Allegany Franciscan Ministries
Common Good Initiative

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.
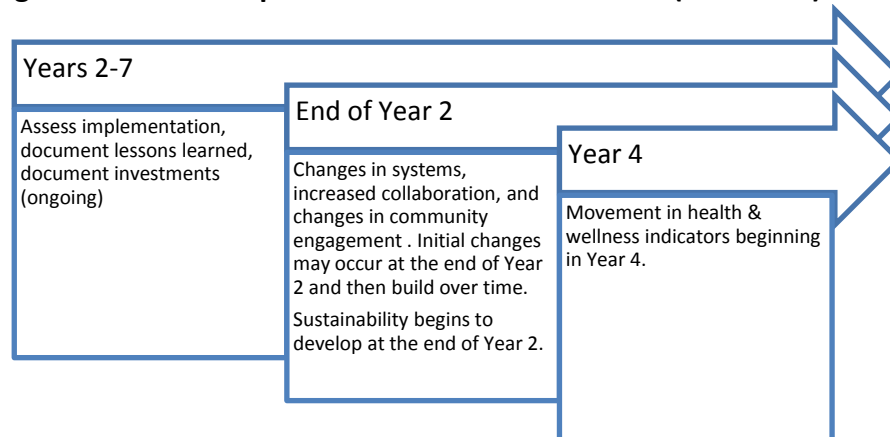
> **Year 1: Community input and setting priorities (July 2014 – June 2015)**
> -Assess implementation
> -Document lessons learned
> -Gather baseline data
> -Document quick wins and initial investments

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. See the CGI timeline for details on implementation (Appendix C).

Figure 1: Table of expected evaluation information (Years 2- 7)

Years 2-7	End of Year 2	Year 4
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 build over time. Sustainability begins to develop at the end of Year 2.	Movement in health & wellness indicators beginning in Year 4.

Evaluation Questions

Each evaluation question is listed beginning on the next page. The criteria for assessing the 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.

Although this report is for the internal use of the foundation, a few summary items about each community are listed below to provide context for the report. These items reflect the six-month period from January 2015 to June 2015.

Lincoln Park
- Local residents have been involved in revitalization efforts and there are existing structures to support community development and mobilization.
- There are established collaborations around specific services; however, interviewees report some competition among individuals and groups.
- Interviewees noted the hope that people can "have the community's interests at heart, even above their own personal interests."

Overtown
- There have been multiple attempts to revitalize this area, and another revitalization effort is beginning; a lack of communication and engagement regarding revitalization 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.

Wimauma
- 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.
- There are two existing community engagement efforts: Wimauma Citizens Improvement League and Wimauma United & Unidos.

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 Common Good Initiative 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 the Common Good Initiative is approaching the work, and the board provided clear direction that the 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. While the listed activities have not been completed as scheduled, progress has been made in each activity as follows:

- Based on community input, each community has an initial list of priorities along with short- and long-term outcomes.
- Progress on conducting a community visioning sessions ranged from beginning planning to identifying a consultant and setting a date.
- Staff discussed possible strategies with community members and/or met with potential partners who could implement strategies.
- Staff explored possible investments and met with potential partners who could invest in strategies.
- The initiative resulted in quick win initial investments to address draft community priorities, build capacity, and support community engagement. See page 10 for a listing and analysis.

Because the initiative is still in the planning stages, implementation to date reflects staff activities. As the project progresses, evaluation reporting will shift to the implementation of strategies. In all three communities, the VPs are taking steps to build relationships, build collaboration, and support community mobilization and capacity. In Lincoln Park, the VP identified potential members of the Council for the Common Good, began to engage other sectors, convened to build collaborations, and identified investments to build capacity and support community mobilization. For example, funding was provided to create a Lincoln Park mobilization app to share, inform, and mobilize the community. In Overtown, the VP began to engage 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. For example, funding supported the Overtown Youth and Children Coalition hosting nonprofits, funders, and academics to examining neighborhood based change. In Wimauma, the VP convened to build collaborations, met with partners to bring services to the community, engaged additional sectors, and identified eight investments to build relationships and provide services. The VP has convened to encourage collaborations, such as establishing 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 health clinic.

