**Allegany Franciscan Ministries
Common Good Initiative**

**Evaluation Report
June 2016**

Table of Contents

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.
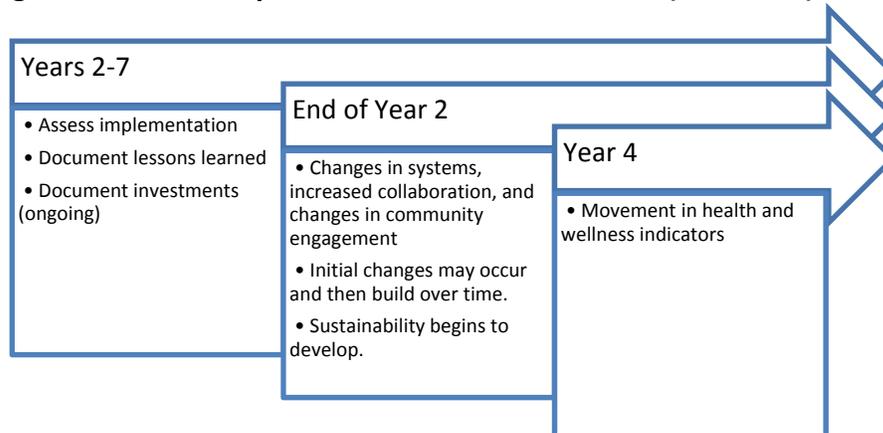
In December 2013, the board of trustees approved a new strategic initiative called the "Common Good Initiative" (CGI). In keeping with the mission to serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities, Allegany Franciscan Ministries 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.

> **Year 1: Community input and setting priorities (July 2014 – June 2015)**
> -Assess implementation
> -Document lessons learned
> -Gather baseline data
> -Document quick wins and initial investments

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, the report includes some initial lessons learned and 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 (Years 2- 7)

Years 2-7
- Assess implementation
- Document lessons learned
- Document investments (ongoing)

End of Year 2
- Changes in systems, increased collaboration, and changes in community engagement
- Initial changes may occur and then build over time.
- Sustainability begins to develop.

Year 4
- Movement in health and wellness indicators

Evaluation Questions

Each evaluation question is listed beginning on page 4. The criteria for assessing the evaluation questions are 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, as it is early in the process, there is limited data available. Future reports will document trends over time and allow for conclusions to be drawn.
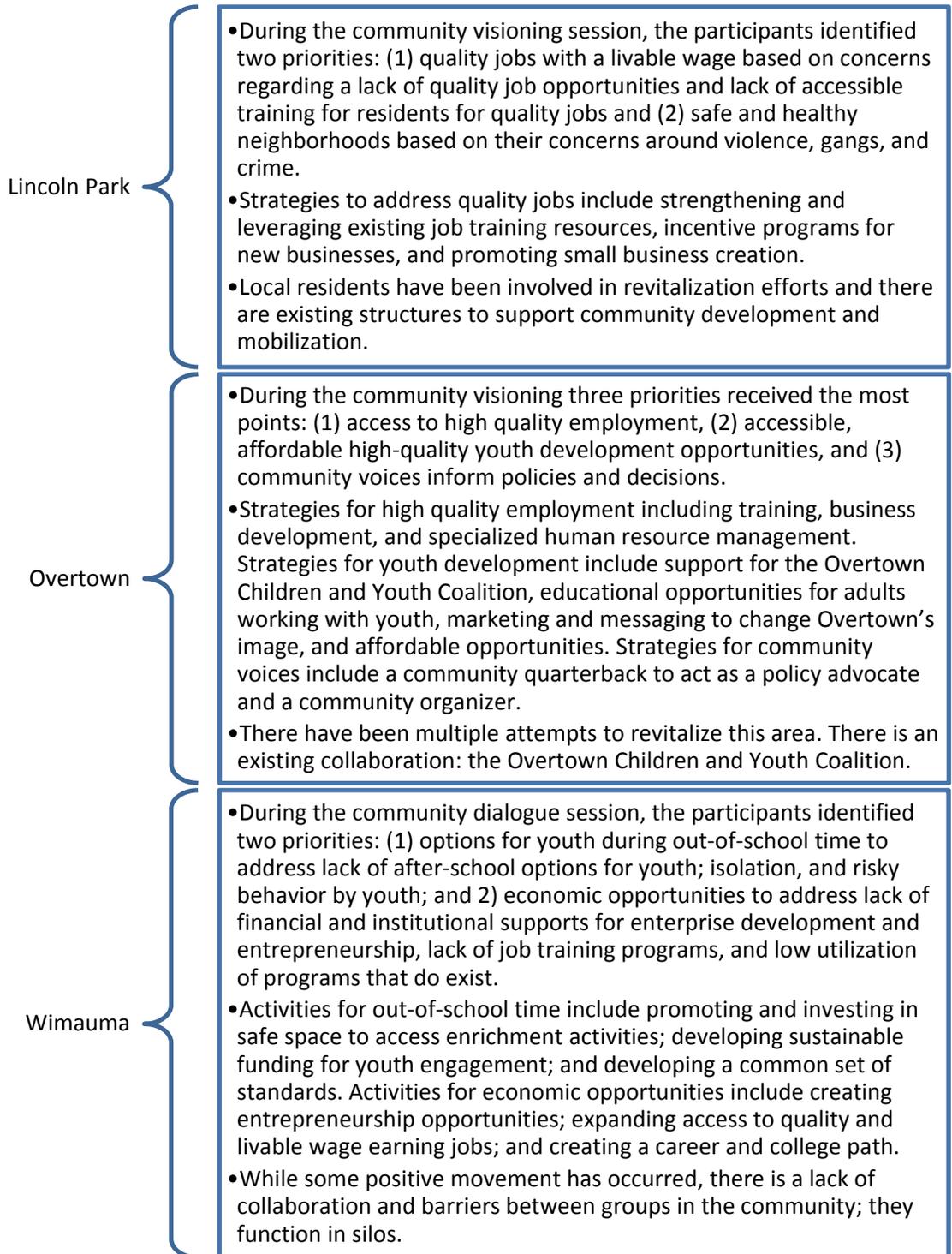
The graphic below presents how the evaluation questions will fit together to tell the story of the Common Good Initiative. Please note that this graphic does not reflect the timing of work or impact; see Figure 1 for timing.

Figure 2: Relationship between work, principles, and impact
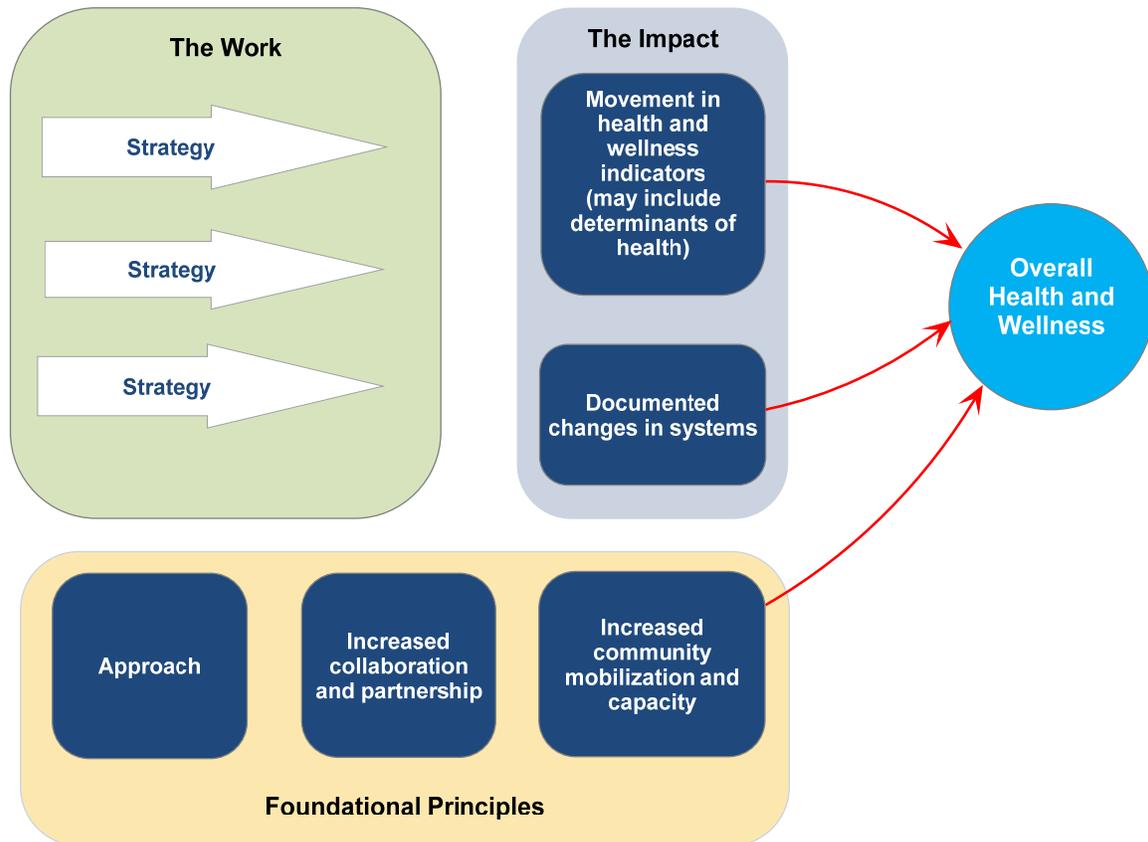
Although this report is for the foundation's internal use, a few summary items about each community are listed below to provide context for the report.

