

**Allegany Franciscan Ministries  
Common Good Initiative**

**Overtown Evaluation Report  
June 2016**

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## Introduction & Background

In late 2011, the Allegany Franciscan Ministries Board of Trustees began a process to identify a new strategic opportunity that would allow the organization to more deeply fulfill its mission, be more open to new and innovative ways to create healthier communities, provide for the highest and best use of available funding, promote systemic change, and continue to energize our community, volunteers and staff.

In December 2013, the board of trustees approved a new strategic initiative called the “Common Good Initiative” (CGI). In keeping with the mission to serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities, Allegany Franciscan Ministries has identified one community in each of the three regions and will work with its citizens and stakeholders to create opportunities, develop strategies, and make investments that lead to positive health outcomes in each community.

Also at the December 2013 board meeting, the board approved the desired results and evaluation expectations regarding the CGI and an initial evaluation plan was prepared; the plan was modified with input from the regional vice presidents and the board of trustees. As part of that plan, an evaluation report for each community and for the initiative as a whole will be prepared every six months. This is the fourth of those reports. As strategies are still being determined, this report includes limited baseline data. As future reports are prepared, additional baseline data and conclusions will be provided. The table below presents when evaluation data will be available and when impacts are expected to occur.

**Figure 1: Table of expected evaluation information**

<b>Year 1: Community input and setting priorities (July 2014 – June 2015)<sup>1</sup></b>	<b>Years 2-7: Implementation</b>
Assess implementation	Assess implementation; document lessons learned; document investments (ongoing).
Document lessons learned	Changes in systems, increased collaboration, and changes in community engagement. Initial changes may occur at the end of Year 2 and then build over time.
Gather baseline data	
Document quick wins and initial investments	Sustainability begins to develop by the end of Year 2.  Movement in health & wellness indicators beginning Year 4.

<sup>1</sup> Please note Year 1 activities have continued beyond June 2015.

## Evaluation Questions

Each evaluation question is listed below. The criteria for assessing each evaluation question is provided in a text box on the left-hand side of the page. Data, if available, is then provided and analyzed. For details on the methodology, please see *Evaluation Plan v4* dated October 2014. Limitations are also noted: namely, there is limited data available as it is early in the process. Future reports will document trends over time and allow for conclusions to be drawn.

This report presents data on Overtown. Although this report is for the internal use of the foundation, a few summary items are listed below to provide context for the report.

- During the community visioning three priorities received the most points: (1) access to high-quality employment, (2) accessible, affordable high-quality youth development opportunities, and (3) community voices inform policies and decisions.
- Strategies for high-quality employment including training, business development, filling gaps in job training; and a navigator to connect residents to opportunities. Strategies for youth development include support for the Overtown Children and Youth Coalition, educational opportunities for adults working with youth, marketing and messaging to change Overtown’s image, and affordable opportunities. Strategies for community voices include a community quarterback to act as a policy advocate and a community organizer.
- There have been multiple attempts to revitalize this area. There is an existing collaboration: the Overtown Children and Youth Coalition.

### ***To what extent is the CGI being implemented as planned?***

#### **Criteria**

Describing and comparing commonalities; a general inductive approach for qualitative data.

Each region chose a CGI neighborhood in June 2014. Between June 2014 and December 2014, efforts focused on gathering community input and identifying priorities. During the time period January 2015 through December 2015, the project identified priorities, conducted a community vision session, and selected priorities. From January 2016 to June 2016, the following activities occurred:

- Established the Common Good Council and conducted meetings.
- Researched and determined possible strategies and potential partners.

The next steps are:

- Bring in experts and conduct research on proposed strategies.

- Share the strategies with the community for feedback.
- Award grants and grant-related investments.

Formation and implementation of the Councils was a significant activity during this time period. Meeting minutes, council member activity, and interviews document invested and engaged members. For example, Council members chose to meet more frequently than initially planned and after a successful planning retreat, Council members chose to develop three committees to further explore the top priorities.

