



Funding community-driven projects to address neighborhood priorities:

Evaluation of a place-based grantmaking model

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Executive Summary

Introduction

In 2021, Beth Israel Deaconess Medical Center (BIDMC) in Boston, MA launched the Healthy Neighborhoods Initiative (HNI) to support healthy neighborhoods, a priority area of investment identified by its Community Benefits Advisory Committee. Over three years, the Initiative funded one community collective in each of six neighborhoods in Boston, and the City of Chelsea. Collectives were tasked to lead an inclusive process that would select a neighborhood priority related to the social determinants of health and develop a project to address the priority.

BIDMC released funding over three grant cycles. Within each grant cycle, collectives engaged in a 4-6 month planning phase and then implemented the project over two years.

The purpose of this evaluation is to examine the extent to which HNI is a successful model for community-driven funding. This report focuses on the planning phase of the initiative and explores the question: To what extent did HNI's planning phase enable grassroots, collective decision-making and collaboration to address neighborhood priorities?

Methodology

We analyze community engagement efforts within HNI using the continuum of community engagement adopted by Massachusetts Department of Public Health as a part of its requirements for Community-Based Health Initiatives (see diagram below).

This evaluation uses mixed methods analysis of multiple sources of data, with a focus on primary interview data gathered at the end of each collective's planning phase. We also analyze evaluation reports submitted to the hospital by each collective and artifacts of the initiative.

Low		Mid		High	
Inform	Consult	Involve	Collaborate	Delegate	Community-Driven

Findings

1/ BIDMC **delegated** key decisions about the grant to the collectives. In doing so, it invited a **community-driven** process by which the funded collectives determined their own composition and how they would make decisions.

2/ Collectives successfully utilized multiple methods across the continuum of community engagement. For some collectives, residents decided on the project through voting, in line with the **delegate** level of involvement. In others, residents weighed in most heavily on earlier decisions, such as ranking priority areas at the **consult** level.

3/ Each of the 7 collectives conducted a **robust** community engagement process during the planning phase. They created a range of opportunities for community input and utilized planning funds to make the engagements more accessible and inclusive.

4/ To date, **two key outcomes** have emerged across the seven collectives: new relationships and collaborations, and increased skills and experience in community engagement.

Conclusion

BIDMC was successful in creating a funding mechanism that enabled a range of inclusive, community-driven processes to select a neighborhood priority and create a project to address it. There are many elements of the funding mechanism in both its original form and subsequent adaptations that enabled grassroots, collective decision-making and collaboration to address neighborhood priorities. In particular, a) having access to dedicated funds for the planning phase, b) having a facilitator steward the process, c) having built-in evaluation support that did not come out of the grantee budget, and d) having opportunities to learn from other collectives' experiences through peer learning Summits.

The planning phase was not without its challenges. Several collectives found the planning timeframe to be too short given the slow, deliberate work required to develop fruitful working relationships within a collective as well as to conduct meaningful and inclusive community engagement activities.

Funders interested in supporting collective efforts towards a common strategic goal should consider the level of facilitation needed to design and manage the process, tend to collective dynamics, and lead groups to key decisions. Similarly, funders wanting to support inclusive community engagement should consider the level of resources and time needed to conduct widespread outreach within neighborhoods and accommodate participation across diverse populations. The lessons learned and corresponding ideas and recommendations documented in this report offer a starting point for adaptation.

Section

1

Introduction

Background of the initiative

In 2021, Beth Israel Deaconess Medical Center (BIDMC) in Boston, MA launched the Healthy Neighborhoods Initiative (HNI) as a part of its six-year, \$18.4 million Community-based Health Initiative (CHI) stemming from the construction of BIDMC's new inpatient building. *Healthy Neighborhoods* was one of four priority areas of investment identified by the hospital's Community Benefits Advisory Committee (alongside Housing Affordability, Jobs and Financial Security, and Behavioral Health). BIDMC allocated 15% of the CHI to this priority area, or \$2.8 million.