> **From a staff member:** *"I'm really happy with getting more experience in the community, and mixing with people that weren't initially on my radar."*

Across regions, three important activities occurred. First, development has begun of the new Councils for the Common Good. Council job descriptions have been finalized, regional commissioners have been recommended for placement on the councils, and VPs have begun to identify community members to consider for service. An application form and nomination process have been developed and an orientation program has been outlined. Second, resources and support are being offered to the VPs as their role continues to evolve. For example, Dr. Bechara Choucair, Senior Vice President of Trinity Health's Safety Net Transformation and Community Benefit, came in March and shared his experience in community health. Finally, a partnership was established with Catholic Volunteers in Florida; volunteers will be working in Wimauma and Overtown this year.

The intent of the Common Good Initiative is to work as partners with the community. Across the three communities, interviewees described the Common Good Initiative as inclusive, bottom-up, and respectful of the community. While some noted that the initiative was moving slowly, this was generally identified as a good thing as it takes time to build relationships and trust. Representative quotes are as follows:

- "It's been made very clear to all of us that they're interested in grassroots and having the ideas and thoughts and goals and everything coming out of the grassroots from the neighborhood itself and from the folks in the neighborhood."

- "I like what they're doing, I love the approach, and I've been really hopeful that out of it they will be able to identify viable people who have the community's interest at heart, even above their own personal interests, people that will be open and candid, but still have a human touch and approach to what we have to do there, and I think that they'll manage to figure that out."

- "They have really gone above and beyond to really listen to whoever would talk with them and really not come in with an agenda, which I think is so different."

- "[Name] is very interested in having people come together and having people come together that represent that whole of the community, the whole spectrum of diversity of that exists in the community, and I know that [Name]'s very interested in true engagement."

- "I get the feeling that the pace seems to be just right for everyone, and for me, my feeling sort of is if the pace needs to be slower for us to get this right, then let's do that."

- "You know, community building is a difficult world. I think the fact that they're meeting on a regular basis, that they have good representation on a regular basis, I think is great. The key would be, all right, so what's the next step, and how do we implement this plan? You know, what's it gonna take? And that's been "to be seen," I suppose.

- "I think they definitely are very deliberate, make sure that they get input not just from government and policy people, but businesses and the residents, so I think they're definitely engaging the community. You know, that's the catch-22. I think they're very good about that, but that's what makes it slower, right?"

- "I haven't seen anything from the initiative that's been published that describes sort of the principles, the values, the structure, the strategy, the outcomes that the initiative is pushing forward."[1]

What are we learning through this process? What do the projects have in common? What solutions seem to work?

One formal interview was conducted with each regional vice president and one formal interview was conducted with the president. (Informal conversations and document reviews occurred throughout the last six months). This section summarizes the lessons learned – good and bad – since the last report. Lessons learned are limited to planning activities. At this time, commonalties and solutions are not included as it is too early in the Common Good Initiative process.

As was reported last fall, lessons learned included the appropriate VP role and the time the work takes. VPs noted that their role is changing from a grant-maker a role not yet defined, which has implications for their interactions with local nonprofits: It is a different role on both sides. Without funding, nonprofits have less motivation to engage and be accountable. As described, VPs have been building relationships; that process takes time, although the time spent building relationships was cited as a positive by multiple

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[1] The initiative has deliberately NOT come into a community with a pre-set agenda; this quote was included to represent that some stakeholders are not knowledgeable about the approach.

interviewees. The quick win investments made have also moved more slowly than anticipated, from developing a proposal to getting the work started.