Implementation, however, also encompasses how CGI is approaching the work; the board provided clear direction that the Common Good Initiative should work with the community and help build capacity. The project has not kept to the original timeline due to the deliberate and intentional engagement with the community. See the initiative-wide report for data on this aspect of implementation.

### ***What are we learning through this process?***

This question is only analyzed at the initiative-wide level, not at the individual community level. See the Common Good Initiative evaluation report for data on this question.

### ***To what extent is there positive movement in health and wellness indicators?***

#### **Criteria**

Positive movement in indicators (e.g., percentage of residents that have been to a doctor in the last 12 months).

Strategies have not been identified, so no baseline data in health and wellness indicators are provided at this time. Community members, most likely the Council for the Common Good but also others, will provide input into the appropriate indicators.

### ***To what extent are there documented changes in systems that create or maintain health deserts?***

#### **Criteria**

Positive movement in system indicators.

Strategies have not been identified, so no baseline data for system indicators are provided at this time. Specific indicators will be identified in a participatory process by the community.

### ***What is the evidence that efforts will be sustained?***

#### **Criteria**

Each community will demonstrate achievement of X% of system indicators.

Baseline sustainability will be determined after strategies have begun. Sustainability indicators may include diverse funding streams, system changes, ongoing support of behavior changes, dissemination of relevant products (NORC, 2010), increased awareness, and a sustainability plan.

### ***What is the evidence of collaboration and partnership?***

#### **Criteria**

Each community will demonstrate increased collaboration and partnerships.

The goal, over time, is that each community will demonstrate increased collaboration and partnerships on items such as the number and quality of relationships, the level of relational trust between partners, and the diversity of roles. In order to assess the status of the community, the evaluator conducted qualitative interviews with representatives in various sectors

to ask about their work in the neighborhood, their collaborations, and the activities of other organizations. Results reflect interviewees' perception.

Figure 2 provides a picture of current collaboration and partnership. Each sector is represented by a circle. The sector referenced most by interviewees was the nonprofit sector. All other sectors were mentioned infrequently: business, education, health, and law enforcement. Interviewees mentioned two Community Redevelopment Agencies (CRAs), the Knight Foundation, Miami Foundation, government programs, United Way, Children's Trust, and the City of Miami Community Development as providing resources. The lines between sectors represent awareness (...); resource sharing of events, referrals, or donations (---); or service delivery collaborations (===). As shown, there are few service delivery collaborations and relatively few connections.