BIDMC chose to focus HNI on six neighborhoods in Boston—Allston/Brighton, Bowdoin/Geneva, Chinatown, Fenway/Kenmore, Mission Hill, Roxbury—and the city of Chelsea—because they face the greatest health inequities within the BIDMC Community Benefits Service Area.¹ The Initiative funded one community collective in each of the six neighborhoods and the city of Chelsea. Each collective was tasked to lead an inclusive community process that would a) select a neighborhood priority for funding and b) implement evidence-informed strategies to address it.

¹ Beth Israel Deaconess Medical Center (2021), Request for Proposals (RFP) Healthy Neighborhoods Initiative (HNI) Bowdoin/Geneva and Fenway/Kenmore, p.7.

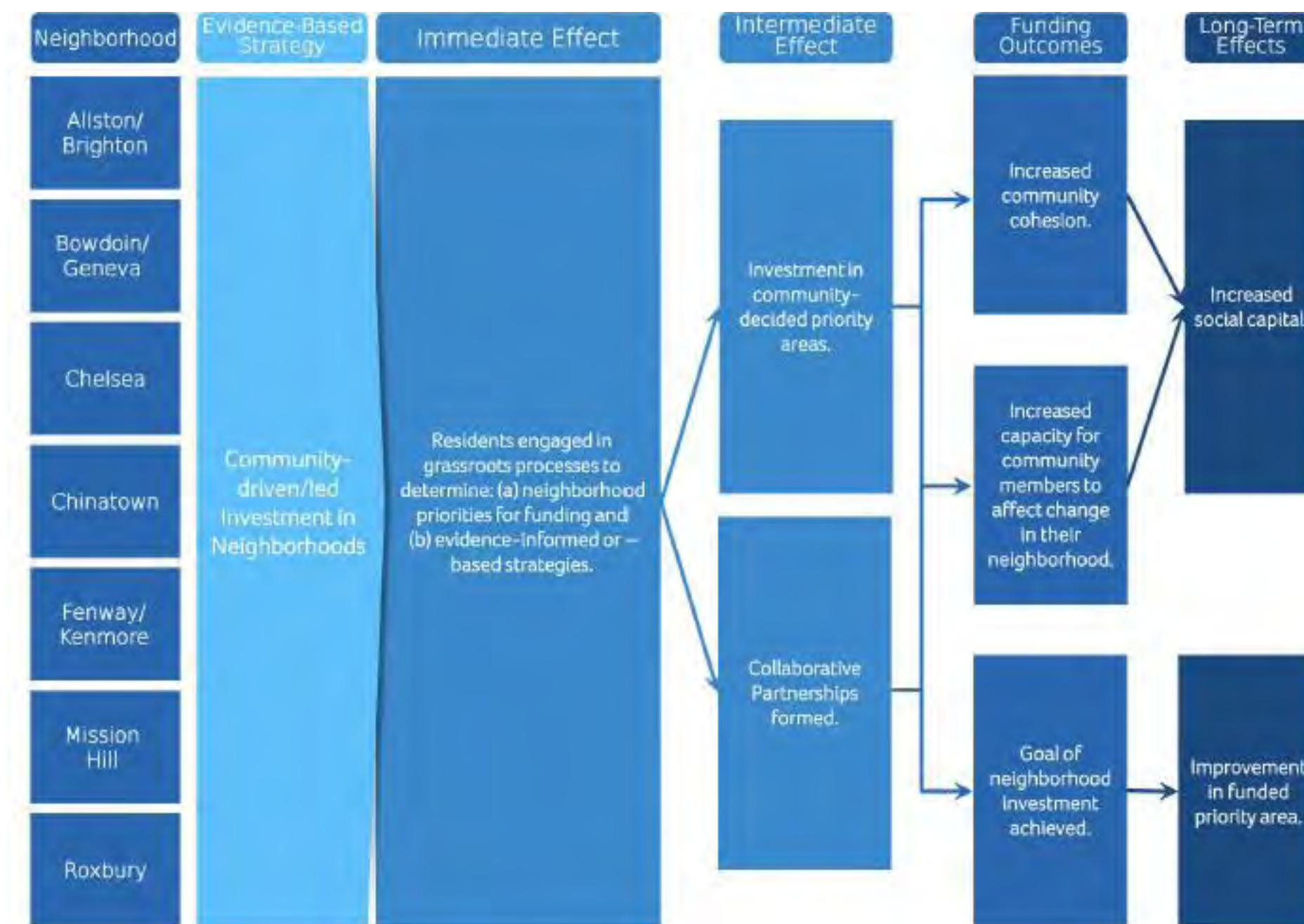
