

This is a summary of the key findings from the final year of a three-year evaluation of the Detroit Youth Employment Consortium (DYEC). The evaluation was conducted to learn more about the overall effectiveness of the Consortium and to better understand the capacity and effectiveness of the youth employment system in Detroit. The evaluation was implemented by JFM Consulting Group, with input from the DYEC Evaluation Committee.

DYEC Guiding Evaluation Questions

Sustainability

- In what ways, if any, as the Consortium increased its sustainability? What factors may have helped or hindered progress in this area?

System Capacity & Quality

- To what extent, if any, has the youth employment system improved or capacity increased over the last few years? What challenges remain to be addressed?
- How would you describe the capacity of the youth employment system to support and address the needs of youth?

Policy

- To what extent was the consortium able to advance policy, practice or system change? What policies or practices should be prioritized moving forward to strengthen the youth employment system?

DYEC Engagement & Effectiveness

- In what ways has the make-up of the DYEC and stakeholder engagement changed through the years? To what extent are these changes contributing to the overall effectiveness of the Consortium?

Key Evaluation Findings

SUSTAINABILITY

- Strong nonprofit partnerships and employer relationships are contributing to the sustainability of the program.
- Connect Detroit is perceived as an effective convener and manager, and is able to bring diverse stakeholder organizations together to support this effort
- The DYEC has made strides toward financial sustainability by retaining a number of current funders over time and identifying new sources of funding. An increased focus on the cultivation of new funding partners will play a major role in the Consortium's sustainability moving forward.

SUSTAINABILITY				
Goals:	<ul style="list-style-type: none"> • Development and implementation of sustainability plan • Increased financial sustainability 			
Optimal Change Targets	Actuals	Change Level (Optimal, Moderate, Limited)	Change Rubric Score	% Goal Achieved
Secure at least 10% of future GDYT system revenue from new sources	6%	LIMITED	70	85%
Sustain 100% current levels of funding	90%	MODERATE	85	
Retain at least 60% of current funding sources	73%	OPTIMAL	100	

Evaluation Key Findings, *continued*

SYSTEM CAPACITY & QUALITY

- Improvements in program communication/marketing created more program awareness throughout the city
- Progress around multi-disciplinary support, strong organizational culture and program implementation helped with employing 8,000 youth in the GYDT program
- Strong partnerships with providers and employers, coupled with high overall satisfaction levels are reflections of increased system quality.
- Remaining challenges include: 1) more year-long opportunities for youth, 2) creating more and deeper partner connections, 3) post program follow-up support and 4) unclear administration roles

SYSTEM CAPACITY & QUALITY

Goals: Increased capacity to offer high quality programming / summer experiences				
Optimal Change Targets	Actuals	Change Level (Optimal, Moderate, Limited)	Change Rubric Score	% Goal Achieved
Increase employment slots system-wide by 2,000 and employ 10,000 youth	8,210	LIMITED	70	68%
Retain at least 80% of current Program Providers	70%	MODERATE	85	
Program Provider (non-profit) pool has increased by at least 40	~	OFF TARGET	50	

SYSTEM CAPACITY & QUALITY

- Partnerships to address youth needs have been made, although there is continued room for growth.
- Wraparound support services to aide in supporting youth and their families' needs are critically important to the success of the program and can be further strengthened through new, quality partnerships.
- As resources permit, there is an opportunity to better support youth through post-summer follow-up support services that will help to address longer term youth career and health outcomes.

