

COMMUNITY AT THE CORE:

The Backyard Initiative Evaluation Findings 2016

Summary of the Findings



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Executive Summary

BACKGROUND

The Backyard Initiative (BYI) is a partnership between residents of South Minneapolis and Allina Health. The Cultural Wellness Center, as lead agency, is the organizer and facilitator of this partnership. The goal of the BYI is to improve the health of residents living in the seven neighborhoods of the area called the Backyard. The BYI improves community health through the work of Citizen Health Action Teams (CHATs), which are formed and operated by residents in the Backyard.

A survey was designed by community members who participate in the Backyard Initiative to better understand the impact of the activities offered by Community Health Action Teams (CHATs) on participants' health as defined by four health priorities: social support, social cohesion, health education, and health empowerment. These health priorities build on the BYI definition of health:

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

Community members carried out the entire survey process: The Community Commission and the Assessment Team guided and approved the evaluation plan and process, and an Evaluation Team, composed of CHAT leaders, Allina Health and Cultural Wellness Center (CWC) staff, did the detailed planning, analysis, and interpretation. Everything herein reflects this group process. CHAT leaders implemented the survey during their CHAT activities and 500 surveys were completed by CHAT participants.

FINDINGS

The results show that the Backyard Initiative is achieving its goal of increasing the BYI community's health by significantly increasing social support, social cohesion, health education, and health empowerment for BYI CHAT participants. It also shows that the Backyard Initiative is reaching many different groups of people in the Backyard area, and that the BYI is attaining its goal of engaging people to attend consistently and over a long period of time.

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THE FOUR HEALTH PRIORITIES OF THE BYI

1. **Social Support:** 93% of the respondents are increasing social support because of their participation in BYI CHAT activities.
2. **Social Cohesion:** 95.5% of respondents have a greater sense of belonging and 95% of respondents are more willing to help others in their community after participating in the BYI CHAT activities.
3. **Health Education:** Over 90% of respondents are getting and giving information and resources that helps them and others to take care of themselves.
4. **Health Empowerment:** 86% of survey respondents are doing something differently to take care of themselves as a result of participating in a CHAT activity; and 47% are communicating better with doctors (a result higher than expected because most of the CHATs are not directly addressing communication with doctors).

See full Health Priority findings on page 9

PARTICIPANT ENGAGEMENT

76% of respondents attended the CHAT activity for more than one year.

See full Participant Engagement findings on page 8

DEMOGRAPHICS OF RESPONDENTS: WHO COMPLETED THE SURVEY?

Number of Respondents: 454 of 500 completed surveys were eligible for analysis. Eligible respondents were people who had attended two or more CHAT activities at any time in the past and were at least 18 years of age.

Respondent Gender: Women: 65%, Male: 34.5%

Respondent Ages: Spread out among the various age groups, ranging from 18 to over 64. The majority were ages 40 – 49 (24.4%) and ages 30 – 39 (23.1%).

Respondent Cultural Groups: Open-ended responses showed a wide variety of cultural groups. Analysis showed that more than 50% of the respondents were people of African descent.

Respondents Who Live in the Backyard: 78% live in the geographic area of the Backyard; 22% live outside of the Backyard's geographic area.

Respondents Who Attended Other BYI Activities: 67%.

See full Demographic findings on page 16

Respondents who have been involved with the BYI for more than two years are significantly more likely to report better overall social support, as a result of their participation in the BYI, when compared with respondents who have been involved for a shorter period of time.

RECOMMENDATIONS

Based on these findings and the findings from previous evaluations and research, the BYI Assessment Team offers these recommendations for consideration to the BYI Community Commission on Health:

Recommendations for BYI Operations

- Continue building on the CWC's model of deep and broad engagement to strengthen each CHAT's engagement. Look at what more we can do to support people to keep participating over time.
- Ask CHAT participants what kinds of additional activities would interest them.
- As an important part of what makes people feel welcome and continue to participate, consider the quality and availability of community spaces where activities take place.
- Every CHAT addresses all the health priorities: Social support, social cohesion, health education, and health empowerment.
- Consider how to involve those who are not participating in the Backyard. Particularly, how do we respond to increasing drug use in the Backyard?

Recommendations for BYI Self-Study

- Develop questions to explore to better understand our success.
- Find ways to include youth under 18 in future evaluations.
- Consider what other types of activities or strategies within the CHAT model would continue to strengthen the health priorities in the future, to help people share resources, build social networks, and support people to take care of themselves.
- Conduct evaluation/knowledge production in such a way that it does not create competition or division by pulling out which CHAT is "doing better" than others, but which continues to build a sense of community and unity.

Introduction

This report describes the process and results of a survey conducted from June through September 2016 to better understand the impact of the Backyard Initiative's Community Health Action Teams' activities on participants' health as defined by the four health priorities of the BYI: social support, social cohesion, health education, and health empowerment.

The underlying story in this report is one of community people transforming "evaluation" as an outsider's judgment into "evaluation" as a process for valuing, revealing and articulating the value of the work we are doing. It tells the story of community people using the tool of a survey to take ownership of the evaluation process. Together, community members, the Cultural Wellness Center and Allina Health staff collected information described in this report to demonstrate the power of community to support and improve its own health. Every step was taken by a group of people working collectively.

Background

The Backyard Initiative 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 approximately one square mile area surrounding the Allina Commons, 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, and Corcoran.

The BYI began with Allina Health engaging in many conversations with community stakeholders in May of 2008. In December of 2008, Allina Health partnered with the Cultural Wellness Center (CWC), a community institution and nonprofit organization based in Minneapolis, to design and facilitate the community engagement process. As lead agency, the CWC works for both partners (Backyard residents and Allina Health) and is the glue that has held the partnership together since the beginning.

