

**Allegany Franciscan Ministries
Common Good Initiative**

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.

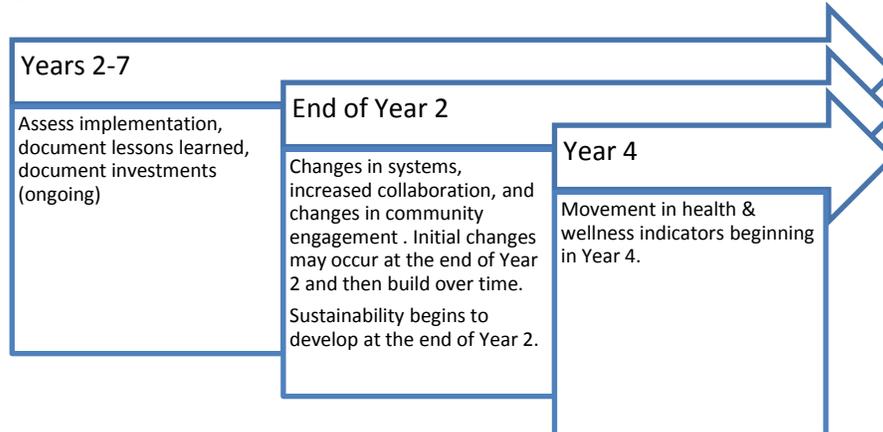
In December 2013, the board of trustees approved a new strategic initiative called the “Common Good Initiative” (CGI). In keeping with the mission to serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities, Allegany Franciscan Ministries 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.

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 third of those reports. As strategies are still being determined, 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 Common Good Initiative timeline for details on implementation (Appendix C).

