activities	Future Examination of Survey Responses
<b>Health Literacy</b>	<p>Engage in a discussion and share ideas to explore questions such as:</p> <ul style="list-style-type: none"> <li>• What does the help that people need around health literacy look like?</li> <li>• How can the BYI be responsive to the kinds of things residents say would be helpful to them?</li> </ul>	<p>It was suggested that additional questions be added to find out information such as:</p> <ul style="list-style-type: none"> <li>• "How do you process information?"</li> <li>• "How do you prefer to make decisions about your health/health care?" (Do you prefer to do so alone, do so together with trusted family/friends, together with a healthcare provider, have the healthcare provider make all the decisions, have a family member make all of the decisions, etc.)</li> <li>• Use visual aids to demonstrate how health information can be explained with pictures.</li> </ul>	<p>Give residents all of the questions and responses to this section, and present it as an opportunity for self-study. Do Before and After Exercise.</p>	<p>Compare belief that you are ultimately responsible for your health (question from "Patient Activation Measure" section) with frequency of needing help understanding written medical information.</p>

**Table 10.**

The Analysis Team developed the following recommendations for the BYI Assessment Team and the Community Commission on Health. These recommendations were informed by the findings from the **Patient Activation** section of the BYI Community Health Survey.

	Future Surveys	Future Backyard Initiative Activities
<b>Activation</b>	<p>The following ideas were suggested for future BYI surveys:</p> <ul style="list-style-type: none"> <li>• Add questions about access to health care, including having any type of health insurance.</li> <li>• Host the survey at other community gathering places.</li> <li>• Invite back people who took the survey the first time. This will allow both the opportunity to ask further questions of the same group of people, and will also provide the opportunity to look at whether some of these measures are changing over time. For example, it might be expected that with more involvement and participation in BYI activities/ CHATs, a larger percent of responses will be "agree" or "strongly agree" to questions about playing an active role in one's health and feeling confident about being able to maintain positive changes in one's health, even during times of stress.</li> </ul>	<p>Give residents all of the questions and responses from this section, and present it as an opportunity for self-study. Do Before and After Exercise.</p>

# Acknowledgments

This Summary of the Findings report came out of a shared process and partnership with community (between the Backyard Community and Allina Health?). It reflects the knowledge, experiences, and cultures of Backyard residents.

The process included people and organizations that participated in planning, development, training, implementation, analysis and interpretation, writing, and learning together.

Profound appreciation for and thanks to:

- I. The community residents who participated in the Community Health Survey for sharing your knowledge and experiences.
- II. Hope Community, the Minneapolis Park & Recreation Board – Powderhorn Park, Phillips Community Center, Safari Restaurant, and the Midtown Global Market for providing space for the survey sessions.
- III. The BYI Commission for providing leadership to all BYI activities.
- IV. The BYI Assessment Team for guiding the BYI Research Plan process.
- V. The BYI Research Team for supporting the work of the BYI Research Plan.
- VI. The Community Health Survey Hosts – Janet Dahlem, Susan Gust, Mau Jernigan, Khusaba Seka, Amy Shellabarger, Freddie Velez, Dee Henry Williams, and Amged Yusuf – for hosting the survey sessions.
- VII. Wilder Research for cleaning the Community Health Survey data.
- VIII. The staff of Allina Health and the Cultural Wellness Center, who facilitated discussions, brought in resources, documented the process, and captured the learning, knowledge and feedback of community residents.

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# Glossary of Backyard Initiative Terms

## **Analysis Team:**

A sub-team of the Assessment Team comprised of Backyard residents and staff from the Allina Health Division of Applied Research that reviewed, analyzed, and interpreted the Community Health Survey data.