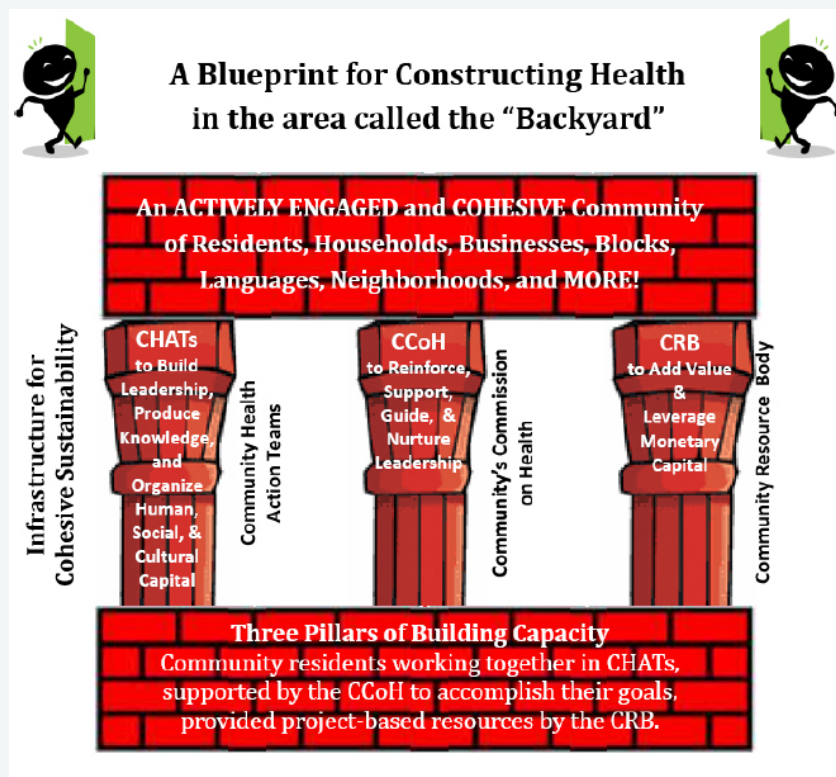
Early in the process, residents developed the BYI Definition of Health. The definition of health became foundational to the initiative's work. It is stated as follows:

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

The underlying story in this report is one of community people transforming "evaluation" as an outsider's judgment into "evaluation" as a process for valuing, revealing and articulating the value of the work they are doing.

The BYI improves health by improving social cohesion, social connections, health education, and health empowerment. This is primarily done through the work of eight Citizen Health Action Teams (CHATs), which are formed and operated by Backyard residents. These health improvement projects are organized around a particular disease (e.g. diabetes), a culturally-defined issue (e.g. economic insecurity among youth), or a specific approach (e.g. access to healthy food).

CHATs are a pillar in the BYI's infrastructure along with two other pillars; the Community Commission on Health and the Community Resource Body. Together, these three pillars allow for the BYI partnership to have cohesive sustainability so that its work of constructing health in the Backyard will continue on into the future indefinitely. The Community Commission on Health, made up of committed Backyard residents and representatives from key organizational partners, authorizes CHAT funding and is responsible for listening to the people in the community about their health concerns, keeping in touch with the pulse of the community, and naming the BYI priorities. The Community Resource Body, made up of resident Commission members and invited leaders from public health, health care, and community development, leverages social, cultural, and financial capital to strengthen the BYI. The Minneapolis Health Commissioner has an active role in both bodies.



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Community Health Action Team (CHAT) leaders administered the survey to community members participating in activities of the following eight CHATs. (See Appendix A for more information on the activities of each CHAT.)

- Anchor Families
- A Partnership of Diabetics (A-POD)
- Growing the Backyard
- Latino Health Begins at Home (LEBAH)
- Out in the Backyard
- Project S.E.L.F. (Save, Educate, Liberate, and Free)
- Rebirthing Community: Communities of Light
- TEENS Project

In 2016, an average of 34 BYI activities were offered each month. Some activities met once a month. Others met once or twice a week or every day. Most activities met on a regular basis; a few every month were one-time activities.

Backyard Initiative Evaluation 2016

SURVEY OF CHAT PARTICIPANTS AND COMMUNITY OWNERSHIP OF EVALUATION

The evaluation plan for 2016 was built on many years of work. The BYI Assessment Team, first established in 2009 to carry out a community assessment, has guided the evaluation process and plan every year since. (See Appendix B for more information on the history of evaluation of the Backyard Initiative.)

In 2016, the evaluation of the BYI had two goals:

- 1) Demonstrate impact of the BYI at the level of CHAT participants and their families by showing which BYI activities and the extent to which these activities increase social support, social cohesion, health education, and health empowerment in CHAT participants.
- 2) Tie evaluation to the day-to-day work of the Backyard by engaging community members in the evaluation design and methodology.

The BYI Assessment Team (composed of many of the members of the CHATs plus CWC and Allina staff) approved the evaluation goals and design for 2016, and an evaluation team composed of CHAT leaders, CWC and Allina Health staff was created to carry out the evaluation goals. Early in the year, the team created and implemented a method for documenting all activities of the BYI. The CWC recruited CHAT leaders for the evaluation team, facilitated meetings, and supported the implementation, analysis, and interpretation of the survey.

In preparation for designing the survey, the evaluation team looked at how each of the BYI activities was connected to four health priorities: social support, social cohesion, health education, and health empowerment. The Community Commission on Health (the decision making body of the BYI) had chosen these priorities because they relate closely to the BYI definition of health and the findings in the 2009 Assessment Report that identified the power of interconnections, relationships, and knowledge as crucial to health. These are also terms that are used in the health care system, so they have a power of translation that the team knew would be useful in communicating the value and success of the BYI to many audiences. (See below for definitions of these terms.)

It was not a requirement that all activities address all four priorities, but CHAT leaders were encouraged to address as many as they could. The team found that almost all of the activities sought to increase social support, social cohesion, and health empowerment; some activities did not specifically address health education.

Survey Methodology

The goal of the survey was to evaluate the impact of CHAT activities on participants' health as defined by the four health priorities: social support, social cohesion, health education, and health empowerment.

The Evaluation Team designed the survey with two questions for each health priority. Two members of the Evaluation Team met with each CHAT leader to explain the purpose of the survey and make sure that each CHAT leader understood each question.

This survey was administered to participants at CHAT activities held in the Backyard during June through September 2016. A total of 500 surveys were returned; 454 of these (435 from BYI participants, 19 from BYI leaders) were eligible for analysis. Eligible respondents were people who had attended two or more CHAT activities and were at least 18 years of age.

The survey was distributed at CHAT activities using paper/pen and respondents either completed the survey on their own or were assisted by someone familiar with the survey who could read questions out loud or provide translation support. Each CHAT leader determined how best to implement the survey with the participants in that CHAT's activities. Surveys were available in English and Spanish. A total of 51 surveys returned were in Spanish, and a small portion of English surveys were verbally translated into Somali.

The data from completed surveys were then entered into survey software for ease of analysis. All the data were reviewed and interpreted by members of the Evaluation Team.

The goal of the survey was to evaluate the impact of CHAT activities on participants' health as defined by the four health priorities: social support, social cohesion, health education, and health empowerment.

