

COMMUNITY AT THE CORE: Backyard Initiative Assessment Report



CULTURAL WELLNESS CENTER
ALLINA



It Takes a Community...

This assessment report came out of a process and partnership with the community. It reflects the knowledge, experiences and cultures of the Backyard residents.

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



KUDOS TO...

- All the community members who participated in the Backyard Initiative (BYI) dialogue and dinner gatherings and developed the definition of health, which was foundational to the assessment process, and designed a two-part assessment process (listening circles and door-to-door interviews).
- The members of the Assessment and Analysis Teams for their hard work and dedication to the process. Together we learned a lot from our conversations and collaboration.
- The community members who acted as facilitators and note takers for the Listening Circles and interviewers for the Walk-around. You were instrumental in gathering this important information from the community.
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- Wilder Research for helping with the survey design, for training and hiring community members to do the Walk-around, compiling the data, and learning along with community members about how to create a community-owned assessment.
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- Allina leaders who supported a process for placing residents in the core of the Backyard Initiative and Allina in the community's Backyard.

I. INTRODUCTION AND BACKGROUND

The goal of the Backyard Initiative (BYI) is to improve the health and healthcare of residents in the Backyard. The area defined as “the Backyard” encompasses the approximately one square mile area surrounding Allina’s corporate headquarters, Abbott Northwestern Hospital and Phillips Eye Institute. Neighborhoods in the Backyard include East Phillips, Midtown Phillips, Ventura Village, Phillips West, Central, Powderhorn Park and Corcoran in Minneapolis. This Initiative began with Allina engaging in many conversations with community stakeholders in May of 2008.

Allina initially identified five focus areas, including: engage communities, build bridges through community partnerships, focus on prevention, expand access to healthcare, and start early with quality early child care and education. Through a series of dialogues with community residents, Allina began to realize that in order for this initiative to be successful, they needed to pause and listen to the community. This began a year-long relationship and trust building process to surface the knowledge, experience, cultural values, and health-related priorities of the Backyard as residents. This process led to Allina shifting from seeing the community in “their” backyard, to instead, seeing themselves as part of the community’s backyard. Allina refocused its priorities to place community engagement at the core of the initiative and adopted a process for supporting the community to develop its own strategies to improve health.

Beginning in December 2008, under the “engage communities” focus area, Allina partnered with the Cultural Wellness Center (CWC), a community non-profit organization based in south Minneapolis, to facilitate the community engagement process. Since December 2008, the CWC hosted a number of community gatherings where residents engaged in dialogue about improving health and health care in the Backyard. CWC has a long history of engaging community residents to improve health through self-study, surfacing and producing knowledge, cross-cultural knowledge exchange, and relationship building. The CWC brought this process of engagement that had as its goals to build trust, to generate ideas and strategies by community members, and to create a sense of ownership by residents of the Backyard Initiative. Early in the process, residents developed a definition of health that became the foundation for the Initiative. When community members criticized the initial assessment design, CWC engaged community members to envision alternatives that would be consistent with their values and experience.

These principles illustrate that the community’s understanding of community engagement includes more than being invited to the table – residents who live in the Backyard must be engaged in all stages of the work and the work must build capacity, leadership, and ownership and support the networks of informal leaders who now hold the community together.

THE BYI DEFINITION OF HEALTH

- **Health is a state of physical, mental, social and spiritual well-being.**
- **Health is the state of balance, harmony, and connectedness within 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. Health cannot be achieved by being passive.**
- **Health is not only the absence of infirmity and disease.**
- **Health cannot be seen only in an individual context.**

An assessment team was formed to develop and implement a process of gathering information from residents. The Assessment Team of the Backyard Initiative was comprised of community residents and staff from Allina, the CWC, and Wilder Research. The purpose of the assessment was three-fold: 1) to create a picture of the current state of health and well-being of the residents within the Backyard, 2) to engage a broad network of residents in the process, and 3) use the information gathered to inform and plan the Initiative.

The Team based their assessment on the community's definition of health and the process was guided by principles agreed upon by the community members. These principles illustrate that the community's understanding of community engagement includes more than being invited to the table – residents who live in the Backyard must be engaged in all stages of the work and the work must build capacity, leadership, and ownership and support the networks of informal leaders who now hold the community together.

The community residents chose two means of collecting this information: listening circles and one-to-one “walk-around” interviews with a random sample of households within the Backyard area. The assessment methodology combined qualitative and quantitative techniques. This report provides the process, findings and summary of the Backyard Initiative Listening Circles and Walk-around interviews. The primary audience for this information is the people who live in the Backyard area.

II. ASSESSMENT

A. Listening Circles Process

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. The purpose of the Backyard Initiative Listening Circles was to provide community members the opportunity to share their understanding of their health and health needs.

PLANNING

The Assessment Team began meeting in February 2009 to develop the Listening Circles plan. The first step in the process was to determine the questions that would be asked during the Listening Circles. The Team intentionally developed questions that reflected the broad definition of health. They were:

- 1. How do you keep yourself and your family healthy?**
- 2. How do you maintain harmony and balance in your life?**
- 3. Who do you turn to for help?**

The Team then decided upon the number of listening circles and cultural makeup of the groups based on the budget and Backyard profile prepared by the University of Minnesota School of Public Health. It was determined that twenty listening circles would be held and include representation from the African American, Asian, European American, GLBTQ, Latino, Native American, Native Mexican, and Somali communities as well as Allina employees living in the Backyard. From here, the Team developed a timeline for completing the Listening Circles. The timeline was developed with the Walk-around interviews in mind; it was the intention of the Team to have the information from the Listening Circles inform the development of the interview instrument. Once the plan was finalized, the Team moved into implementation mode.

COORDINATION

The Assessment Team elected to hire two community members to coordinate the overall logistics of the Listening Circles. The BYI staff, including Allina and CWC staff, began the coordination process by developing a job description and application form. One of the main responsibilities of the Coordinator was to oversee facilitators and note takers hired to conduct the Listening Circles. The Team thought it important to hire a coordinator that lived within the Backyard area as a means to provide opportunities within the community and bring relevance to the position. Once the position description and application were approved by the Assessment Team, it was emailed to organizations and list serves within the Backyard and advertised through word of mouth. After receiving and reviewing applications, staff presented recommendations for the Coordinator position and the Assessment Team approved the hiring.

RECRUITMENT & TRAINING

Job descriptions for the Listening Circles facilitators and note takers were developed by Allina and CWC staff. The Assessment Team applied the same criteria for the facilitators and note takers as the Coordinators and required some experience with Listening Circles and/or focus groups. No interviews were conducted and everyone who met the criteria was hired for the positions. Similar to the Coordinator position, the facilitators and note takers positions were advertised to community residents and organizations through email and word of mouth.

A four-hour facilitator and note taker training was developed by CWC and Allina staff to provide information and resources as well as forms and processes as a means to conduct high quality, consistent listening circles. All facilitators and note takers were required to finish training prior to conducting their listening circle(s).

IMPLEMENTATION

Allina and CWC staff developed forms and procedures of the BYI Listening Circles, the materials were translated to Somali and Spanish, and Allina's Institutional Review Board reviewed and approved all related materials. In early August of 2009, the Listening Circles began. In total, 21 listening circles were conducted over two months' time with approximately 200 residents across multiple cultural groups and within all Backyard neighborhoods. The 21 Listening Circles that were conducted achieved broad representation (cultural groups, age, gender, etc) with the exception of the Asian community, which proved difficult to find a member of the community to take on the facilitation and recruitment roles. The circles included:

- **4 African American groups (three adult groups, one elder group)**
- **3 European American groups (all adults, one women's group)**
- **3 Latino groups (two adult groups, one youth group)**
- **6 mixed cultures groups (two mothers groups, two GLBTQ groups, one mixed ages, one youth group)**
- **3 Native American groups (all adults)**
- **2 Somali groups (one women's group, one men's group)**

ANALYSIS & INTERPRETATION

The CWC organized a Listening Circles Analysis Team, which included members of the BYI Assessment Team, community members who had attended the larger Backyard meetings, as well as staff from Allina, the Cultural Wellness Center and Wilder Research. The notes from each of the circles were turned in to the CWC and Allina staff and Wilder Research developed a code book to analyze the data from the Listening Circles. The 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 and CWC staff who then developed a list of initial themes from the Listening Circles. The Analysis Team met an additional two weeks to review the raw results and initial themes and to provide interpretation. CWC and Allina staff used the results of this group interpretation to prepare this report.

FINDINGS

Below are the findings from all of the circles by listening circle question. These findings provide the codes that came up most often by Listening Circles participants and common themes across the circles.

1. How do you keep you and your family healthy?

The responses that came up most often when asked “How do you keep yourself and your family healthy?” were:

1. **Eat healthy**
2. **Exercise/stay healthy**
3. **Maintain healthy relationships and good communication**

Listening Circles participants were specific about what these things meant to them and across all circles there were a number of themes that emerged from their discussions.

Eating healthy, staying active, maintaining relationships and community involvement were often tied together.

