Background

Wilder Research was hired by LISC to evaluate the Building Sustainable Communities program. In order to develop an evaluation plan that accurately reflects the context, needs, and goals of the different partner organizations funded through this program, Wilder Research met individually with each lead agency to learn more about their organization’s work, evaluation goals, and community context.

This is a summary of themes from a discussion between Wilder and two representatives of the Backyard Initiative (Atum Azzahir from the Cultural Wellness Center and Ruth Olkon from Allina) on January 28, 2014, and a final interview with Ruth Olkon on November 14, 2014. This summary is meant to provide an overview of these two discussions and a supplement to the full meeting notes (attached). It is also intended to serve as a feedback loop between Wilder and the partner organizations, ensuring that we accurately captured and interpreted the things said during our meeting. Once agreed to, it will also help to inform LISC staff.

Activities and strategies

The Backyard Initiative (BYI) is composed of “three pillars” of activities to accomplish its goal of supporting the efforts of residents in the community to increase their health.

Community Health Action Teams. The primary activity and strategy for the Backyard Initiative are the Community Heath Action Teams (or, “CHATs”). CHAT groups emerge out of community forums, and they focus on engaging community residents in critical topics of interest to create change in the neighborhood. Each CHAT has a workplan and leaders focused on a health-related problem they want to eliminate. The CHAT leaders are responsible for recruiting members, running monthly meetings, and making sure the teams are inclusive to all residents who are interested. The current CHATs include 175 group leaders in 7 neighborhoods, and 6,600 neighborhood residents have participated in CHAT activities since 2009.

Community Commission on Health. The Community Commission on Health is composed of approximately 30 members from the CHATs, staff from Allina Health and the Cultural Wellness Center, representatives from Hope Community and Portico, the Midtown Global Market manager, and the Minneapolis Commissioner of Health. The commission meets monthly with the goals and mission to:

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

Initial conversation

Project and community history

In 2008, the Allina CEO noted that the neighborhood residents were not as healthy as they could be which was especially unacceptable considering their close proximity to the headquarters of a nation-wide health system. Allina worked with University of Minnesota researchers to develop four interventions to improve health in the neighborhood. However, when these interventions were discussed with community members, the response was not positive as residents felt they were being imposed from the outside. At that point, Allina realized that they could not effectively engage with the community without the work being led by the neighborhood residents.
The Commission’s design and charge are to sustain community activism in the neighborhood by cultivating and deploying three critical resources: cash, culture, and connections (what the BYI calls its “triple bottom line”).

**Community Resource Body.** Finally, the BYI supports the activities of the Community Resource Body (CRB). This group is co-facilitated by Atum Azzahir of the Cultural Wellness Center and Executive Director of LISC Adrianna Abariotes. The CRB includes outside perspectives from academic research, public health, corporations, and community development. Its goals are to bring in and leverage knowledge and resources from the broader community health world into the neighborhood, and also to be ambassadors for the BYI to their contacts in the wider region.

**Learnings to date**

One of the primary and most salient lessons of the BYI to date is that community development initiatives, and particularly those dealing with deeply cultural and personal topics like health, need to come from within the community. As shown by the BYI’s history, the project started on shaky ground when residents felt like the work was “being done to them” from the outside, but was able to flourish when the residents themselves had the opportunity and resources to control their own community health and development.

BYI has also found that tracking CHAT participation is valuable to funders as well as the neighborhood. The project is getting better at this tracking. It helps show funders the work the BYI is accomplishing, while also inspiring residents who are involved in just a piece of the work because it provides them with the larger perspective of what is being accomplished across all of the CHATs.

While not necessarily a learning or lesson, BYI’s participation in the peer network of the LISC BSC has helped to show how important relationships are to their work. Monthly LISC meetings are an affirmation of the need for a backbone organization in community development.

**Interest in the evaluation**

The BYI hopes that this evaluation will provide information that they can use to secure resources and inform their work. The Cultural Wellness Center conducts many studies designed and led by its own community members in partnership with Allina, and is not interested in participating in evaluation-related activities that they have not themselves prioritized or developed. However, they offered to share their research results, and Ruth and the Allina community engagement team can provide additional assistance and input if needed for the BSC evaluation.

**Final interview**

From a key informant interview with the manager of community engagement and health improvement for the Allina Backyard Initiative (BYI), Ruth Olkon, it seems that participation in the peer network group was the most beneficial aspect of the BSC initiative for BYI and its work. This is a particularly important finding since BYI did not receive funding to the same extent as other lead agencies, and adds to the evidence of the value these networking and learning circles can have for community-driven organizations doing community-building work. In her own words,

“It’s the relationships with LISC and the other [peer network] partners that could have an impact [beyond the BSC program], but I don’t know what that is. Those [relationships] are really valuable, and I stayed at the table this year because of the relationships themselves with LISC and the other [peer network organizations].”
Citing learning about the different approaches and lessons learned from other organizations doing effective community work, as well as the professional and emotional support, she emphasized that her participation in this kind of peer learning group for community-driven development work is very beneficial, and has helped change some of the ways she does her own work at BYI.

Though it is a large partnership that had been around for quite a few years before it began participating in the BSC program, Olkon described BYI fitting in fairly well with the BSC model and its core principles—though noting that “comprehensiveness” may look different in the BYI’s work than with others because of the focus on health and resident leadership. Noting the collaborative nature of the BYI as being resident-driven and using a consensus model of decision-making, BYI aligns well with the BSC model in its emphasis on building lasting and deep relationships with residents and empowering them to guide the BYI’s work according to the residents’ priorities, goals, needs, and vision for their community. She also mentioned the importance of having an anchor organization partner in the community (the Cultural Wellness Center) which also has a long history of trust and community buy-in for this kind of work to be successful and effective.

Finally, she described that having access to the CURA data and reports, which LISC commissioned for each neighborhood in the BSC initiative, has been helpful for BYI in writing some of its reports and materials that they make available to the public about their organization. Though they do not use the data as measures of outcomes or effectiveness, they have found the data helpful for describing the community context (such as demographics) in which they do their work. Further, BYI believes that it has contributed to LISC and their approach to the BSC model by offering their expertise and experience doing resident-driven work, specifically with regard to holistic community health work.

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