Community Ownership of the Process

The BYI evaluation process has been informed, driven, and owned by the community in which this survey was administered. The level of community empowerment the BYI has achieved has been eight years in the making; but it was this level of empowerment that was required in order to successfully complete the survey.

This process challenged many of the ways conventional evaluation is usually thought about and implemented. Community members spoke forcefully about not wanting outsiders to evaluate the project to “prove” that it was successful. Community members wanted this evaluation to uncover what they valued in the BYI, to “make the invisible, visible.”

This idea of self-evaluation is a critical aspect of the process that has allowed for the BYI’s community and institution partnership to stay together and progressively build on the community’s capacity to take ownership of its own health. It was also the only way the evaluation of the BYI was able to achieve a high level of participation and engagement from community members.

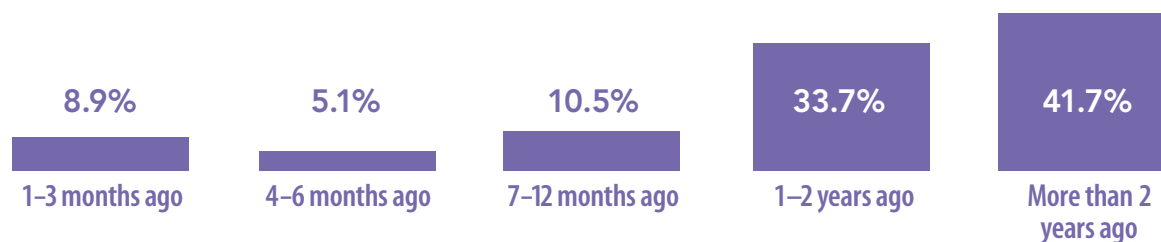
Findings

The results show that the Backyard Initiative is achieving its goal of increasing the BYI community’s health by significantly increasing social support, social cohesion, health education, and health empowerment for BYI CHAT participants. It also shows that the Backyard Initiative is reaching many different groups of people in the Backyard area and is attaining its goal of engaging people to attend consistently over a long period of time.

PARTICIPANT ENGAGEMENT

The majority of respondents have attended the CHAT activity for over 1 year (76%). This is in keeping with the goal of deep engagement that is a hallmark of the CWC’s model – that the BYI leaders and activities encourage people to attend consistently and over a long period of time.

Question 1. When did you first attend this activity? (448 of the 454 respondents answered this question)



Question 2. How many times have you attended this Backyard Initiative activity? (266 of the 454 respondents answered this question)

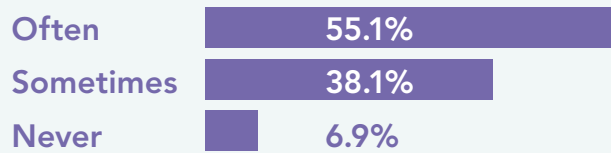
Many people answered this question with words rather than numbers (for example, “a lot”), so it is difficult to conclude anything definitive from the answers. Of the answers that were numerical, the average number of times attended was 46 and the median (the number for which 50% of the answers are below and 50% are above) was 18.

SOCIAL SUPPORT

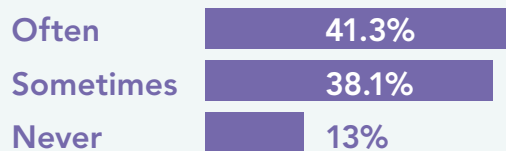
Social Support: The support that a community member receives from and gives to the community members around them, including emotional and spiritual support, help with daily needs and crises, and the sharing of advice, information, and feedback.

The answers to the two questions looking at how CHAT activities impacted people's social support showed that the BYI activities are increasing social support for the vast majority of the respondents (93%).

Question 3. I spend time with people who attend this Backyard Initiative group or activity outside of the group or activity, in person or by phone. (452 of the 454 respondents answered this question)



Question 4. I have helped people I have met in this group or activity. (448 of the 454 respondents answered this question)

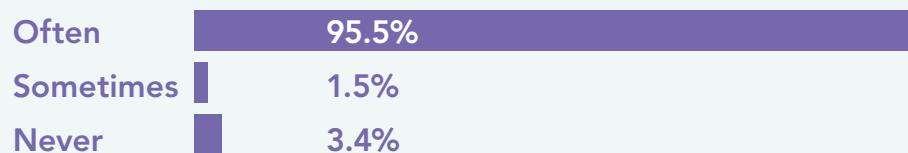


SOCIAL COHESION

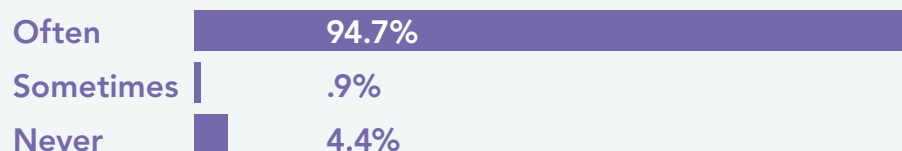
Social Cohesion: The sense of community and belonging that community members have. Community members feel they live in a place where people trust and respect each other and have a sense of responsibility to take care of each other.

People taking the survey overwhelmingly agreed they have a greater sense of belonging (95.5%) and are more willing to help others in their community (95%) after participating in the BYI.

Question 5. As a result of my participation in this group or activity, I have a greater sense of belonging in my community. (448 of the 454 respondents answered this question)



Question 6. As a result of my participation in this group or activity, I am more willing to help others in my community. (452 of the 454 respondents answered this question)

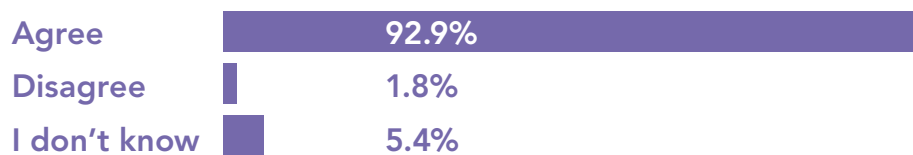


HEALTH EDUCATION

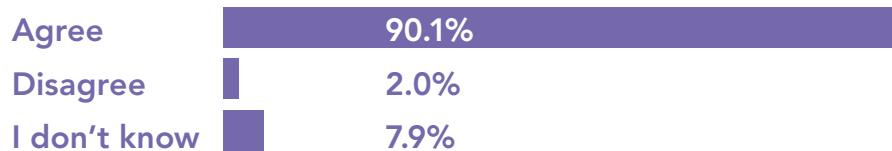
Health Education: The degree to which community members and their families have the capacity to obtain, process, and understand basic information and services needed to make appropriate decisions regarding their health. This includes information about what is essential to health (the importance of the family, community, spirituality, the environment, culture, food, sleep, and movement) as well as the medical information needed to address a specific health condition.