Although, strategic solutions, relationship-building and convening seem to work. Each VP has expanded their contacts in the community but also brought new contacts into the community, which was noted as beneficial by interviewees. Each has also either convened groups already working in the community around solutions or brought new potential partners to the community. In addition, just by focusing on an area, interviewees note that Allegany Franciscan Ministries is bringing attention to the area from other funders, institutions, and nonprofit organizations.

> *From a staff member:*
> *"I'm getting, as the days go by, even more antsy in terms of when are we going to make some investments in the community."*

Another lesson learned has been that people and organizations are not always quick to take advantage of opportunities such as professional development or potential funding. Finally, although not listed as a lesson learned by the VPs, interviews suggest that inter-organizational conflicts are a sometimes surprising reality.

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 for 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 will not be identified until February 2015, so no baseline data for system indicators are provided at this time. Specific indicators will be identified in a participatory process by each 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.

Although baseline sustainability will be assessed at a later time, interviewees report that some organizations lack the organizational skills to successfully pursue grant funding and provide the reporting necessary.

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. Figure 2 presents a snapshot of the current status of collaboration and partnership; as expected, little change has occurred in six months. Following the snapshot are details for each neighborhood. Please note that the results represent interviewees' knowledge; there may be others active in the community but they are not known to a diverse group of stakeholders. See the network maps (Appendix D) for additional details.

Figure 2: Current status of collaboration and partnership

LINCOLN PARK

Sectors present	Business, civic, education, government (legislative), government (services), faith, funders, health, law enforcement, nonprofit.
Strength of relationships	Sectors show a mix of relationships from awareness and resource sharing to collaborations. Collaborations occur, but for specific purposes and with specific partners. Interviewees note a lack of communication within the larger community (outside of specific collaborations).
Resources	Children's Services Council, Hunt Foundation, United Way; mixed perception of government funding.

OVERTOWN

Sectors present	Business, cultural, education, government (services), faith, funders, health, law enforcement, nonprofit.
Strength of relationships	Interviewees reported limited collaboration and little to no shared programming. One notable exception is the Overtown Children and Youth Coalition.
Resources	Two Community Redevelopment Agencies (CRA), Knight Foundation, government programs, United Way, Children's Trust, City of Miami Community Development, and Miami Foundation.

WIMAUMA

Sectors present	Business, civic, faith, education, health, nonprofit.
Strength of relationships	There are few sectors and limited connections among sectors; most are between nonprofit and faith or nonprofit and education. Some new collaboration is occurring between civic groups.
Resources	Few resources mentioned.

In Lincoln Park, interviewees noted a lack of communication, with one stating that "communication of services and programs and resources in the community can probably be a little bit better" and another noting "what we discover is that the right hand doesn't know what the left hand is doing around here. There are groups that come in and do things, and they get funding on their own, and then we find out about it later, and there's a total lack of communication." One quick win investment is addressing this issue. Organizations collaborate, but for very specific purposes and with specific partners. Interviewees also noted competition among some neighborhood efforts.

The VP is working to engage diverse organizations and groups such as the business community, economic development council, planning council and providers including faith, youth development, and arts and culture organizations. While there has not been substantial movement in the past six months, there are new stakeholders participating which provides opportunities for future collaboration. The VP has also worked to convene stakeholders to address community issues (i.e., a nonprofit facility, new programming).

In Overtown, 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 funders and nonprofits who could provide services in the neighborhood, such as presenting to Miami funders, meeting with the health department and FQHCs, attending a meeting regarding community development hosted by the Federal Reserve, engaging local educational institutions who can provide resources, and advocating with city officials and departments. Quick win investments have been made investments to build collaboration.

Last fall, interviewees in Wimauma also reported little collaboration. Since then, collaboration occurred on one small grant and 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 establishing 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 organizations, businesses, and elected officials. In particular, the VP has established relationships with three churches in the area. As noted, across communities, the VPs are advocating for their community with funders and others as well as convening to promote collaboration.

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. Please note that the results reflect interviewee perception, which may or may not be accurate but is the most relevant. As shown in Figure 3, the current status of community mobilization. As expected, there has been little change since December. Examples from each community are provided below Figure 3.

