

**Allegany Franciscan Ministries  
Common Good Initiative**

**Wimauma Evaluation Report  
June 2015**

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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 second of those reports. As it is early in the CGI process, 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**

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

## 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, mostly that it is early in the process and so there is limited data available. Future reports will be able to document trends over time and draw initial conclusions.

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.

- There are few services in this community, limited government involvement, and a limited nonprofit and health sector.
- While some positive movement has occurred, there is a lack of collaboration and some barriers between groups in the community.
- Residents have multiple barriers to engaging in leadership and advocacy.

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

#### **Criteria**

Describing and comparing (Weiss, 1998) commonalities; 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 June 2015, the timeline called for the following activities to occur:

- Identify priorities
- Conduct a community visioning session
- Select priorities
- Develop and test strategies
- Make investments

Implementation, however, also encompasses how CGI approaches 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.<sup>1</sup> While all the listed activities have not been completed as scheduled, progress has been made in each activity as follows:

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<sup>1</sup> See the initiative-wide report for data on how the Common Good Initiative is working with the community.

- Based on community input, identified a list of priorities along with short- and long-term outcomes.
- Began planning the visioning session.
- Discussed priorities and possible strategies with community members.
- Met with potential partners who could implement strategies.
- Met with other funders who could be potential partners.

In addition, the VP convened to build collaborations, met with partners to bring services to the community, engaged additional sectors, and identified investments to build relationships and provide services.

***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., % of residents that have been to a doctor in the last 12 months).

Priorities 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/maintain health deserts?***

**Criteria**  
Positive movement in system indicators.

Priorities 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 in September 2015, 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**

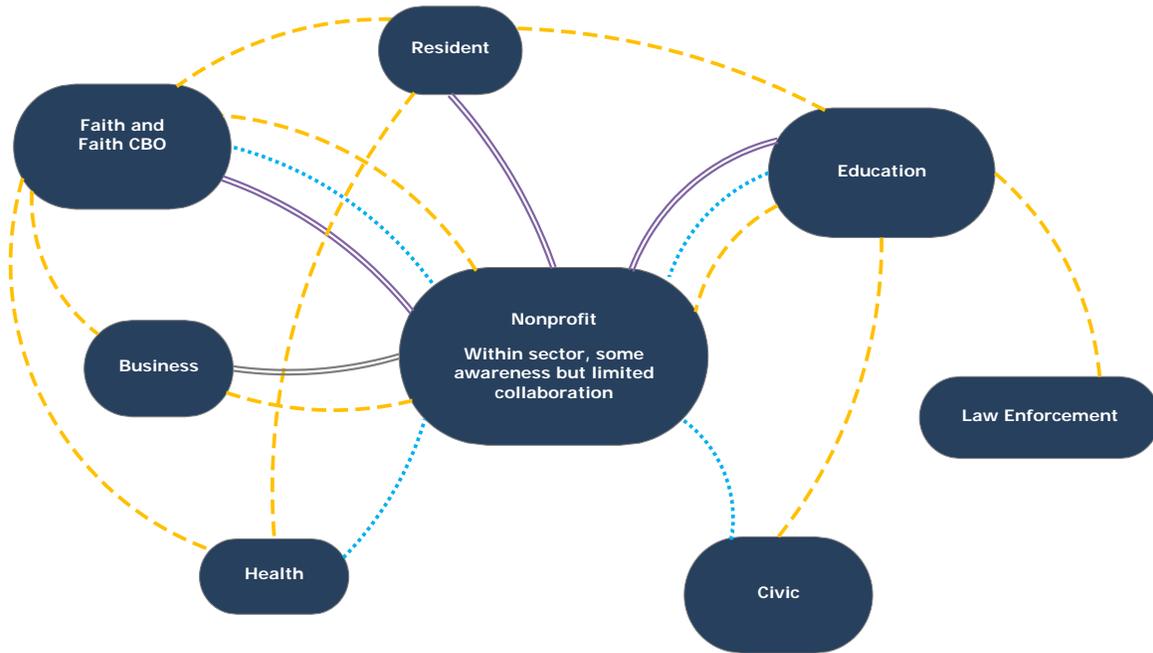
Each community will demonstrate increased collaboration and partnerships.

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, which may or may not be accurate.

Figure 2 provides a picture of current collaboration and partnership. 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 (===). As shown, most connections occur between the nonprofit and church sectors, although the bulk of connections are awareness. Among other sectors, there are limited connections and few organizations located in the community.