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

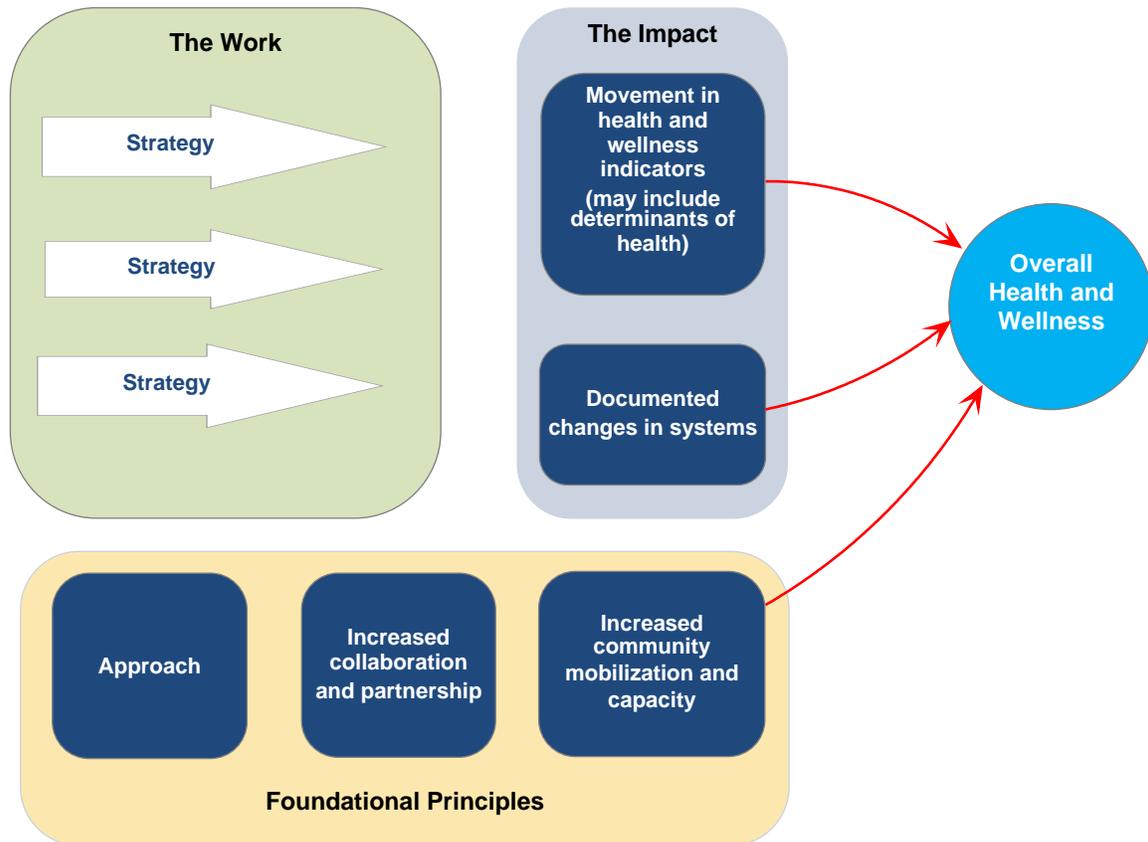


Evaluation Questions

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

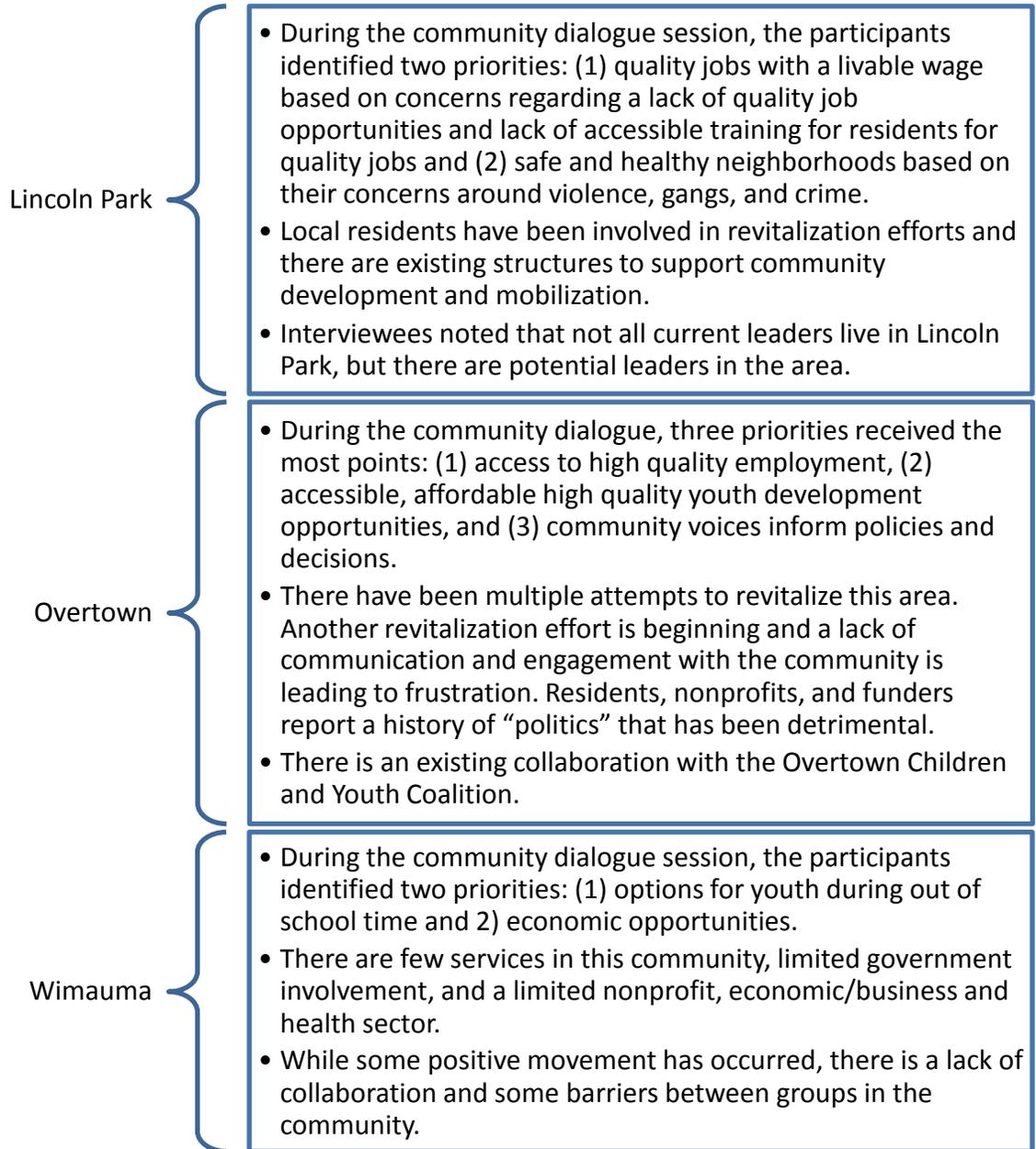
The graphic below presents how the evaluation questions will fit together to “tell the story” of the Common Good Initiative. Please note that this graphic does not reflect timing of when work or impact will occur; see Figure 1 for timing.

Figure 2: Relationship between work, principles, and impact



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.