Goals of the initiative

BIDMC aimed to deliver a funding mechanism that would best facilitate a community-driven effort to address a neighborhood-specific concern. HNI was designed to yield three outcomes, summarized in a theory of change (Figure 1):²

- a) Increased community cohesion,
- b) Increased capacity for community members to effect change in their neighborhood, and
- c) Achieved neighborhood investment goal.

FIGURE 1

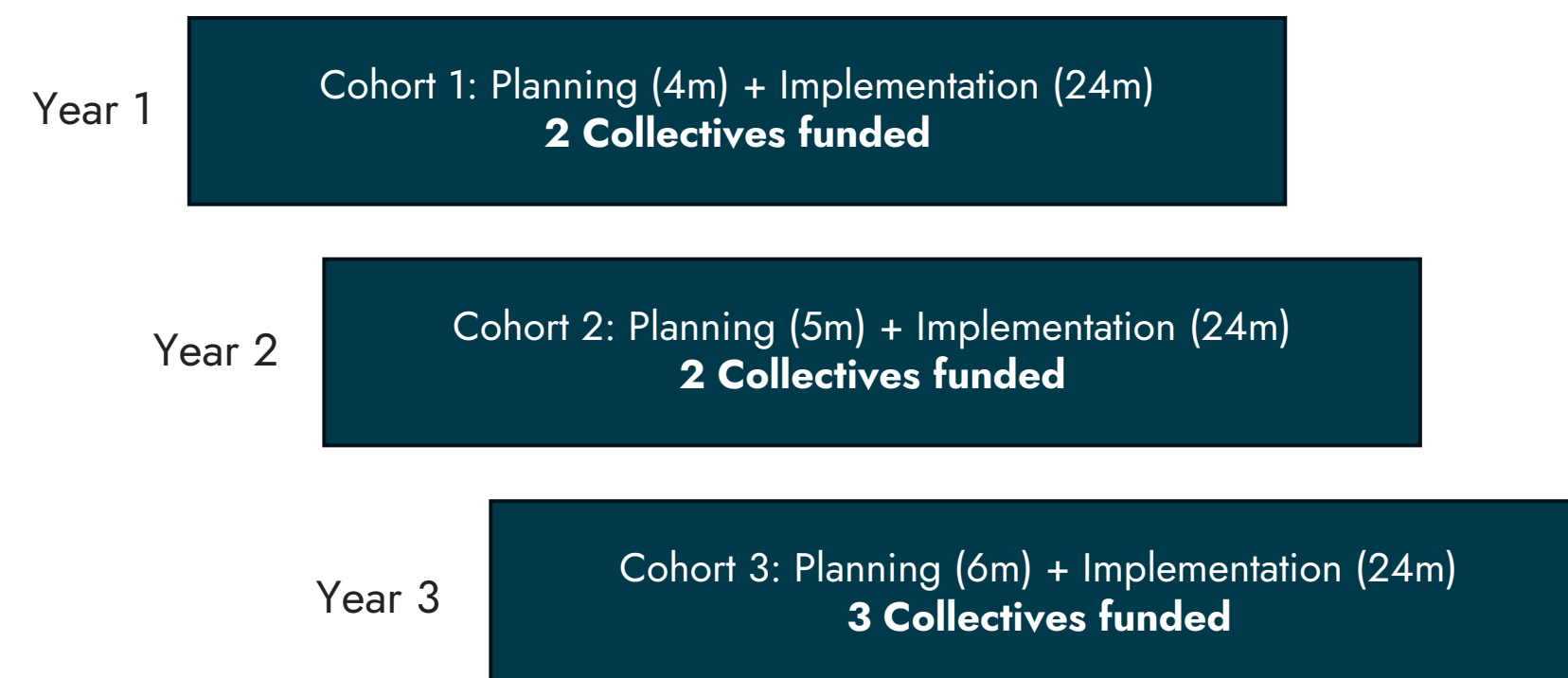
Healthy Neighborhoods Initiative Theory of Change—2021 version



² Beth Israel Deaconess Medical Center (2021), op.cit., p.8. The HNI theory of change was later revised in partnership with Data+Soul (see Appendix A for more details).