“To me [maintaining health] is to eat fruits, vegetables, to walk, to...exercise, to go out with my children, to also coexist with them. That aids my family to stay healthful.”

“By having healthy living habits like eating healthy, exercising, walking and taking the stairs instead of taking the elevators.”

“I’m not just trying to keep my family healthy, but I’m an older brother in the community. I tend to get others involved as well. This brings trust and unity to our community...We need to do little things like ask people to do things with you, like running, coming out to play.”

“I volunteer, I exercise, get plenty of rest, stuff like that...I keep up with people when I have time to [and] they want me to come over to do things with them.”

There is knowledge and behavior around eating healthy and exercising.

“I try to eat the right foods. I’ve got high blood pressure so I make sure I don’t use a lot of salt. In fact, I don’t salt any of my food; I just eat as it is.”

“Always making sure there are healthy snacks, veggies, fruits, no sweets [at] home for [the] kids.”

“I try to feed them with healthy foods such as fruits and vegetables. I try to avoid saturated fat. At my home, we don’t eat pork or red meat and I avoid eating them since they discover[ed] [I have] high blood pressure. And, now I try to do some exercises and some walking.”

“To keep healthy is eating vegetables, fruits, eating all kinds of food, but in small portions, drink lots of water, get outside to walk or exercise.”

Access to healthy foods and exercise helps to make healthy choices, while lack of access hinders healthy behaviors.

“I try to eat well. It helps to have [a] farmers market [a] few blocks from home.”

“Just last year, I got introduced to farmers markets and I’ve been a big fan ever since. Local food like that is really huge.”

“We should have more access to good foods and community spaces. It’s all about accessing what we need, healthy and all.”

“We just started doing vitamins, but it’s expensive. To eat well is expensive, to get good supplements as well.”

“The changing seasons make my health difficult in terms of exercise because you keep having to change what you’re doing to keep active.”

“We Somali women need places in the community where we can exercise without the presence of men so we can feel comfortable.”

“It is a thousand dollars for a family to be a part of the Y for a year. So, it’s just not available.”

Social support is important for exercise/staying active and eating healthy.

“I found that I can’t be healthy by myself, so I set up systems to force myself to be healthy. With my husband, I make a plan to eat healthy foods, how we’ll plan a garden, and different ways of acquiring food...Even with exercise, I found that if I try to do it on my own, I just have so many other things I could do. I have to schedule it and show up at friends’ houses to do it.”

“[I] tell my daughters to cut up fruit for snacks for [the] kids. I try to be a role model for my family.”

Changes in society affect youth activity levels.

“We’re from a different era [when] it wasn’t so much about video games and media. I see it now, how it fries brains, because they’ll sit there and watch movies all day. I say get up, clean your room and go out and play. Those things are important because it instills a sense of responsibility.”

“[I] tell the kids to get up from the computers and TV. When we were growing up, we ran, played outside. Physical education has been taken out of the schools and so the kids suffer.”

“Kids are missing a big chunk of physical activity that we were used to as kids. Kids aren’t playing outside anymore.”

“It’s gotten more uptight in this country in the last 10 to 15 years than it was even when I was a kid...I think it’s sad and it bothers me as a parent a lot that you can’t just let [kids] go to the park and say ‘I’ll see you in a couple hours’.”

Sports are a popular way for youth to get exercise and stay active. Basketball was noted often in the African American and Native American groups while soccer was mentioned often within the Somali and Latino groups.

“Taking walks, playing sports, go to parks and play soccer, ride bikes.”

“Play ball, exercise, playing football.”

“Six to seven days a week you will find me in a park playing football.”

Exercise/staying active, communication and staying connected affects mental health.

“I [go out] to walk when I do have moments of stress or madness. I walk a lot because that is something that helps me a lot, to feel my mind free and relax.”

“I think for me the only way I can feel in balance at all is if I can have some kind of physical outlet. For me, that’s really super tie to my mental health and I can tell immediately if it’s been too long since I’ve had some kind of physical exertion.”

“I have to stay physically active...[It’s] a way to release my anger and frustration about every day stuff that goes on in life...It helps keep my mom sane and my brother and I do something positive and not be on the street.”

“I feel like mental health really ties into social health in that you have good relationships and good people to talk to.”

“I also think stress is huge, and that’s why I have to do the physical and then I have people to talk to, friends that I trust to talk to.”

“Holding things in is another thing we do a lot. We have to talk/socialize more. Being angry and upset can cause illness. Not fight, but express yourself, learn how to smile.”

“For [me], being healthy means [to] be mentally healthy. I try to keep myself connected to the community, with my friends and with my family and my neighbors because that is very important to keep me healthy.”

Health is communal, reciprocal. Individual health is both affected by and affects the health of people around you.

“It’s important being healthy because I have an impact on the people around me. And, I have a community and family who need me to choose to be healthy.”

“We are a community; my health is dependent on the next man’s health. If I or another person is unhealthy, that impacts me.”

“I realize that not everything is about me, that everything I do affects my family.”

In addition to the primary responses, a group of secondary answers emerged related to how participants stay healthy. They were often interconnected with the above themes and were:

- 1. Maintain healthcare coverage and make regular visits to the doctor's office.**
- 2. Maintain a positive attitude/be aware and honest about oneself/live with integrity**
- 3. Practice spirituality and/or religion**
- 4. Participate in activities/in the community**

Participants noted that they access healthcare for preventive care and to manage chronic illness. Some noted that they must advocate for their own health and healthcare.

"I get my regular check-ups."

"I'm diabetic; I go to the doctor regularly."

"I get out and find the best medical [care] that I can and I make the decisions, not my doctor."

"We're hearing that our Somali children have high rates of autism. We want to partner with medical professionals to help us understand if this is true and if it is why it's happening."

Participants reported that attitude and living with integrity and self-respect has a strong positive impact on one's own health.

"I've learned that I'm really in control of my life, so how I view things and how I perceive things in my mind will affect whatever happens around me."

"What keeps me healthy is always acting with integrity...how I treat others or how I treat the earth, or recycling, or how I am at work. Always being present with the choice of acting with integrity keeps me very healthy."

Practicing spirituality and/or religion was an important aspect in maintaining health for participants; it is strongly connected to cultural practices and crosses all cultural groups.

Note: What it means to be spiritual or religious varied widely among the groups, from going to church or mosque to participating in cultural spiritual practices, to practicing daily activities in a spiritually conscious way.

"Strong faith is one of the things that help to maintain our health."

"[I] practice the Native American church using peyote and singing to stay healthy."

"I keep and give my time to God, and that keeps me healthy."

"Not only our culture, but also our religion keeps us grounded...Our faith is what enables us to stay balanced and mentally healthy."

"Right now, [my] culture and spiritual values are keeping [me] healthy."

Participating in and with community provides the opportunity to share your voice, provide and receive support, and feel accepted by others, which improves health.

“The other thing that I wanted to add in is more on the line of keeping healthy by feeling like we have a voice and we have some ability to influence our environment.”

“We actively engage in community. Learning to accept community (family, friends, neighborhood associations) and to accept help from them and then also learning to help.”

“For me, it is really important...that I’m rooted in a community...where I’ll have access to a good education, and I’ll have access to like-minded people and support, and where my child has access to other adults who are also queer identified so she doesn’t feel like the odd kid out... where I could just live my life without feeling too weird.”

2. How do you maintain harmony and balance in your life?

For the most part, participants did not distinguish between how they keep themselves healthy and how they maintain harmony and/or balance in their lives, so answers often overlapped. However, there were a few codes that surfaced most often. They were

1. Family/social/community connections

2. Sleep/relaxation/rest

The themes that emerged that were specific to harmony and balance and related to the above codes are as follows.

Maintaining relationships of all kinds affects all dimensions of health (physical, mental, spiritual, and emotional)

“I try to maintain the harmony with my family, with my community; always try to coexist with all, with the participants of the church, my neighbors, with my children and always in balance.”

“For me, the harmony and balance are to be with my family and to be very active. For me, the balance is where ever you are, not to be competitive with a friend or neighbor.”

“I need people, that keeps me healthy. If I don’t have people, I can be very down.”

“I think for us, it’s connecting with our friends and the people in our neighborhood and community that we’re very tight with, maintaining those connections and contacts and being with those people because they keep us in check about our health.”

Focusing on and taking time for oneself and family/relationships reduces stress and illness

“I make sure I take time out of each day to appreciate myself. That helps me emotionally, mentally, spiritually, and actually physically because it makes me feel like I can accomplish something in a day.”

“How do I get balance? I try to take time for myself, to think, to keep the internal communication with myself, to know where I’m at that moment. Also, to keep communication...with my family and with my friend and with the people I know for real.”

“To maintain myself [and] relax, I do activities with my son, activities that help us to relax, not just for him, but for me too. And I do take that time as special, without disruptions, so we can be relaxed.”

“I think that in order to maintain your emotional balance, you need to have to be spiritually/mentally okay...I try to relax, do some meditation alone...know that problems have a solution, knowing there is going to be a tomorrow and that can always be better.”

Rest/sleep is tied to physical and mental health

“It’s pretty neat to be in a group that understands the mind-body connection and realizing that taking time out and managing it, getting rest and relaxing and taking a few breaths is pretty important.”