Figure 3: Key points for each community



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 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 VP worked with the community to identify priorities and either planned for or conducted a community visioning session. Although each community is on a slightly different timeline, the following activities occurred between July 2015 and December 2015:

- Conducted community dialogue sessions
- Selected priorities
- Continued to make quick win initial investments. See page 11 for analysis.

Next steps are as follows:

- Research and determine possible strategies and potential partners, including neighborhood leaders.
- Share the strategies with the community for feedback.
- Award grants and grant-related investments.

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. 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 this deliberate and intentional engagement with the community. In all three communities, the VPs are taking steps to build relationships, build collaboration, and support community mobilization and capacity.

- As a result of the priorities being identified at the community visioning, potential government partners have engaged with Allegany Franciscan Ministries in developing strategies for those priorities. In addition, the regional vice president continues to connect with residents and a variety of sectors. One participant reported that the collaboration dynamic is improving and credited Allegany Franciscan Ministries for assisting in changing that dynamic.
- Although there has been limited VP activity in Overtown for part of this six month period, the VP engaged additional sectors and connected nonprofits with funders. There is some evidence of early impact: “[Allegany has] been helpful in championing the work that we do in the greater community, especially helping us

have meetings. And we have been able to speak with people that we probably wouldn't have been able to speak to at this early juncture."

- In Wimauma, the VP has continued to encourage collaborations among groups and organizations through one-on-one meetings, 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.

In addition, across the regions recruitment and selection have begun for the Councils for the Common Good. Recruitment has been intentional in order to have a diverse council, with diversity in assets, expertise, viewpoints, race and ethnicity, and residence.

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 approach of engaging the community as a positive and reported success in engagement. Interviewees also suggest, however, that the pace has slowed, and they identified a need for additional communication. Representative comments are below:

- I think they went about it the right way from the start because you don't want to just put money in people's hands and you're not really sure what's going on. The community approach is the best approach to see what the community thinks is important and to kind of answer those calls on their own instead of going to a place and just assuming that you know what people want and it's totally different than what they actually do.
- It's been respectful; it's been, "Come see. We're not going to preach to you. We want to hear from you."
- I think the approach has been good in that they have made a very deliberate effort to not just have the heads of agency and the government and nonprofits and all that stuff there and [have] it be more resident-and-business-driven, which I think is very important, and I think they have done a great job at that.
- I would say that I think that they've taken a little long, and that would be my only negative comment, if that's negative. The strategy or the effort is a little drawn out, too. I know that people are losing interest and feel like, "Oh, is this going to happen or not?"
- We're in the waiting mode. And it's the holidays, so I know that doesn't help. If there's any way to maybe keep that communication going of where we are, what's happening, what have we done in preparation – just maybe keep the energy up. I really believe people are trusting the process. I've heard not a negative word at this point, but you want to keep the energy up as well.

- I am kind of perplexed to tell you the truth. Right now, I don't really know what direction Allegany is going to.

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 (or staff) 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.

- Interviewees praised Allegany Franciscan Ministries for engaging and listening to the community – and staff identified community engagement as one of the things that is working well. Interviewees also noted, however, that it would take effort to keep people engaged and that tangible results would increase engagement.
- Internally, the demands of the work continue to exceed estimates.
- The top priorities across communities include access to quality jobs, youth development, and safe and healthy neighborhoods. Based on the jobs priority, the Common Good Initiative will need to engage partners and additional sectors outside of traditional partners and sectors.
- Each VP continues to expand their contacts in the community, but the VPs have also brought new contacts into the community, which was noted as beneficial by interviewees. In addition, just by focusing on an area, interviewees continue to note that Allegany Franciscan Ministries is bringing attention to the area from other funders, institutions, and nonprofit organizations. Other funders are willing to engage with Allegany Franciscan Ministries on the priorities.

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 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.

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 each community. In Lincoln Park, however, for the past six months, staff from Allegany Franciscan Ministries, the City of Fort Pierce and the county staff have been meeting to discuss a grocery development prospectus for the Lincoln Park neighborhood. This opportunity will potentially bring 20 to 40 jobs to Lincoln Park and spur economic development.

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 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 necessary reporting.

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 4 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 4: 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	As shown, the Lincoln Park area has a fairly well-developed network, where sectors show a mix of relationships. Since June, additional connections have been described by interviewees, most of which had occurred since the last interview.
Resources	Children’s Services Council, United Way, Hunt Foundation, the city, donations from the faith community, and one corporate donation.