Funding released across 3 cohorts

Starting in 2021, BIDMC released HNI funding over three grant cycles, with grant start dates staggered over three years. BIDMC issued neighborhood-specific requests for proposals (RFPs) each year inviting “collectives” of neighborhood organizations to apply. If selected, collectives were allocated \$395,000 to develop and implement a community-driven and community-led project on behalf of their neighborhood. Projects were required to address one or more of the Determination of Need (DoN) Health Priorities identified by the Massachusetts Office of the Attorney General: Access to Care, Built Environment, Environmental Health, Racial Equity, Violence Prevention, and Other Social Determinants of Health.³



³ Beth Israel Deaconess Medical Center (2021), op. cit., p.3.

Two phases of work

Within each grant cycle, collectives engaged in two phases of work.

Planning Phase

During the planning phase (Months 1-6), collectives were expected to:

- **Conduct at least 3 public community meetings** as part of an inclusive, community-driven process to identify and design a project that addresses a neighborhood priority,⁴
- **Submit a project implementation plan** to BIDMC's Allocation Committee for approval, and
- **Work with the evaluation partner** to develop a logic model and evaluation plan.

Collectives had the option to allocate a portion of the total funds to support Planning Phase activities.

Implementation Phase

During the implementation phase (Months 7-30), collectives were expected to:

- **Implement the project,**
- **Communicate progress and outcomes** transparently to community residents and organizations, and
- **Participate in ongoing evaluation activities** with support from the evaluation partner.

⁴ HNI Roles and Responsibilities (Cohort 1)

Learning and adaptation across cohorts

Between cohorts, BIDMC made a number of adaptations to the HNI funding mechanism based on evaluation findings and feedback from the collectives. While specific feedback and corresponding adaptations are presented throughout this report, we highlight key changes:

- **Planning Phase timeline:** Extended the planning phase by one month each year, from 4 months in Cohort 1 to 6 months in Cohort 3.
- **Collective charter:** Added a requirement for collectives to submit a collective charter during the planning phase.
- **Planning Phase funds:** Increased allotment; encouraged use of planning phase funds, and provided more guidance around possible uses.
- **Theory of change:** Revised the initiative's theory of change by clarifying the assumptions of the initiative. Adjusted the expected long-term outcomes of the initiative ([Appendix A](#)).

All changes and adaptations are summarized in [Appendix B](#).

Role of evaluation in HNI

Evaluation played an important role in HNI. BIDMC carved out three separate but interconnected evaluation priorities for the initiative.

Evaluation of collective-level outcomes and process. BIDMC hired Data+Soul Research to provide evaluation planning, analysis, and reporting support to each collective. Collectives executed the evaluation plan by gathering and submitting data. Our team analyzed the data, supported the collectives in reviewing and interpreting findings, and prepared progress reports on a semi-annual basis.

Evaluation of HNI Funding Process. Data+Soul Research also supports BIDMC in carrying forward lessons about the initiative as a whole, including through this process evaluation of the funding mechanism.

Evaluation of HNI's overarching impact. As a part of its evaluation of the CHI, Health Resources in Action will report on the overarching impact of HNI after the initiative has ended.

Purpose of this evaluation

The third and final cohort of HNI grantees completed their planning phase in the fall of 2023. This evaluation examines the extent to which HNI is a successful model for community-driven funding, focusing on the planning phase of the initiative. We explore the question:

To what extent did this funding model enable grassroots, collective decision-making and collaboration to address neighborhood priorities during the planning phase?