The results show that most people (over 90%) are getting and giving information and resources that help them and others to take care of themselves. This is higher than was expected because many CHATs reported earlier in the year that they are not directly offering health information. This definition was not included in the survey, so each participant defined for himself or herself what “information” and “resources” meant to them.

Question 7. As a result of my participation in this group or activity, I learned about information or resources that helped me to take care of myself. (449 of the 454 respondents answered this question)



Question 8. As a result of my participation in this group or activity, I gave information or resources to others that helped them to take care of themselves. (442 of the 454 respondents answered this question)

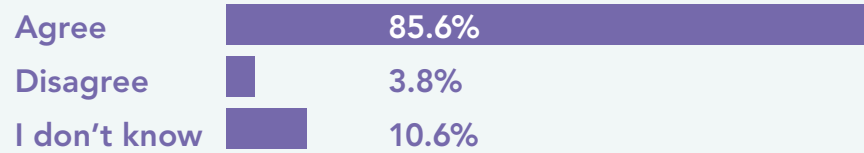


HEALTH EMPOWERMENT

Health Empowerment: Community members are active participants in their self-care, and have the knowledge, skill, and confidence to manage their health and health care and collaborate with health practitioners.

The results from these two questions reveal many ways that participants are being active participants in their health. The answers show that 86% of survey respondents are doing something differently to take care of themselves as a result of participating in a CHAT activity and 47% are communicating better with doctors. This last result was surprising because most of the CHATs are not directly addressing communication with doctors. The answer, “I don’t know”, is an answer the evaluation team would like to look into in the future. Perhaps people answered this because they haven’t been to a doctor recently or they did not have the time to respond thoughtfully.

Question 9. As a result of participating in this group or activity, I am doing something differently to take care of myself. (444 of the 454 respondents answered this question)



Question 10. As a result of participating in this group or activity, I communicate better with doctors. (432 of the 454 respondents answered this question)



Both of these questions asked people to write a further explanation if they agreed. The answers revealed a variety of ways people have become empowered regarding their health because of BYI activities.

Doing something differently to take better care of myself

Question 9. As a result of participating in this group or activity, I am doing something differently to take care of myself.

Several themes emerged from community members' responses concerning what they are doing differently: being active, economic benefits, greater connection to community, general improved health or a specific health change, mental/emotional/spiritual wellbeing, eating healthy, and multiple benefits (naming more than one). Following are a few quotes from respondents to illustrate each of the categories, in order of the categories that got the most responses:

Being Active (42 responses)

- “Without this Backyard activity, I would find it difficult to get the exercise I need. This activity is free and that is a huge help to me. “
- “I notice how much [better] I feel participating in/practicing regular exercise, especially with other people. So I've been making regular exercise more of a priority in my life.”
- “I'm realizing the importance of daily self-care and exercise and incorporating that into my life.”

Multiple Benefits (Healthy Eating and/or Movement and/or Community Connection) (28 responses)

- “I care and think about what I eat. I think about my community space. How my community looks, and what I think about my community.”
- “What I found is that these free activities change my life, my attitude and perspective on people, on things. I am not just healthier, I am a better person.”
- “I am more conscious of making sure I am active in any form. Staying active helps me eat healthy...”

As a result of participating in this group or activity, I am doing something differently to take care of myself.

"What I found is that these free activities change my life, my attitude and perspective on people and things. I am not just healthier, I am a better person."

"Without this backyard activity, I would find it difficult to get the exercise I need. This activity is free and that is a huge help to me."

"I'm working toward economic security. I feel empowered because of skills gained to not only survive but thrive, and maybe one day start my own business."

"I feel closer to my culture; I feel happy, healthier, and energetic."

"I am making a greater effort to connect with people, connecting and giving support to people has helped me..."

"I am more conscious of making sure I am active in any form. Staying active helps me eat healthy..."

"Exercising within a community environment benefits my wellbeing. I've been surprised how connecting with others in the context of exercising has improved my state of mind. HUGE!"

"I have lost weight and feel more confident."

Economic Benefits (26 responses)

- “I’m working toward economic security. I feel empowered because of skills gained to not only survive but thrive, and maybe one day start my own business.”
- “I’m learning to be more responsible for what I do related to economic security.”

Greater Connection to Community (26 responses)

- “I feel closer to my culture; I feel happy, healthier, and energetic.”
- “Attending events that get me out in the community, meeting other people and moving my body.”
- “I not only get to work out, I feel like I’m part of the community.”
- “I am making a greater effort to connect with people, connecting and giving support to people has helped me...”

General Improved Health or Specific Health Changes (16 responses)

- “I have lost weight and feel more confident.”
- “Changed food plans to manage more successfully my weight, A1Cs, blood pressure, liver inflammation...cholesterol levels – all normal levels now..”

Mental, Emotional, and Spiritual Health and Wellbeing (8 responses)

- “Exercising within a community environment benefits my wellbeing. I’ve been surprised how connecting with others in the context of exercising has improved my state of mind. HUGE!”
- “I have a change in outlook and perspective.”
- “I’ve accepted that I can prioritize self-care and not feel guilty.”

Eating Healthy (6 responses)

- “I eat healthier.”
- “I grow, consume, and sell local vegetables to the community.”

Better Communication with Doctor

Question 10. As a result of participating in this group or activity, I communicate better with doctors. In response to “please explain”:

These responses were sorted into the following categories: increased communication skills, increased health behavior/increased health, active in health decisions, increased confidence, better understanding of health, and ask questions. Following are a few quotes from respondents to illustrate each of the categories, in order of the categories that got the most responses:

Increased Communication Skills (34 responses)

- “Yes, I’m more aware of how to talk to my doctor and I think about before I go to the doctor what I’m going to say. “
- “Because of this activity when I and my kids go to doctors I know how to tell the interpreter what is wrong...”
- “Better able to describe what I need to receive the care I need from my doctor for self and children.”

Increased Health Behavior/Increased Health (25 responses)

- “I am taking better care of myself and am more willing to seek out help when needed.”
- “I have developed an awareness of my health.”
- “Not going to the doctor because you are not doing destructive things to destroy your mind, body, and spirit, and simply going for a physical is the success I am experiencing.”