SYSTEM CAPACITY & QUALITY

Goals: Strengthened collaboration among stakeholders				
Optimal Change Targets	Actuals	Change Level (Optimal, Moderate, Limited)	Change Rubric Score	% Goal Achieved
At least 85% of DYEC stakeholders report that the youth employment system has strong, cross-agency partnerships	87%	OPTIMAL	100	100%
At least 80% of program providers rate their GDYT experience as Excellent or Good	99%	OPTIMAL		
At least 80% of employers rate their GDYT experience as Excellent or Good	91%	OPTIMAL		

INTRODUCTION

In an effort to better understand the outcomes of grantmaking efforts by the Michigan Health Endowment Fund with a focus on food access, The Eastern Market Corporation retained JFM Consulting Group, a Detroit-based strategy, planning and evaluation consulting firm to assess three collaborative programs, including its efforts to:

- Increase Food Access through the Detroit Community Markets network (DCM)
- Promote Food as Medicine through Fresh Prescription network (Fresh Rx)
- Educate the community on Better Eating and Better Health

The purpose of this evaluation is to conduct a multi-program assessment of the Eastern Market Corporation's progress towards establishing a culture of health and wellness in Detroit, as outlined by its 2018 grant application to the Michigan Health Endowment Fund.

BACKGROUND

Since 1891, Detroit's Eastern Market has been an important feature in the local economy, serving wholesalers and residents alike. The Market's long history of connecting the food and agriculture industries with the general public is well documented. In 2007 the Eastern Market Corporation was established to manage market operations, serve as a fiduciary for funding, improve infrastructure, and strengthen the network of businesses and vendors within its footprint.

In 2018, EMC was awarded a grant to "Establish a Culture of Health & Wellness in Detroit" by the Michigan Health Endowment Fund. During that same calendar year, the Eastern Market Corporation took on the role of convener for the Detroit Fresh Prescription Network, which had previously been managed by the Ecology Center in Ann Arbor. Detroit's Fresh Prescription Network (Fresh Rx) is based on the "Prescription for Health" model, which has been implemented nationwide and serves as a major initiative in the goal of fostering a health & wellness ethos within the city.

FRESH RX

The coalition of healthcare providers, public health agencies, and food systems representatives, known as the Fresh Rx initiative was launched in Detroit in 2013 at just one site – Community Health & Social Services

(CHASS) Center. In that inaugural year, CHASS partnered with the Eastern Market Farm Stand program to facilitate access to fresh produce. Since then, the network has grown to include 8 sites across the City of Detroit in 2018. Further expansion of the network is expected in the coming years, with the ultimate goal of becoming an added benefit option for health providers and their patients.

While the program is tailored to meet the needs at each site in the Detroit network, overall, the model involves the following steps:

Detroit Fresh Rx Network Model:

1. Members of the healthcare community identify patients that meet predetermined criteria at that site. Commonly, this includes patients that are managing or at-risk for a chronic illness such as diabetes or hypertension and/or have a body mass index greater than 25. A number of the participants are also recognized as low-income.
2. A medical professional, such as health educator or dietician meets with the patient to discuss the value of adding fresh produce to their diets. Goals are then established, and a "prescription" referral to consume more fresh fruits and vegetables is provided to the patient.
3. The "prescription" has a cash value of \$80-120 and can be redeemed in a variety of ways, including: (1) visiting the farm stand at their site, (2) visiting a local produce market that accepts the Fresh Rx benefits, (3) fresh produce boxes distributed at their site, (4) or through a delivery service.
4. In addition to the weekly or monthly fresh produce allotments, patients and their families participate in a variety of nutrition education events and cooking demonstrations to further their knowledge of healthy eating habits.

During the 2018 season, the network cautiously sought to increase its touch-points with participants by piloting extended programing at two sites. While the two sites initially identified were unable to extend their voucher program and nutrition education to 16 weeks due to staffing and funding limitations, two alternates were

substituted. Additionally, one site was able to offer a special voucher for protein during the Thanksgiving and Christmas holidays. These vouchers were valued at \$80 each.

The Fresh Rx network also expanded its use of technology through the development of a new mobile application. The software was created with input and feedback from the network members and vendors. The program will allow vendors to accept the Fresh Rx vouchers via a magnetic debit card issued to participants. The application will also aid the network by allowing site coordinators to access rich data and easily create reports based on their needs.