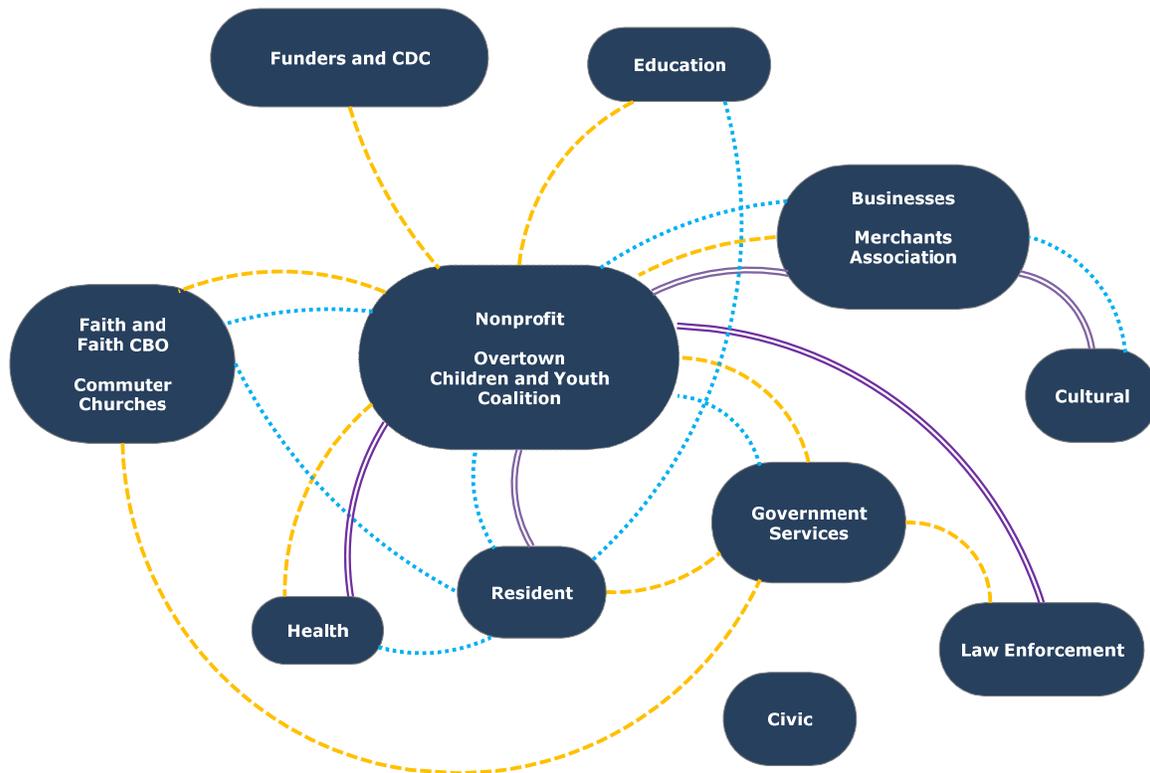
#### ***From an interviewee:***

"There is very little collaboration in this community. I don't know if it's because we don't know how, or [that] when you're competing for the same resources, that becomes a challenge."

Outside of the Overtown Children and Youth Coalition, interviewees describe little collaboration and, "The relationships are very premature. They're not really strong partners. I think that they know each other." Others note, "Everyone has done their own thing separately." Interviews report a loose collaboration among business owners and among the faith community, although those are perceived as low-capacity.

The VP worked to develop partnerships, including meetings with Miami Workers Center, South Florida Development Corp, I Have A Dream Overtown, and presenting the Common Good Initiative at 2016 Philanthropy Miami conference.

Figure 2: Network map as of June 2016



### ***What is the evidence of community mobilization and capacity?***

#### **Criteria**

Each community will demonstrate increased capacity on indicators relevant to that community.

The goal is that each community will demonstrate increased capacity on indicators relevant to that community but may include items such as structures and mechanisms for community input and participation, the presence of resident leaders, resident and institutional participation in the community, the presence of a champion, residents having facilitation and problem-solving skills, and residents having and using social capital. In order to assess the baseline status of the community, the evaluator conducted qualitative interviews with representatives in various sectors to ask about how they mobilize the community (or how they are engaged, if a resident), structures for community mobilization, and examples of community mobilization. Please note that the results reflect interviewee perception.

As in the past, interviewees noted limited opportunities for meaningful community engagement. Interviewees reported that residents are not heard and even when resident input and support is sought, interviewees reported that historically, promises have not

been kept. This leads to a lack of trust. There are at least four structures for meaningful engagement, but these structures lack capacity. Interviewees also reported that each of these structures is in its own silo. Interviewees have reported active homeowner associations for the co-ops.

**From an interviewee:**

“In terms of the level of capacity for enacting change...there’s a lot of room for improvement.”

In terms of resident leaders, interviewees noted there were “some” resident leaders, who are older: “There definitely are a handful of recognized community voices that could be called leaders to some extent. Some that have been primarily operating informally. Some of them have held offices in the Overtown Community Oversight board in the past. Some of them are still involved. There definitely are go-to people that are solicited for where they stand on particular issues or they can be influenced to make a stand on certain issues if it’s a hot button thing. All of those folks have been in the community for years and years and years and are seniors.”