Figure 3: Current status of community mobilization and capacity

Lincoln Park	Overtown	Wimauma
Most interviewees described an engaged community that had several established structures, with some additional structure being developed: formalizing the process for recruiting resident leaders and developing bylaws for community groups.	Interviewees noted limited community engagement. One interviewee noted the level of frustration regarding a new development that is getting ready to occur. The Overtown Community Oversight Committee was not meeting but is now more active.	Interviewees reported limited mobilization and capacity. Although residents attend civic meetings, there are no structures for engaging residents in decision-making.
Interviewees expressed concern over limited advocacy skills. As one interviewee noted, "I can't really tell you like an actual result of anything, but I think we have to crawl before we walk. I think we're still crawling and I think we are moving with our crawl."	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."	Interviewees noted limited advocacy successes although there have been small advocacy successes: (1) getting grant eligibility criteria changed, (2) engaging pastors, and (3) residents beginning to articulate their wants and needs to elected officials.
When asked about resident leaders last fall, a few interviewees mentioned elected officials or educators, while others were of the opinion that there were relatively few resident leaders. This spring, interviewees were still mixed on the topic with some naming leaders "who are from the area" and others noting "nobody lives in that area anymore."	In terms of resident leaders, interviewees noted there were "some" resident leaders but also that 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.	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."

As shown, residents have little voice with decision-makers, although this does occur to some extent in Lincoln Park. There are also divergent perceptions about resident leadership. Across communities, interviewees describe residents who lack the skills to engage in advocacy. Comments were as follows:

- "There's the reality that they [residents] just don't have a track record of committing themselves or understanding why they need to be committed or what's the end goal."

- "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. There are definitely some things I know we need to work on, but 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."

- Another interviewee noted that "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."

In all three communities, the VPs are working to build the capacity of community groups whether that is through a Common Good Initiative quick win investment, through providing expertise and support, or both.

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

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

"Quick wins" and initial investments were funded in all communities. Each investment was reviewed to see if it aligned with one of the draft community priorities[2] developed during the past six months and/or was made to support community engagement or build capacity. As shown in Figure 4, 77% of investments were aligned with priorities, which represented 98% of the dollars invested.

**Figure 4: Investment alignment with draft priorities**
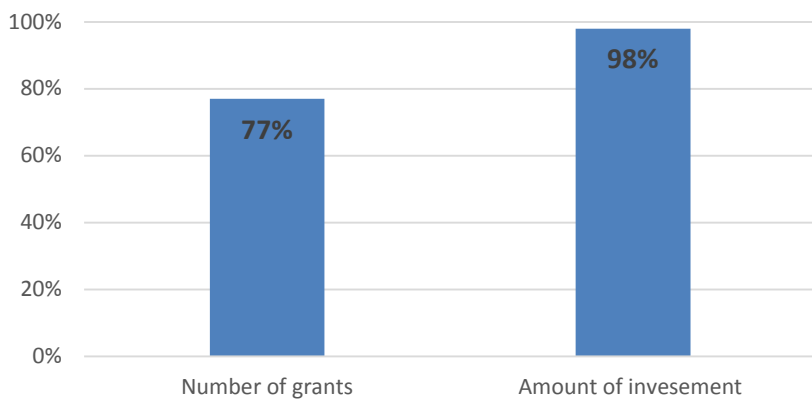
Please note, however, that some investments were made prior to community priorities being developed. The intent was to support community needs, which turned out to align with priorities.

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[2] Draft priorities have been, or will be, discussed at the community dialogue to identify the top priorities.

Figure 5 provides a breakdown of priorities by number of investments. For example, 33% of the investments were aligned with the priority of health, nutrition, or wellness and 26% were aligned with the priority of community engagement. Please note that each neighborhoods' priorities were different and were assigned to a common category (i.e., access to health; health, nutrition, and wellness; and healthier residents were all combined).