We articulate lessons learned based on these three questions:

- What were the key elements of the funding mechanism that enabled the desired outcomes?
- What were critical challenges faced by HNI collectives?
- What should other funders consider when adopting a grantmaking approach with similar goals?

Methodology

This evaluation relies on mixed methods analysis of multiple sources of data, with a focus on primary interview data gathered at the end of each cohort's planning phase.

We triangulate themes identified from:

- Planning phase process evaluation reports of each collective (2022-24)
- Key informant interviews conducted with a sample of collective members at the end of each collective's planning phase
- Documentation of discussions and feedback from grantees during two HNI Summits convened by BIDMC and Data+Soul Research (2023 and 2024)

- Artifacts from the initiative, including requests for proposals (RFPs), roles and responsibilities, and presentations given to grantees.

Data+Soul Research is grateful for the opportunity to work closely alongside each collective while also serving as the learning and evaluation partner to BIDMC. To honor these working relationships and maintain trust, especially, with the collectives, we did **not** collect observation data for this evaluation.

Framework for analysis

We analyze community engagement efforts within HNI using the Continuum of Community Engagement adopted by the Massachusetts Department of Public Health (DPH).⁵ MA DPH standards that guide the disbursement of community benefit dollars set a minimum requirement of community engagement at the “collaborate” level for Community-based Health Initiative (CHI) funding planning, prioritization, and strategy selection.⁶ The ideal, however, is “community-led, community-driven engagement.”

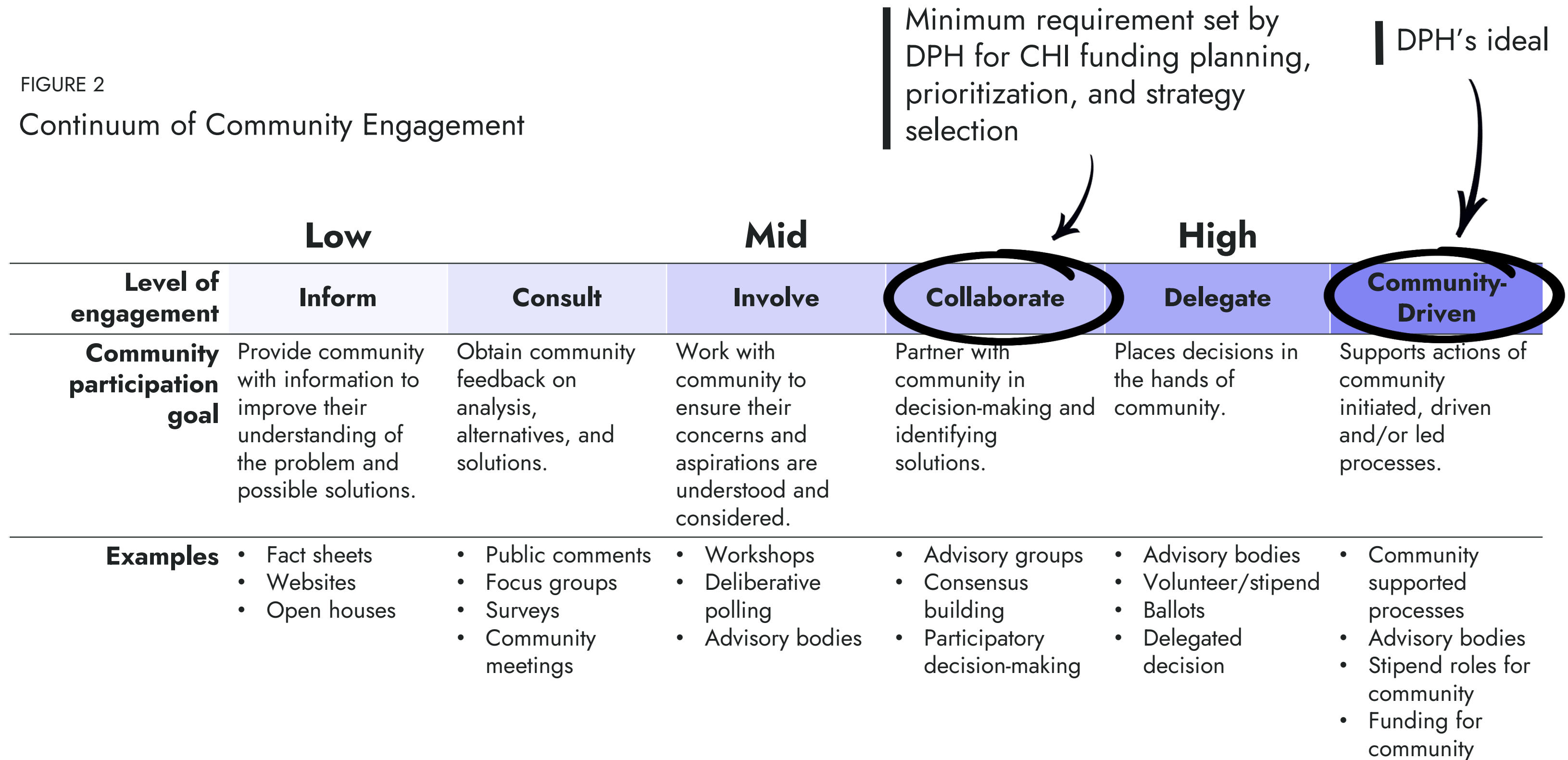
The full continuum is depicted on the next page and includes examples of community engagement at each level.