DETROIT COMMUNITY MARKET NETWORK

The Fresh Rx program is not the only initiative which the Eastern Market Corporation administers that aids in achieving the goals of the MHEF grant. The EMC also manages the Detroit Community Market (DCM) Network, which was established in 2013 to support place-based neighborhood farm stands and markets. During the 2018 season, there were 11 neighborhood farmers markets, 5 urban farms, and four farm stands participating in the network. This includes the Eastern Market’s own mobile farm stand which travels to over 20 locations in the Detroit area, including those in the DCM network.

The DCM network has expanded and contracted over the years, with last season being no exception. A location in Hamtramck (Banglatown Farmers Market) was added and the Farmers Market at Wayne State University was also reestablished while the Corktown Farmers Market suspended its operations. The networks also expanded their outreach to the community in 2018 by providing food demonstrations at a number of neighborhood market sites. Additional funding was leveraged through the USDA Farmers’ Market and Local Food Promotion Program (FMPP) grant to help build out its mobile kitchen to further support these cooking demonstrations.



EASTERN MARKET FOOD EDUCATION OFFERINGS

The final component to EMC’s framework for promoting health & wellness, as described in the grant application, is its food education offerings. Each month, EMC offers a number of classes related to cooking and nutrition for the general public. Demonstrations are held during the Saturday markets, and showcase a variety of recipes and healthy eating tips. The classes also extend beyond Shed 5 at the market, and into Detroit Public Schools. In 2018, EMC presented at Burns Elementary School, reaching 140 fifth & sixth graders. EMC has plans to continue expanding its nutrition education outreach in 2019 and beyond.

EVALUATION METHODOLOGY

This evaluation was guided by a set of overarching questions that were developed with input from the stakeholder organizations participating in the collaborative effort. The questions provide a framework for the data collection strategy and are used to organize the findings presented later in this report.

To answer the evaluation questions, a multimethod approach was taken using existing program data along with newly developed instruments to collect primary data. While a more detailed explanation of the analyses will be provided throughout the report, the following table summarizes the data collection instruments that were developed and utilized:

Program Focus	Instrument	n=
Detroit Community Markets Network	Survey of customers at community markets	o 360
	Self-administered survey of cooking class participants	o 28
	One-on-one interviews with students from DPS in-school cooking classes	o 70
	Analysis of DCM program records	N/A
FreshRx	“Expanded” pre-program survey of FreshRx participants	o 306
	“Expanded” post-program survey of FreshRx participants	o 148
	Focus group of FreshRx participants	o 5
	Interviews with 3-5 (total) program staff	o 5
	Analysis of FreshRx program records	N/A
DCM and FreshRx	Electronic self-administered survey of vendors	o 11

The focus group with supervisors also included a brief discussion concerning the challenges faced by PAMD partner organizations. The feedback primarily fell into one of two categories. For example, some of the PAMD partners described difficulties in getting the Allies prepared to do the work. As one partner stated, “The time that it took to bring the person up to speed was time-consuming. Luckily, I had the time to train them. It took a few weeks.” Another reported that, “We had similar challenges as far as getting people up to speed. It was impossible to get the Ally on track, even with immense amounts of hand-holding.” Again, given PAMD’s focus on recruiting disconnected youth, most of whom have no prior work or higher education experience, these responses are not too surprising.

EVALUATION QUESTION 5

Overall, what worked well in terms of the implementation of the PAMD program? What challenges or limitations did UM-Dearborn experience in implementing the program?