## **Assessment Team:**

A Community Health Action Team that carries out the assessment, evaluation, and research needs of the Commission. (Report from the Assessment Team to the Community's Commission on Health on the Completion of the First Year of Community Health Action Team Activities 2013)

## **Before And After Exercise:**

This exercise reflects the Cultural Wellness Center's approach to creating a space in which community residents can be empowered to create change by supporting the community to study itself and opening the door to an opportunity for residents to create a vision of alternative experiences. (Adapted from the Backyard Initiative Toolkit 2013)

## **Community's Commission on Health (The Commission):**

The Backyard Community's Commission on Health is composed of 2 – 3 members of all of the Community Health Action Teams, as well as staff from Allina Health and the Cultural Wellness Center. Representatives from the Backyard Initiative's two other organizational partners, Hope Community and Portico, as well as the Commissioner of Health for the City of Minneapolis, also have seats on the Commission. It meets monthly and has the following purpose:

1. To protect and build the partnership between the community and Allina Health, and to assure the work of community is valued
2. To monitor the health of the community
3. To listen to the people in the community about their health concerns; to keep in touch with the pulse of the community
4. To educate people in the community about issues and available resources
5. To build community capacity for taking responsibility for its own health
6. To research, study and produce knowledge about conditions in the community, and to design solutions to change them

(Backyard Initiative Toolkit 2013)

## **Community Health Action Team (CHAT):**

A team convened by residents and supported by the Cultural Wellness Center to design and implement prevention and wellness pilot projects to improve community health. They carry out their work using the Backyard Definition of Health, each CHAT's knowledge and expertise, and identified community needs. (Backyard Initiative Toolkit 2013)



### **Community Resource Body (CRB):**

The Backyard Initiative Community Resource Body (CRB) is a group of leading health care, public health, and economic and community development professionals and funders who are committed to the mission and work of the Backyard Initiative. CRB members work in partnership with the Backyard Initiative to generate and link knowledge, relationships, and resources, focusing on the Backyard Initiative Triple Aim of leveraging cash, connections, and culture. (Backyard Initiative Toolkit 2013)

### **Listening Circle:**

An engagement tool that is used to surface knowledge and experience within community members while building relationships between community members. Participants in Listening Circles take turns dialoguing about a particular matter through the help of a facilitator. The purpose of the Backyard Initiative Listening Circles is to provide community members the opportunity to share their understanding of their health and health needs. (Backyard Initiative Assessment Report 2010)

### **Research Team:**

A sub-team and working group of the Assessment Team comprised of Backyard residents and staff from the Allina Health Division of Applied Research that supports Backyard Initiative research efforts. The Research Team has supported the development and implementation of the Backyard Initiative Research Plan, including helping to guide the process of collecting, analyzing, and interpreting Community Health Survey data.

### **Walk-Around Interviews:**

An approach to gathering quantitative information through surveys by performing household interviews with a broad subset of the Backyard population. (Adapted from Backyard Initiative Assessment Report 2010)

### **References for Glossary:**

Backyard Initiative Assessment Team. (2010). Community at the Core: Backyard Initiative Assessment Report.

Backyard Initiative Toolkit. (2013).

Report from the Assessment Team to the Community's Commission on Health on the Completion of the First Year of Community Health Action Team Activities. (2013).

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# BYI Research Plan Glossary of Terms and Concepts

## KEY TERMS

### Analysis:

The detailed examination of the elements or structure of something, typically as a basis for discussion or interpretation. (Oxford English Dictionary Online)

*The BYI Analysis Team, a sub-team of the Assessment Team, performed an **analysis** of the survey data.*

### Assessment:

The measurement or estimation of the nature, quality, or ability of something or someone. (Adapted from Dictionary.com)

*We gathered information about Backyard residents in order to make an **assessment** of how they are doing on the key determinants of health identified by Backyard residents in the 2009 Community Assessment.*

### Audience Response System (Clickers):

A data collection and assessment tool with an interactive audience response feature that collects real-time responses from participants. (Turning Technologies)

*We used the **clicker system** to collect survey responses.*

### Baseline:

An initial set of critical observations or data used for future comparison. (Adapted from Merriam-Webster Dictionary Online)

*The first round of the survey was used to get **baseline** data that we hope to compare to future data in order to see if any changes occur over time for how Backyard residents are doing on their key determinants of health.*

### Community-Based Participatory Research (CBPR):

A research partnership between community members, organizational representatives, and researchers that is involved in all aspects of the research process, including initial community assessment and problem definition, development of research methods, data collection and analysis, interpretation of data, dissemination of results, development of interventions (if appropriate) and establishment of sustainability of the process. (Adapted from Israel et al.1998)