Our analysis maps these examples to the activities reported in each collective’s Planning Phase Process Evaluation Report to determine the levels of engagement that occurred through the planning phase.

⁵ Massachusetts Department of Public Health, Community Engagement Standards for Community Health Planning. Continuum is adapted from International Association for Public Participation, 2014.

⁶ Ibid, p.10-13. The Community-Based Health Initiative (CHI) falls under Massachusetts regulation [105 CMR 100.00: Determination of need](#)

FIGURE 2
Continuum of Community Engagement



Section

2

Findings

Community-driven funding

To what extent did this funding model enable grassroots, collective decision-making and collaboration to address neighborhood priorities during the planning phase?

Photo: Family Nurturing Center



BIDMC's funding approach

Using DPH's framework and guidance, BIDMC aimed to develop HNI as a funding model that would result in meaningful involvement of community members across the Continuum of Community Engagement. The RFP for Cohort 1 defined a "community collective" as "a coalition, committee, or group of individuals that demonstrate an ability to facilitate an inclusive, broadly represented, and community-driven and led process."

It further states:

"Successful applicants must clearly articulate how their proposed community engagement method(s) will meaningfully involve community members. Applicants are encouraged to utilize multiple methods across the continuum of community engagement."⁷

⁷Beth Israel Deaconess Medical Center (2021), op. cit., p.5.

Key findings

To what extent did this funding model enable grassroots, collective decision-making and collaboration to address neighborhood priorities during the planning phase?

Our analysis yields four key findings, each of which is explored in detail in the remainder of this section.

FINDING 1/ BIDMC delegated key decisions about the grant to the collectives. In doing so, it invited a **community-driven** process by which the funded collectives determined their own composition and how they would make decisions.

FINDING 2/ Collectives successfully utilized multiple methods across the continuum of community engagement. For some collectives, residents decided on the project through voting, in line with the **delegate** level of involvement. For others, residents weighed in heavily on earlier decisions in the planning process, such as ranking priority areas, at the **consult** level.

FINDING 3/ Each of the 7 collectives conducted a robust community engagement process during the planning phase. They created a range of opportunities for community input and utilized planning funds to make the engagements more accessible and inclusive.

FINDING 4/ To date, two key outcomes have emerged across the 7 collectives: new relationships and collaborations, and increased skills and experience in community engagement.

Finding 1

BIDMC delegated key decisions about the grant to the collectives, inviting a community-driven process.