OVERTOWN

Sectors present	Business, civic, cultural, education, government (services), faith, funders, health, law enforcement, nonprofit.
Strength of relationships	As shown, there are few connects. Interviewees reported additional participants and relationships this fall, some of which were new since the last interviews. One notable exception is the Overtown Children and Youth Coalition.
Resources	Two Community Redevelopment Agencies (CRAs), Knight Foundation, government programs, United Way, Children’s Trust, City of Miami Community Development, and Miami Foundation.

WIMAUMA

Sectors present	Business, civic, faith, education, funder, health, law enforcement, nonprofit.
Strength of relationships	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.
Resources	Few resources mentioned, but funders are increasing engagement.

In Lincoln Park, the sectors referenced by the most interviewees include nonprofit and faith; the sectors referenced the least are health, law enforcement, business, and civic. In prior interviews, interviewees noted the Children’s Services Council, United Way, the Hunt Foundation, and limited resources from the city and the county. This fall, more interviewees mentioned funding from the city, as well as donations from the faith community and one corporate donation. Since June, additional connections have been described by interviewees, most of which had occurred since the last interview. During this round of interviews, participants reported new collaborations, but also noted that historically in Lincoln Park “there hasn’t been some of the best collaboration.” As a result of the priorities being identified at the community visioning, potential government partners have engaged with Allegany Franciscan Ministries in developing strategies for those priorities. In addition, the regional vice president continues to connect with residents and variety of sectors.

In Overtown, 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. Two nonprofits are working with potential new investors, one as a result of Allegany Franciscan Ministries' efforts. Interviewees report that collaborations are hindered by disjointed efforts and turfism: "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." 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."

In Wimauma, 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 provide countywide services, but they don't ever quite make it down to Wimauma." 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. 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.

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. Figure 5 presents the current status of community mobilization and examples from each community. As expected, there has been little change since December.

Figure 5: Current status of community mobilization and capacity

Lincoln Park	Overtown	Wimauma
<p>Most interviewees described an engaged community that had several established structures, such as the advisory council (part of the county-wide roundtable group), and Restoring the Village. There are also project-specific advisory committees.</p>	<p>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 they are not fully utilized.</p>	<p>Interviewees continue to report limited mobilization and capacity. There are no structures for engaging residents in decision-making.</p>
<p>Current grassroots leaders enact their leadership by attending decision-making meetings and mobilizing others to attend. These leaders were described as “having a following” or “having the respect” of people.</p>	<p>Consistent with prior interviews, interviewees mentioned that there is opportunity to improve advocacy, 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.</p>	<p>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. Town halls continue and Wimauma United and Unidos continues to meet.</p>
<p>This fall, most interviewees categorized the presence of grass roots leaders as “some” to “a lot;” however, two interviewees noted that local leaders were not from Lincoln Park while others noted that there are “people who have leadership ability” who could be developed.</p>	<p>In terms of resident leaders, interviewees noted there were “some” resident leaders but also some potential ones: “There are some you can look to and 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.”</p>	<p>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.”</p>

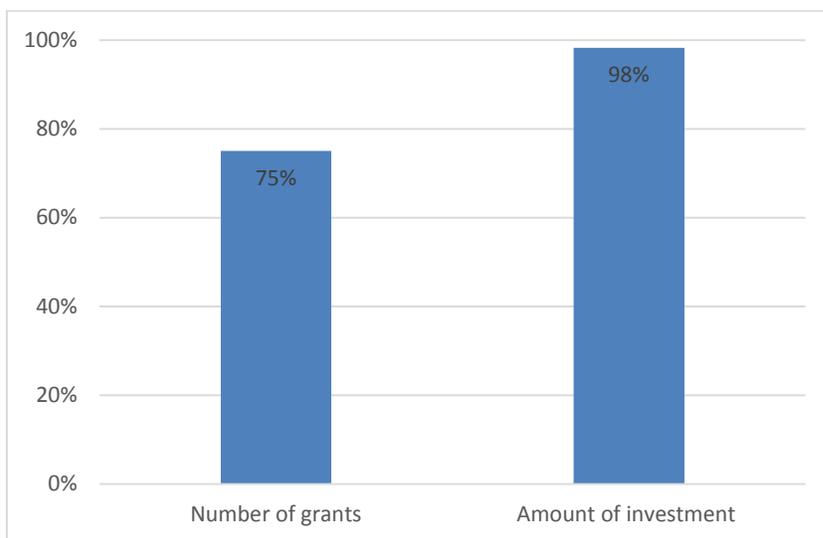
As shown, residents have little voice with decision-makers, although this does occur to some extent in Lincoln Park. There are also divergent perceptions about resident leadership, although interviewees consistently reported that leadership potential is present in each community. Interviews also suggest a variety of capacity needs such as developing local leaders and smaller nonprofits and supporting collaborations. One interviewee said, “One [person] expressed to me how nervous [he/she] was about coming to the [council] meeting and [he/she] didn't know how [he/she] she would fit in. And that’s the kind of person that should be at the table, because if we walk away after five years and we’ve done some great things but those leaders are no more ready to go out and lead on their own than they were when they started, then we have done them a disservice.” Another noted, “People have ideas, but they don’t necessarily have the skills, and that can cause them to fail. That’s kind of the problem we have. We have a lot of 501(c)(3)s. It’s just getting them together to do the things we need to do.” Others noted that smaller agencies cannot manage reimbursement grants or are perceived as not having capacity by potential funders