Figure 3: Key points for each community

Lincoln Park

- During the community visioning session, the participants identified two priorities: (1) quality jobs with a livable wage based on concerns regarding a lack of quality job opportunities and lack of accessible training for residents for quality jobs and (2) safe and healthy neighborhoods based on their concerns around violence, gangs, and crime.
- Strategies to address quality jobs include strengthening and leveraging existing job training resources, incentive programs for new businesses, and promoting small business creation.
- Local residents have been involved in revitalization efforts and there are existing structures to support community development and mobilization.

Overtown

- 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, and specialized human resource management. 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.

Wimauma

- During the community dialogue session, the participants identified two priorities: (1) options for youth during out-of-school time to address lack of after-school options for youth; isolation, and risky behavior by youth; and 2) economic opportunities to address lack of financial and institutional supports for enterprise development and entrepreneurship, lack of job training programs, and low utilization of programs that do exist.
- Activities for out-of-school time include promoting and investing in safe space to access enrichment activities; developing sustainable funding for youth engagement; and developing a common set of standards. Activities for economic opportunities include creating entrepreneurship opportunities; expanding access to quality and livable wage earning jobs; and creating a career and college path.
- While some positive movement has occurred, there is a lack of collaboration and barriers between groups in the community; they function in silos.

To what extent is the CGI being implemented as planned?

Criteria
Describing and comparing commonalities (Weiss, 1998); a general inductive approach for qualitative data (Thomas, 2006).

Each region chose a Common Good Initiative neighborhood in June 2014. Between June and December 2014, efforts focused on gathering community input and identifying priorities. During the time period January through December 2015, in each community the project identified priorities, conducted a visioning session, and selected priorities. Although each community is on a slightly different timeline, the following activities occurred between January 2016 and June 2016:

- Established Common Good Councils and held multiple meetings.
- Researched and determined possible strategies and potential partners.
- Continued to make initial investments.

Next steps are as follows:

- 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 took the initiative to work independently. In addition, the VPs and a few council members from each community had the opportunity to meet and attend a training provided by Purpose Built Communities, an organization that seeks to break the cycle of intergenerational poverty through holistic community revitalization.

Implementation, however, also encompasses how the Common Good Initiative is approaching the work, and the board provided clear direction that the initiative should work with the community and help build capacity. The project has not kept to the original timeline due to this deliberate and intentional engagement with the community.

In terms of the pace of the work, council members[1] reported it was "good" or "fairly fast." Non-council members reported that the pace of the work was "about right." When asked, council members suggested they "could do more" to engage the community and also noted the need to expand who was at the table to tackle systemic issues. Non-council members felt that the community was being engaged, but suggested a repeat of the community convening would be helpful. In terms of communication, non-council

---

[1] Interviewees included both council and non-council members.

members noted they had not heard much about the initiative but did not have any negative impressions. Representative comments are below.

- "I honestly think that [the pace is] about right, because with the intent that Allegheny has which is not to come in and basically make the change for the community, but to come in and assist the community; the community has to make the change itself."

- I think they've been very respectful of going slow and steady. I think when you're trying to make some major changes in anything, that has to be the way it is. You have to continually take the pulse of the community, find out where they are, and just kind of pace yourself. So, I think they've done well."

- "I think [the Council] can work on community engagement, like trying to get information out about what we're doing, how we're meeting, what are the things that we're planning to do."

- "They have no other agenda other than doing something significant in [community] that the community owns. I think that was very clear."

- "So I feel like the council is leading the charge and Allegeny definitely gives us the guidance and the parameters and their experiences."

- "I think it would be nice to have a revival of what's going on in the community, bring the group together, share some information, and let's talk about the next step and what's going on."

- "I think the word needs to get out a little bit more, because unless you're in those meetings every day, you really don't know what happens."

In all three communities, the VPs are taking steps to build relationships, build collaboration, and support community mobilization and capacity. Each month, the VPs identify new relationships or connections – 33 in the last six months. Some of those new connections, as well as existing relationships, are to promote collaboration. For example, in Overtown, the VP met with a local foundation and a Community Development Corporation to explore possible partnerships. In Lincoln Park, the VP met with a local foundation and a bank CRA. In Wimauma, the VP met with multiple stakeholders about partnering on the Safe and Sound Program. In Overtown, the VP met with the Chair of the Overtown Optimist Club to talk about capacity-building needs. In Lincoln Park, the VP helped to establish a county-wide funders group. In Wimauma, the VP is encouraging a five entity partnership to utilize empty trailers for local nonprofits. Because the initiative is still in the planning stages, implementation to date reflects staff activities. As the project progresses, evaluation reporting will shift to the implementation of strategies.

What are we learning through this process? What do the projects have in common? What solutions seem to work?

One formal interview was conducted with each regional vice president and another with the president. (Informal conversations and document reviews occurred throughout the last six months.) This section summarizes the lessons learned since the last report.

- The Common Good Councils are a good approach: members are engaged and invested in the project and demonstrate ownership. In retrospect, bringing the councils together sooner would have been beneficial; council members could have been engaged and oriented to the work prior to beginning the decision-making process. Also, council members could have had first-hand exposure to the community dialogue. Council members also noted that bringing them together sooner would have been beneficial.

- The shift from grant-maker to community organizer is a steep learning curve. The shift impacts not only the VPs but the organization in terms of spending dollars and resources to support the work (e.g., subject matter experts). The Common Good Initiative has also meant changes in systems and procedures, for example, how investments are made, to whom, and for what. This shift is allowing the organization, however, to decrease the time needed to respond to opportunities.

- The council is not a proxy for the whole community; additional two-way communication is needed to both continue to engage the community and to share information about the Common Good Initiative.

- As noted in the last report, communities identified similar priorities. Strategies, however, have fewer similarities.

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 for each community have not been identified, so no baseline data for 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 and maintain health deserts?

Criteria
Criteria Positive movement in system indicators.

Strategies for each community 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 each community.

What is the evidence that efforts will be sustained?

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

Baseline sustainability will be assessed 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
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. Figure 4 presents a snapshot of the current status of collaboration and partnership; as expected, little change has occurred. Please note that the results represent interviewees' knowledge; there may be others active in the community, but they are not known to a diverse group of stakeholders. See the network maps (Appendix D) for additional details.