“The structure and characteristics of the Community Collective funded by the HNI may vary depending on the characteristics of the neighborhood...Successful applicants will be an inclusive Community Collective of neighborhood residents and community organizations that represent a cross-section of neighborhood residents and local organizations.”⁸

Aside from providing detailed expectations around inclusion in the RFP (see quote above), BIDMC delegated key decisions about the design and composition of collectives to the collectives themselves. In doing so, BIDMC invited a community-driven process by which the collectives determined how they would function, structure their membership, and make decisions.

Low		Mid		High	
Inform	Consult	Involve	Collaborate	Delegate	Community-Driven

⁸ Beth Israel Deaconess Medical Center (2021), op. cit., p.5.

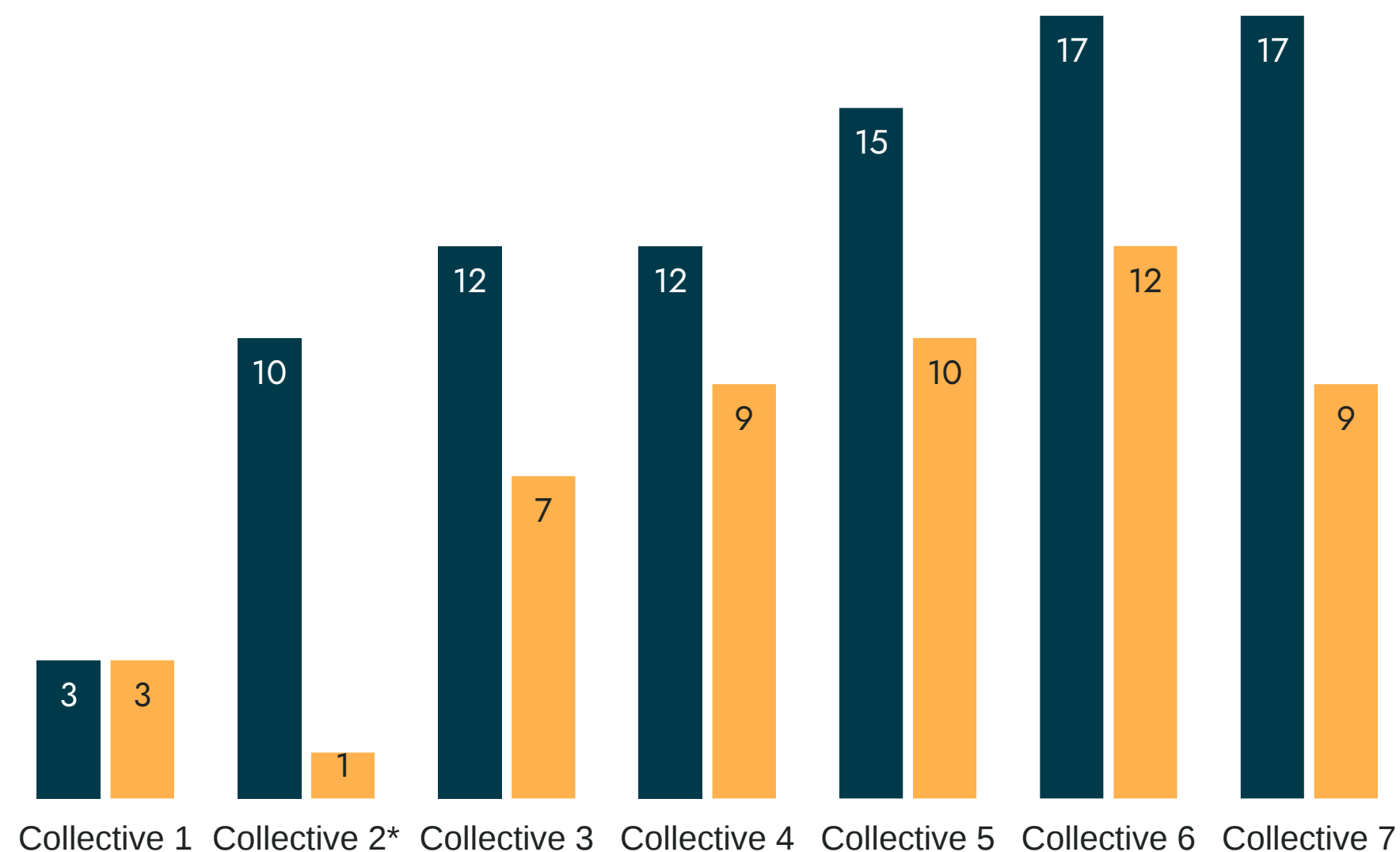
FIGURE 3

A variety of collective formations emerged from the Planning Phase
Number of **Members** and **Organizations**

We see evidence of a community-driven process in the variety of collective formations that emerged from the planning phase.