“Getting rest and making sure we all sleep well so our body can work, do what it does, and protect us.”

“Maintaining balance? Diet, exercise, [getting] enough sleep is very important to me. If I don’t get enough sleep, I get run down, so I make sure I have time to rest.”

3. Who do you turn to for help?

Participants reported most often that when in need of help (it was unspecified as to what kind of help), they turned to:

- 1. Family**
- 2. Religion and/or spirituality**
- 3. Friends**

People use multiple resources when they need help.

“I would first ask God and my family. They are the first people I ask.”

“I turn to the Lord and friends.”

“I turn to my friends, family and ask help to my religious leaders.”

Family is a resource for knowledge and cultural resources as well as for physical needs.

“I went to my mom and my family to ask for the correct path or to listen to what they have to say.”

“Both of our siblings live where my parents live. My sister already has a couple of kids and I’ve seen my mom do all this parenting and my sister benefits immensely.”

“First I help myself, then [I turn to] my aunt and uncle then a chain of family members that can help.”

The spiritual and/or religious systems provide resources other than spiritual.

“At church...sometimes you can call the pastor. Sometimes some family problems that have not immediate solution, but I know that someone can listen to me at that moment. The pastor listens to you; she guides you about what you need to do.”

“I go to a local church...and I get a lot of support from there, not just spiritually, but really practically.”

“For me, my spiritual community is a background too. I know if I need someone to talk to, there someone to talk to.”

Friends are an important resource for health.

“I finally have one friend and that is who I turn to [for] help. I can call and text anytime.”

“Most of my friends don’t have medical insurance and so we take care of each other. And so, if we get sick, we help each other.”

“I turn to the Lord and friends. I think I’m probably the most blessed persons in the world. I have the most wonderful friends.”

Friends are often paired with family and were seen as extended family, particularly among the youth groups and African American groups.

“I turn to my friends, family and ask help [from] my religious leaders.”

“We [friends] all help each other out...I think we’re all one big family.”

“This [group of friends] is just like a family. We’re all so close to each other and you come in her and you feel the love.”

For some, it is difficult to ask for help.

“I’m a person who’s not too fond of asking because the end result could be the answer no. And, so, there’s always this possibility that you’ll still be in the same position you were in before you did ask.”

“Since I was two, I have been on my own. [I] ask God to give me the wherewithal to seek and find the answers.”

“Sometimes I could get help in resource centers, but usually not because it’s a shame for me. I am not used to asking for help.”

“It’s never been really easy for me to ask for help, which is not a good thing and I realize that I pretty much don’t ask for help.”

The problem or need determines whom people go to for help.

“Depends on the problem that I have is who I can ask for help or if it’s out of my knowledge I can ask my mom. I know where there are organizations to help me if I need.”

“It depends on the problem I have...If I have a medical problem, I went to Centro Clinic or Hennepin County. If I have an economic problem, I went to my sister.”

“You can’t go to certain people for certain things. You go to your mom and dad for one thing, to your girlfriend for another, my guys for another. It depends on the situation.”

“It depends on what I’m going through, who’s there and who I can get ahold of.”

Barriers to health

Although participants were not asked about barriers to health directly, their conversations led to sharing of thoughts and insights about what gets in the way. The primary barriers mentioned by the Listening Circles participants were related to health care.

Related themes cover many aspects of health care, including:

Access to and coverage by insurance is a barrier.

“I can keep myself poor and have Hennepin County help me or I can try and rise above this just making the rent and not having any money left over until next month and find another health system.”

“Each year co pays go up. This year my co pays went up 300%.”

“I can’t make over a certain amount because I’ll lose the MNCare and that’s kind of my only viable option.”

Accessing affordable health care is difficult.

“I think it’s probably 1% of the population in this country [that] actually feels like healthcare is accessible to them.”

“It is because [it] is very expensive and sometimes you can’t pay because you have to take in consideration other bills, the rent, and if something else comes up, it’s hard.”

“I’m bringing in my child and I have no idea what the expenses are going to be, and that’s very scary and stressful. I feel like when I’m signing the paperwork, I’m saying that I’m responsible for whatever you decide to charge me for.”

It’s difficult to maintain consistent care and/or develop relationships with health care providers.

“I’m not crazy about going to random clinics and doctors; it’s not even an option and hasn’t ever been an option for me.”

“I’ve been at [a neighborhood clinic], but I’ve been frustrated because the doctors keep changing.”

There is a need for health care providers who are attentive to and respectful of the cultural knowledge and personal experience that people bring.

“Even for queer women I know who are femme identified who go in to the doctor and have them ask a bunch of questions, assuming that they’re with men and they are pregnant.”

“In the doctor, there are much problems. I don’t know if it’s because we’re Latinos, but always make us wait for longer periods of time.”

“I’m also transgendered, I was born female, so it’s also amazing to go to the same doctor every time and not have to retell my story every single time.”

Healthcare and insurance systems are confusing.

“One thing that’s really bad in health services is navigating the system. This is the biggest block. I’ve called all over to see guidelines to programs and they keep them hidden from you.”

“I think the insurance companies play a big role in the [doctors’] thinking patterns; [not knowing] whether insurance will pay or not for the symptoms or treatment.”

B. Walk-around Interview Process

In addition to the qualitative information gathered through the Listening Circles, the Backyard Assessment Team developed an approach to gather quantitative information through “Walk-around” household interviews. The purpose of the Walk-around interviews was to gather specific information and insight about health from a broad subset of the Backyard population. This approach was intended to complement the in-depth discussions from a smaller number of residents who participated in the Listening Circles and add to this baseline information on the health of Backyard residents.

PLANNING: SURVEY DESIGN AND PROCESS BY COMMUNITY RESIDENTS

The Walk-around development process began in August, 2009. All questions and definitions used in the Walk-around interviews were decided upon by the Assessment Team as a way for the community to study itself and own the process of the assessment. Over the course of eight weeks, the Team paid close attention to designing an instrument that was more specific than the Listening Circles questions while covering a wide range of health topics to reflect the Backyard definition of health. Backyard Initiative staff pulled questions from existing survey instruments and presented them to the Assessment Team. The Team, in turn, asked questions, made recommendations, added new questions and approved the final questions used in the interviews. A consultant from Wilder Research provided technical expertise for the wording and formatting of the final interview instrument.

As in the Listening Circles process, the Assessment Team, in its planning of the Walk-around, ensured that members of the community would be a part of every aspect of the process in order to build capacity and improve the appropriateness of the instrument. Allina hired Wilder Research to conduct the Walk-around, and, consistent with the value of capacity-building, Wilder trained and hired eleven residents, including members of the Assessment Team, as interviewers. In some instances, Wilder hired the community interviewers for additional work on other surveys.

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PREPARATION

Communication announcing the Walk-around interviews was released to all residents in the Backyard before the field work began. In October 2009, post cards were sent to all households to inform them of the assessment and the involvement of the community interviewers as well as to encourage them to participate in the interview. The post card contained a coupon for a free apple at a local market.

Wilder Research purchased a list of 5,000 randomly selected residential addresses in the Backyard area from a survey sampling vendor. The process of random selection was used to ensure that the sample of

households represented the makeup of the community. In the Backyard, every household had an equal chance of being selected. Of the 5,000 residential addresses available for interviewer contact, 4,069 were released as sample to the interviewers to be contacted either by phone or in-person. A letter was then sent to selected households to inform them that they'd been selected, an interviewer would either be stopping by or calling and encourage them to complete the interviews.

The community interviewers participated in a two-day training to learn field interviewing techniques and practice with the survey instrument. This training was conducted by Wilder Research and held at the Cultural Wellness Center. Wilder, in partnership with the community interviewers then completed the survey.

INTERVIEW IMPLEMENTATION

Community interviewers used an address-based sampling technique to contact the households. Names of individuals or families living at these addresses were not provided to the interviewers. One adult 18 years or older living at the sampled address was eligible to complete the interview. If necessary, several attempts were made to get ahold of an individual at all sampled households. Interviews were conducted either through door-to-door contact or by phone from November 2009 through January 2010.

Participants were provided information about the background and goal of the Backyard Initiative, the guarantee of confidentiality, the definition of health as created by community residents, and a \$10 gift card if an interview was completed. When an adult was unavailable at a sampled household, a flyer was left behind that explained the interview and options for participating.

Participants were interviewed for 45 minutes to an hour in English, Spanish, or Somali. Participants were given the option to decline to answer any question asked or not to discuss matters in which they were not comfortable. The interview questions followed a standardized interview type, whereby all interviewees were asked the same questions in the same order. The information shared by each participant was used anonymously and any identifying data was held strictly confidential. Overall, 191 interviews were completed in person and 486 were completed by phone. A total of 677 Backyard residents completed the interview, for a response rate of 20.5% of the sampled households, which was high enough to be deemed representative of the community. While there were 677 respondents to the survey, three were omitted because they lived outside of the Backyard area.