Figure 4: Current status of collaboration and partnership

LINCOLN PARK

Sectors present	The sectors referenced by the most interviewees include nonprofit and faith; the sectors referenced the least are health, education, law enforcement, business, and civic.
Strength of relationships	Interviewees describe collaboration as a "work in progress" and, "Things are starting to look so much better since people are working together." As one interviewee noted, "I think there's a good bit. There could be more. Everybody pretty much likes to stand alone, you know, in order to maximize their own exposure." There is existing infrastructure for collaboration (Lincoln Park Advisory Council) and existing collaborations (Gang Initiative).
Resources	Interviewees mentioned Children's Services Council, United Way, the Hunt Foundation, the Van Dozer Foundation, and some resources from the city and the county.

OVERTOWN

Sectors present	The sector referenced most by interviewees was the nonprofit sector. All other sectors were mentioned infrequently: business, education, health, and law enforcement.
Strength of relationships	Outside of the Overtown Children and Youth Coalition, interviewees describe little collaboration and that "the relationships are very premature. They're not really strong partners. I think that they know each other." Other note that "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.
Resources	Interviewees mentioned two Community Redevelopment Agencies (CRAs), Knight Foundation, government programs, United Way, Children's Trust, City of Miami Community Development, and Miami Foundation.

WIMAUMA

Sectors present	The sectors referenced most by interviewees include nonprofit, and health; the sectors referenced the least are government, faith, and education.
Strength of relationships	Interviewees continue to report little collaboration and that what does occur is often limited to sharing information or participating in health fairs. Interviewees noted that there are institutions and sectors "not at the table" and that there needs to be more collaboration across sectors and among different groups
Resources	Interviewees mentioned The Children's Board and Hillsborough County.

What is the evidence of community mobilization and capacity?

<table>
<tr><td><u>**Criteria**</u>
Each community will demonstrate increased capacity on indicators relevant to that community.</td><td colspan="2">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</td></tr>
</table>

using social capital. In order to assess the status of the community, the evaluator conducted qualitative interviews with representatives in various sectors. Please note that the results reflect interviewee perception, which may or may not be accurate but is the most relevant. Figure 5 presents the current status of community mobilization and examples from each community. As expected, there has been little change.

Figure 5: Current status of community mobilization and capacity

Lincoln Park	Overtown	Wimauma
Most interviewees described an engaged community that had several established structures, such as the advisory council (part of the county-wide roundtable group), and Restoring the Village.	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 lack of capacity. Interviewees also report that each of these structures is in its own silo. Interviewees reported active homeowners associations for the co-ops.	Interviewees note there are few structures to engage in advocacy. Although there was some mention of communication with local government, as one person said, "If there is an issue, I'm not aware that people would even know where to go to express their opinion."
There is existing leadership for Lincoln Park: a group of committed individuals with ties to the community. There are, however, fewer	In terms of resident leaders, interviewees noted there were some resident leaders, who are older: "There definitely are a	Interviewees reported a lack of awareness of existing local leaders: "I'm trying to think of anybody else who's actually from there and that would be

Lincoln Park	Overtown	Wimauma
grassroots leaders. As one person noted, "As far as the regular people from the community, I feel like there's a lot who would like to get out there and be engaged, but they don't know the first steps of it, but it's starting to come."	handful of recognized community voices that could be called leaders to some extent. 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."	considered a leader." A few were mentioned, and one interviewee noted potential leaders, stating, "While they believe that they have leadership capacity, in terms of intentionality, they don't necessarily have the experience, the skills, nor the resources currently to carry out some of the work."
Interviewees noted that residents recently expressed concerns at the City Council and had success in changing a decision regarding how to investigate a decision. Others noted, however, a lack of interest on the part of politicians and limited ways for grassroots residents to engage and learn leadership - "I'm not aware of anything."	Interviewees noted there are limited opportunities to learn and build leadership, and that there are multiple barriers.	Wimauma United and Unidos activity has waned due to leadership transition, but the Wimauma Civic Improvement League has taken steps to increase their capacity by recruiting new board members, conducting strategic planning, and reaching out to potential partners.

The VPs have been working to build collaboration. For example, in Overtown, 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. 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. In Lincoln Park, the VP is continuing to develop relationships, including meeting with the partners bringing a grocery store to the area and meeting with United Way of St. Lucie County, the Hunt Foundation, and UF/IFAS St. Lucie. with several organizations (e.g., foundation, university, and bank) on possible partnerships. The VP also

helped establish a St. Lucie County funders group. In Wimauma, the VP is working to develop partnerships including meeting with local partners about the Safe and Sound Program and meeting with representatives from local government and nonprofits. The VP is also exploring models of successful collaborations.

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

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

Each investment was reviewed to see if it aligned with one of the community priorities and/or was made to support community engagement or build capacity. To date, 89% of investments were aligned with community priorities, 32% were for capacity building, and 28% had a focus on community engagement if community engagement was not the priority addressed. (Several grants had multiple purposes so the total is more than 100%). Only nine grants, representing 3% of grant dollars awarded, were neither for a priority, for capacity building, or for community engagement.

Figure 7 provides a breakdown of priorities by number of investments. For example, 24% of the investments were aligned with the priority of health, nutrition, or wellness and 36% were aligned with the priority of education and youth development. Please note that each neighborhood's priorities were slightly different but were assigned to a common category.

Figure 7: Investments by community priority
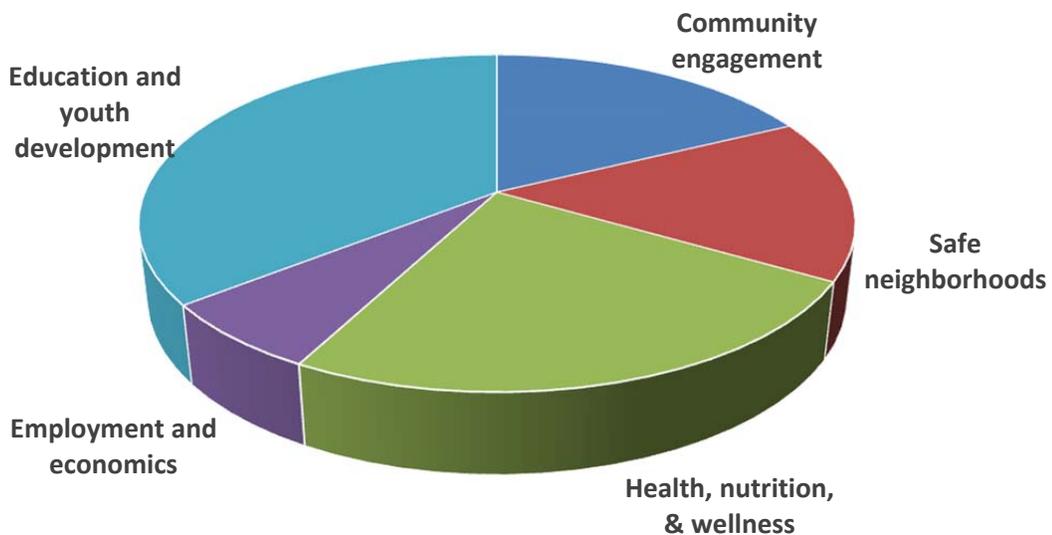
There are limited results to report for funding made in 2015 as few reports have been submitted at this time (the rest are due just after this report's cut off date). For those

grants where data is available, all but one grantee is implementing their project as planned. For example, Hispanic Services Council has Engaged six residents to serve as Promotoras (Community Health Workers), who are providing services to the community and Suncoast Community Health Centers is helping residents obtain Medicaid, Food Stamps, Cash Assistance – with a 95% success rate. The Roundtable of St. Lucie County has hired outreach workers and at risk youth are receiving services; referrals are coming in as planned.

Untraditional investments faced challenges. For example, Catholic Volunteers faced challenges recruiting "system" volunteers vs. direct service volunteers and have not expended grant funds. The Lincoln Park Advisory Committee established their app, but have had challenges in maintaining fresh content. Untraditional investments can also create challenges for the organization's systems and procedures, for example, paying vendors for capacity building.