Active in Health Decisions (21 responses)

- “With my enhanced communication I am effectively communicating with everyone. I am asking questions I wouldn’t normally ask, I am no longer passive but engaged in those things that affect my life.”
- “I don’t let my doctor tell me what is wrong anymore without him listening to me. He may be the doctor, but without knowing me, listening to me, and understanding me, he can’t treat me. They assume certain things based on woman, color, headache...and what they assume is not always [correct], you must advocate for yourself.”

Increased Confidence (20 responses)

- “My communication is changing as my confidence increases. My lifestyle had me down; I am climbing back up with a level of determination I never possessed until now.”
- “Better able to connect with clinics; feel empowered, less intimidated.”
- “Economic security and hope changes almost everything about you. Communication with your physician is one thing, but your risk factors decrease, lower levels of stress, your ability to purchase and consume a healthier diet, more peaceful sleep, etc. I know, I was once unemployed, homeless, stress through the roof, and now I am a man who is moving to the top after being lower than the bottom. “

Better Understanding of Health (15 responses)

- “I have a better understanding of my body.”
- “I am more knowledgeable and assertive when addressing my health.”
- “I’m able to better focus on issues that the doctor can actually assist or prescribe. Fewer expectations of the doctor that are not in his/her wheelhouse.”

Ask Questions (12 responses)

- “...When you don’t understand something, ask questions, if you need something ask for it, if you don’t ask or tell someone something, remember they can’t read your mind.”
- “I have been empowered to ask the questions that can really answer my health concerns.”

As a result of participating in this group or activity, I communicate better with doctors

"I don't let my doctor tell me what is wrong anymore without him listening to me. He may be the doctor, but without knowing me, he can't treat me... [Y]ou must advocate for yourself."

"Yes, I'm more aware of how to talk to my doctor and I think about before I go to the doctor what I'm going to say."

"I am taking better care of myself and am more willing to seek out help when needed."

"I am more knowledgeable and assertive when addressing my health."

"...I am asking questions I wouldn't normally ask, I am no longer passive but engaged in those things that affect my life."

"My communication is changing as my confidence increases. My lifestyle had me down; I am climbing back up with a level of determination I never possessed until now."

"...When you don't understand something, ask questions, if you need something ask for it, if you don't ask or tell someone something, remember they can't read your mind."

"I'm able to better focus on issues that the doctor can actually assist or prescribe. Fewer expectations of the doctor that are not in his/her wheelhouse."

DEMOGRAPHICS: WHO TOOK THE SURVEY?

Gender: Most respondents identified as women (65%), with 34.5% identifying as male. The question was open-ended, and 4 people responded with other answers.

GENDER	PERCENTAGE
"Female"	64.7%
"Male"	34.5%
"Cualquiera" (Spanish for "whichever")	0.5%
"Big Question"	0.3%
"Non-binary"	0.3%

Age: The ages of respondents were spread out among the various age groups with the lowest group being age 60 and older (15%). (Statistics from Minnesota Compass for 2010-14 show that the population of people 65 and older in Powderhorn Community, a roughly equivalent area to the Backyard area, is only 6%, so the Backyard has a good representation of seniors.)

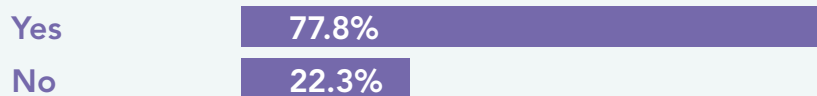
AGE RANGE	PERCENTAGE
18–29	21.1%
30–39	23.1%
40–49	24.4%
50–59	16.8%
60–64	6.5%
Over 64	8.1%

Cultural Group: The Evaluation Team decided that people should name their culture themselves rather than check a box, and so this question was also open-ended. It was noted that there is a very large representation of African American/African/Black people who took the survey. It is difficult to know how many people of Native American/American Indian heritage took the survey because of the confusion with "Indian" also possibly meaning East Indian. Below are the answers that 2% or more of the respondents named. (See Appendix D for the full list of responses.)

CULTURAL GROUP	PERCENTAGE
African American	19.8%
White	9.0%
Black	8.5%
Black American	7.5%
Somali	7.0%
Hispanic	5.0%
Latino	5.0%
Caucasian	4.5%
African Somali	4.3%
African	2.3%
African/Somali	2.0%

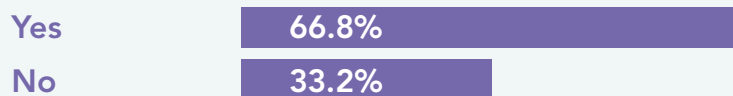
Residence: Seventy-eight percent of respondents live in the Backyard area, with 22% living outside. This was interpreted as both affirming that most of the people benefiting from Backyard activities are residents of the Backyard (it is a goal of the BYI to reach as many of the 45,000 residents of the area as possible), and it is good to see that the activities are reaching some people out of the area. Backyard leaders do not want to set strict boundaries, but send the message that everyone is welcome.

Question 14. Do you live in the Backyard area? (427 of the 454 respondents answered this question)



Attended Other BYI Activities: Sixty-seven percent of respondents have attended other BYI activities. It is a goal of the BYI that community members attend more than one CHAT. However, since each CHAT offers more than one activity, the answers cannot tell us how many people attended activities outside of the CHAT they were participating in when they took the survey.

Question 15. Have you attended other Backyard activities? (431 of the 454 respondents answered this question)



FURTHER ANALYSIS

The Evaluation Team sorted the data in different ways to pull additional information from the data. They looked at the responses sorted by whether or not people lived in the Backyard to see if there were any significant differences, and concluded that there were not. Overall, both residents and non-residents described a positive effect on the four BYI health priorities.

The team was also interested in knowing if having a longer relationship with the BYI is associated with better health. In general, the analysis showed that a longer relationship with the BYI is associated with better health, as defined by the four health priorities. Specifically, respondents who have been involved with the BYI for more than two years are significantly more likely to report better overall social support as a result of their participation in the BYI, when compared with respondents who have been involved for a shorter period of time.

Though “social support” was the only priority area in which a person’s length of relationship with the BYI had a significant effect on both assessment questions, a longer relationship with the BYI also had a positive relationship with one element of each of the remaining three health priorities. Respondents who have been involved with the BYI for more than two years were more likely than respondents who have been involved for less time to agree that as a result of their participation in the BYI:

- “I am more willing to help others in the community.” (Social cohesion)
- “I have given information or resources to others that have helped them take care of themselves.” (Health education)
- “I am doing something differently to take care of myself.” (Health empowerment)

LESSONS LEARNED FOR FUTURE EVALUATIONS

The following are lessons learned from the 2016 evaluation process and which also build on the learning from the research process and previous evaluations.