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.

Each investment was reviewed to see if it aligned with one of the draft community priorities and/or was made to support community engagement or build capacity. As shown in Figure 6, 75% of investments were aligned with priorities, which represented 98% of the dollars invested. Finally, 35% of all grants made had a capacity or community engagement component (if community engagement was not the priority).

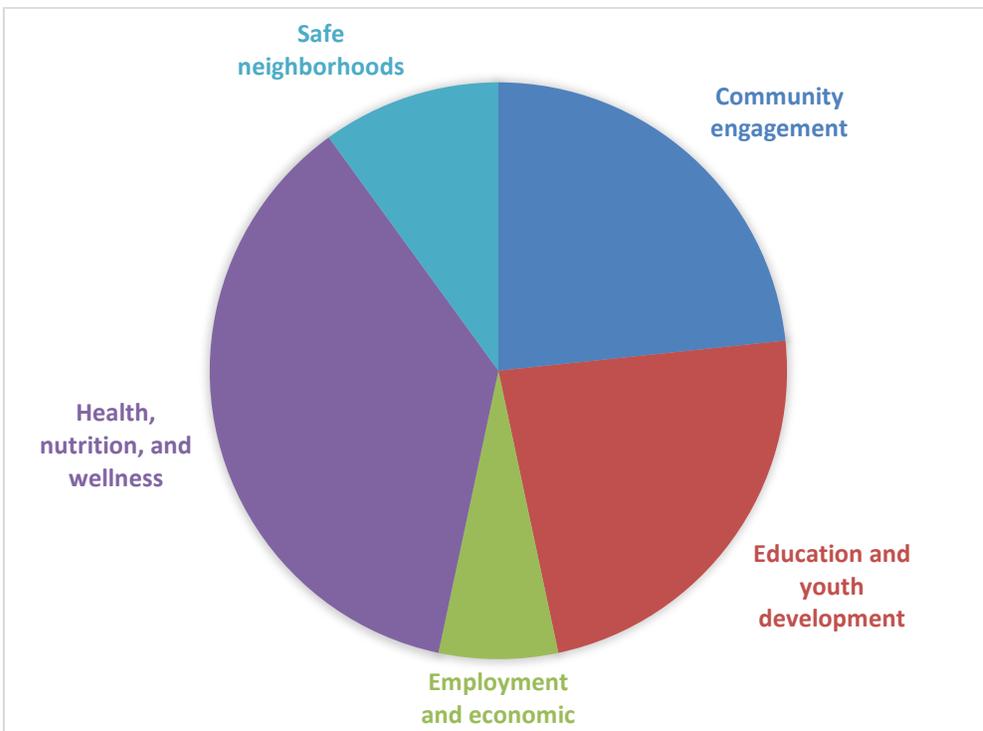
Figure 6: Investment alignment with draft priorities



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.

Figure 7 provides a breakdown of priorities by number of investments. For example, 3% of the investments were aligned with the priority of health, nutrition, or wellness and 23% were aligned with the priority of community engagement. Please note that each neighborhood's 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 7: Investments by draft community 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.

- Across the three communities, interviewees described the Common Good Initiative approach of engaging the community as a positive and reported that the initiative has done a good job of engaging people. Interviewees also suggest, however, that the pace has slowed, and they identified a need for additional communication.
- Each VP continues to expand their contacts in the community but have also brought new contacts into the community, which was noted as beneficial by interviewees. In addition, just by focusing on an area, interviewees continue to note that Allegany Franciscan Ministries is bringing attention to the area from other funders, institutions, and nonprofit organizations. Other funders are willing to engage with Allegany Franciscan Ministries on the priorities.
- 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, although interviewees consistently reported that leadership potential is present in each community. Interviews also suggest a variety of capacity needs such as developing local leaders and smaller nonprofits and supporting collaborations.
- 75% of investments were aligned with priorities, which represented 98% of the dollars invested.
- Key informants were predominantly from nonprofits and the community (residents and civic groups), followed by health care and funders. Future data collection efforts will work to engage additional representatives from government, business, education, and faith.