Impact funds, also new for Allegany Franciscan Ministries, have allowed the organization to respond quickly to opportunities and have allowed support for community engagement and capacity that would not otherwise have happened. For example, in Lincoln Park impact funds were used to support a videographer at a community event in response to a desire to document the history of the community. In Wimauma, impact funds were used to support translation services so that residents could participate in the Hillsborough County Neighborhood Conference. These grants, however, also create challenges to systems and procedures.

Conclusions

As this report includes predominantly baseline data, there are no conclusions to draw at this time, although there are some suggested items for discussion.

- Outside of the priorities, what is the strategy for capacity building and promoting collaboration?

- What are some ways to inform the community about the Common Good Initiative and the activities? Information is made available, but may not be reaching all intended audiences.

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, New Jersey: Prentice-Hall, Inc.

Appendix A: Methodology

The table below provides the evaluation plan at a glance. For details on the methodology, please see *Evaluation Plan v4* dated October 2014.

Evaluation question	Indicator	Data sources or tools	Analysis technique
1. To what extent is the CGI being implemented as planned? Are benchmarks being met?	Each community will achieve X% of benchmarks on time.	Benchmark reports, project documents, and stakeholder interviews using a standard interview protocol.	Describing and comparing (Weiss, 1998) planned implementation to actual implementation; rubrics (Davidson, 2005) to aggregate and synthesize data.
2. What are we learning through this process? What do the projects have in common? What solutions seem to work?	N/A: Reporting will include a thematic analysis of learnings, commonalities, and solutions.	Benchmark reports, project documents, and stakeholder interviews using a standard interview protocol.	Describing and comparing (Weiss, 1998) commonalties; a general inductive approach for qualitative data (Thomas, 2006).
3. To what extent is there positive movement in health and wellness indicators?	Positive movement in indicators chosen by the community in a participatory evaluation process but that are similar to the list identified by the task force (e.g., % of residents that have been to a doctor in the last 12 months).	Data sources are to be determined but will either be secondary sources if data are available at a matching geographic level (e.g., education, safe environment) or data from partners (e.g., clinics or food distribution).	Descriptive statistics of progress compared to a baseline; rubrics (Davidson, 2005) to aggregate impact.
4. To what extent are there documented changes in systems that create/maintain health deserts?	Each community will demonstrate achievement of X% of system indicators; specific indicators will be identified in a participatory evaluation process by the community.	Depending on the type of system, changes will likely be documented through reporting on the change (e.g., new clinic, changed policy), project records, data from partners (e.g., access, funding), or stakeholder interviews. Community members will determine what success will look like in a participatory process and will document success during reflective reporting.	Describing and comparing (Weiss, 1998) planned achievement to actual achievement; rubrics (Davidson, 2005) to aggregate and synthesize data. Most significant change and outcome harvesting will also inform analysis.

Evaluation question	Indicator	Data sources or tools	Analysis technique
5. What is the evidence that efforts will be sustained?	Each community will demonstrate achievement of X% of strategy sustainability indicators such as funding, system changes, ongoing support of behavior changes, dissemination of relevant products (NORC, 2010), increased awareness, and a sustainability plan.	Benchmark reports, project documents, and stakeholder interviews using a standard interview protocol.	Assessment of movement along a sustainability rubric (i.e., from level 2 to 3) throughout the project until the desired level of sustainability is reached (i.e., 7).
6. What is the evidence of community engagement, collaboration, and partnership?	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 diversity of roles.	Qualitative interviews supplemented with benchmark reporting and project documents.	Comparison of post-network dimensions to pre-network dimensions on a social network analysis.
7. What is the evidence of community mobilization and capacity?	A mobilized community may include items such as structures and mechanisms for community input and participation, presence of resident leaders, resident and institutional participation in the community, presence of a champion, residents having facilitation and problem-solving skills, and residents having and using social capital.	Qualitative interviews supplemented with benchmark reporting and project documents.	Comparison of structures for, and extent of, community mobilization.
8. What investments were made, how were they made, and what were the results?	The number and type of investments and a summary of the process used. Results will be incorporated into questions 1-7.	Benchmark reports and project documents.	Descriptive statistics of investments.

Appendix B: Data Sources

Interviewees included 23 stakeholders from a cross-section of nonprofits, the faith community, businesses, education 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. The three vice presidents also participated in one formal interview each, as did the president of the foundation.

Documents included monthly reports from each vice president, documents forwarded from the vice president (e.g., meeting notices, planning documents, reports, and meeting summaries), staff meeting notes, board packets and minutes, and program planning documents.

Appendix C: Initiative Timeline

This Appendix includes both the original and the revised timeline. As noted throughout this report, engaging the community and building relationships took more time than originally anticipated. Given the emphasis on partnering with the community, feedback from the community, and the importance of the approach to long-term success, this should not be considered a negative but a lesson learned.
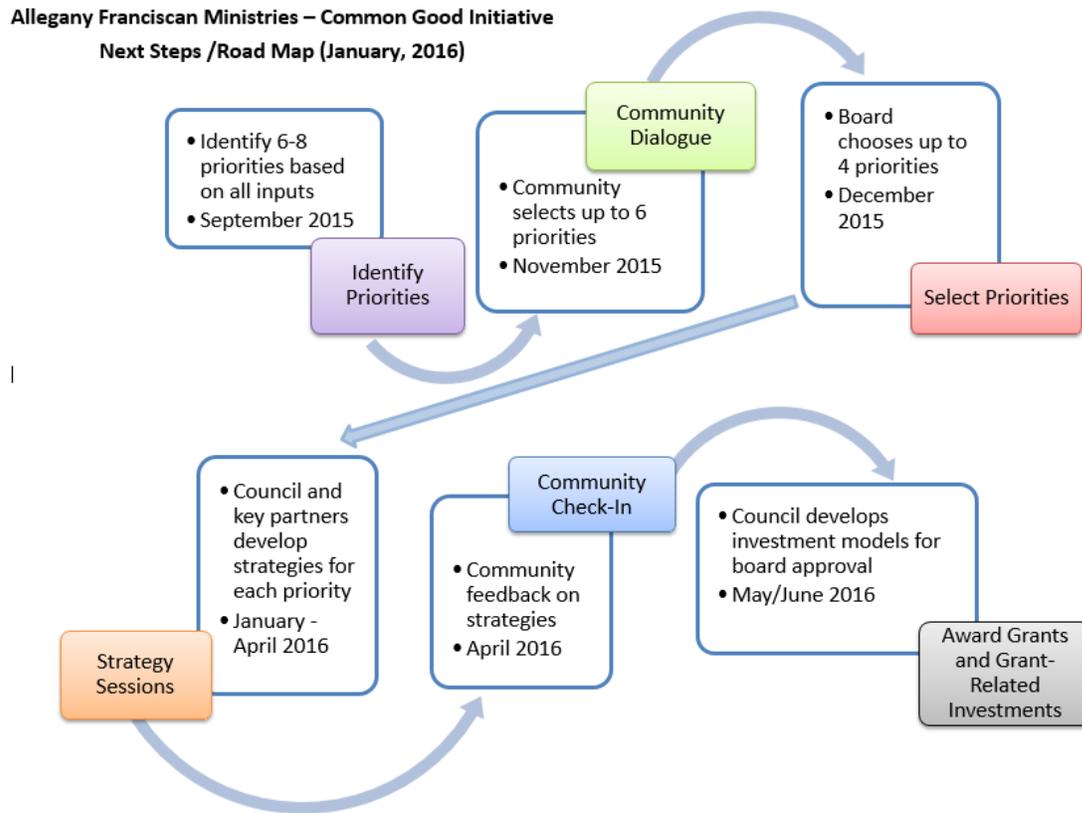
Figure C1: Original timeline (December 2014)