- A lot was learned about survey questions – how to word them for understanding by people of different cultures, issues in choosing responses, the benefits and limitations of open-ended responses, the value of the same responses for many questions, and the usefulness of the information collected. This learning will be helpful for future evaluations.
- A group process for leading the evaluation is more effective than one person making the decisions.
- Having some CHAT leaders design the survey and all CHAT leaders implement the survey was crucial for getting large numbers of surveys completed. It was important for CHAT leaders to administer the survey in whatever way suited their culture and activity – either orally (by going through the survey as a group and reading out the questions), or in writing (by handing out pencils and paper).
- Recruitment was successful when relationships were in place and culturally-based. The Cultural Wellness Center’s support was crucial because of the staff’s long-standing relationships with CHAT leaders and the trust resulting from this.
- CHAT participants were asked to self-identify their cultural group and gender rather than check boxes. Boxes were thought to be too restrictive, not allowing for the great diversity within the community and not in keeping with the BYI principle of people defining things for themselves. However, the team struggled to know how to use the long list of responses for cultural group. More discussion is needed for future surveys.
- Not including English, the two primary languages of CHAT participants were Spanish and Somali. Translating the survey just into Spanish was sufficient. Due to the differences in Somali dialects, and the difference between the way Somali is written and spoken, it worked best for Somali CHAT leaders to verbally translate the survey. This is one reason why Somali leaders have to be involved in the designing of the survey.

LESSONS LEARNED FOR THE BYI

The evaluation process surfaced some of the ways that the CHAT activities motivate people to take better care of themselves:

- The activities encourage people to contribute to their community. When people give to others, they are more engaged.
- People need a variety of ways to engage. Both talking about health and participating in healthy activities are important.
- When people are offered opportunities to think about their health, they will think about their health.
- When activities are offered regularly, they become a habit.
- Being with other people who are taking care of themselves is a strong motivator. Community members model health for one another.
- Affirming one’s personal story in a community of people is a healing practice.
- Health depends on relationships and relationships take time. The health care system alone cannot maintain and support relationship building in community.

RECOMMENDATIONS

Based on these findings, and the findings from previous evaluations and research, the BYI Assessment Team offers the following recommendations for consideration to the BYI Community Commission on Health:

Operational Recommendations

- Continue building on the CWC's model of deep and broad engagement to strengthen each CHAT's engagement. Look at what more we can do to support people to keep participating over time.
- Ask CHAT participants what kinds of additional activities they would be interested in.
- As an important part of what makes people feel welcome and continue to participate, consider the quality and availability of community spaces where activities take place.
- Every CHAT addresses all the health priorities: Social support, social cohesion, health education, and health empowerment.
- Consider how to involve those who are not participating in the Backyard. Particularly, how do we respond to increasing drug use in the Backyard?

Self-Study Recommendations

- Develop questions to explore to better understand our success.
- Find ways to include youth under 18 in future evaluations.
- Consider what other types of activities or strategies within the CHAT model would continue to strengthen the health priorities in the future, to help people share resources, build social networks, and support people to take care of themselves.
- Conduct evaluation/knowledge production in such a way that it does not create competition or division by pulling out which CHAT is "doing better" than others, but which continues to build a sense of community and unity.

THE LAST WORD FROM PARTICIPANTS

The last question in the survey was the open-ended question: "Is there anything you want to add?" The comments illustrate participants' enthusiasm and support for the BYI. Some also speak to another benefit of the BYI; more than just strengthening community, the BYI strengthens the harmonious connections between diverse people and diverse communities within the Backyard.

- "This is an amazing program that brings people of diverse communities together. It makes health and wellness more accessible to a wide range of people. We need this. Thank you!"
- "I like being a part of something where I can share my knowledge and take in new knowledge."
- "This group is awesome and so multicultural... This group builds alliances in communities that could easily have mistrust. "
- "Being a part of the activity has brought more awareness to me around the importance of being active and being a positive member of my community. We can, and we are, making the changes we wish to see in the Backyard and in the world."
- "This has helped my health more than thousands of dollars of doctor visits. At 73, it has rejuvenated me physically, mentally and spiritually! I haven't felt this vigorous and healthy in many decades."

APPENDIX A: CHAT ACTIVITIES FOR COMMUNITY MEMBERS

- **Anchor Families** works with residents living near each other to connect community members to each other and support each other. Activities include movie and game nights, grocery shopping help, tutoring children, teaching language and life skills, support for parenting, door-knocking and connecting youth and their families to wellness resources.
- **A Partnership of Diabetics (A-POD)** supports diabetes self-management and recovery through networks of family, social and community-based resources that complement the work of health care providers. Activities include peer-to-peer support, talks by doctors and other wellness practitioners, and support for monitoring A1Cs and other health goals.
- **Growing the Backyard** increases access to affordable, healthy food for Backyard families by training youth and families on gardening techniques and distributing fresh produce across cultures. Activities include hands-on training at community gardens and a farmers market.
- **Latino Environmental Health Begins at Home (LEBAH)** creates healthier indoor environments for Latino families within the Backyard. Activities include trainings on environmental health hazards, home audits, and house cleanings.
- **Out in the Backyard** offers free exercise classes to all residents and connects individuals from all cultures who are lesbian, gay, bisexual, or transgender (LGBT) with the resources they need to be healthy and safe. Activities include Zumba, yoga, Bollywood, and Pilates class; a community potluck; and presentations and discussions on Ayurveda, health directives, and other health topics.
- **Project S.E.L.F. (Save, Educate, Liberate, and Free)** explores specific health and cultural concerns of people in immigrant communities through educational workshops to assist youth, elders, and families in healthy living and artistic expressions. Activities include poetry sessions, open microphone performances, information workshops, mother-daughter discussions, and other community dialogues.
- **Rebirthing Community:** Communities of Light promotes energy independence, self-sufficiency and the community's personal capacity for leadership, learning and positive change. Activities include solar lantern and solar generator workshops (where community members make products that teach ways to achieve self-sufficiency by getting off the electric grid and becoming a member of a coop that sells these products), and Amen Corner, where youth and adults "speak their truth" through an open mic.
- **TEENS Project** is a peer-to-peer youth leadership and entrepreneurial skills development group. Activities include staffing the BYI Resource Center housed in the Midtown Global Market in Minneapolis, and organizing activities for Re-Think Your Drink, a partnership with the City of Minneapolis Health Department to encourage youth to find alternatives to heavily sugared beverages.