Figure 5: Investments by draft community priority
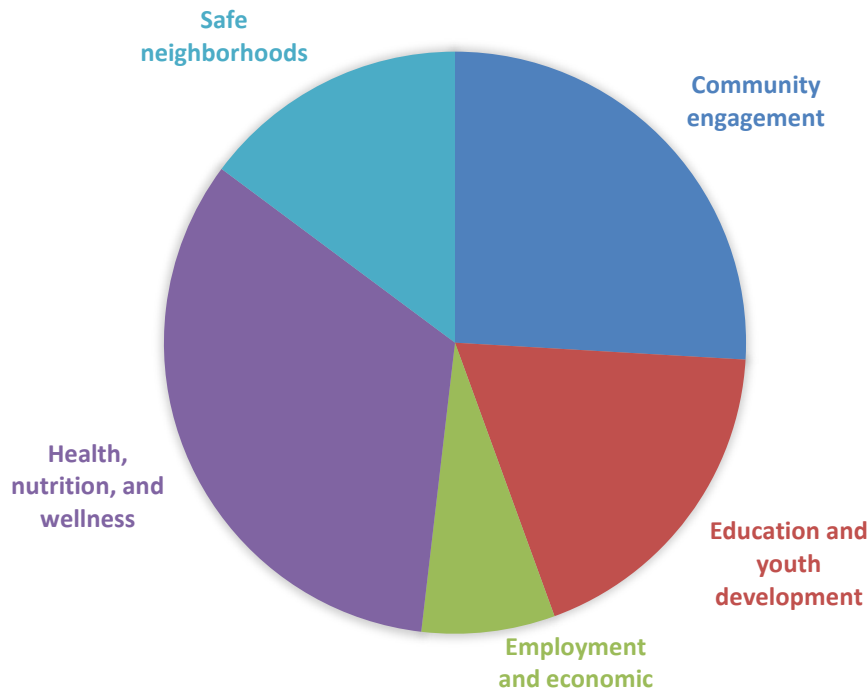
Finally, 40% of all grants made had a capacity or community engagement component (if community engagement was not the priority).

Conclusions

As this report includes predominantly baseline data, there are no conclusions to draw at this time, although there are some suggested items for discussion.

- Although the process is evolving organically, interviews suggest it may be time to articulate and communicate a plan of what happens next (even if the content of the work is unknown), as well as share what has been accomplished; for example, describing the community visioning process and what will happen as a result of those sessions and sharing the focus of the initiative around systems, collaboration, and mobilization.

- There is evidence that the initiative will need to build capacity for advocacy and a plan for that could be researched and developed.

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: Methodology

The table below provides the evaluation plan at a glance. For details on the methodology, please see *Evaluation Plan v4* dated October 2014.

