**Allegany Franciscan Ministries
Common Good Initiative**

**Wimauma 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, 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)	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 builds over time. Sustainability begins to develop the end of Year 2. Movement in health & wellness 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.

- 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.
- 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.

To what extent is the CGI being implemented as planned?

Criteria
Describing and comparing (Weiss, 1998) commonalties; 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, draft priorities were identified. Between July 2015 and December 2015, the following occurred:

- Conducted a community dialogue session
- Selected priorities

In addition, the VP identified potential Common Good Advisory Council members and continued to make new connections and build relationships with sectors such as government, environment and education. The next steps are:

- 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 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.	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?

<table>
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Criteria
Each community will demonstrate achievement of X% of system indicators.

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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.

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What is the evidence of collaboration and partnership?

<table>
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Criteria
Each community will demonstrate increased collaboration and partnerships.

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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

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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 faith and nonprofit, followed by health; the sectors referenced the least are funders, government, and civic/community. Interviewees continue to report low resource availability: "There's a lot of agencies who say they do and provider countywide services, but they don't ever quite make it down to Wimauma." The Children's Board is a funder in the area, two organization in South County have provided some resources (a bank and the community foundation), and there is a potential for new resources.

> *From an interviewee:*
> "I think when it comes to a health fair event, everybody tends to come out. When we go deeper into 'Now we're going to change the economic status of...' I think that would be interesting – to see who comes, and who stays at the table, and who really puts forth the effort to make a difference."

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. The number of documented connections has increased; this is due partly to new partners and partly due to adding new interviewees.

Interviewees continue to report little collaboration and that what does occur is often limited to sharing information or participating in health fairs. Interviewees report the need for smaller groups to come together to work in a coordinated effort and for the faith

community to be more collaborative. Other interviews reported continued disconnection between the Hispanic and African American communities. During this six month period, however, a group of out of school time providers was pulled together to encourage coordination and collaboration.

The VP has continued to encourage collaborations among groups and organizations working in Wimauma through one-on-one meetings, convening small groups, and investing in collaborative projects. The VP is also working to develop collaborations with other funders and engage other sectors including the county, elected officials, schools, the health department, a local community foundation, and the sheriff's office.

Figure 2: Network map as of December 2015
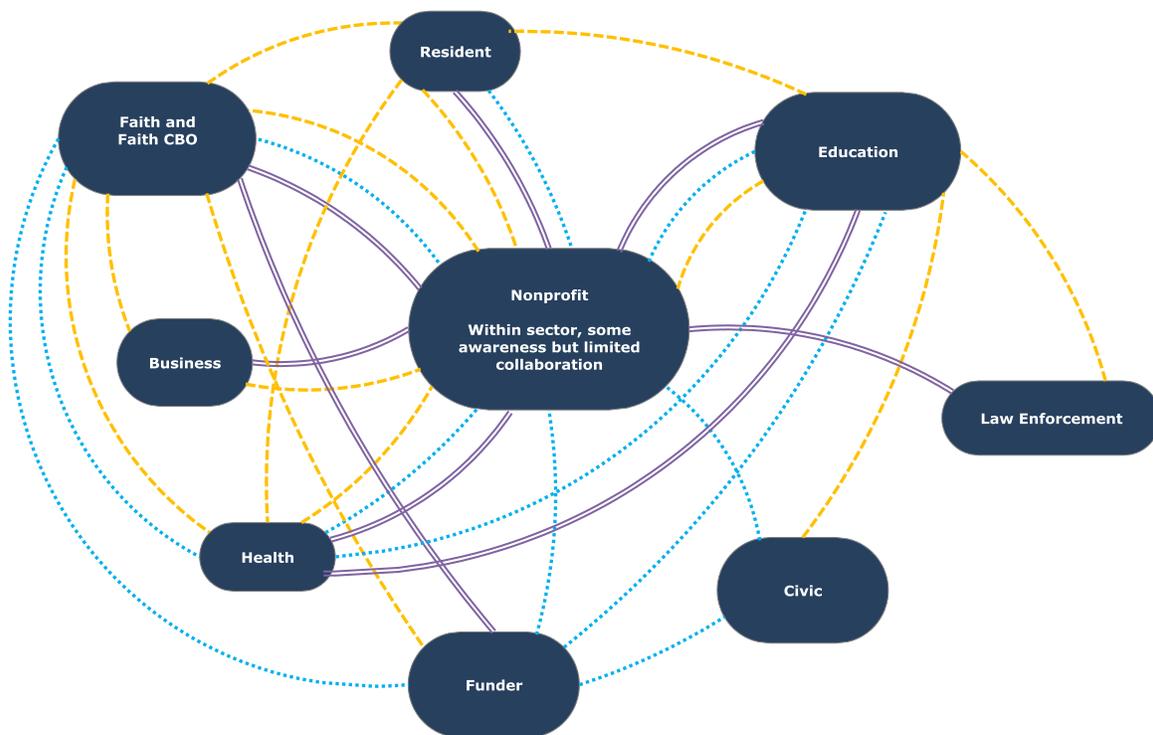
What is the evidence of community mobilization and capacity?

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. Results reflect interviewees' perception.

From an interviewee: "I'm pretty much doing the leadership right now and it's very different because it's not my expertise but I feel I have a very strong team of people working with us."	Interviewees continue to report limited mobilization and capacity. For example, there are no structures for engaging residents in decision-making, although the community has built on the small successes reported in the prior six month report. Town hall meetings that elected officials attend have continued and Wimauma United and Unidos continues to meet but could benefit from capacity building.

As in prior reports, some interviewees report "a few" leaders while others perceive "some" local leaders. One interviewee noted that "you have some people that are older, retired and still have an interest in improving the community." Another noted, "As far as community members ... I couldn't tell you from people living in the neighborhood who stands out as the leader." Most reported leader activity is "getting the word out about events" about programs, although residents recently coordinated efforts to contact the sheriff's department that resulted in citations for offenders. A formal process to support these leaders would be beneficial.

Interviews suggest a need for a broad capacity building effort: Residents noted a lack of capacity among potential leaders but also a lack of community capacity, noting that smaller agencies cannot manage reimbursement grants and that there is not a central meeting place.

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

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

- $123 to Wholesome Community Ministries for one person to attend the FAFCC Conference.
- $40,000 to Hillsborough County School District for installing covered shelters over basketball courts at the two Wimauma elementary schools (Reddick and Wimauma).

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

- $58,000 to Catholic Volunteers in Florida to support two full-time volunteers with Catholic Charities to support the La Esperanza Clinic and address transportation challenges.
- $125,000 to the Hispanic Services Council to continue the Puentes de Salud (Bridges to Health) project.
- $150,000 to Catholic Charities to provide administrative, planning and capacity support for La Esperanza Clinic.

Reports from these investments will be submitted between February and July of 2016 and summary data will be included in the next report.

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, New Jersey: Prentice-Hall, Inc.

Appendix A: Data Sources

Interviewees

Interviewees included seven stakeholders from nonprofits, faith, health, funders, 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.