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.

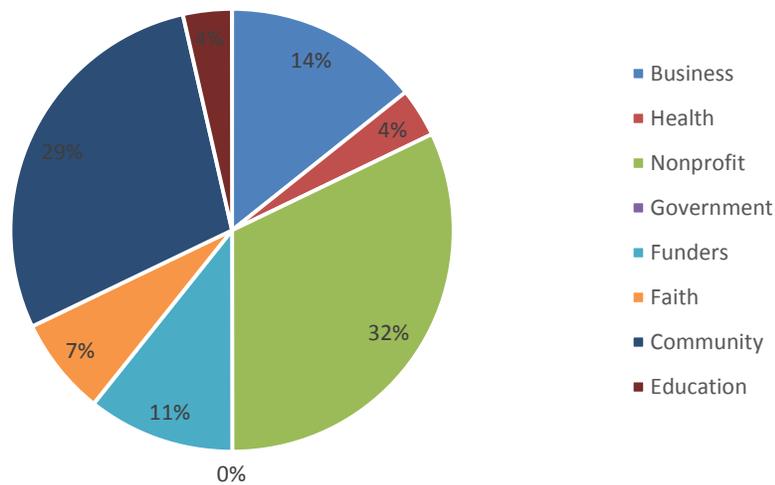
Evaluation question	Indicator	Data sources or tools	Analysis technique
1. To what extent is the CGI being implemented as planned? Are benchmarks being met?	Each community will achieve X% of benchmarks on time.	Benchmark reports, project documents, and stakeholder interviews using a standard interview 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) commonalities; 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.

Figure B1: Percentage of respondents, by sector



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

This Appendix includes both the original and the revised timeline. As noted throughout this report, engaging the community and building relationships took more time than originally anticipated. Given the emphasis on partnering with the community, feedback from the community, and the importance of the approach to long-term success, this should not be considered a negative but a lesson learned.

Figure C1: Original timeline (December 2014)