*Our Research Plan used a completely **CBPR** approach, based on a research partnership between Allina Health's Division of Applied Research, the Cultural Wellness Center, and the Backyard Initiative Assessment Team. All parts of the Research Plan were developed through a shared process and are held by all parties involved.*

## Evaluation:

The systematic acquisition and assessment of information to provide useful feedback about some [person or] object. (Research Methods Knowledge Base Introduction to Evaluation)

*We performed an **evaluation** of our research methods by collecting information about how well they worked. We will use that information to inform the next round of the survey process.*

## Facilitator:

The person who frames the objective of the discussion, sets the tone and directs the discussion with initially prepared questions. (Colorado Department of Education)

***Facilitators** from the Backyard Initiative community led the survey sessions. Note: In the context of the Backyard Initiative Research Plan, the title “Facilitator” was replaced by “Host” to support a welcoming, shared experience between those leading the sessions and participating in the survey.*

## Informed Consent:

A process that includes the presentation of information to the prospective [research participant], adequate opportunity for the [participant] to ask questions and have them answered, and documentation of the voluntary decision to participate. [This process] is a fundamental mechanism to ensure respect for persons through provision of thoughtful consent for a voluntary act. (Rutgers University Informed Consent Guidance)

*The Research Plan Hosts took all survey participants through an **informed consent** process before they took the survey. This process allowed survey participants to learn general information about the Research Plan, the fact that the survey is completely voluntary, and the fact that all survey responses will be collected anonymously (nobody will be able to see who gave what answer). Participants had a chance to think about this information and ask questions, and then they were asked to sign a consent form in order to participate in the survey.*

## Institutional Review Board (IRB):

A group of people - with representation from a wide range of scientific disciplines and from outside the academic community – who are trained to review research projects which involve human subjects to ensure that two broad standards are upheld: first, that subjects are not placed at undue risk; second, that they give uncoerced, informed consent to their participation. (University of Minnesota Institutional Review Board)

*The Allina Health **IRB** approved our Research Plan, deciding that our process meets its ethical standards for research involving human subjects.*

## Interpretation:

The action of explaining the meaning of something. (Oxford English Dictionary Online).

*The BYI Analysis Team, a sub-team of the BYI Assessment Team, **interpreted** the findings from the data analysis.*

## Methodology:

The methods, techniques, and systems used to conduct a research study. (Adapted from California State University, Northridge Methodology and Statistics)

*Our **methodology** included the survey content and design, clicker tool, recruitment process, and facilitation process.*

## Pilot:

The pre-testing and feasibility study of a particular research methodology before it is used in a full-scale research investigation. (van Teijlingen and Hundley 2001)

*In Winter-Spring 2013, we conducted a **pilot** round of the survey, meaning that we used this round to test our methodology and make changes as needed to make our survey better in future rounds.*

## Research:

A systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalizable knowledge. (Department of Health and Human Services 2010)

*We used our survey process to conduct **research** about how Backyard residents are doing on the key determinants of health defined by members of the community.*

## Testing:

Taking measures to check the quality, performance, or reliability of something before putting it into widespread use or practice. (Adapted from Merriam-Webster Dictionary)

*We **tested** our methodology during the pilot phase of the Research Plan.*

## Token of Appreciation:

A recognition and expression of thanks. (Adapted from Collins English Dictionary 2009)

*All survey participants received a **token of appreciation** as thanks for their participation.*

## Validated Survey Instrument:

A survey tool that has been scientifically assessed to accurately measure whatever characteristics it is meant to measure. (Adapted from Litwin 1995)

*We used survey content from **validated survey instruments** that were known to accurately measure how people are doing on the key social determinants of health identified by the Backyard community: Social Cohesion, Social Support, Health Literacy, Perceived Stress, and Patient Activation.*

## Key Terms References:

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- Testing. (n.d.). Merriam-Webster Dictionary. Retrieved November 23, 2013, from Merriam-Webster website: <http://www.merriam-webster.com/dictionary/testing>
- Trochim, WMK. (2006). *Introduction to Evaluation*. Retrieved November 23, 2013, from Research Methods Knowledge Base website: <http://www.socialresearchmethods.net/kb/intreval.php>
- van Teijlingen E, Hundley V. (2002). The importance of pilot studies. *Nurs Stand* 16(40): 33-6.

