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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 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

<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.

- 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.
- There is an existing collaboration: the Overtown Children and Youth Coalition.
- There are other funders and entities who have funded Overtown in the past or currently.

To what extent is the CGI being implemented as planned?

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Describing and comparing (Weiss, 1998) commonalities; a general inductive approach for qualitative data (Thomas, 2006).</th>
</tr>
</thead>
</table>

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.\(^1\) While all the listed activities have not been completed as scheduled, progress has been made in each activity as follows:

\(^1\) 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.

Explored possible visioning models and hosted a meeting regarding neighborhood based change.

Met with potential partners who could implement strategies.

Met with potential partners who could invest in strategies.

In addition, the VP has reached out to additional sectors, made connections between organizations providing services and between organizations providing services and funders, helped groups wanting to provide services move their projects forward, and identified investments to build capacity.

**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 but is the most relevant.

Figure 2 provides a picture of current collaboration and partnership. Each sector is represented by a circle. The lines between sectors represent awareness (...); resource sharing of events, referrals, or donations (---); or service delivery collaborations (===). As shown, eight sectors and residents are active in the community. Interviewees mentioned that there are some churches that are active in the community, but that many of the churches are “commuter churches” that people outside of the community attend due to historical relationships. Interviewees reported additional relationships this spring, some of which were new since the last interviews.

In the fall, interviewees reported 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. In the spring, interviewees described strengthened relationships between OCYC members and in increased awareness of OCYC, although not full participation and buy-in. Interviewees also described a new collaborative effort between a funder, nonprofit, and the schools in response to a pressing community need unrelated to the Common Good Initiative.

The VP is working to engage additional sectors and made investments to build collaboration.
In terms of resources, the following were mentioned: two Community Redevelopment Agencies (CRA), Knight Foundation, Miami Foundation, government programs, United Way, Children’s Trust, City of Miami Community Development, and efforts that come but are not sustained. One interviewee noted a disconnect between the CRA and the local nonprofits.

The VP has been meeting with potential resources such as Federal Reserve Bank, University of Miami, City officers, and other foundations.

**What is the evidence of community mobilization and capacity?**

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

As was reported last fall, interviewees noted limited community engagement. One interviewee noted the level of frustration when meetings do occur, particularly regarding a new development that is getting ready to occur. Interviewees mentioned only a few structures for resident engagement, including the Overtown Community Oversight Committee, which was not meeting but is now getting more active.

In terms of advocacy, interviewees noted that it is not occurring, in part due to difficulties of being a single parent or working multiple jobs. Another noted that “the advocacy component is a learned experience.” As they did last fall, interviewees mentioned that there is opportunity to improve in this area. Comments included:

- “It's really just kind of figuring out who to partner with, figuring out how to get in front of the commissioners and figuring out how to work together to drive whatever your initiative or your program or your idea forward.”

- “Someone you consider to be a leader might need more training or understanding on how to negotiate your message or how to share your message in a way that you’re taken seriously or you could hear a yes every now and then. So, there are definitely some things I know we need to work on, for sure, but I think pretty much I feel like I can pick up a phone and call my commissioner’s office. I feel the same with the CRA or decision makers – but are they willing to make a decision on us is where it's always very – you're just not sure.”

In terms of resident leaders, interviewees noted there were “some” resident leaders but also some that “speak a lot but don't lead anything.” There are also those with a leadership role who do not live in the area: “In my opinion, [they] don't really represent the neighborhood.”

There is some evidence of early impact of Allegany Franciscan Ministries’ work. As noted, the VP has introduced potential programs to funders, provided advice to organizations wanting to begin programs, and spread the word about Allegany Franciscan Ministries’ focus. As one interviewee noted, “The connections we’re making beyond Allegany are really good, and I think that a lot of connections would not have happened without the presence of Miguel and Allegany.”
What investments were made, how were they made, and what were the results?

Quick wins and initial investments were funded as follows:

- $500 for URGENT, Inc., an Overtown youth and community development organization dedicated to empowering young minds to transform their communities. Funds intended to help youth attend the YouthBuild conference in Los Angeles in the fall of 2014. The conference provided information and resources to help youth lead more productive lives.
- $5,000 to support the development of the Overtown Children and Youth Strategic Plan.
- $1,050 to Overtown community partners to cover expenses, including honoraria, associated with an educational tour of Overtown led by Dr. Marvin Dunn, and dialogue with stakeholders.
- $1,560 in scholarships for eight Overtown stakeholders to attend Miami Philanthropy Day on March 5, a day-long educational and networking opportunity.
- $5,000 to sponsor the Camillus Health Fair held for the Overtown community on April 11, 2015. The fair provided residents with the opportunity to be tested for diabetes, cholesterol, high blood pressure and other health issues, and to be connected to a medical home.
- $3,135 to the Overtown Children and Youth Coalition to engage consultants to strengthen their master plan, detailing how the coalition will improve outcomes for children and youth.
- $5,000 to sponsor the Overtown Children and Youth Coalition’s community meeting and reception on May 7 and 8, 2015. The meeting examined the collective impact model and discussed how best to achieve neighborhood-based change in Overtown.

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.

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


Appendix A: Data Sources

Interviewees

Interviewees included six 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 interview.

Documents and other

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