APPENDIX B: HISTORY OF EVALUATION OF THE BACKYARD INITIATIVE

2009: Community Assessment

Community members facilitated 21 Listening Circles and took part in administering 674 surveys, in person or by phone. The BYI Assessment Team analyzed and interpreted the findings, out of which three themes emerged:

- **The Power of Interconnections:** Each dimension of health named in the 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 between people and institutions keeps the community healthy.
- **The Power of Knowledge and Creativity:** Cultural knowledge, information exchange between patients and health practitioners, and community dialogue are resources for health.

2012: Leadership Study

Evaluators assessed the extent to which the foundation of the Backyard Initiative was strong. The evaluation question was: Did the BYI have the right people and the right process? After conducting interviews with 30 Commission members and CHAT leaders, the evaluators concluded that the foundation was strong, that the right people were involved and the right process was being used. Room for Growth issues included, but were not limited to, concern about delays in getting to action because of the large numbers of people involved and assuring everyone the opportunity to be heard.

2013-14: The CHAT Capacity Study

The CHAT Capacity Study assessed the extent to which the Backyard approach, through the CHATs, demonstrated the community's capacity to impact health. The evaluation question was: Has the BYI approach successfully implemented necessary changes to create health promotion capacity at the community level? Evaluators assessed the capacity of eight CHATs that were in existence in 2013 and re-assessed their capacity in 2014 using criteria developed by an Evaluation Team composed of community residents, CWC and Allina staff, and evaluators. We concluded that all the CHATs increased their capacity from Time 1 to Time 2. In particular, they were strongest on having a clear and consistent strategy and membership management (across eight implementation criteria) and impact criteria of social cohesion and social support (across four impact criteria). Room for Growth issues include, but were not limited to, paid versus unpaid work, various types of CHAT structures, funding, and accountability.



2015: Resident Health Benefits

The evaluation question in 2015 was: Has the BYI approach changed Backyard resident ability to take care of their own health? Evaluators had the goal of interviewing eight community members from each of the CHATs to ask how they have been impacted by BYI activities. With the BYI Definition of Health and the 2009 Assessment Report in mind, the Community Commission on Health (CCoH) (the decision making body of the BYI) decided to focus on four “health priorities”: social connection, social cohesion, health education, and health empowerment. These relate closely to the power of interconnections, relationships, and knowledge that community residents articulate and are also terms that are used in the health care system, so they have a power of translation that the team knew would be useful in communicating the value and success of the BYI to many audiences.

Social Cohesion: *The sense of community and belonging that community members have.*

Community members feel they live in a place where people trust and respect each other and have a sense of responsibility to take care of each other.

Social Support: *The support that a community member receives from and gives to the community members around them, including emotional and spiritual support, help with daily needs and crises, and the sharing of advice, information, and feedback.*

Health Education: *The degree to which community members and their families have the capacity to obtain, process, and understand basic information and services needed to make appropriate decisions regarding their health. This includes information about what is essential to health (the importance of the family, community, spirituality, the environment, culture, food, sleep, and movement) as well as the medical information needed to address a specific health condition.*

Health Empowerment: *Community members are active participants in their self-care, and have the knowledge, skill, and confidence to manage their health and health care and collaborate with health practitioners.*

An evaluation team composed of CHAT leaders and CWC and Allina staff designed the questions for the interview and two evaluators interviewed the community people. From the information that was collected, we found that participants had positive changes in health, had made new social connections and were sharing information with other participants.

In this process of our Phase 3 evaluation we revealed some important learning and ‘Room for Growth’. The evaluators did not reach the goal of eight participants from each CHAT. Even when the goal was reset to two participants from each CHAT, the goal was still not met. We realized that the thinking and methodology for evaluating the BYI had moved away from being defined and driven by community residents; and this was at the heart of why evaluators were unable to get a sufficient amount of participation in the evaluation. Our solution became to drastically change the thinking and methodology driving our evaluation by re-centering it in community knowledge and ownership. This was seen as the best way to reveal more specific information about the impact of the CHAT activities on CHAT participants. By implementing evaluation as a process that was informed and valued by CHAT leaders, we would, together, get to the results we were looking for.

APPENDIX C: 2016 BACKYARD INITIATIVE CHAT PARTICIPANT SURVEY (COMPLETE SURVEY)

Activity _____ Today's Date _____

1. When did you first attend this activity? (Please circle the answer.)

1 – 3 months ago

4 – 6 months ago

7 – 12 months ago

1 – 2 years ago

More than 2 years ago

2. How many times have you attended this Backyard Initiative activity? _____

How would you respond to the following sentence?

3. I spend time with people who attend this Backyard Initiative group or activity outside of the group or activity, in person or by phone.

Would you say:

Often

Sometimes

Never

4. I have helped people I have met in this group or activity.

Would you say:

Often

Sometimes

Never

For the next few questions, the answer choices are "Agree," "Disagree," or "I don't know":

5. As a result of my participation in this group or activity, I have a greater sense of belonging in my community.

Would you say you...

Agree

Disagree

I don't know

6. As a result of my participation in this group or activity, I am more willing to help others in my community.

Would you say you...

Agree

Disagree

I don't know

7. As a result of my participation in this group or activity, I learned about information or resources that helped me to take care of myself.

Would you say you...

Agree

Disagree

I don't know

8. As a result of my participation in this group or activity, I gave information or resources to others that helped them to take care of themselves.

Would you say you...

Agree

Disagree

I don't know

9. As a result of participating in this group or activity, I am doing something differently to take care of myself.

Would you say you...

Agree

Disagree

I don't know

If agree, please describe:

10. As a result of participating in this group or activity, I communicate better with doctors.

Would you say you...

- Agree Disagree I don't know

If agree, please describe:

11. In general, would you say your health is...

- Excellent Very good Good Fair Poor

12. What is your gender? _____

13. What age range are you in?

- 18 – 29 30 – 39 40 – 49 50 – 59 60 – 64 Over 65

14. What is your cultural group? _____

15. Do you live in the Backyard area? Yes No

- West of Hiawatha North of 38th St. East of 35 W



If you're not sure, what are two streets that intersect close to your home?

_____ and _____

16. Have you attended other Backyard activities? (Show the list attached.)

- Yes No

Please check any others you have attended and write in how many times and the year first attended.

17. Is there anything you want to add?

Thank you for your time! We value your reflection on your experience and we will bring back what we learn from everyone's responses.