## KEY CONCEPTS:

### Health Literacy:

People's knowledge, motivation, and competencies to access, understand, appraise and apply health information in order to make judgments and make decisions concerning healthcare, disease prevention, and health promotion to maintain or improve quality of life during the life course (Sorenson et al. 2012).

*The individual's capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions. (IOM 2004)*

Health literacy also refers to:

*A **patient's ability** to obtain, understand and act on health information;*

*And*

*The **capacity of health care providers and health care systems** to communicate clearly, educate about health and empower patients. (Minnesota Health Literacy Partnership)*

In this context, health literacy refers to the tools including knowledge, skills, resources, and ability to work in partnership with healthcare to improve health.

### Health Literacy References:

Chew LD, Bradley KA, Boyko EJ. (2004). Brief questions to identify patients with inadequate health literacy. *Fam Med.* 36: 588-94.

Morris NS, MacLean CD, Chew LD, et al. (2006). The Single Item Literacy Screener: Evaluation of a brief instrument to identify limited reading ability. *BMC Fam. Pract.* 21.

Sørensen K, Van den Broucke S, Brand H, Fullam J, Doyle G, Pelikan J, Brand H. (2012). Health literacy and public health: A review and integration of definitions and models. *BMC Public Health* 80: 12.

### Patient Activation:

The belief that patients have important roles to play in self-managing care, collaborating with providers, and maintaining their health. (Hibbard et. al. 2004)

In this context, patient activation refers to people being active participants in maintaining their health, even outside of the clinical setting and medical management of chronic conditions.

### Patient Activation References:

Greene J, Hibbard JH. Why Does Patient Activation Matter? An Examination of the Relationships Between Patient Activation and Health-Related Outcomes. *Journal of General Internal Medicine*, published online Nov. 30, 2011.

Cunningham PJ, Hibbard J, Gibbons CB. (2011). Raising Low 'Patient Activation' Rates Among Hispanic Immigrants May Equal Expanded Coverage In Reducing Access Disparities. *Health*

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Hibbard J, Stockard JM, Eldon R, Tusler M. (2004). Development of the Patient Activation Measure (PAM): conceptualizing and measuring activation in patients and consumers. *Health Serv Res.* 39: 1005-26.

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### **Perceived Neighborhood Quality:**

The degree to which a person rates the quality of their neighborhood. (Brim et al. 2004)

In this context, perceived neighborhood quality refers to how people feel about their neighborhood environment.

### **Perceived Neighborhood Quality References:**

Keyes CLM. (1998). Social Well-Being. *Social Psychology Quarterly* 61(2): 121-140.

Brim OG, Ryff CD, Kessler RC. (2004). The MIDUS National Survey: an overview. In OG Brim, CD Ryff and RC Kessler (Eds.), *How healthy are we? A national study of well-being at midlife*. Chicago: University of Chicago Press.

### **Perceived Stress:**

The degree to which situations in one's life are appraised as stressful. (Cohen et al. 1983)

In this context, stress was the number one self-reported health condition in the BYI Assessment.

### **Perceived Stress References:**

Cohen S, Kamarck T, Mermelstein R. (1983). A global measure of perceived stress. *J Health Soc Behav.* 24(4): 385-96.

Cohen S, Williamson G. (1988). Perceived stress in a probability sample of the United States. In S Spacapan and S Oskamp (Eds.), *The social psychology of health: Claremont Symposium on applied social psychology*. Newbury Park, CA: Sage.

### **Social Cohesion:**

The quality of social relationships and the existence of trust, mutual obligations and respect in communities or in the wider society. (Berkman and Syme 1979) McMillan and Chavis (1986) define sense of community as “a feeling that members have of belonging, a feeling that members matter to one another and to the group, and a shared faith that members' needs will be met through their commitment to be together.”

High levels of cooperation and a large number of social ties. (Carlos P. Roca and Dirk Helbing 2011)

In this context, social cohesion is the quality of the connections between different people in a given community.