ANALYSIS AND INTERPRETATION

Once the interviews were completed on paper by community interviewers, they were given to staff at Wilder Research for processing. Wilder Research reviewed the interviews for completeness and coded the responses to the open-ended questions. After the surveys were checked and coded, they were entered into a data software program. The completed data set was then transferred to Allina for analysis and reporting.

Before the data from the interviews was presented to the Assessment Team, Allina's Research Consulting Unit, in the Center for Health Care Innovation, analyzed the data and prepared weighted frequencies for all the questions. The Unit used Backyard demographics data from the 2000 Census to weight the results of the survey. Weighting is a process to adjust the data from those who responded to the survey to reflect the actual population.

A Community Commission on Health was formed in February 2010 to put community residents at the center of the Backyard Initiative. The Commission's work is to monitor the health of the community and support efforts to maintain and improve the health of Backyard residents.

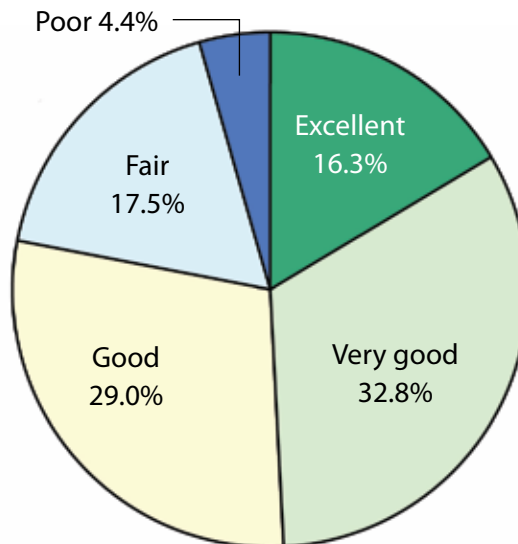
The interview results were presented to the Assessment Team in the form of frequencies. CWC and Allina staff worked together with the Team to do the first round of interpretation and identify initial themes and major findings. The ideas and recommendations that came out of the group discussion were then synthesized into a written report. A Community Commission on Health was formed in February 2010 to put community residents at the center of the Backyard Initiative. The Commission's work is to monitor the health of the community and support efforts to maintain and improve the health of Backyard residents. Further detailed analysis and interpretation will be done at the request of the Community Commission on Health, with recommendations from the Assessment Team.

FINDINGS

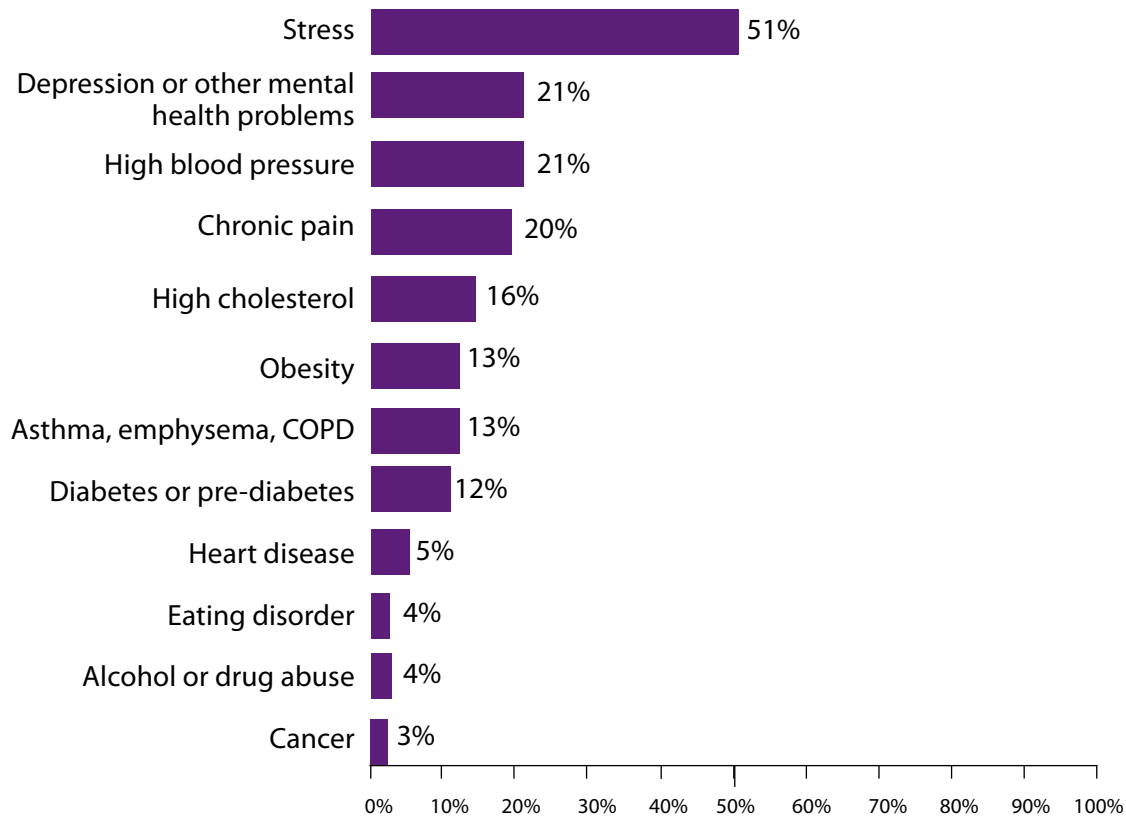
Health and Health Care Experience

Interview participants were given the opportunity to respond to a number of questions about their health and health care experiences. Nearly half the respondents, 49%, rated their health as excellent or very good. However, 22% said their health was fair or poor. When asked about the health conditions they experienced in the past 5 years or are currently experiencing, the top four conditions people reported were: stress (51%), depression (21%), high blood pressure (21%) and chronic pain (20%). Additionally, under "other", 13 % of respondents listed conditions such as physical problems (bad knee(s), back, hip problems), arthritis/joint problems, and thyroid issues.

General Health Status

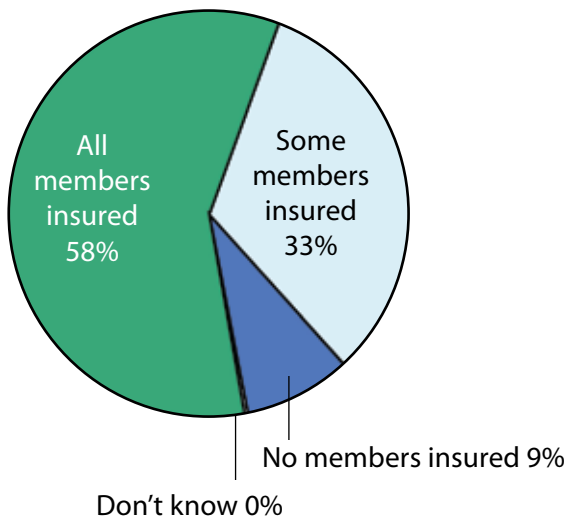


Which, if any of the following conditions have you experienced in the past 5 years or are you currently experiencing?

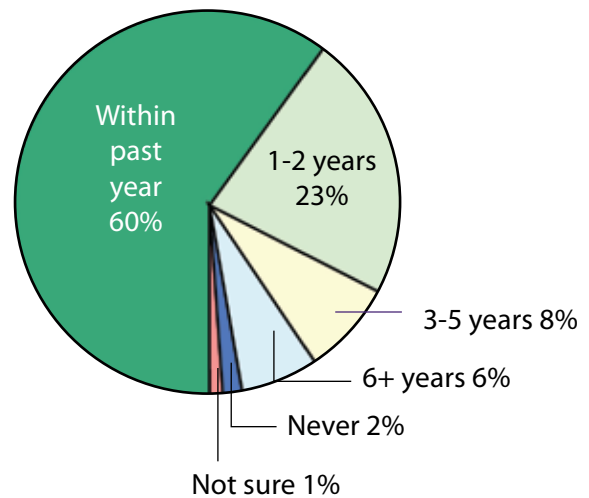


In terms of health insurance, 41 % of participants reported that some or all of the members in their household are uninsured. When asked about visits to a doctor, the majority (82%) said they have had a routine checkup with a doctor within the past 2 years. However, 17% reported that there was a time during the past year when they needed medical care but did not get it, and the primary reason stated was insurance issues.