Q.5 KEY FINDINGS

- *Support to help remove barriers and meet the requirements of the Allies is helping them remain engaged in the program but increases the overall cost of the program.*
- *PAMD staff has demonstrated a very high level of commitment and willingness to go above and beyond the call of duty in order to implement the program, though risking burnout at times.*
- *PAMD’s operational capacity and resources are limited in terms of time, staffing, and funding in key areas such as professional development, stipends, Ally support, etc.*
- *Financial issues experienced by PAMD partners impedes their ability to meet their financial commitment to the program, creating a challenge that is not always apparent to funders.*
- *PAMD utilizes data effectively to monitor and evaluate the program but would also benefit from increased data from local partners and longitudinal tracking of Allies.*



The findings from interviews with the PAMD staff helped shed light on the strengths and limitations of implementing the PAMD program. For example, staff was asked to comment on the extent to which the program was executed as planned. There is agreement across staff that PAMD was implemented as originally conceived. One staff person stated, *“I think we’ve done a remarkably decent job of sticking with the plan.”*

Staff reported that, when PAMD was launched, the Public Allies National Office was just beginning to focus on Opportunity Youth. For most of the 20 or so other Public Allies sites nationally, this signaled a shift in focus. Many of the Public Allies National Office sites lacked experience in working with this demographic and, perhaps, were not well-prepared to make the change. On the other hand, PAMD was launched with Opportunity Youth as a key focus from the outset and has been a leader as well as a proving ground as the national office pushed in this direction.

The background and experience of staff have been identified over and over as a key strength. To some extent, this appears to be a function of timing. For example, the local job market was still recovering from the recession in 2013; therefore, PAMD was able to bring on three master’s level staff with significant experience in youth development. As one staff stated, *“To our great, great fortune, we hired three highly skilled people right off the bat.”* PAMD staff believes that this gave them an advantage over many AmeriCorps sites that did not have staff with that bandwidth and, therefore, may not have been as well-equipped to work with this particular population.

Staff identified the recruitment of Allies as the leading strength of the program. As one PAMD staff member observed, *“I think we’ve kind of cracked this nut about recruitment. From what I understand, most of the other operating sites rely on things like the Public Allies and the AmeriCorps portal—people finding out about it online. We’ve hardly even relied on that at all... We have a very grassroots recruitment machine, which I think has worked in our favor. Word of mouth has become more powerful now that we’re into this fourth cohort.”*

Retention of PAMD staff also afforded PAMD a competitive advantage over other sites. *“There’s been amazing retention, but again, I think that’s because staff were unique. The first staffs who have stuck with us all this time—the commitment*

to continuous learning and continuous (program) improvement has been extraordinary, and I give all that credit to staff.” Additionally, the growth and retention of PAMD partnerships was also identified as an area of note. Concerning growth, one staff member reported, *“Growth was fast. Others in the (Public Allies) network are not as large.”* Another stated, *“We have five-year partners. It’s even written into some partner organization budgets. The partners that are invested are fully invested.”*

When the researchers looked at the challenges or limitations related to the implementation of the program, feedback from staff suggests that most setbacks are a function of inadequate resources—time, staff, and funding. The lack of time to reflect is a luxury that some PAMD staff do not feel they have. *“We haven’t been able to look back and examine our work. We are constantly working towards getting Allies and host sites and not able to look back at the data. We probably won’t be able to take a comprehensive look until year five.”* The time that it takes to implement the program, support the Allies, and continuously raise funding appears to significantly hinder opportunities to be more reflective.

Both the interim PAMD evaluation report as well as the data from the recent staff interviews note the extremely high level of commitment of the PAMD staff to do what it takes to get the job done. Over time, this can take a toll that, for some, results in burnout and/or attrition. Staff have expressed a concern that there are not enough people to manage all that needs to be done. As one staff member noted, *“We struggle with the five-month program because of a lack of staff.”*

As noted earlier in this report, the level of experience and knowledge required to address the requirements of vulnerable young people is fairly high. The PAMD staff reported that limited financial resources is another obstacle. They point to a need for higher salaries and professional development resources for the staff. In fact, there were a range of areas where staff saw a critical need for increased financial resources, such as the following:

“More money for partnering with orgs that can’t pay. We are then resigned to partner with organizations that can pay but may not be in line with PAMD’s mission.”

“Raise the stipend.”