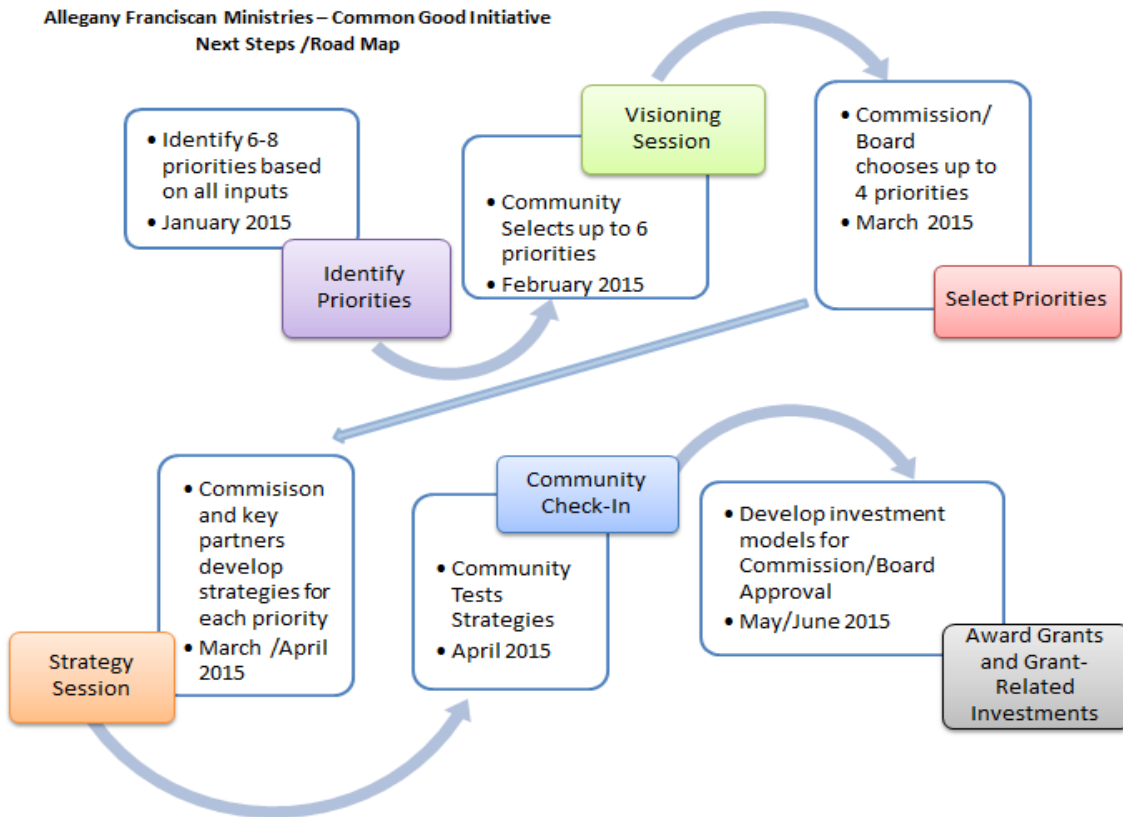| Evaluation question	Indicator	Data sources or tools	Analysis technique
1. To what extent is the CGI being implemented as planned? Are benchmarks being met?	Each community will achieve X% of benchmarks on time.	Benchmark reports, project documents, and stakeholder interviews using a standard interview protocol.	Describing and comparing (Weiss, 1998) planned implementation to actual implementation; rubrics (Davidson, 2005) to aggregate and synthesize data.
2. What are we learning through this process? What do the projects have in common? What solutions seem to work?	N/A: Reporting will include a thematic analysis of learnings, commonalities, and solutions.	Benchmark reports, project documents, and stakeholder interviews using a standard interview protocol.	Describing and comparing (Weiss, 1998) commonalties; a general inductive approach for qualitative data (Thomas, 2006).
3. To what extent is there positive movement in health and wellness indicators?	Positive movement in indicators chosen by the community in a participatory evaluation process but that are similar to the list identified by the task force (e.g., % of residents that have been to a doctor in the last 12 months).	Data sources are to be determined but will either be secondary sources if data are available at a matching geographic level (e.g., education, safe environment) or data from partners (e.g., clinics or food distribution).	Descriptive statistics of progress compared to a baseline; rubrics (Davidson, 2005) to aggregate impact.
4. To what extent are there documented changes in systems that create/maintain health deserts?	Each community will demonstrate achievement of X% of system indicators; specific indicators will be identified in a participatory evaluation process by the community.	Depending on the type of system, changes will likely be documented through reporting on the change (e.g. new clinic, changed policy), project records, data from partners (e.g., access, funding), or stakeholder interviews. Community members will determine what success will look like in a participatory process and will document success during reflective reporting.	Describing and comparing (Weiss, 1998) planned achievement to actual achievement; rubrics (Davidson, 2005) to aggregate and synthesize data. Most significant change and outcome harvesting will also inform analysis.

