

**Allegany Franciscan Ministries
Common Good Initiative**

**Wimauma 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	Assess implementation; document lessons learned; document investments (ongoing).
Document lessons learned	Changes in systems, increased collaboration, and changes in community engagement. Initial changes may occur at the end of Year 2 and then build over time.
Gather baseline data	Sustainability begins to develop by the end of Year 2.
Document quick wins and initial investments	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?

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 baseline 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 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

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."

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.

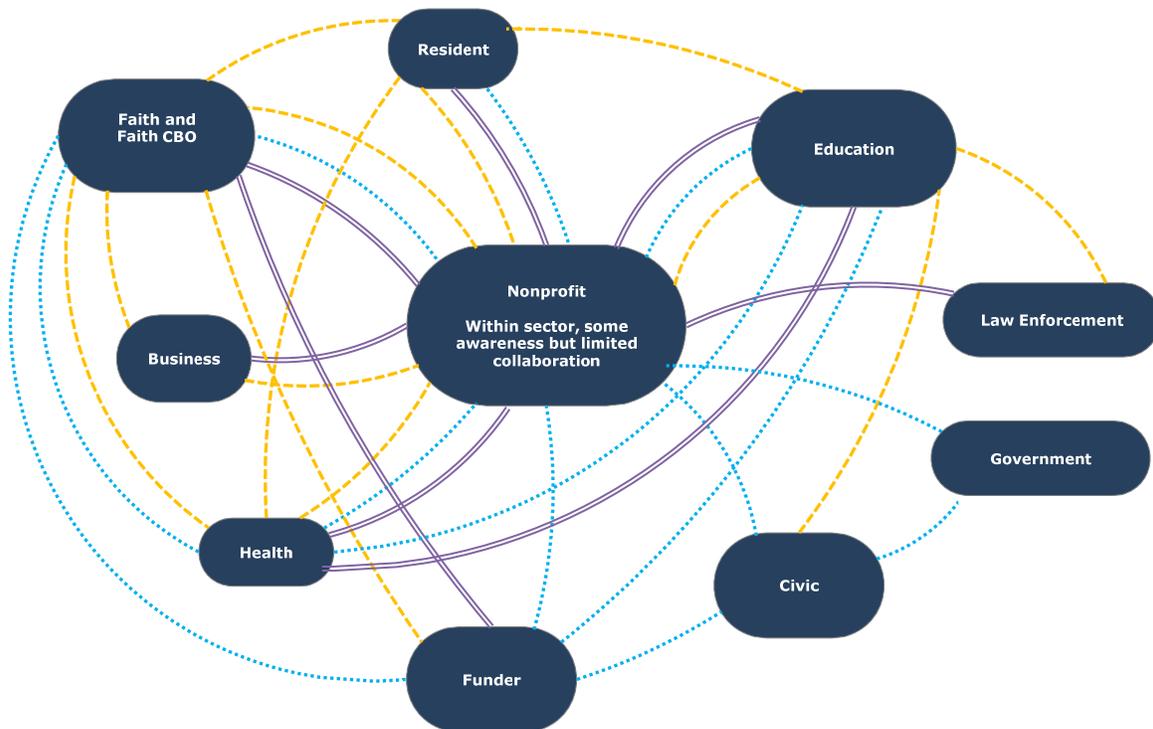
The lines between sectors represent awareness (...); resource sharing of events, referrals, or donations (---); or service delivery collaborations (===). As shown, most connections are with the nonprofit, faith, and education sectors.

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.

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 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.