Allegany Franciscan Ministries – Common Good Initiative
Next Steps /Road Map
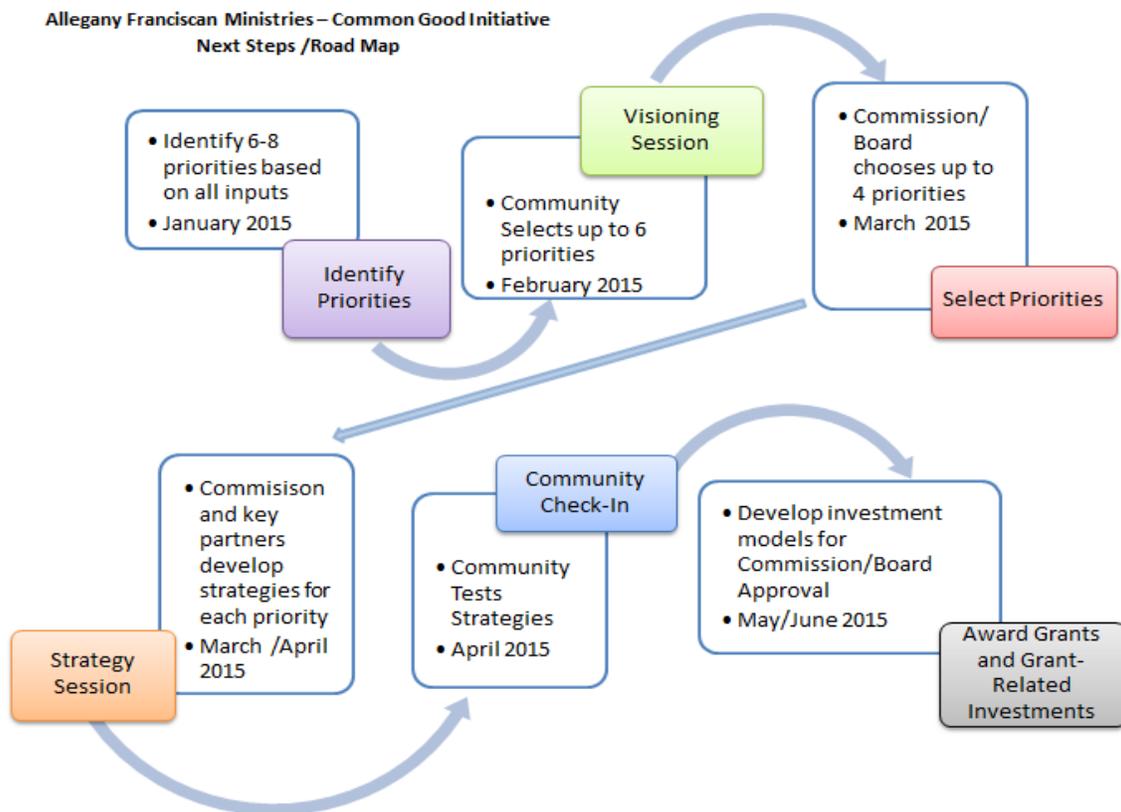
Figure C2: Revised timeline (December 2015)

Allegany Franciscan Ministries – Common Good Initiative
Next Steps /Road Map (January, 2016)

- Identify 6-8 priorities based on all inputs
- September 2015

Identify Priorities

Community Dialogue

- Community selects up to 6 priorities
- November 2015

- Board chooses up to 4 priorities
- December 2015

Select Priorities

- Council and key partners develop strategies for each priority
- January - April 2016

Strategy Sessions

Community Check-In

- Community feedback on strategies
- April 2016

- Council develops investment models for board approval
- May/June 2016

Award Grants and Grant-Related Investments

Appendix D: Network Maps

Each sector is represented by a circle, with the number of entities in that sector mentioned by interviews noted. The lines between sectors represent awareness (…); resource sharing of events, referrals, or donations (- - -); or service delivery collaborations (===). Maps reflect the perception of the interviewees.

Figure D1: Lincoln Park network map
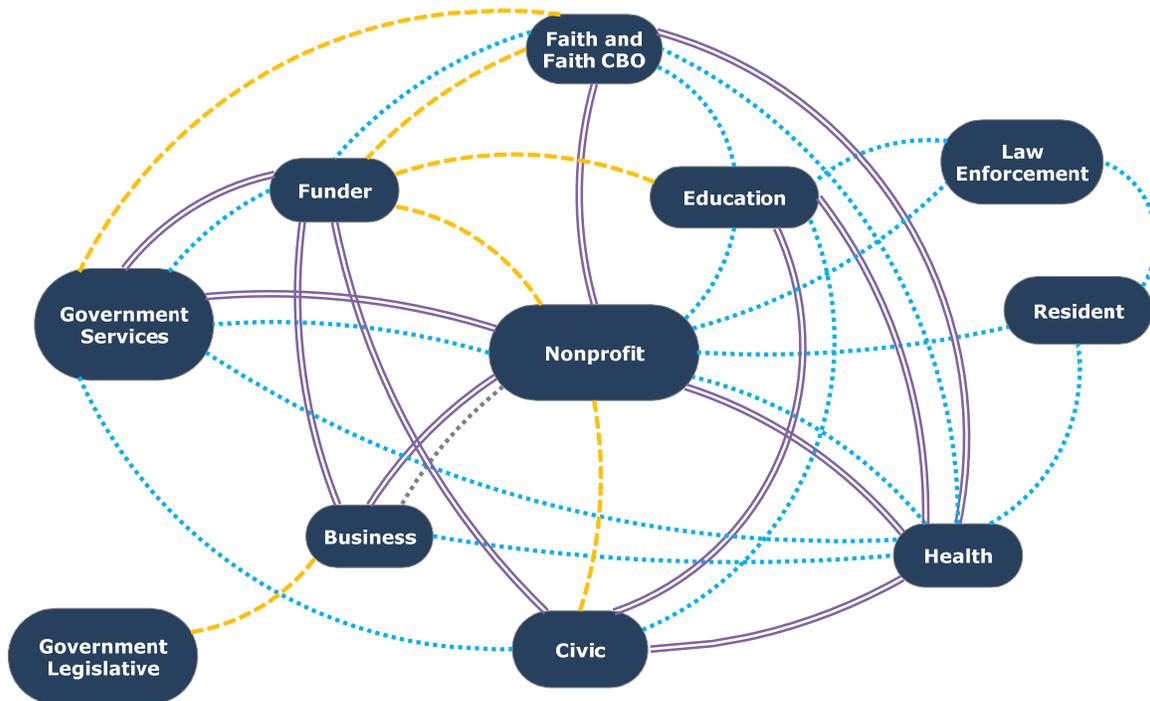
Figure D2: Overtown network map
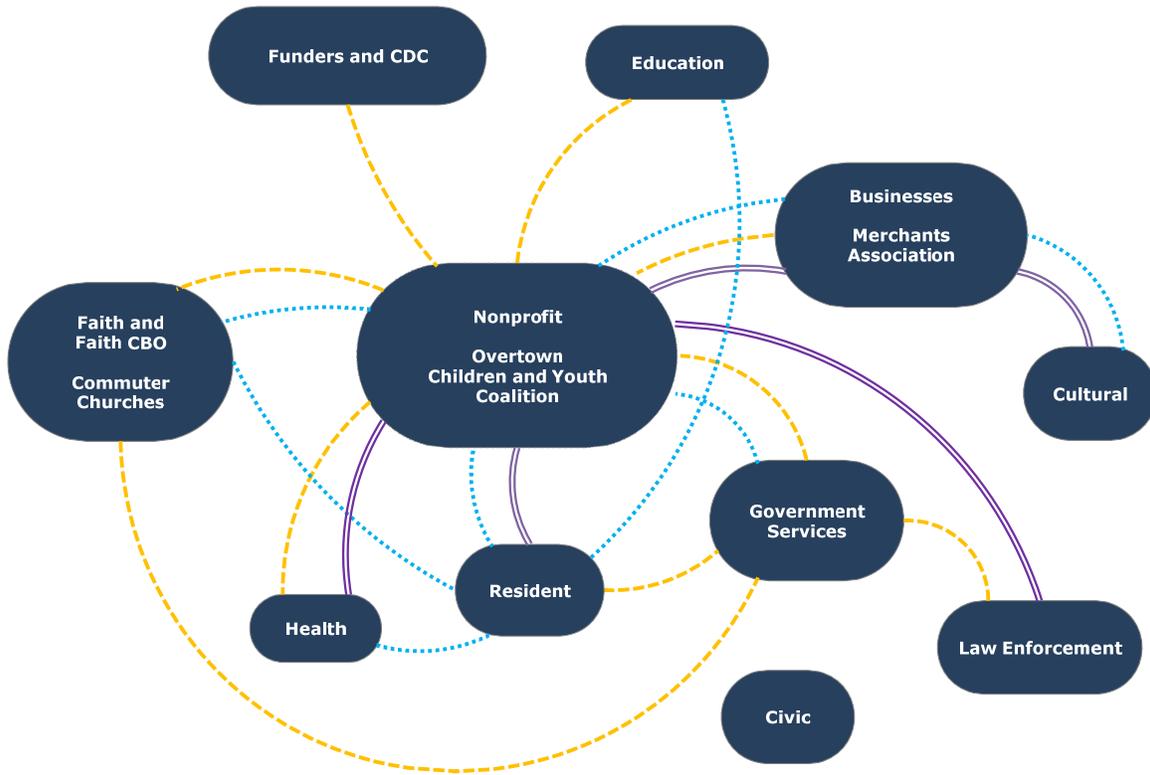
Figure D3: Wimauma network map
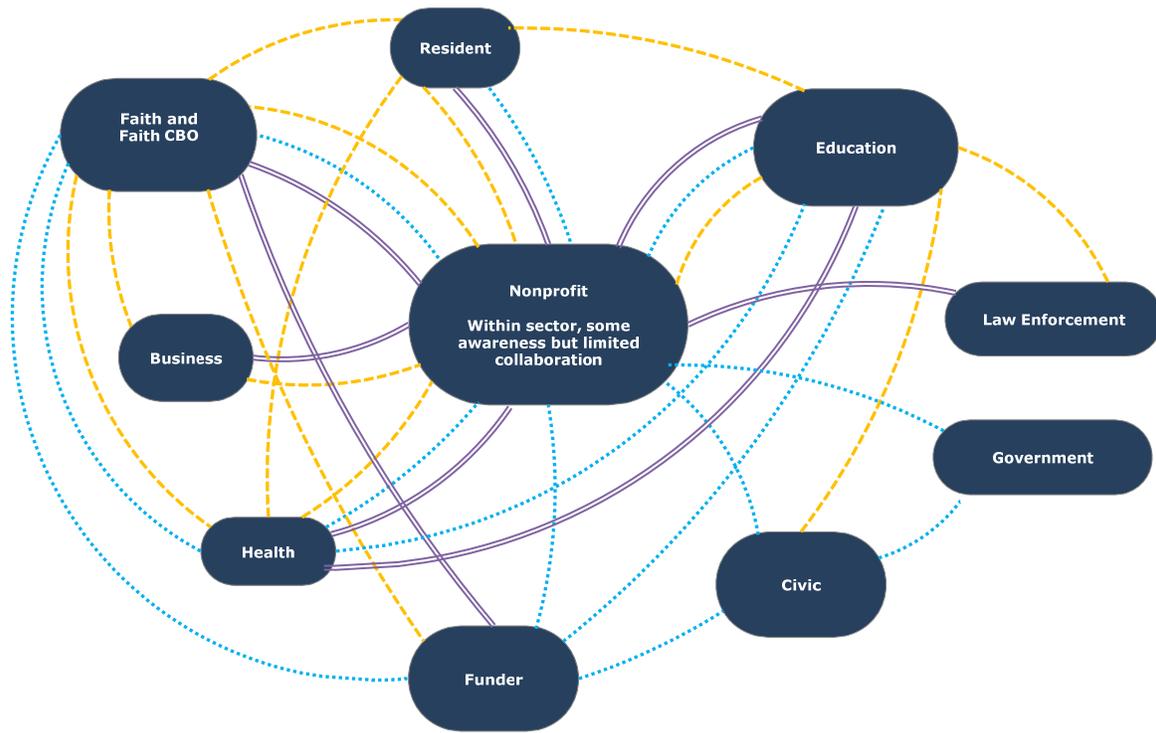
**Allegany Franciscan Ministries
Common Good Initiative**

**Lincoln Park Evaluation Report
June 2016**

Table of Contents

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, the 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

Year 1: Community input and setting priorities (July 2014 – June 2015)[1]	Years 2-7: Implementation
Assess implementation Document lessons learned Gather baseline data Document quick wins and initial investments	Assess implementation; document lessons learned; document investments (ongoing). 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. Sustainability begins to develop by the end of Year 2. Movement in health & wellness indicators beginning Year 4.

---

[1] 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, as it is early in the process, there is limited data available. Future reports will document trends over time and allow for conclusions to be drawn.

This report presents data on Lincoln Park. 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 session, the participants identified two priorities: (1) quality jobs with a livable wage based on concerns regarding a lack of quality job opportunities and lack of accessible training for residents for quality jobs and (2) safe and healthy neighborhoods based on their concerns around violence, gangs, and crime.
- Strategies to address quality jobs include strengthening and leveraging existing job training resources, incentive programs for new businesses, and promoting small business creation.
- During the reporting period, a man was shot by local police and the community responded. The response is reflected in interviews and is included under "Community Mobilization" although not highlighted as the response was not related to a Common Good Initiative strategy.

To what extent is the CGI being implemented as planned?

Criteria
Describing and comparing commonalities(Weiss, 1998); a general inductive approach for qualitative data (Thomas, 2006).

Each region chose a Common Good Initiative 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 visioning session, selected priorities, researched strategies, and explored possible investments. From January 2016 through June 2016, the following activities occurred:

- Established the Common Good Council and conducted meetings.
- Confirmed strategies with the Common Good Council.
- Continued to explore possible investments.

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 asked to meet more frequently in order to learn, brainstorm, and strategize about opportunities to address the two priorities. The Council is also participating in communicating with the community and providing feedback for how and when to communicate the work.

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 for each community have not been approved, 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 for each community have not been approved, so no baseline data for system indicators are provided at this time. Specific indicators will be identified in a participatory process by the community; however, one system change is already in

progress. Allegany Franciscan Ministries, the City of Fort Pierce, and the county staff have been meeting to discuss a grocery development prospectus for the Lincoln Park neighborhood.

What is the evidence that efforts will be sustained?

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

Baseline sustainability will be assessed 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' perceptions.

Figure 2 provides a picture of current collaboration and partnership. Each sector is represented by a circle. The sectors referenced by the most interviewees include nonprofit and faith; the sectors referenced the least are health, education, law enforcement, business, and civic. Interviewees reported resources for Lincoln Park are provided by the Children's Services Council, United Way, the Hunt Foundation, the Van Dozer Foundation, and some resources from the city and the county.

From an interviewee:
"I would describe collaboration as a strong work in progress from where we were before. When I say strong due to the fact that everyone's trying to reach out."

Interviewees describe collaboration as a "work in progress" and, "Things are starting to look so much better since people are working together." As one interviewee noted, "I think there's a good bit. There could be more. Everybody pretty much likes to stand alone, you know, in order to maximize their own exposure." Another noted that collaboration occurs, "To a certain degree. Not as strong as [one collaboration], which is one of the issues in a community like Lincoln Park, that causes a community like Lincoln Park to be in such dire need is because of the lack of partnering together." But a few others had a different perspective: "I think a lot of it is sharing information and there's a few joint programs." There is existing infrastructure for collaboration (Lincoln Park Advisory Council) and existing collaborations (Gang Initiative). The lines between

sectors in Figure 2 represent awareness (…); resource sharing, joint events, referrals, or donations (---); or service delivery collaborations (===). As shown, the Lincoln Park area has a fairly well developed network, where sectors show a mix of relationships.

The VP is developing relationships, including meeting with the partners bringing a grocery store to the area and meeting with United Way of St. Lucie County, the Hunt Foundation, and UF/IFAS St. Lucie. with several organizations (e.g., foundation, university, and bank) on possible partnerships. The VP also helped establish a St. Lucie County funders group.

Figure 2: Network map as of June 2016
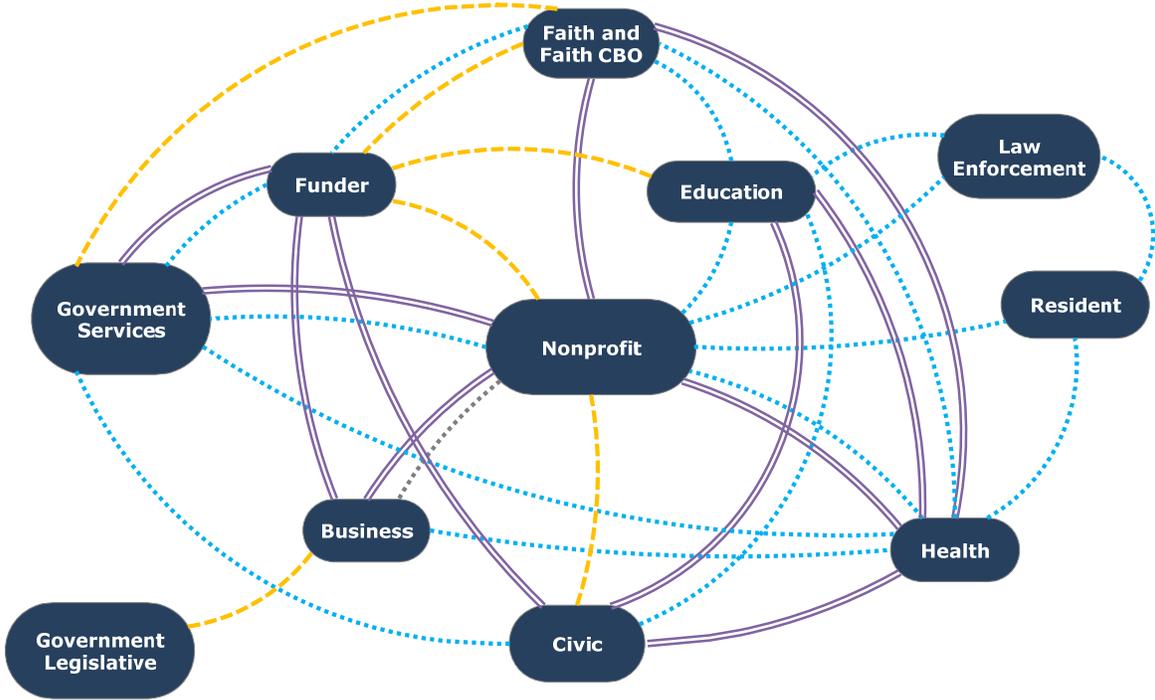
What is the evidence of community mobilization and capacity?

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 status in each 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. Results reflect interviewees' perception.

From an interviewee:
"Are there ways to get engaged? It's not really easily accessed like that."

Interviewees noted that residents recently expressed concerns at the City Council and had success in changing a decision regarding how to investigate a decision. Interviewees noted, "There have been a number of people who attend all the city commission meetings. And so to that extent I think the community is able to communicate, and do in

fact exercise those opportunities." Others noted, however, a lack of interest on the part of politicians and limited ways for grassroots residents to engage and learn leadership: "I'm not aware of anything."

There is existing leadership for Lincoln Park: a group of committed individuals with ties to the community. There are, however, fewer grassroots leaders. As one person noted, "As far as the regular people from the community, I feel like there's a lot who would like to get out there and be engaged, but they don't know the first steps of it, but it's starting to come." Another said, "I would say the grassroots leadership in the community – I want to say it's pretty strong, but limited to its resource, as far as knowledge and as far as funding as well."

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 SWORD Outreach Mentoring for Higher Learning and Community Opportunities.
- $5,000 to Boys to Men Foundation for the purchase of uniforms for youth and to support the Launching.
- $5,000 to Roundtable of St. Lucie County to support 50 youth attending the Preventing Crime in the Black Community Conference – Youth Leadership Project.
- $360 to Roundtable of St. Lucie County for sponsorship breakfast in Lincoln Park community.
- $5,000 to Boys and Girls Club of St. Lucie County sponsorship for Infinity Club thank you and fundraising receptions.
- $1,500 to Friends of St. Lucie Public Health for Annual Children's Holiday Fest in the Lincoln Park Area.
- $4,000 to Tri-County Chapter of Parents of Murdered Children for community residents to attend the National Conference of Parents of Murdered Children.
- $5,000 to City of Fort Pierce for the purchase of sports equipment for the Summer Slam Basketball Program.
- $1,500 to Lighthouse Foundation for food to feed volunteers of Restoring the Village Community Revitalization Day, June 18.
- $750 to PureEgo Films to video tape Restoring the Village Community Revitalization Day, June 18.
- $5,000 for Hendley My Life Matters Enrichment Summer Camp.
- $5,000 for Image of Christ Summer Broadcasting Program.
- $5,000 to the City of Fort Pierce for Restoring the Village entrance-way sign.
- $1,000 to Eckerd Kids to support Project Bridge Transition – Children's Hero of the Year Awards.

> **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 community-level 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 nine stakeholders from the following sectors: health, funder, faith, education, resident, and business. 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. The vice president also participated in a formal interview.

Documents & other

- Monthly reports from the vice president.
- Documents forwarded from the vice president (e.g., meeting summaries).
- Information obtained through email updates and staff meetings.

**Allegany Franciscan Ministries
Common Good Initiative**

**Overtown Evaluation Report
June 2016**

ROBERTSON CONSULTING GROUP

Table of Contents

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

Year 1: Community input and setting priorities (July 2014 – June 2015)[1]	Years 2-7: Implementation
Assess implementation Document lessons learned Gather baseline data Document quick wins and initial investments	Assess implementation; document lessons learned; document investments (ongoing). 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. Sustainability begins to develop by the end of Year 2. Movement in health & wellness indicators beginning Year 4.

---

[1] 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?

<table>
<tr><td>

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

</td><td>

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:

</td></tr>
</table>

- 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 9th 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.

Allegany Franciscan Ministries
Common Good Initiative

Wimauma Evaluation Report
June 2016

Table of Contents

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, the 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

Year 1: Community input and setting priorities (July 2014 – June 2015)[1]	Years 2-7: Implementation
Assess implementation Document lessons learned Gather baseline data Document quick wins and initial investments	Assess implementation; document lessons learned; document investments (ongoing). 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. Sustainability begins to develop by the end of Year 2. Movement in health & wellness indicators beginning Year 4.

---

[1] 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, it is early in the process, so there is limited data available. Future reports will document trends over time and allow for conclusions to be drawn.

This report presents data on Wimauma. 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 dialogue session, the participants identified two priorities: (1) options for youth during out-of-school time to address lack of after-school options for youth, isolation, and risky behavior by youth; and 2) economic opportunities to address lack of financial and institutional supports for enterprise development and entrepreneurship, lack of job training programs, and low utilization of programs that do exist.
- Activities for out-of-school time include promoting and investing in safe spaces to access enrichment activities; developing sustainable funding for youth engagement; and developing a common set of standards. Activities for economic opportunities include creating entrepreneurship opportunities; expanding access to quality and livable wage earning jobs; and creating a career and college path.
- While some positive movement has occurred, there is a lack of collaboration and barriers between groups in the community; they function in silos.

To what extent is the CGI being implemented as planned?

> **Criteria**
> Describing and comparing commonalities (Weiss, 1998); a general inductive approach for qualitative data (Thomas, 2006).

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. Between January 2016 and June 2016, the following occurred:

- Established the Common Good Council and conducted meetings.
- Researched 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 have independently researched models and best practices to bring to Council meetings.

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 for each community 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 and maintain health deserts?