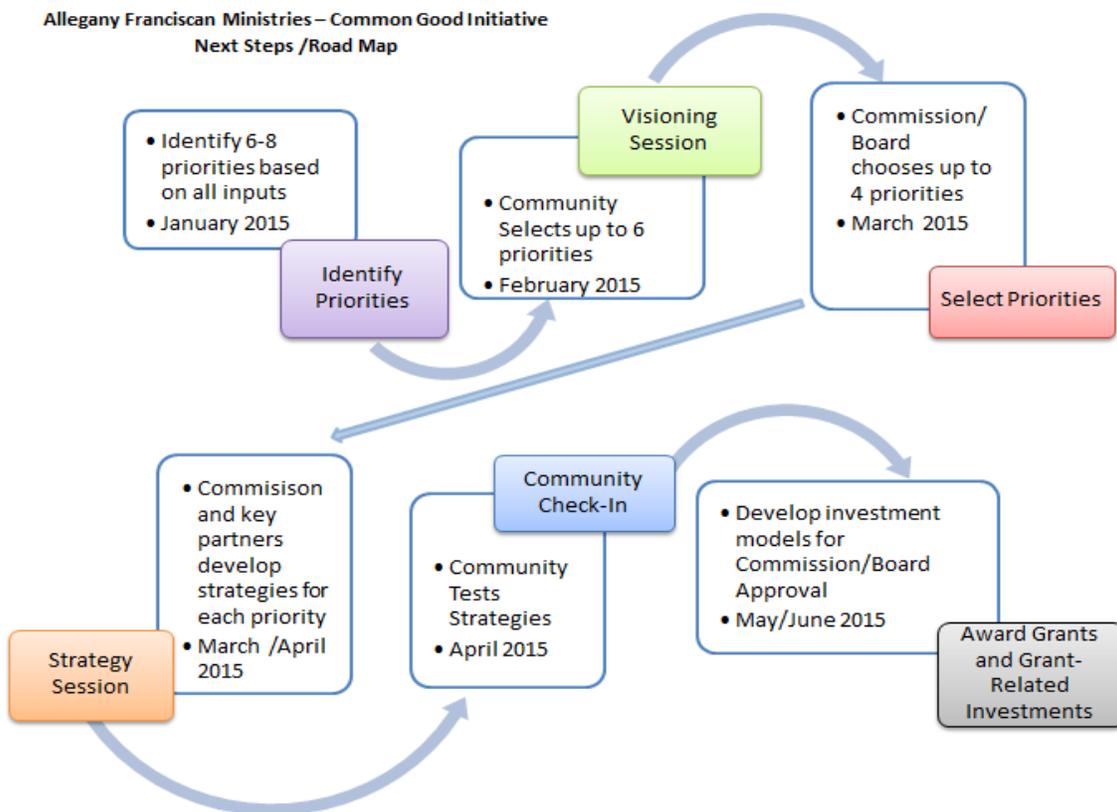
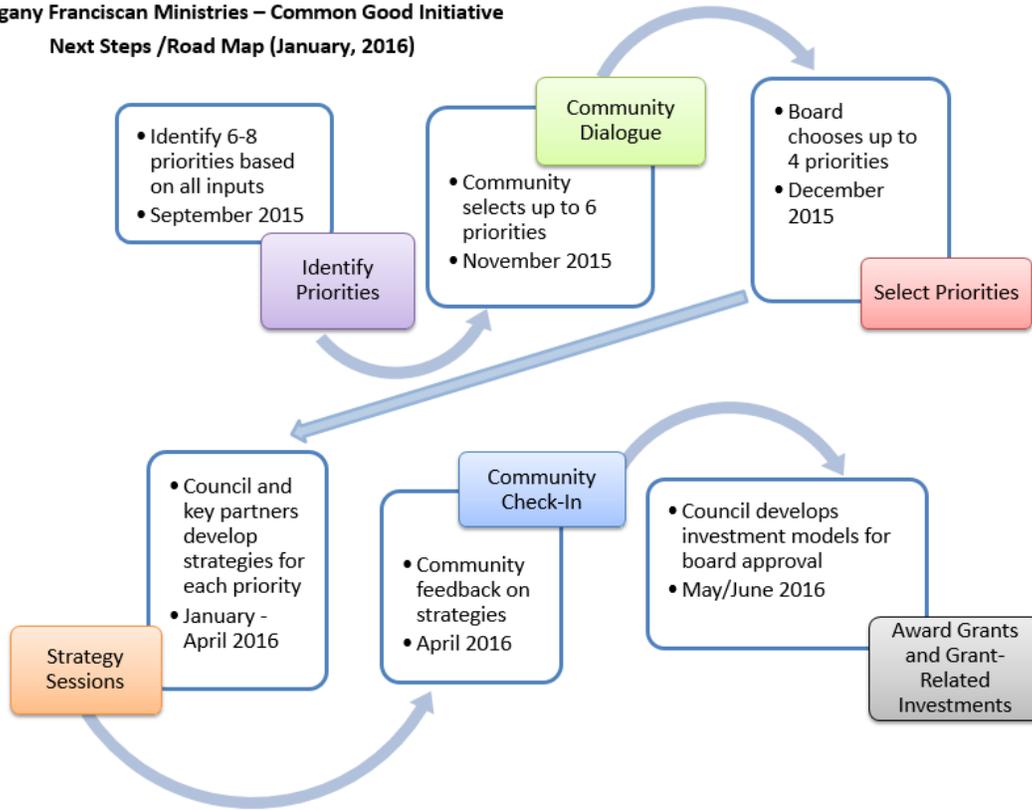


Figure C2: Revised timeline (December 2015)