Insurance status of household members



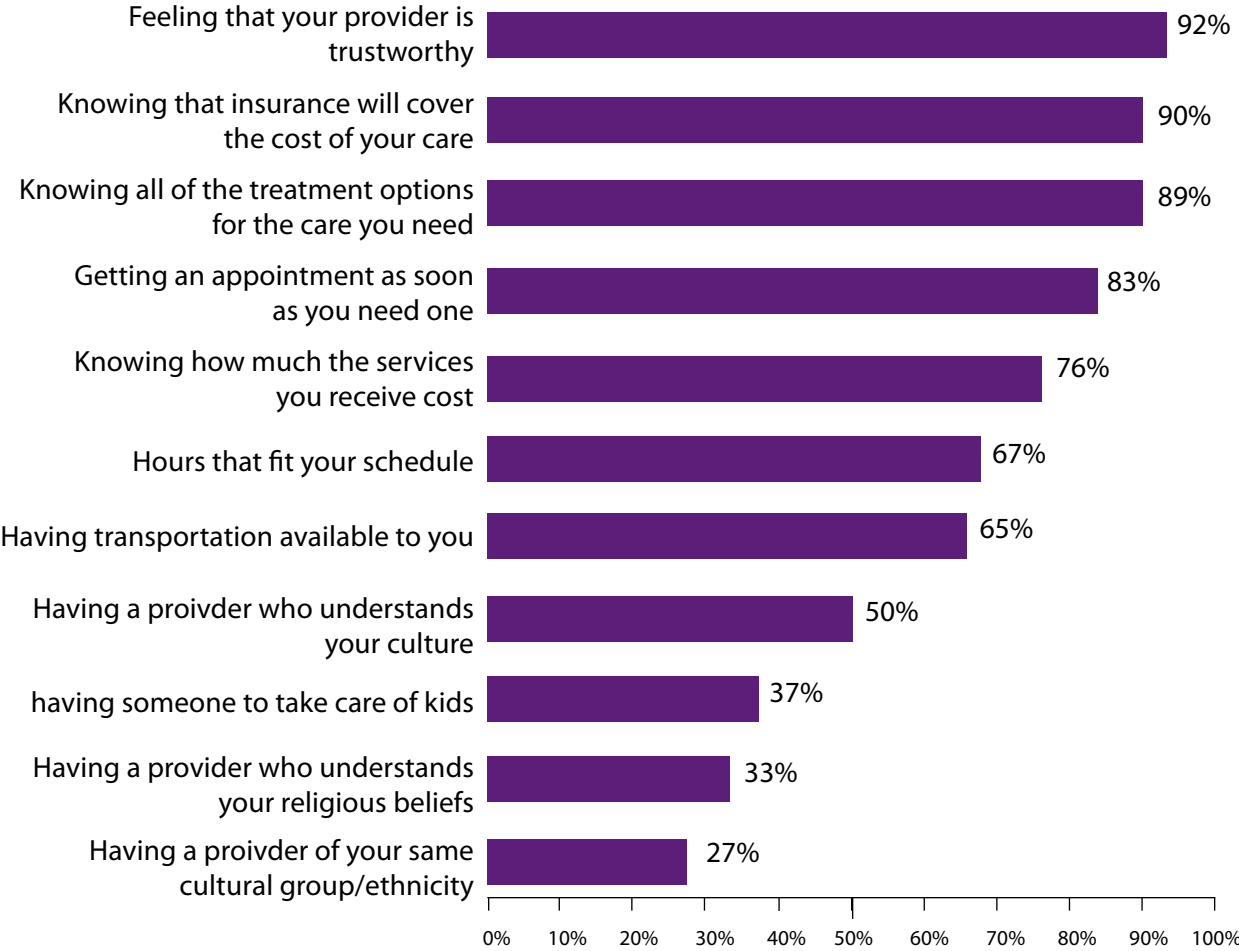
How long since last routine checkup



When asked several questions about the quality of their relationship with their health care provider, the majority of the respondents were satisfied. However, about 25% were afraid that their health care provider might not do enough to find out what is really making them sick. Furthermore, 24% were concerned that their provider might not do enough to help them feel better.

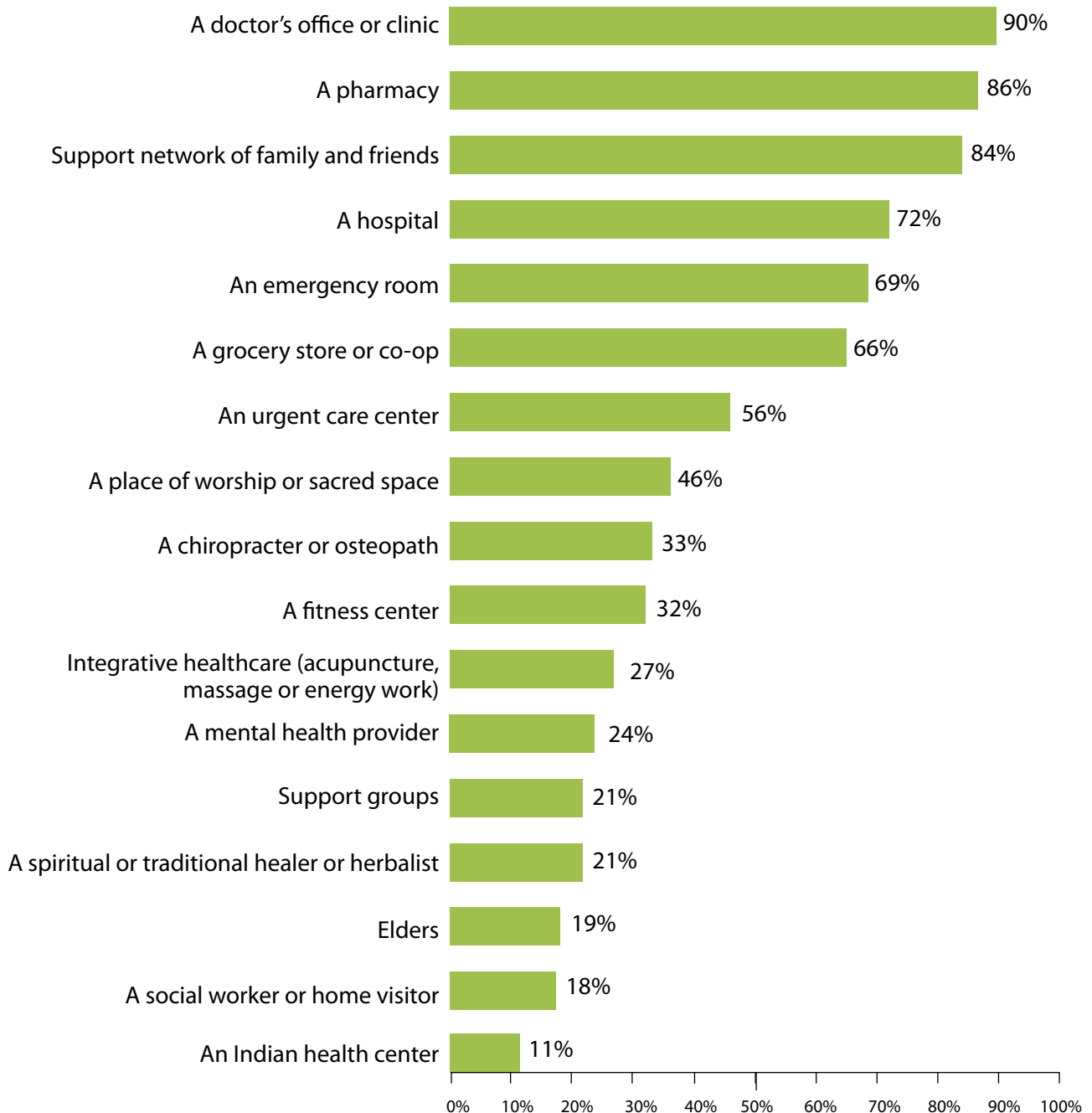
Respondents were also asked how they value a number of factors that influence good health care experience. The top four factors respondents said were very important or somewhat important in contributing to a good health care experience were: feeling that their provider is trustworthy (99%), knowing that insurance will cover the cost (99%), knowing all of the treatment options for the care they need (99%), and getting an appointment as soon as they need one (98%).

How important are the following factors to you in terms of having a good healthcare experience? % Reporting very important

