Allegany Franciscan Ministries
Common Good Initiative

Overtown Evaluation Report
December 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 third 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

<table>
<thead>
<tr>
<th>Year 1: Community input and setting priorities (July 2014 – June 2015)</th>
<th>Years 2-7: Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assess implementation</td>
<td>Assess implementation, document lessons learned, document investments (ongoing).</td>
</tr>
<tr>
<td>Document lessons learned</td>
<td>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.</td>
</tr>
<tr>
<td>Gather baseline data</td>
<td>Sustainability begins to develop the end of Year 2.</td>
</tr>
<tr>
<td>Document quick wins and initial investments</td>
<td>Movement in health &amp; wellness indicators beginning Year 4.</td>
</tr>
</tbody>
</table>
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, are 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 conclusions.

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
- There have been multiple attempts to revitalize this area. Another revitalization effort is beginning and a lack of communication and engagement with the community is leading to frustration. Residents, nonprofits, and funders report a history of “politics” that has been detrimental.
- There is an existing collaboration with the Overtown Children and Youth Coalition.

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 community worked to identify priorities and plan the community visioning session. From July 2015 to December 2015, the following activities occurred:

- Conducted a community visioning session
- Selected priorities

In addition, staff\(^1\) identified potential Common Good Advisory Council members and continued to make new connections – including funders – and build relationships. The next steps are:

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\(^1\) The vice president has been out for much of the six month period; the term “staff” refers to either the VP, the consultant who is assisting, or other Allegany Franciscan Ministry staff.
• Research and determine possible strategies and potential partners.
• Share the strategies with the community for feedback.
• Award grants and grant-related investments.

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., % 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/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, civic, health, faith, and government although one new civic organization and one active church were mentioned. Interviewees reported many of the churches are “commuter churches” that people outside of the community attend due to historical relationships. In prior interviews, 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. Two nonprofits are working with potential new investors, one as a result of Allegany Franciscan Ministries’ efforts.

The lines between sectors represent awareness (...); resource sharing of events, referrals, or donations (---); or service delivery collaborations (===). As shown, there are few connections. Interviewees reported additional participants and relationships this fall, some of which were new since the last interviews.

Interviewees continue to report limited collaboration and little to no shared programming; collaboration was on events or referrals with the exception of the Overtown Children and Youth Committee (OCYC), a collaboration of 15 members who are currently in a planning process and whose members collaborate on events. Interviewees report that collaborations are hindered by disjointed efforts and turfism.
Although there has been limited VP activity for part of the six month period, when active, the VP engaged additional sectors and connected nonprofits with funders. There is some evidence of early impact of Allegany Franciscan Ministries’ work: “They have been helpful in championing the work that we do in the greater community, especially helping us have meetings where Miguel would make the invitation and we have been able to speak with people that we probably wouldn’t have been able to speak to at this early juncture.”

**From an interviewee:**
“[It’s] hard sometimes for folks to really let go, to be open, to connect with others, and they’re just trying to keep their doors open, or trying to survive.”

**Figure 2: Network map as of December 2015**
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.

**From an interviewee:**
“We've been working with several of the developers that are coming into Overtown, to see ways we can work together, and bring resources. This tends to happen a lot, and then honestly, typically at the end, it usually never materializes.”

As in the past, interviewees noted limited opportunities for meaningful community engagement. Although resident input and support is sought, interviewees report that promises are not kept. There are structures for meaningful engagement, but are not fully utilized.

In terms of resident leaders, interviewees noted there were “some” resident leaders but also potential for more: “There are some you can look to and sort of say they could lead the charge.” There are also “two or three people that come to a lot of the commissioner board meetings and those kind of things, but I don't know how many people they really represent – they just tend to complain.”

Interviewees noted that more advocacy is occurring due to the proposed development, but that it is difficult due to being a single parent or working multiple jobs. Consistent with prior interviews, interviewees mentioned that there is opportunity to improve in this area, although this fall comments related more to frustration than to advocacy capacity. It was noted, however, that prior residents who still care about Overtown have been successful twice in their advocacy efforts (a development issue and a nightclub).

Interviews suggest the need to build organizational capacity. One interviewee noted the perception of few organizations in the area and the low capacity of those in the area; a nonprofit representative noted the need to move to the next phase in their development.
**What investments were made, how were they made, and what were the results?**

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

- $1,000 to sponsor the Overtown Community Resource Fair and Backpack Giveaway where over 500 backpacks will be given away to low-income elementary, middle and high school age 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.
- $42,500 to Catholic Volunteers in Florida to support two full-time volunteers with the Overtown Children and Youth Coalition.
- $500 to Common Threads to sponsor the Cooking for Life event highlighting their efforts to create sustainable school-wide cultures of health in Miami-Dade.
- $2,500 to sponsor the Youth Economic Development Conference, an interactive platform to engage young people around critical issues of youth employment.
- $2,500 to sponsor the Youth Zone at the Overtown Music & Arts Festival which engages the community and youth within the community in further conversation related to identifying assets, priorities, challenges and needs.
- $4,500 to Independent Sector for registration for six members of the Overtown Children & Youth Coalition team to attend the Independent Sector 2015 National Conference.

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


Appendix A: Data Sources

Interviewees

Interviewees included six 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.