**Allegany Franciscan Ministries – Common Good Initiative
Next Steps /Road Map (January, 2016)**



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

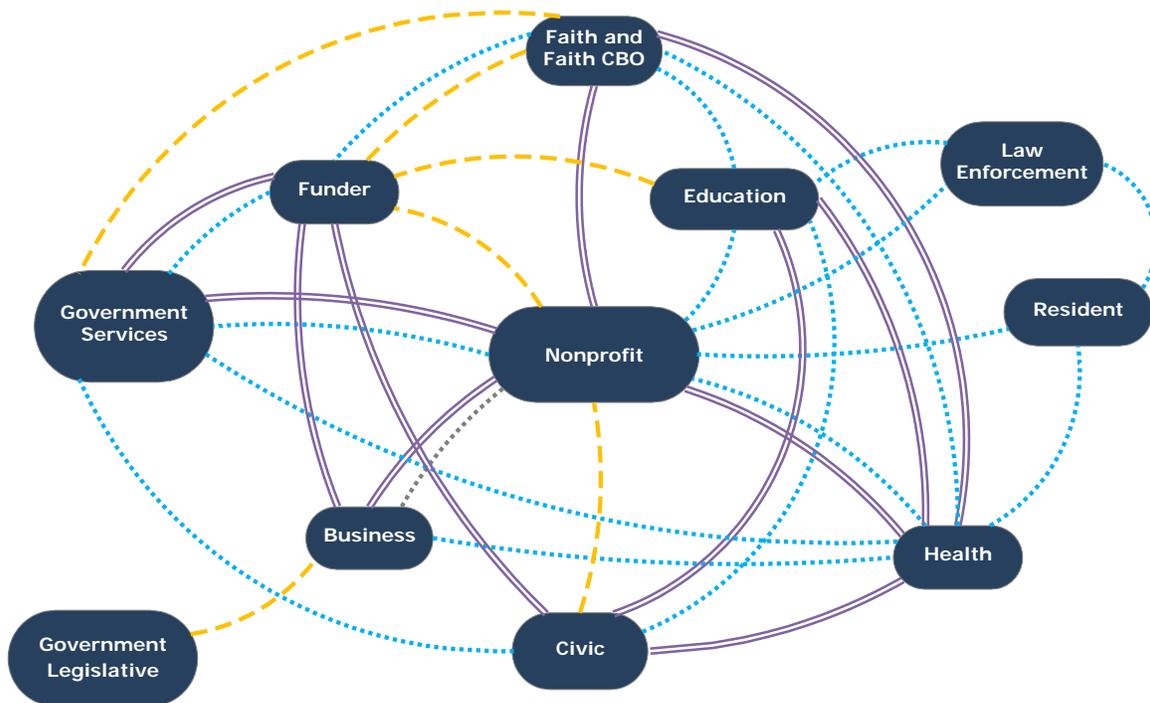


Figure D2: Overtown network map

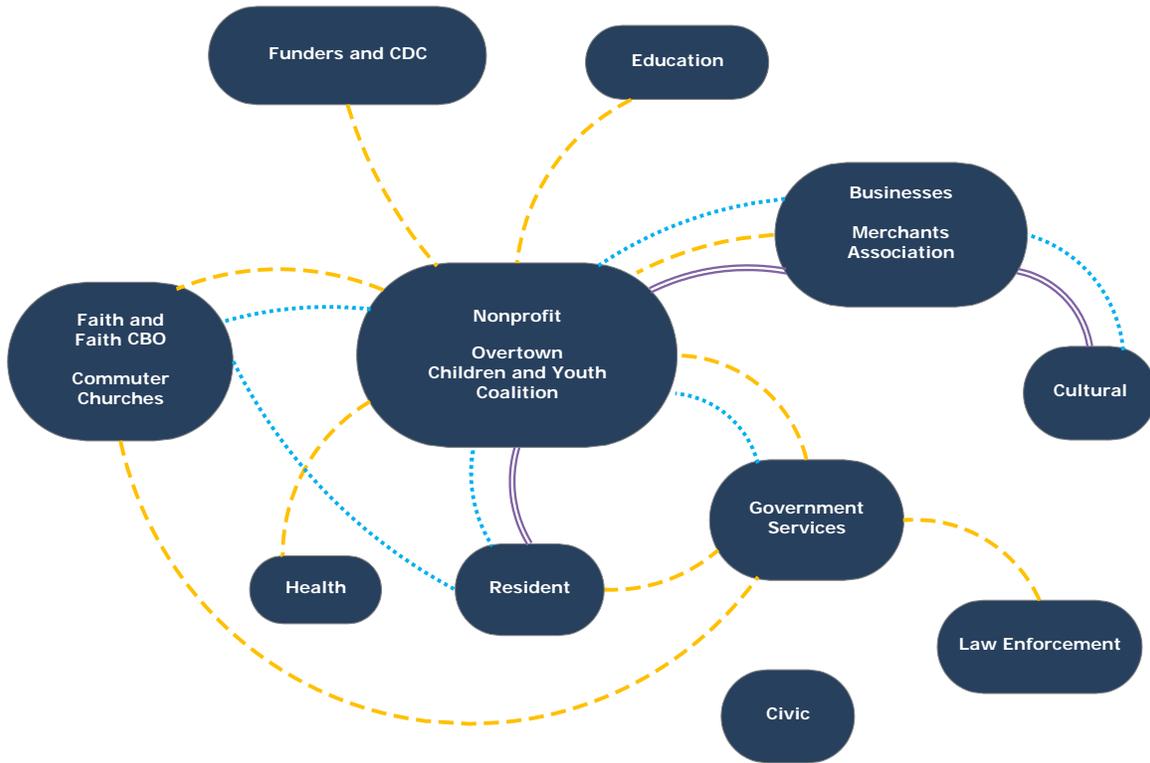


Figure D3: Wimauma network map