**Figure 2: Network map as of June 2015**



As was reported last fall, interviewees reported a lack of infrastructure and services, however, there has been some movement in making the park more accessible. Interviewees continued to report, however, no county funding, no sheriff’s office, and limited health services. The VP has reached out the sheriff and identified investments to provide health services.

**From an interviewee:**  
 “There’s a lot of organizations that are funded to do work with low-income families and low-income communities countywide. They will tell you that they’re doing work also in Wimauma. Because there isn’t necessarily a place where these programs actually operate from, it’s hard to see them. It’s hard to know them. It’s certainly very difficult to promote them because they don’t have a presence in the community.”

Last fall, interviewees also reported little collaboration. Since then, collaboration occurred on one small grant, an out of school time effort, and two groups are holding joint meetings (albeit required to by a funder). One interviewee reported collaboration among the elementary, middle, and high school serving the area. Overall, however, interviewees reported: “I’m not seeing too much collaboration and maybe it is because of the language.” Another reported conflicts among organizations in the area, although two groups are now conducting joint meetings to present a united voice.

The VP has convened to encourage collaborations, such as established out of school time opportunities through using a collective work group, discussing a mobile food pantry with three partners, and encouraging two

partners to begin future planning for the clinic. The VP is also championing the community and establishing relationships with nonprofits, government, faith-based, business, and elected officials. One interviewee noted that “people are finally talking about Wimauma. People never talked about Wimauma, and I’ve been around for some time, so that’s really good, because just from the mere announcement that Allegany is focusing its resources there is a very positive thing.”

In terms of resources, interviewees report few resources, mostly the Children’s’ Board and churches. The VP has reached out to other funders to discuss possible partnerships.

### ***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, which may or may not be accurate but is the most relevant.

As they did last fall, interviewees reported limited mobilization and capacity. For example, there are no structures for engaging residents in decision-making. Some interviewees perceived “a few” resident leaders, while another noted, “We’ve found at least 10 or 12 people that have tremendous potential for leadership that don’t really play a leadership role.” It was recognized that the Hispanic Services Council is working to develop leaders. Another interviewee noted, “When it comes to residents and members of that community who may be leaders, who may come to some of these meetings you don’t see them having any relationship with decision makers, whether they be local, country, state, et cetera.” There have been successes: (1) getting grant eligibility criteria changed, (2) engaging pastors, and (3) residents beginning to articulate their wants and needs. For example, there have been town hall meetings which elected officials attended. During these meetings the commissioners are able to hear firsthand what the issues are and how they can be of direct support to correct the challenge. Residents are holding county government departments accountable for the promises made and residents have engaged in actively calling the Sheriff's department to voice concerns about crime.

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

Quick wins and initial investments were funded as follows:

- \$50,000 to Suncoast Community Health Center for a part-time benefits coordinator in Wimauma to ensure that individuals have an accessible location where they can connect to benefits for which they are eligible.
- \$300,000 to St. Joseph’s Hospital for La Esperanza Clinic. Funds will support the free clinic over the next three years to provide medical services to the Wimauma community and increase the time of key staff members (nurse and patient navigator) to meet the health needs of the community.
- \$5,000 to the Citizens Improvement League of Wimauma Florida to ensure that a property located in the heart of Wimauma remains available for future community use.
- \$3,000 to Reddick Elementary School for physical activity equipment. The equipment will be given to individual students through recognition opportunities, and is designed to promote healthy activities during out of school time.
- \$1,500 to Wholesome Community Ministries to support minor rehab and beautification projects at the church.
- \$1,500 to Mt. Moriah Missionary Baptist Church to support minor rehab and beautification projects at the church, including improvements to the Fellowship Hall.
- \$1,500 to First Prospect Missionary Baptist Church to support minor rehab and beautification projects at the church, including improvements to the Fellowship Hall.
- \$5,000 to Wimauma Elementary School for student success, physical activity projects, and a school-based community garden.
- \$701.30 for Wimauma United and Unidos to purchase t-shirts designed by the community coalition to enhance engagement, recognition and community pride.
- \$5,000 to Enterprising Latinas to support development of an entrepreneurial business for 4 women in Wimauma.

### **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.

## 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: Data Sources**

### ***Interviewees***

Interviewees included seven stakeholders from 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 vice president also participated in one formal interviews.

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

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