### **Social Cohesion References:**

- Roca CP, Helbing D. (2011). Emergence of social cohesion in a model society of greedy, mobile individuals. *Proc Natl Acad Sci U S A* 108(28): 11370-4.
- Cagney KA, Glass TA, Skarupski KA, Barnes LL, Schwartz BS, Mendes de Leon CF. (2009). Neighborhood-level cohesion and disorder: measurement and validation in two older adult urban populations. *J Gerontol B Psychol Sci Soc Sci.* 64(3): 415-24.
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### **Social Support:**

Social support may be seen as the emotional, instrumental, and financial aid that is obtained from one's social network. Support is generally considered as an exchange or transaction between people. (Berkman 1984)

In this context, social support is the strong supportive networks within self-identified groups of people.

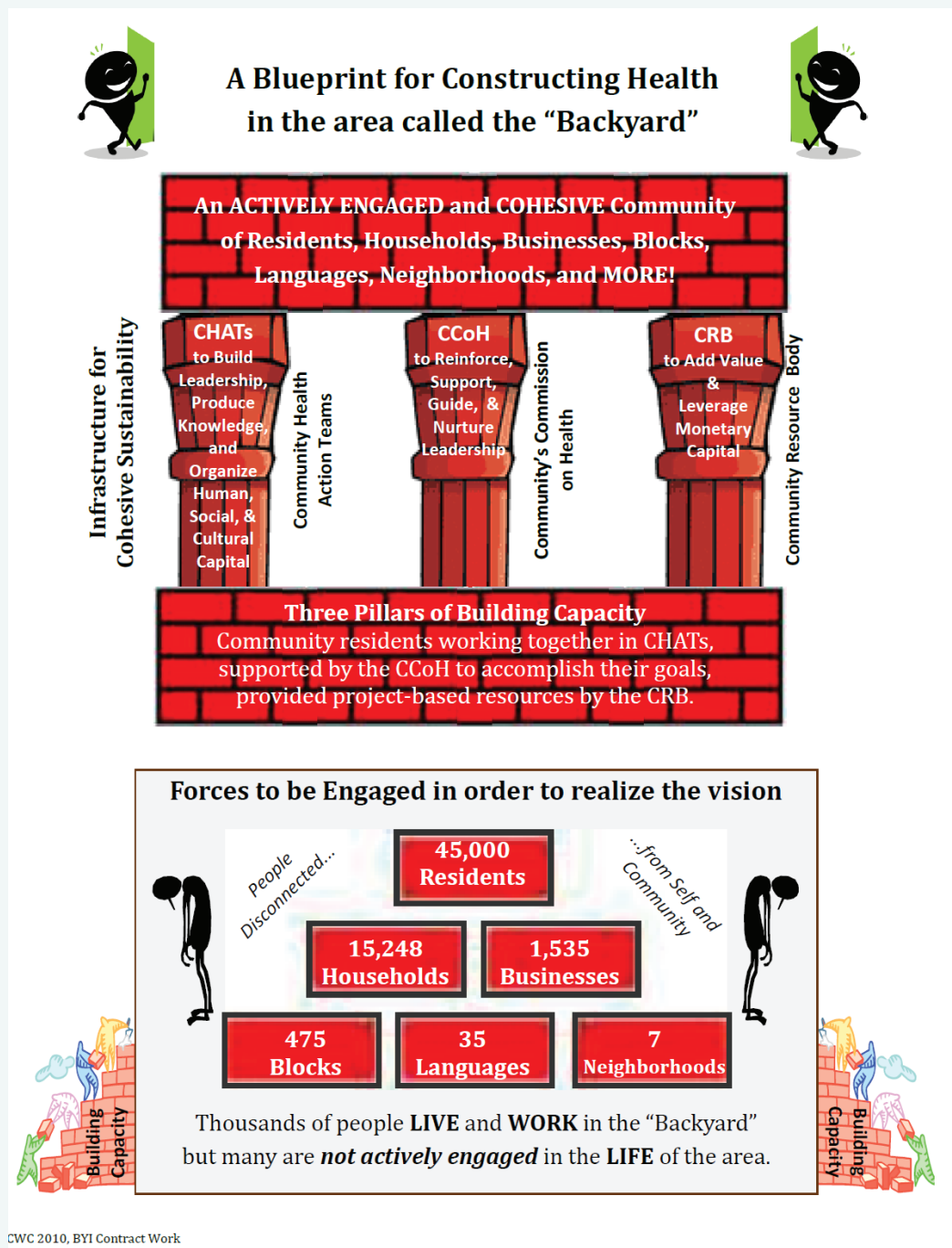
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# Appendix A:

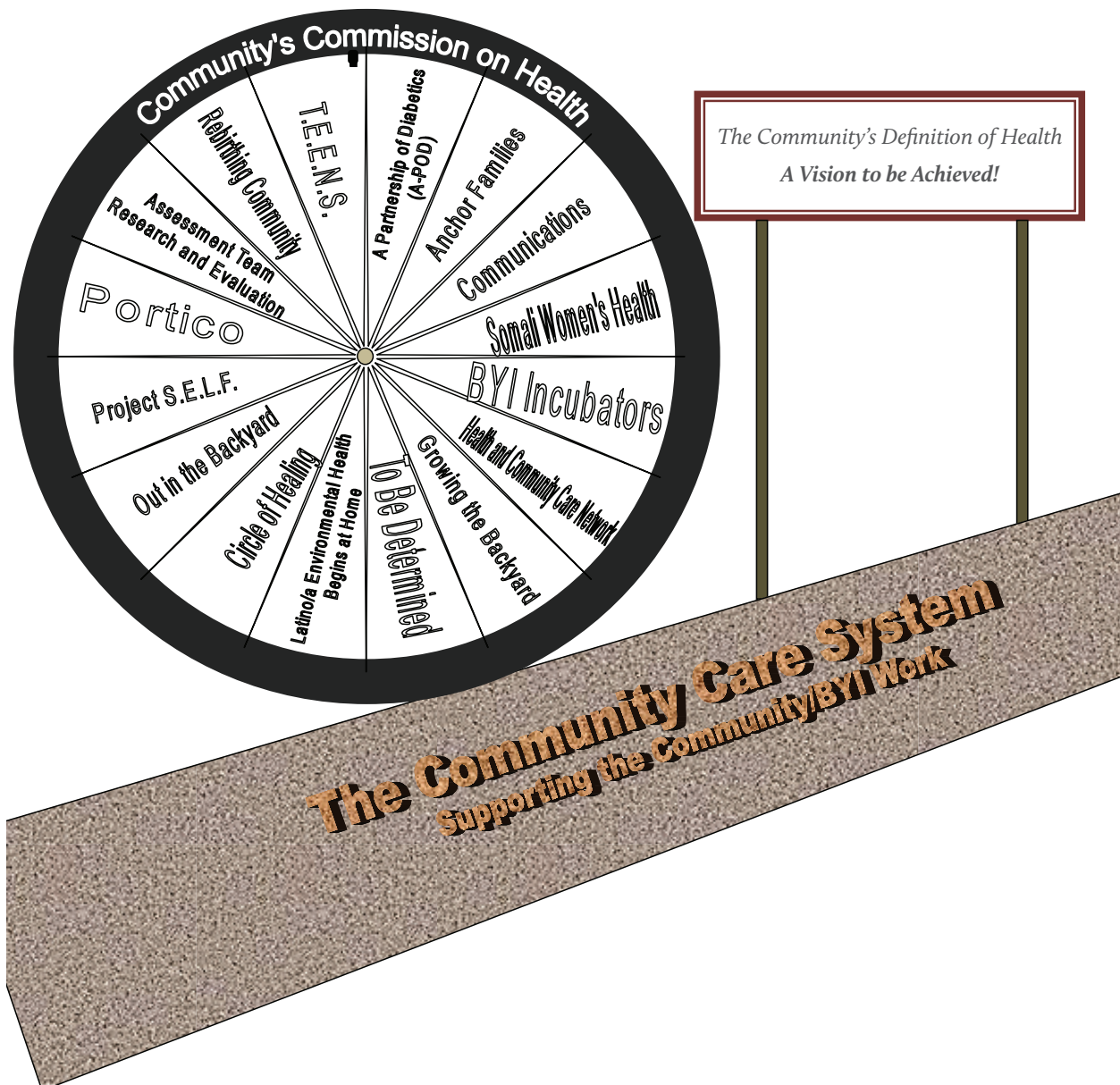
## A Blueprint for Constructing Health in the Area Called the Backyard



# Appendix B:

## BYI Community Engagement Policy: The Community Functions as a Whole

Every CHAT is a spoke in the wheel of the health of the whole community so their movement/action is cohesive and coherent. When the spokes move independently then the whole wheel has to be remade.