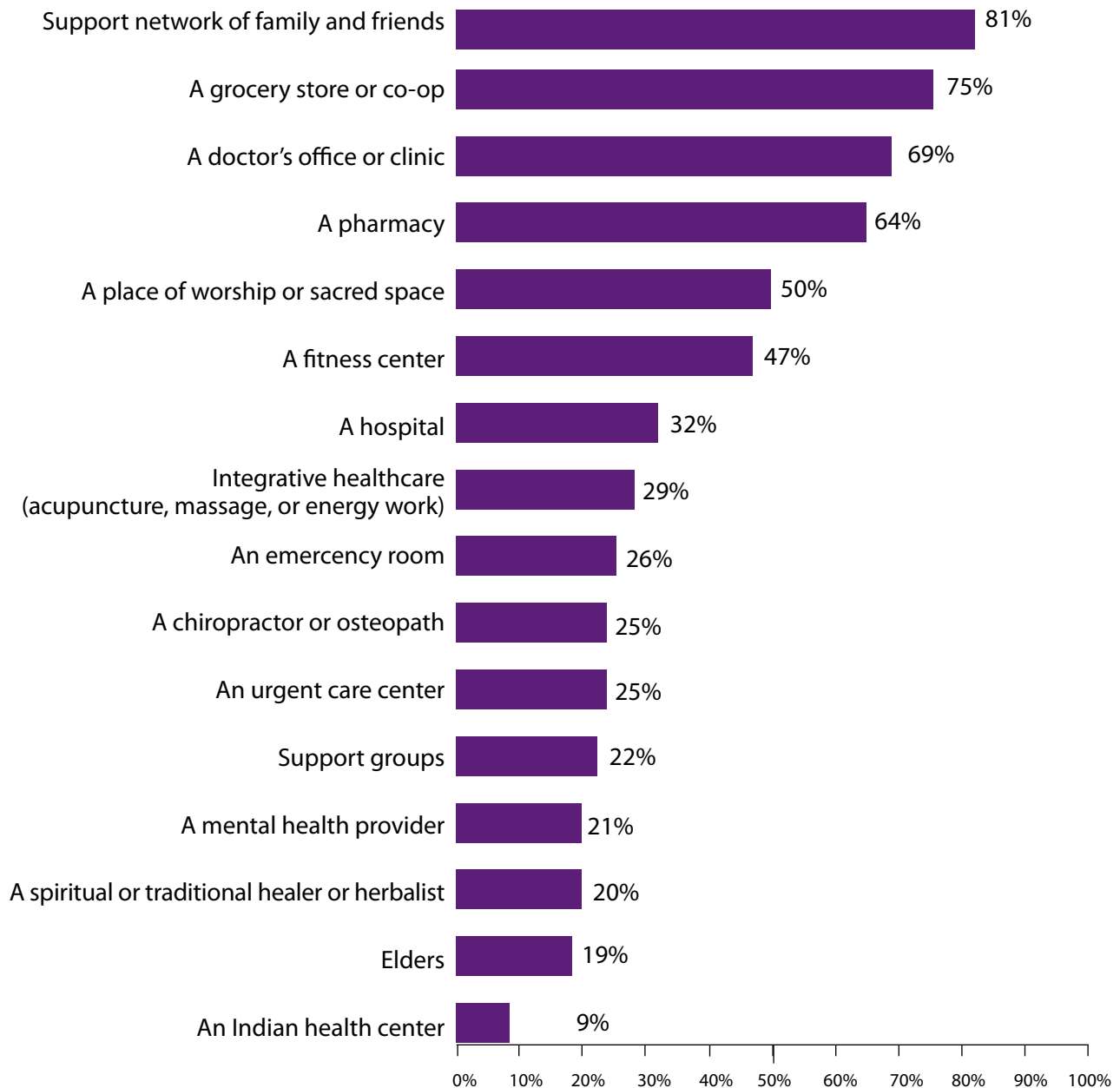


When asked what resources they use when they're sick, the top resources listed by participants are: A doctor's office or clinic (90%), a pharmacy (86%), support networks (84%), a hospital (72%), an emergency room (69%), a grocery or co-op (66%), and a place of worship (46%). Additionally, participants were asked to list the resources they use to stay healthy. Similarly, support networks (81%), grocery store or co-op (75%), a doctor's office (69%), pharmacy (64%), and place of worship (50%) were brought up. However, it is important to point out that 26% of respondents are using the emergency room as a resource to stay healthy.

*Resources you use when you are **SICK** - physically, mentally or spiritually*



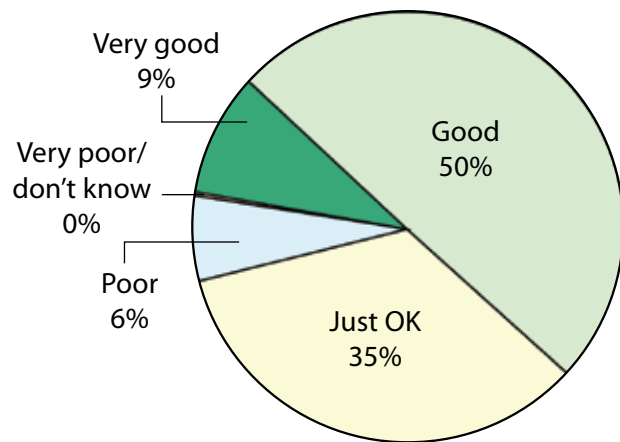
Resources you use to **STAY HEALTHY** - physically, mentally, or spiritually



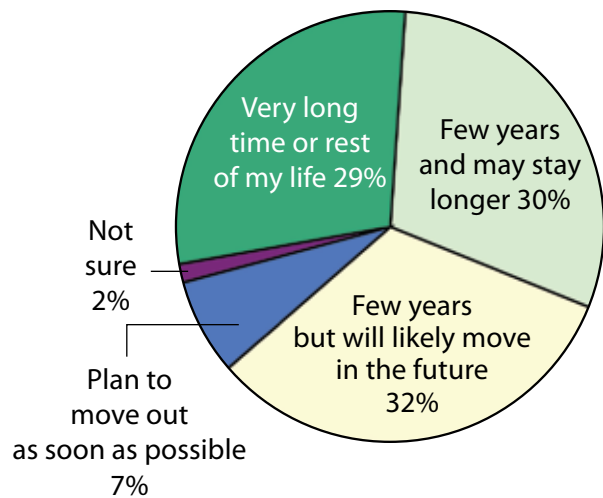
Quality of Life in Neighborhood

When respondents were asked about their opinion of their neighborhood, about 60% said that the overall quality of their neighborhood is very good or good. Additionally, the vast majority (91%) of participants stated that they plan to stay in their neighborhood (32% plan to stay but will likely move sometime in the future; 30% plan to stay but may consider staying longer; another 29% said they plan to stay for a very long time or the rest of their lives). When respondents were asked how many people in their neighborhood they know, 84% said they know at least three or more people. This response reflects the value of social connectedness in this community.

Overall quality of life in your neighborhood



How long do you plan to stay in this neighborhood?



Respondents were generally positive when asked about other neighborhood quality of life indicators such as opportunity to express ideas, concerns, and opinions and accessibility to affordable foods and safe places for exercise. However, as far as pointing to a problem, significant numbers of people were concerned about crime and violence, and the environment in their neighborhood. When asked if crime and violence is a problem in their neighborhood, about 63% either strongly agreed or agreed, while about 40% were concerned about their neighborhood's environment.

Regarding the issue of food, affordable fresh fruits and vegetables are very important or somewhat important to residents (97%) while 88% of the respondents said locally grown food is somewhat or very important.

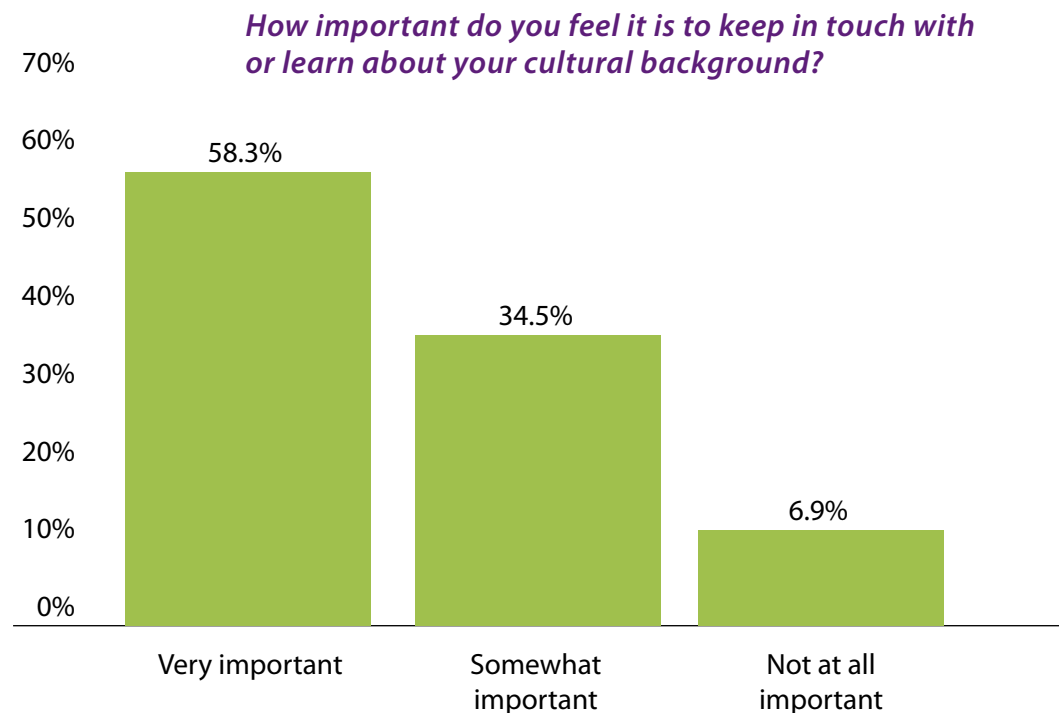
Seventy-five percent (75%) of respondents also stated that they sometimes, usually, or always worry that their total household income will not be enough to meet their household's expenses and bills. Fourteen percent (14%) of respondents are unemployed (not currently working, but looking for a job) while 21% of respondents live in a household where at least one adult is unemployed.

Children and Other Dependents

Forty-eight percent (48%) of respondents live in a household with children. In addition, 31 percent of respondents reported that they are giving some sort of unpaid care assistance to a friend or family member who has a health problem. Of those who have children, 38% found it either somewhat hard or very hard to find resources in their neighborhood to help support them as parents. When asked if they have children with any special needs living in their household, 18% of respondents said yes and of those, almost half (47%) say it's hard to find resources in their neighborhood to support their special needs child.