Evaluation question	Indicator	Data sources or tools	Analysis technique
5. What is the evidence that efforts will be sustained?	Each community will demonstrate achievement of X% of strategy sustainability indicators such as funding, system changes, ongoing support of behavior changes, dissemination of relevant products (NORC, 2010), increased awareness, and a sustainability plan.	Benchmark reports, project documents, and stakeholder interviews using a standard interview protocol.	Assessment of movement along a sustainability rubric (i.e., from level 2 to 3) throughout the project until the desired level of sustainability is reached (i.e., 7).
6. What is the evidence of community engagement, collaboration, and partnership?	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 diversity of roles.	Qualitative interviews supplemented with benchmark reporting and project documents.	Comparison of post-network dimensions to pre-network dimensions on a social network analysis.
7. What is the evidence of community mobilization and capacity?	A mobilized community may include items such as structures and mechanisms for community input and participation, presence of resident leaders, resident and institutional participation in the community, presence of a champion, residents having facilitation and problem-solving skills, and residents having and using social capital.	Qualitative interviews supplemented with benchmark reporting and project documents.	Comparison of structures for, and extent of, community mobilization.
8. What investments were made, how were they made, and what were the results?	The number and type of investments and a summary of the process used. Results will be incorporated into questions 1-7.	Benchmark reports and project documents.	Descriptive statistics of investments.

Appendix B: Data Sources

Interviewees included 21 stakeholders from a cross-section of 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 three vice presidents also participated in one formal interview each.

Documents included monthly reports from each vice president, documents forwarded from the vice president (e.g., meeting notices, planning documents, reports, and meeting summaries), staff meeting notes, board packets and minutes, and program planning documents.

Appendix C: Initiative Timeline

Allegany Franciscan Ministries – Common Good Initiative
Next Steps /Road Map

Identify Priorities
- Identify 6-8 priorities based on all inputs
- January 2015

Visioning Session
- Community Selects up to 6 priorities
- February 2015

Select Priorities
- Commission/ Board chooses up to 4 priorities
- March 2015

Strategy Session
- Commisison and key partners develop strategies for each priority
- March /April 2015

Community Check-In
- Community Tests Strategies
- April 2015

Award Grants and Grant-Related Investments
- Develop investment models for Commission/Board Approval
- May/June 2015

Appendix D: Network Maps

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 (===). Maps reflect the perception of the interviewees.