# Appendix C:

## Backyard Initiative Community Health Survey Memorandum of Agreement

This memorandum of agreement is between the Backyard Initiative Community Commission on Health and the Division of Applied Research at Allina Health, executed on \_\_\_\_\_, 2014.

This Agreement establishes the principles of participatory research that will be applied in the BYI Community Survey. The aim of this Memorandum is to balance the needs of all stakeholders. The Agreement is specific to the activities related to the BYI Community Survey. This agreement does not take the place of the previous Agreement, which was related to the Backyard Initiative Assessment process, including data from the Listening Circles and Walk Around interviews collected in 2009.

### PARTNERSHIP PRINCIPLES AND PROCEDURES

The BYI Community Survey is part of an ongoing process of learning, intervention, and evaluation within the BYI. It is a collaborative effort, designed to be consistent with the following principles of community participatory research:

1. All participating members (Backyard Community and Allina Health) are acknowledged as having knowledge, experience, and commitment that is relevant to the scope of the project.
2. BYI Community Commission on Health, Community Health Action Team (CHAT) contacts, and Allina Health will be involved in all project phases, including planning, implementation, analysis, interpretation, and dissemination.
3. The survey is designed to increase knowledge of health-related factors identified by the Backyard Community as being important and meaningful.
4. Dissemination of the research results will be the responsibility of all project participants. All partners (Backyard Community and Allina Health) will have opportunities for presentations and publications (see below).

### PROJECT OVERVIEW

**Purpose:** The purpose of this proposed study is to administer a survey on social cohesion, social support, health literacy, perceived stress, and patient activation. The measures we are using on the survey were selected because they address health-related factors that were identified by the Backyard Initiative Assessment. The proposed study will quantify and establish a “baseline” measure that can be used to inform and guide future program and research activities. In addition to providing information for the Backyard Community and BYI program leaders, a key purpose of conducting the survey is to collect quantitative information that can be shared with the larger community engaged in similar or related programs and/or research activities.

**Approach:** We will develop a survey to be administered to residents of the Backyard Community. The survey will be assembled from previously validated instruments and will address health-related factors identified by the Backyard Initiative Assessment. The survey will be administered to groups of participants using Turning Point audience response software under conditions that will facilitate the collection of accurate and valid data. We will undergo review by the Allina Health IRB and will follow the principles of ethical conduct of research.

**Research Protocol:** A protocol describing participant recruitment, data collection procedures, data storage and analysis has been prepared for and submitted to the Allina Health IRB, with input from BYI and Allina Health partners. We agree that this will serve as the official protocol for the Backyard Community Survey.

**Dissemination/Publication:** Dissemination of the survey results is considered to be both an opportunity and a responsibility of all project participants. All partners (Backyard Community and Allina Health) will have opportunities for presentations and publications, under the following conditions:

- Backyard Community and Allina Health partners will follow the principles of community-based participatory research and, accordingly, will welcome any author(s) who are interested in contributing to papers and reports
- We are committed to partnership, mentorship and capacity development and will work to support authorship among all interested partners (Backyard Community and Allina Health)
- Involvement of individuals in particular products will be recognized based on their participation in the work directly supporting the products
  - o For example, a person would not be listed as an author of a paper unless they contributed to the preparation of that paper
- We will follow usual journal guidelines regarding authorship on papers.
  - o Ordinary journal policy is for the paper's first (or senior, sometimes last) author to decide on authorship list and order
- Authors will be expected to contribute to papers and be responsive to reviewer concerns in a timely manner (usually within two weeks)
- Some papers may have a group of participants acknowledged with a shorter list of authors, spanning the major categories of participants; (in other words, someone may be listed in the acknowledgments section as having made an important contribution to the project, even if they do not contribute as an author to the writing of the paper)

## CO-OWNERSHIP OF THE BACKYARD COMMUNITY SURVEY DATA

The data generated by the Backyard Community Survey will be owned jointly by the Commission and Allina Health. The data will be stored electronically at Allina Health, but will be accessible to the Commission. Any future decision to move the location of where the data are housed will require agreement by both Allina Health and the Commission. The Commission and Allina Health will have sole access to the data.