Cultural Connectedness

Next, participants were asked a set of cultural identity questions. Eighty-two percent (82 %) of the people said they frequently or sometimes participate in cultural practices, celebrations, rituals and other events from their cultural group. Additionally, the vast majority (93%) of them feel it is very important or somewhat important to keep in touch with or learn about their cultural background.



Ideas for Improving Health

The survey ended with two open-ended questions asking for respondents' ideas for how to improve the health of their neighborhood. In response to "what is the most important thing that **could be done** in your neighborhood to support the health of you and your family," the top five responses were ideas related to: safety¹ (20%), more/better community resources (12%), more/accessible healthy food (12%), more clinics/providers (9%), free/affordable health care (7%), affordable health insurance (6%), clean environment (6%), and more community gatherings (5%). When asked "what is the most important thing that **you and your neighbors could do to** support your health and the health of your neighbors," the top responses were: watch out for each other (36%), more community gatherings (13%), clean up the environment (11%), safety/less crime (9%), better communication (8%), physical activity/exercise (6%), and more/better community resources (6%).

Thirty-five languages were reported spoken in the "Backyard" neighborhoods with English (89%), Spanish (30%) and Somali (7%) being the top three. Nearly 10% reported an "other" language. In order of frequency, the top seven "other" languages spoken in "Backyard" households are: Vietnamese, French, Ojibwe, Lakota, German, Quizha (Ecuador), and Arabic.

III. ASSESSMENT SUMMARY

The Backyard Community Now Has a Baseline for Gauging Its Health

The responses to the Listening Circles and the Walk-around form a baseline of information about the health of people living in the BYI neighborhoods and about perceptions of the quality of life within these neighborhoods. The results from future assessments can be compared to this data to see which factors are improving. Interpreting baseline information now can be difficult. What standard does the community hold up to determine if a result is “good” or “bad”? We could conclude that there are many assets in these neighborhoods when we see that the majority of people (60%) said that the overall quality of their neighborhood is very good or good, or that 73% said their neighborhood was a good place to raise children in, and that people were generally positive when asked about other neighborhood quality issues such as the opportunity to express ideas, concerns, and opinions and accessibility to affordable foods and safe places for exercise.

However, we can also say that 41% of people said that the overall quality of their neighborhood was “just OK” or “poor”; and 26% disagreed or strongly disagreed that their neighborhood was a good place to raise children in; 63% either strongly agreed or agreed that crime and violence is a problem in their neighborhood. The BYI Community Commission on Health will be studying and interpreting these findings, determining standards, setting priorities and giving direction to efforts to maintain and improve the health of people living in these neighborhoods.

The Backyard Definition of Health was Validated

The Listening Circles and survey questions were developed by community members based on a definition of health that includes mental/emotional², social, spiritual health, and environmental health, as well as physical health. The results of the assessment showed that people valued these dimensions of health. The responses reveal that health is seen as complex, including much more than physical health; it is interconnected and impacted by many areas of life. The Backyard Initiative participants who developed the definition of health got it right – health is a state of physical, mental, social and spiritual well-being; it is the state of balance, harmony and connectedness with and amongst many systems; and it is an active state of being.

A healthy body depends on exercise and healthy food which depends on healthy relationships.

Three Themes

Three primary themes emerge from community members’ responses concerning how they keep themselves healthy: the power of interconnection, relationships, and knowledge in the community.

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.

In the Listening Circles, people spoke in the same breath about physical, mental, spiritual, and community health and their interrelatedness. A healthy body depends on exercise and healthy food which depends on healthy relationships. Healthy relationships lead to healthy communication which leads to mental health. Members of one Listening Circle talked, in particular, about how being true to oneself and having integrity contribute to health. Spiritual and cultural practices support healthy relationships and connecting with needed resources. In the Walk-around survey, a significant number of people named place of worship or sacred space as a resource for when they are sick and when they are healthy.

People know that they need exercise and healthy food, plenty of rest and regular check-ups to be healthy, but their relationships are crucial to whether they consistently act on that knowledge.

Some people in the Listening Circles talked about how societal changes have contributed to disconnection: children no longer play outside with each other but spend too much time in front of screens, people don't know and don't take responsibility for the children on their block, and local healthy food is not as accessible as fast food.

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.

Exercising and eating healthy foods were most often cited in the Listening Circles as ways that people maintain health, but the power of healthy relationships was what people discussed the most in the Listening Circles. Many people talked about the necessity of reciprocal relationships for good health, how they need to both get and give support to be healthy. People know that they need exercise and healthy food, plenty of rest and regular check-ups to be healthy, but their relationships are crucial to whether they consistently act on that knowledge.

...developing healthy relationships between community residents and health care providers is a powerful factor for improving health outcomes.

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¹ The most important things respondents mentioned could be done to improve safety include: crime reduction, safer sidewalks, and better policing.

² The Assessment Team wanted a question on the survey to address this dimension of health, but they were unable to find a question on mental health because cultures have different ways of defining and talking about it. Twelve percent (12%) of respondents reported that they "usually or always feel sad, worried, or anxious," but what this means to people and what is "acceptable" culturally (for instance, after a death in the family, during an illness, or in a period of financial stress) is very difficult to assess.

The Walk-around results also showed that people value and strive for social and cultural connectedness. Most know people in their neighborhood, express their ideas, concerns and opinions, and participate in cultural practices, celebrations, rituals and other events.

...knowledge flows both ways, between people and their health practitioner, between organizations and the community and that shared knowledge and creativity will improve health.

In the questions asking what resources people use, a high percentage of people named social networks as a resource for when they are sick. When asked “what is the most important thing that **you and your neighbors could do** to support your health and the health of your neighbors,” the top response was “watch out for each other.” .

It was clear from the Listening Circles and Walk-around results that developing healthy relationships between community residents and health care providers is a powerful factor for improving health outcomes. The Walk-around survey revealed that the majority of people were satisfied with their relationship with their health provider. A high percentage of people have gotten a checkup within the past two years and a high percentage use a doctor’s office or clinic as a resource when they are sick

People in the Listening Circles affirmed that although there are barriers related to loss of community, there are many examples of activities that are strengthening relationships and connection to community. Community classes, women’s groups, community meetings, cultural celebrations, church groups, and spiritual ceremonies are powerful ways for people to maintain health, harmony, and balance in their lives.

The Power of Knowledge and Creativity:

Cultural knowledge, information exchange between patients and health practitioners, and community dialogue are resources for health

People enjoyed the listening circle process and affirmed that this process helps to surface the knowledge, wisdom, and creativity of the diverse groups within the Backyard communities to improve the health of the residents. In the Listening Circles, people’s responses showed that they generally know what they need to be healthy: healthy food, exercise, sleep, for instance, were consistently mentioned. As an example in the interview results, the great majority of people said it is important to get affordable fresh fruits and vegetables.

Each cultural group affirmed knowledge within their own cultural community as necessary for health. Spiritual or religious practices, cultural home remedies, alternative or cultural health practices, and activities that families do together were named as powerful resources for health. This knowledge was paired with creative solutions that involved the community and highlighted the importance of partnerships in improving health. Discussions acknowledged that knowledge flows both ways, between people and their health practitioner, between organizations and the community and that shared knowledge and creativity will improve health.

Barriers to Health

The results of the Walk-around and Listening Circles show that knowing what you need to be healthy does not necessary mean that you will have access to those things. Only 49% rated their health as excellent or very good and people reported stress, depression, high blood pressure, and chronic pain as significant health problems. The following issues rose to the surface as having a negative effect on people's health:

HEALTH CARE

People stated that having trust in a health care provider and a lack of access to health care and were significant factors in being able to maintain positive health. People in the Listening Circles stated that accessing affordable health care is difficult. The responses from the Walk-around survey showed that a significant number of people do not have health insurance and that some people do not get medical care when they need it because of this. Also, that a high percentage of people use the ER as a resource for when they are sick and to stay healthy indicates that many people do not have a relationship with a primary health care provider.

...knowing what you need to be healthy does not necessary mean that you will have access to those things.

ENVIRONMENTAL

Safety of the environment was the top response in the open-ended questions about what could be done to support health. The category of responses included reducing crime, getting rid of drug dealers, better policing, neighborhood crime watches, and keeping sidewalks clear of snow. A majority of people were concerned about crime and violence. Cleaning up the environment was also one the more common responses, including improving water and air quality, picking up litter, and recycling.

RESOURCES FOR CHILDREN

The responses concerning children indicate that parents need more resources for their children, including those with special needs.

LOW INCOME

Income is an important health factor: a high percentage of Walk-around respondents worry about paying bills and a significant percentage have a household member who is unemployed. Connections can be made between level of income and access to health insurance, access to healthy food, and access to safe places to exercise as well as to levels of stress which impact health.