2016 CHAT ACTIVITIES

How many times have you attended?	When did you first attend?
-----------------------------------	----------------------------

Anchor Families

In Midtown Apartments with Mulki Hussein:

- | | | |
|---|--|--|
| <input type="checkbox"/> Roundtable Connection: Tuesdays, 5:30 – 7:45pm | | |
| <input type="checkbox"/> Learning How to Learn: Wednesdays, 6:30 – 8pm | | |
| <input type="checkbox"/> Homework Help: Wednesdays, 5 – 6:30pm | | |
| <input type="checkbox"/> Parenting for Success, Saturdays, 10 – 1pm | | |

At 2735 – 15th Ave. S., with Mr. Lee Younger

- | | | |
|---|--|--|
| <input type="checkbox"/> Grocery Shopping | | |
| <input type="checkbox"/> Door Knocking | | |
| <input type="checkbox"/> Game Night | | |
| <input type="checkbox"/> Movie Night | | |

With Mr. Ray on 31st Street between 13th and 15th Avenues

- | | | |
|---|--|--|
| <input type="checkbox"/> Patrolling and Door Knocking | | |
|---|--|--|

With Ms. Gloria in neighbor's homes on 31st Street

- | | | |
|---|--|--|
| <input type="checkbox"/> Neighborhood Gathering | | |
|---|--|--|

A-POD (A Partnership of Diabetics)

- | | | |
|---|--|--|
| <input type="checkbox"/> Somali Language A-POD Weekly Meetup: Charles Horn Towers, Fifth Avenue Towers, Pentagon Apartments | | |
| <input type="checkbox"/> English Language A-POD Weekly Meetup: Phillips Community Center | | |
| <input type="checkbox"/> Monthly Diabetes Breakfast: Phillips Community Center | | |

Growing the Backyard

- | | | |
|--|--|--|
| <input type="checkbox"/> Community Engagement Survey or Skill Share: MGM, Sabathani, Waite House, and East Phillips Community Center | | |
| <input type="checkbox"/> Seed Give-Away: MGM, Sabathani Center | | |
| <input type="checkbox"/> Community Gardens | | |
| <input type="checkbox"/> Midtown Global Market Farmers Market | | |

Latino Health Begins at Home

- | | | |
|--|--|--|
| <input type="checkbox"/> Group Trainings on Internal/Home Environmental Hazards: 1108 East Lake St | | |
| <input type="checkbox"/> Train the Trainer: In various homes | | |
| <input type="checkbox"/> Home Audit and House Cleaning: In various homes | | |

How many times have you attended?	When did you first attend?
-----------------------------------	----------------------------

Out in the Backyard

<input type="checkbox"/> <i>Pilates</i> : CANDO		
<input type="checkbox"/> <i>Zumba</i> : Powderhorn Park Gym		
<input type="checkbox"/> <i>Yoga</i> : CANDO and Powderhorn Park		
<input type="checkbox"/> <i>Bollywood Dance</i> : CANDO		
<input type="checkbox"/> <i>Community Potluck</i> : 3844 – 21st Ave. S.		

Project SELF (Save, Educate, Liberate, and Free)

<input type="checkbox"/> <i>Nomadic Expression</i> : Pangea World Theater, Safari, and Coyle Center		
<input type="checkbox"/> <i>Women Sharing Stories/Working Together Toward Health</i> : Elder Miski's home		

Rebirthing Community – Communities of Light (COL)

<input type="checkbox"/> <i>Solar Lantern Workshop</i> : MGM		
<input type="checkbox"/> <i>Solar Generator Workshop</i> : MGM		
<input type="checkbox"/> <i>Solar Lantern Decorating Workshop</i> : HOBT		
<input type="checkbox"/> <i>COL Co-op Meeting</i> : COL Showroom		
<input type="checkbox"/> <i>COL Business Development</i> : COL Showroom		

Teens Project

<input type="checkbox"/> <i>Round Table Dialogue</i> : MGM and CWC		
<input type="checkbox"/> <i>There is Talent in the Backyard</i> : MGM Center Stage		
<input type="checkbox"/> <i>ReThink Your Drink Event</i> : MGM		

APPENDIX D: ALL RESPONSES TO QUESTION #13: “WHAT IS YOUR CULTURAL GROUP?”

Black or African American	36.7%	African - Somali	14.4%
Caucasian or White	13.6%	Hispanic or Latino	11.9%
African	2.0%	Asian	1.7%
Multicultural or Mixed	1.5%	European American	1.0%
Hmong	0.7%	Asian American	0.7%
Indian	0.7%	Teen project	0.7%
Jewish	0.5%	Anglo	0.5%
White + queer	0.5%	Mexicana	0.5%
Latina-Puerto Rican	0.5%	American	0.5%
?	0.5%	African - Liberian	0.2%
Garifuna	0.2%	Black, God	0.2%
Asian-International (Malaysian)	0.2%	Pacific islander	0.2%
Multiracial	0.2%	Diverse	0.2%
African-American/Blasian/Mixed	0.2%	Korean/A. A.	0.2%
White/Asian	0.2%	African American/Hispanic	0.2%
African-Native-German	0.2%	Black and White	0.2%
Scandinavian/Nordic	0.2%	U.S born/Caucasian	0.2%
Italian/Czech American	0.2%	White Lesbian	0.2%
Scandinavian	0.2%	Euro/Scando/American	0.2%
Colonizer/white	0.2%	Irish Catholic Caucasian– not practicing	0.2%
White, straight	0.2%	Swedish-American	0.2%
MN Scandinavian	0.2%	German	0.2%
European-white	0.2%	Euro, pagan, and native	0.2%
Hispanic/Dominican	0.2%	Haitian	0.2%
East Indian, proud gay	0.2%	Native	0.2%
American/Minnesotan	0.2%	?? American	0.2%
L	0.2%	LGBTQ	0.2%
Hippie	0.2%	Other	0.2%
P.O.T.	0.2%	Human	0.2%
A	0.2%		
Jewish and “support” members of LGBT community, individuals			0.2%
Cosmic and hope; white to the left of liberal; Daniel Berrigan kind of Catholic			0.2%
lower middle class, artesan, European origin, academic (college, some graduate schooling)			0.2%

IN GRATITUDE TO:

- All the Community Health Action Team members whose hard work is increasing health in the Backyard and for their work in implementing the survey.
- The members of the Evaluation Team for all their work in designing the survey and analyzing and interpreting the results.
- The members of the Assessment Team and the Community Commission on Health for their guidance in the evaluation process.
- All the Backyard community members who took the survey for sharing your experiences.
- The staff of the Cultural Wellness Center for supporting a process to put community members at the center of this work.
- Allina Health leaders who have supported this initiative and demonstrated what community members can do to support health in their community.