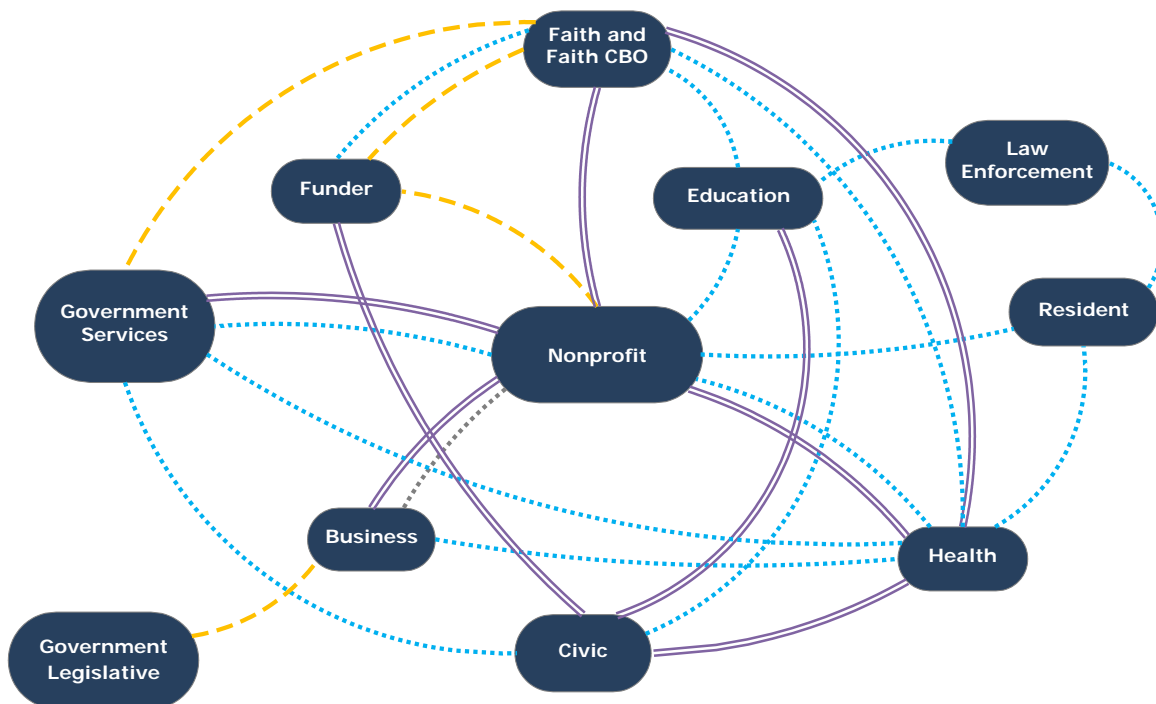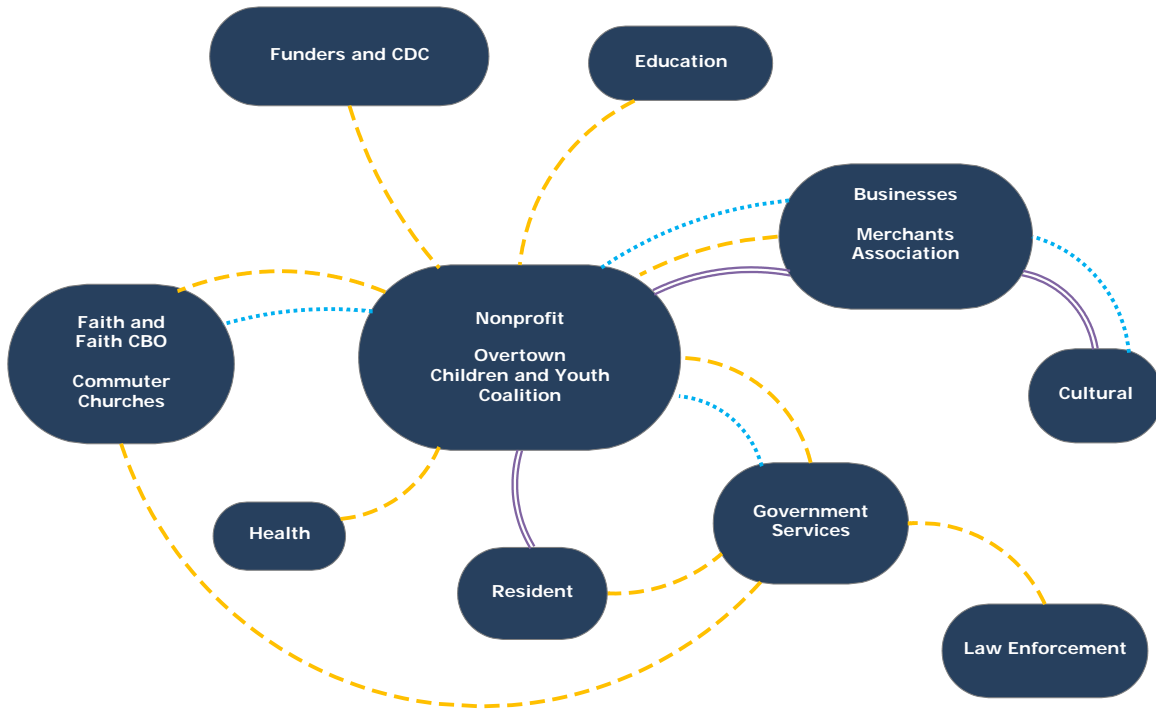**Figure D1: Lincoln Park network map**

Figure D2: Overtown network map

Figure D3: Wimauma network map