IV. ASSESSMENT RECOMMENDATIONS

The following assessment recommendations were developed by the Assessment Team and were informed by the findings of both the Listening Circles and the Walk-around. The newly formed Community Commission on Health will review the findings and consider these recommendations as it does its work of monitoring the community's health, building the community's capacity for taking responsibility for its own health, and supporting solutions for maintaining and improving health. The recommendations will serve as a foundation for the projects and initiatives implemented by the Commission's Citizen Health Action Teams (CHATs). At the time this report was written, there were 12 CHATs working on 12 different strategies for improving health. These CHATs are composed of primarily community residents; some representatives from organizations are also members.

...suggests that efforts to improve health have a greater chance of succeeding when they are designed with resident's family, cultural, social and community connectedness in mind.

The recommendations reveal the values, standards and practices which community people have named as being necessary for health to exist, and which need to be part of the process of achieving and maintaining health. These are values such as community engagement, relationships, spirituality, and the honoring of culture. The recommendations also speak to specific health priorities and the design of future health interventions within the Backyard. The recommendations will help the Commission to develop priorities as well as provide a baseline in which to measure progress over time.

The assessment recommendations include:

Capitalize on the social networks, cultural connections, and optimism within the Backyard community and develop health and wellness activities with a social/community component at the core. Backyard residents place a strong value on knowing and developing relationships with one another. This coupled with both a strong connection to culture and a generally positive affinity with their neighborhood suggests that efforts to improve health have a greater chance of succeeding when they are designed with resident's family, cultural, social and community connectedness in mind. The strength of relationships within the Backyard must be leveraged when creating health and wellness programs. Specific ideas include:

- **Work with health care and other organizations within the Backyard to help assure that community programs and activities include a social component as a vehicle to address their desired outcomes.**
- **Bring health educators from different cultures outside the walls of health care institutions and into places where cultural communities gather and tailor health care and education to cultural groups.**
- **Continue to support the Commission’s principles of inclusiveness, social connectedness, and community engagement.**

Explore how Backyard residents get their information and place a priority on connecting with the “informal” communication networks within the Backyard. In addition to the many different languages spoken within the Backyard, residents also belong to diverse cultural, spiritual and religious, and family networks. Backyard residents have their own languages, customs and systems for getting and sharing information. Through working directly with residents and tapping into these informal communication networks, the Backyard Initiative can help improve communication, as well as knowledge about—and access to—resources within their own community. Specific ideas related to this recommendation include:

Backyard residents have their own languages, customs and systems for getting and sharing information.

- **Continue to hold community gatherings where residents from diverse backgrounds and networks can dialogue and share with one other.**
- **Connect residents with the greatest needs—such as families with children, special needs, and those providing unpaid care assistance to friends or family members—to resources within the community.**
- **Work in partnership with community to develop a process for identifying how various groups within the Backyard obtain and share information with one another. Use this knowledge as a way to develop relationships and share resources.**
- **Build capacity within the community through hiring and training informal community leaders to take information from the Commission to their communities and share information back with the Commission.**

Understand that health—as defined by the Backyard community members—cannot be put in an individual context, but that rather it must be seen through a community lens. The assessment findings indicated that there is a high level of energy and interest among Backyard residents to connect with one another and “watch out for one another.” Residents see this as a critical component to health. Backyard residents don’t necessarily want more programs, but rather, more community; building community is viewed as crucial to support individual health. The assessments findings suggest that there are opportunities to do things differently within the Backyard and place a higher value on the process of involving residents in meaningful ways versus just creating more programs. Furthermore, through building

The assessments findings suggest that there are opportunities to do things differently within the Backyard and place a higher value on the process of involving residents in meaningful ways versus just creating more programs.

relationships with one another and working together as a community, residents can effectively address many of the determinates of health, including crime and safety, social isolation, physical needs, and their environment. Specific ideas include:

- **Work toward the goal of community building being at the core of all pilot programs, initiatives, and activities in the Backyard.**
- **Empower residents to organize informal social networks that support one another as neighbors and community members to become active participants in both their individual health and the health of their community. Organize more community gatherings and events that help residents share resources and build these networks.**
- **Build capacity through training and supporting community residents to lead community building activities.**
- **Identify ways to improve communications and coordination within and amongst systems operating in the Backyard that are addressing the various determinants of health. Help ensure that residents are equipped to take full advantage of the resources available to them and play a role in shaping the programs.**

Make healthcare more accessible by making it more neighborhood based. People are reluctant to access a healthcare system that they perceive as complex, foreign to their culture, and disconnected from other areas of their lives. People stated they want practitioners with whom they can develop a relationship, and who can see them in the context of their culture and community. They want stable health insurance, and clinics and providers where there are people working who speak their language and are from the community. Specific ideas on how to improve health care within the Backyard included:

- **Continue to make health care access affordable and accessible to Backyard residents, including continuing Portico Health Net.**
- **Tap into social and cultural networks to expand residents' knowledge about, and familiarity with, Portico Health Net and other health care access programs.**
- **Create opportunities for health care providers and community members to dialogue about culture and the role it plays in maintaining health and accessing health care.**

- **Develop a process for identifying how the patient experience can be improved for residents of the Backyard.**
- **Look for ways to help build long-term relationships and consistency between health care providers and residents/patients.**
- **Develop programs that recruit, train and hire community members to work within the health care system.**

Consider traditional health care as one partner in maintaining health. Traditional health care is used by community as both a way to stay healthy and a resource when sick; however, traditional health care is not the only resource residents depend upon. Also, people do not want to rely on systems for everything. They want opportunities to use their own knowledge and tradition as a way to maintain health, including relying on their social networks and alternative or non-traditional methods to address their health care needs.

- **Acknowledge the role that social networks and alternative or non-traditional health care play in terms of the health-related resources residents use. Leverage the CHAT teams and the Commission to seek out opportunities to build connections between “traditional” health care and “non-traditional” healthcare.**
- **Support community institutions and groups, including cultural and religious, to teach about health.**
- **Identify ways to marry best practices in disease prevention with cultural knowledge and tradition.**

Recognize the importance Backyard residents place on access to healthy and affordable food and identify ways to improve access year-round. Access to healthy and affordable food was articulated as an area of importance by many different residents in both the Walk-around and the Listening Circles. This indicates that developing pilot projects around this area may provide a key initial opportunity for the Commission. Suggestions include:

- **Leveraging social and community connections around increasing access to healthy and affordable foods, such as community kitchens, cooking classes or community gardens. Use community members to run them and pay facilitators who are both bilingual and knowledgeable about cultures.**
- **Identifying opportunities to use healthy foods to share cultural knowledge and traditions amongst different cultural groups and generations.**
- **Assessing or “mapping” where and when healthy and affordable foods are available in the Backyard and developing a community-based plan to promote and expand the availability of healthy and affordable foods year round.**

Explore the role safety plays within the health of the community and create partnerships that help increase safety and the perception of safety within the Backyard. The health and well-being of the community is related to residents' safety and security. Safety, much like health, is multifaceted and affects residents' not only physically, but mentally and emotionally. Additionally, crime or the perception of crime affects the economic viability of the Backyard. Specific suggestions around addressing safety in the Backyard include:

- **Support residents to develop social activities that empower community members to watch out for each other personally, as well as the health of their block and neighborhood.**
- **Work with organizations and institutions engaged in crime and safety initiatives within the Backyard to identify what's happening and how residents' can be instrumental in both informing and advancing the efforts.**
- **Surface and publicize community stories that illustrate the community building efforts that residents are already leading within the community. Look for opportunities to share these stories widely to help change the perception of the Backyard community.**

...people do not want to rely on systems for everything. They want opportunities to use their own knowledge and tradition as a way to maintain health

Keep the discussion going; continue to explore emerging health concerns and engage the community in creating community- and culturally-based solutions to address these concerns. Sustain the types of dialogue that both build community and identify emerging health issues and interests. Community members believe the diversity of knowledge in the community will bring creative, effective and sustainable solutions and that this type of ongoing dialogue

increases the level of accountability between community members and between members and institutions serving the community. Suggestions include:

- **Continue to build capacity with the Commission and CHAT teams to use and interpret the community assessment data in a way that advances the definition of health.**
- **Continue to train residents in effective facilitation and note-taking. The process for dialogue is as important as the results, because it can easily get side-tracked or derailed.**
- **Encourage community members to support each other with what they know and act from the knowledge.**

...the diversity of knowledge in the community will bring creative, effective and sustainable solutions

Recognize that health is a shared responsibility. Many people spoke of the importance of being active in their health, and that one system or resource alone cannot improve or maintain health; whether an individual or an organization. There is a role for all of us to play in improving the health within a community. Suggestions included:

- **Engage in your own health maintenance and improvement. Identify solutions that will optimize your health and the health and health care of your community. Walking our talk creates a strong model for others.**
- **Determine what knowledge, experiences, resources and skills you and/or your organization may have to contribute to improving health.**
- **Build authentic, effective partnerships related to improving your own health and/or the health of the community.**
- **Advocate for an integrated systems approach to improving health versus focusing on one component of the systems.**



The "Backyard" includes the neighborhoods of Ventura Village, Phillips West, Midtown Phillips, East Phillips, Central, Powderhorn Park, and Corcoran. The boundaries are Interstate 94, Interstate 35W, 38th St. S. and Hiawatha Ave.



With assistance from:

