

**Allegany Franciscan Ministries
Common Good Initiative**

**Lincoln Park 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, 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.”

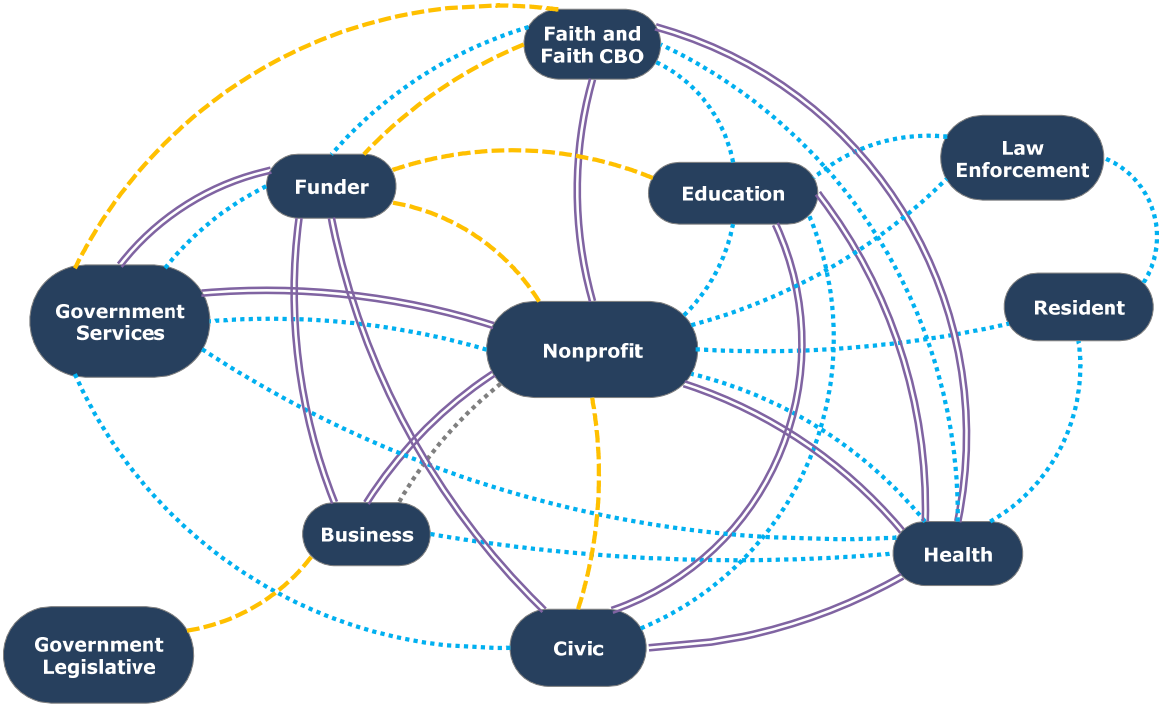
Interviewees describe collaboration as a “work in progress” and, “Things are starting to look so much better since people are working together.” As one interviewee noted, “I think there’s a good bit. There could be more. Everybody pretty much likes to stand alone, you know, in order to maximize their 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.