Criteria Positive movement in system indicators.	Strategies for each community 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?

<table>
<tr>
<td>

Criteria

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

</td>
<td>

Baseline sustainability will be assessed 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.

</td>
</tr>
</table>

What is the evidence of collaboration and partnership?

<table>
<tr>
<td>

Criteria

Each community will demonstrate increased collaboration and partnerships.

</td>
<td>

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 baseline status of the community, the evaluator conducted qualitative interviews with representatives in

</td>
</tr>
</table>

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 sectors referenced most by interviewees include nonprofit, and health; the sectors referenced the least are government, faith, and education. Funders in the areas include The Children's Board and Hillsborough County. One person noted, "There is an overwhelming lack of meaningful resources to address the issue of poverty in this community." Several interviewees, however, stated that additional resources were in progress. In addition, organizations are also contributing in kind

<table>
<tr>
<td>

From an interviewee:

"I think that there is a desire absolutely to partner. I just don't think that people know how to do it."

</td>
<td>

through staff. Finally, the VP has noted additional resources that interviewees did not: the Hillsborough County Sheriff's Department is investing $300,000 to rehabilitate a local park, the County Foundation of Tampa Bay is investing $100,000 in transportation, and the Hillsborough County Parks and Recreation Department is providing space for after school programming.
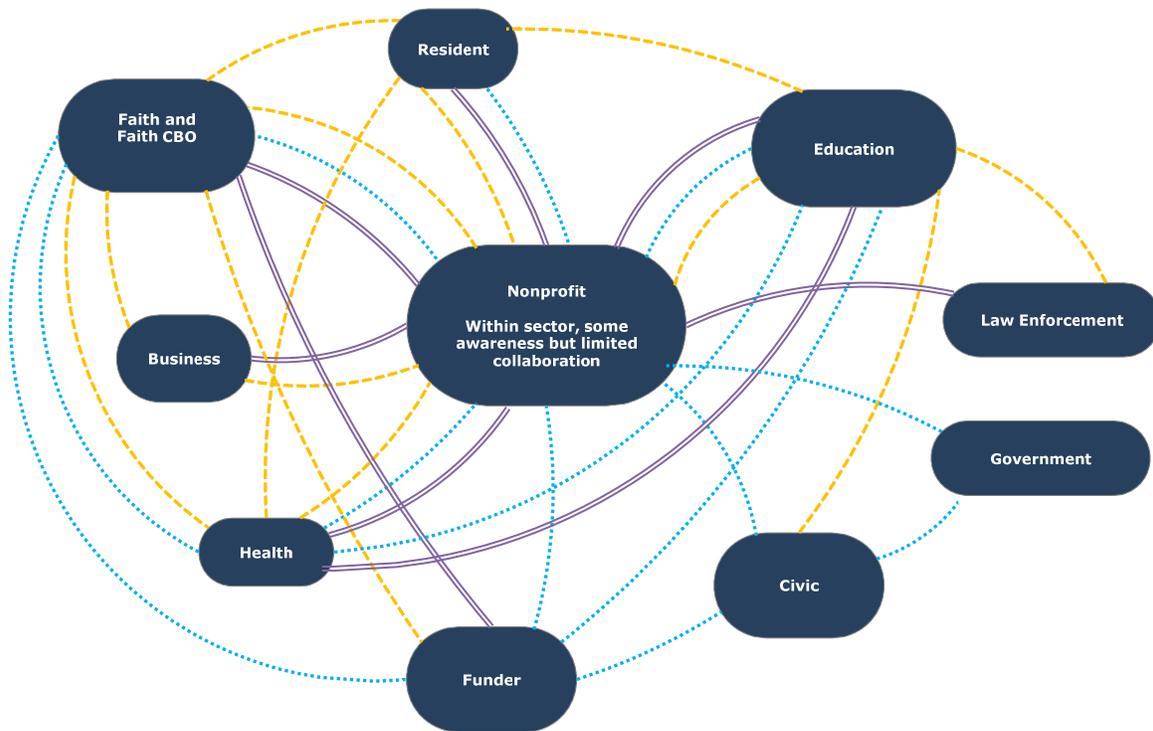
</td>
</tr>
</table>

The lines between sectors represent awareness (…); resource sharing of events, referrals, or donations (--); or service delivery collaborations (===). As shown, most connections are with the nonprofit, faith, and education sectors.

Interviewees continue to report little collaboration and that what does occur is often limited to sharing information or participating in health fairs. Interviewees noted that there are institutions and sectors "not at the table" and that there needs to be more

collaboration across sectors and among different groups. As one person noted, "I think we still need more focus on more collaboration among all of the different people here in Wimauma. Not necessarily agencies 'cause we don't have a lot here, but more collaboration among the residents of different areas." Another noted, "I think there is collaboration going on, but people kind of stay in their lane." Another interviewee noted that collaboration within sectors could be stronger and that s/he would "like to see the faith community to be more of an example in collaboration."

The VP is working to develop partnerships including meeting with local partners about the Safe and Sound Program and meeting with representatives from local government and nonprofits. The VP is also exploring models of successful collaborations.

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. Results reflect interviewees' perception.

> **From an interviewee:**
> "And all of these politicians, they're full of promises, but nothing. Nothing happens."

Interviewees note there are few structures to engage in advocacy, as well as few opportunities for people to learn and practice leadership skills. Although there was some mention of communication with local government, as one person said, "If there is an issue, I'm not aware that people would even know where to go to express their opinion." Others noted, "I don't think that, for the most part, people have a vehicle to be leaders in."

Interviewees reported a lack of awareness of existing local leaders: "I'm trying to think of anybody else who's actually from there and that would be considered a leader." A few were mentioned, and one interviewee noted potential leaders, stating, "While they believe that they have leadership capacity, in terms of intentionality, they don't necessarily have the experience, the skills, nor the resources currently to carry out some of the work."

Wimauma United and Unidos activity has waned due to leadership transition, but the Wimauma Civic Improvement League has taken steps to increase their capacity: recruiting new board members, conducting strategic planning, and reaching out to potential partners.

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

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

- $50,000 to Safe and Sound Hillsborough for transportation needs for the 2016 Summer Out of School Time Program.
- $5,000 to REACHUP Inc. to support the Affirming Fatherhood Conference 2016.
- $5,000 to Our Lady of Guadalupe Mission for the Food Pantry aiding 400 families a month with food staples.
- $5,000 to Beth-El Farmworker Ministry for renovation of bathroom facilities at the mission.
- $3,500 to Tampa Bay Healthcare Collaborative to conduct a community landscape assessment in Wimauma to better understand perspectives, beliefs and attitudes about oral health and the availability of services.
- $3,500 to Project Link to engage Wimauma youth to participate in "The Dream of Dr. King for Human Rights" project whose goal is to provide education about the Universal Declaration of Human Rights (UDHR).
- $2,500 to Enterprising Latinas to host a series of Friday night outdoor performing arts, music and health education program titled Social Fridays Cultural Nights (Viernes Sociales Noches Culturales).
- $123 to Wholesome Community Ministries for one person to attend the Florida Association of Free & Charitable Clinics annual conference.
- $500 to Sun City Center Community Campaign against Human Trafficking for the "Wimauma Matters" Windshield Tours to increase understanding of the challenges facing Wimauma residents regarding safety and security.
- $5,000 to Hillsborough County, Office of Neighborhood Relations for sponsorship of the 2016 Neighborhood Conference.
- $900 to First Prospect Missionary Baptist Church for the Summer Break Feeding Site.
- $5000 to Citizens Improvement League for website development and securing property location for future usage by residents.
- $5,000 to Prevent Blindness Florida for Vision Screens at La Esperanza Clinic.
- $5,000 to Wholesome Community Ministries for the Lucca Specialty and Wellness Center.

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

Conclusions

As this report includes predominantly baseline data, there are no community-level 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 six stakeholders from health, nonprofit, resident, funder, and faith. 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. The vice president also participated in one formal interview.

Documents and other

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