Interviewees noted there are limited opportunities to learn and build leadership, and that there are multiple barriers:

- “[There are] some people that really want to know what’s going on and want to be involved, trying to find ways to get involved or to be successful or to be knowledgeable for opportunities for themselves or their children, but they just don’t know or the connectors are not there. And there’s folks that – just the broken promises or they’re just complacent.”
- “In some cases it’s a lack of knowing. In some cases it’s knowing – it’s the inability to drive the process. So in my mind there’s a person or several people that I would consider in sort of that younger sector, who are leaders in their own right, and they have demonstrated it. They probably should be some folks that are spokespersons to some extent as to what happens in Overtown. If there are occurrences where they get opportunity to do so, it’s sort of frowned on by other people. You know what I mean? It’s not – it’s competitive. It’s just – I can’t think of any other way to put it. It’s just a little more competitive than collaborative.”

As noted, one of the community priorities is community voices. In addition, the Common Good Initiative will be investing in building the capacity of the Overtown Children and Youth Coalition; the VP also met with the Board Chair of the Overtown Optimist Club to discuss capacity building for that organization.

## ***What investments were made, how were they made, and what were the results?***

Quick wins and initial investments from the last six months were:

- \$5,000 to the Overtown Optimist Club for capacity building.
- \$750 to Independent Sector for registration for one of the Overtown Children & Youth Coalition teams to attend the Independent Sector 2015 National Conference.
- \$2,500 to Florida International University for four students to attend Black Brown College Bound Conference in Hillsborough County, Florida.
- \$1,170 to The Miami Foundation for registration for six Overtown stakeholders to attend Leave A Legacy's Philanthropy Miami Conference.
- \$5,000 to Camillus Health Concern to support the Camillus 9<sup>th</sup> Annual Health Fair held for over 400 Overtown community residents on April 9, 2016. The fair provided residents with the opportunity to be tested for diabetes, cholesterol, and high blood pressure, and connect them to a medical home.
- \$5,000 to World Literacy Crusade of FL/Girl Power STEAM Summer Camp. The Camp will teach science, technology, engineering, arts, and math to middle school girls in Overtown.
- \$3,601 to Touching Miami With Love Ministries, Inc. for professional development of their Overtown staff.
- \$5,000 to support Urgent Inc.'s 3rd Annual Florida Youth Economic Development Conference & Expo in Miami, July 13-15, 2016.
- \$1,000 to the City of Miami for the Overtown Community Resource Fair and Backpack Giveaway where over 500 backpacks will be given away to low-income elementary, middle, and high school students living in Overtown for their back-to-school needs.
- \$5,000 to Florida International University for the Booker T. Washington Edible Food Forest project where youth will be engaged in urban farming and learn sustainable living skills and healthy food options.
- \$1,000 to sponsor the Girl Power 15 Year Anniversary Celebration. For over 15 years, Girl Power has provided programs and services that help young girls reach their full potential.

### **Criteria**

The number and type of investments and a summary of the process used.

Please see the initiative-wide report for an analysis of the investments made to date.

## Conclusions

As this report includes predominantly baseline data, there are no conclusions to draw at this time. See the initiative-wide report for conclusions about lessons learned and investments to date.

## References

- Davidson, J. (2005). *Evaluation methodology basics: The nuts and bolts of sound evaluation*. Thousand Oaks, CA: Sage Publications.
- NORC. (2010). *Developing a conceptual framework to assess the sustainability of community coalitions post-federal funding*. Bethesda, MD: NORC.
- Thomas, D. (2006). A general inductive approach for analyzing qualitative evaluation data. *American Journal of Evaluation*, 27, 237-247.
- Weiss, C. (1998). *Evaluation: Methods for studying programs and policies* (2nd ed.). Upper Saddle River, NJ: Prentice-Hall, Inc.

## **Appendix A: Data Sources**

### ***Interviewees***

Interviewees included eight stakeholders from nonprofits, funders, business, and residents. While most interviewees were repeated from the first set of interviews, some substitutions have been made. The design is not longitudinal but cross-sectional, so any substitutions must represent the same community sector. Staff also participated in one formal interview.

### ***Documents and other***

- Monthly reports from staff.
- Documents forwarded from staff.
- Information obtained through email updates and staff meetings.