Agreed to by:

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Backyard Community  
Commission on Health

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Allina Health System

# Appendix D:

## Backyard Initiative Community Health Survey Analysis Process

Below is the process that was used to analyze the data from the Backyard Initiative (BYI) Listening Circles and the partnership principles outlined in the BYI Community Health Survey Memorandum of Agreement (MOA). The analysis process for the BYI Community Health Survey will combine the process from the Listening Circles with the partnership principles outlined in the BYI Community Health Survey MOA.

### **BACKYARD INITIATIVE ASSESSMENT REPORT: ANALYSIS & INTERPRETATION**

The Cultural Wellness Center (CWC) organized an Assessment Team, which included members of the BYI Assessment Team, community members who had attended the larger Backyard meetings, as well as staff from Allina Health, the Cultural Wellness Center, and Wilder Research. The notes from each of the Listening Circles were turned into the CWC and Allina Health staff. The Assessment Team identified the themes in the notes, and developed a code for each theme. Then Wilder Research used the codes to develop a code book to analyze the data from the Circles. The BYI Analysis Team met weekly over eight weeks to code the Listening Circles data. Once all of the notes from each of the 21 Listening Circles were coded, Wilder Research used Atlas TI (a qualitative data analysis software program) to electronically enter all of the codes and analyze the data. These raw results were transferred to Allina Health and CWC staff who then developed a list of initial themes from the Listening Circles. The BYI Analysis Team met an additional two weeks to review the raw results and initial themes and to provide interpretation. CWC and Allina Health staff used the results of this group interpretation to prepare this report.

### **BACKYARD INITIATIVE COMMUNITY HEALTH SURVEY MEMORANDUM OF AGREEMENT: PARTNERSHIP PRINCIPLES AND PROCEDURES**

The BYI Community Health Survey is part of an ongoing process of learning, intervention, and evaluation within the BYI. It is a collaborative effort, designed to be consistent with the following principles of community participatory research:

1. All participating members (Backyard Community and Allina Health) are acknowledged as having knowledge, experience, and commitment that is relevant to the scope of the project.
2. BYI Community Commission on Health, Community Health Action Team (CHAT) contacts, Assessment Team and Allina Health will be informed in all project phases, including planning, implementation, analysis, interpretation, and dissemination.

3. The survey is designed to increase knowledge of health-related factors identified by the Backyard Community as being important and meaningful.
4. Dissemination of the research results will be the responsibility of all project participants. All partners (Backyard Community and Allina Health) will have opportunities for presentations and publications (See MOA for more detail).

The analysis process for the BYI Community Health Survey will be built based on the process and principles put in place by the Backyard Initiative.

## ANALYSIS PROCESS

1. The Backyard Initiative Community Health Survey Analysis Team is the BYI Research Team sub-committee of the BYI Assessment Team and includes: the survey session Hosts, Cultural Wellness Center staff, and Allina Health research staff.
2. The data are sent to Wilder Research for cleaning and preparation.
3. The BYI Assessment Team finalizes the process
4. The Division of Applied Research (DAR) staff (Allina Health), prepares the data by scoring the questions, and developing data tables and figures.
5. The BYI Analysis Team meets over a set period of time to review and interpret the data.
6. The BYI Analysis Team reports back to the Research Team, who report back to the Assessment Team along the way.
7. The BYI Analysis Team hosts sessions with the Commission, the All CHAT, individual CHATs and Backyard residents for feedback and input. The sessions will be held in a large group format and smaller Listening Circles for people who are interested in having deeper conversations about the data.

## ANALYSIS TIMELINE

<b>June</b>	Allina Health Research Staff Formats Data
<b>July</b>	Analysis Team Analyzes Data
<b>August</b>	Analysis Team Finishes Analysis and Dissemination Begins
<b>September</b>	Final Report to the Research Team
<b>October</b>	Final Report to the Assessment Team
<b>November</b>	Final Report to the Commission