The smallest collective had three members representing three organizations while larger collectives had up to 17 members representing a dozen organizations (Figure 3).

At least three of the collectives were formed from an expansion of an existing coalition or collaborative.



Source: Planning Phase Process Evaluation Reports (2022-24)

* Collective 2 had a unique structure where an existing neighborhood coalition (representing 64 organizations) recruited 10 individuals who live or work in the neighborhood to serve on a planning committee to advance the work.



The collectives also decided which community priorities would be addressed with HNI funds. Based on interviews, collective members felt that the HNI funding mechanism created space for creativity and responsiveness to ideas surfaced through community engagement, enabling them to identify and define projects in ways that are meaningful to them. These are further described in Findings 2 and 3.

“My only suggestion is [BIDMC] keep doing that type of process and letting the communities figure out what they need”

– COLLECTIVE MEMBER

Finding 2

Collectives successfully utilized multiple methods across the continuum of community engagement.

Some collectives structured their planning phase to be fully **community-driven**. Some also **delegated** key decisions to community members. For example:

- One collective created a decision-making body that was comprised of residents during the planning phase.
- Two collectives had membership comprised of both agency representatives and residents (Figure 4, next page).

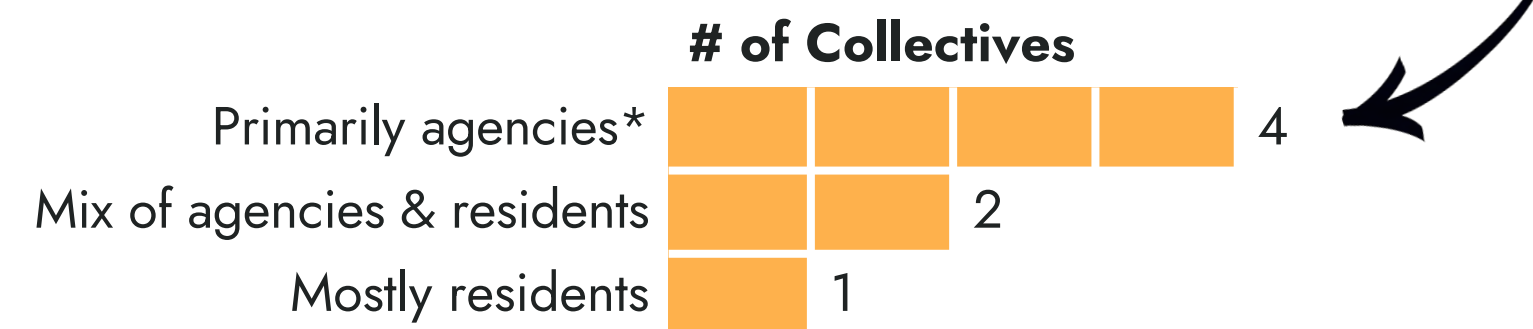
These groups used planning funds of the grant to offer stipends to residents to participate in the collective.

The other four collectives had membership that included organizational representatives who were also residents. In most cases, their participation in the collective was covered by their employer as a part of their jobs. Members were primarily representatives of agencies and community organizations, health centers, and local businesses.

FIGURE 4

Four out of seven collectives were composed of agency representatives during the planning phase

Composition of collectives by member type



*Includes residents with professional affiliation in the neighborhood

Source: Planning Phase Process Evaluation Reports (2022-24)

Regardless of membership composition, all of the collectives designed strategies for engaging community members at the **consult**, **involve**, or **collaborate** levels of engagement through focus groups, surveys, and community conversations.



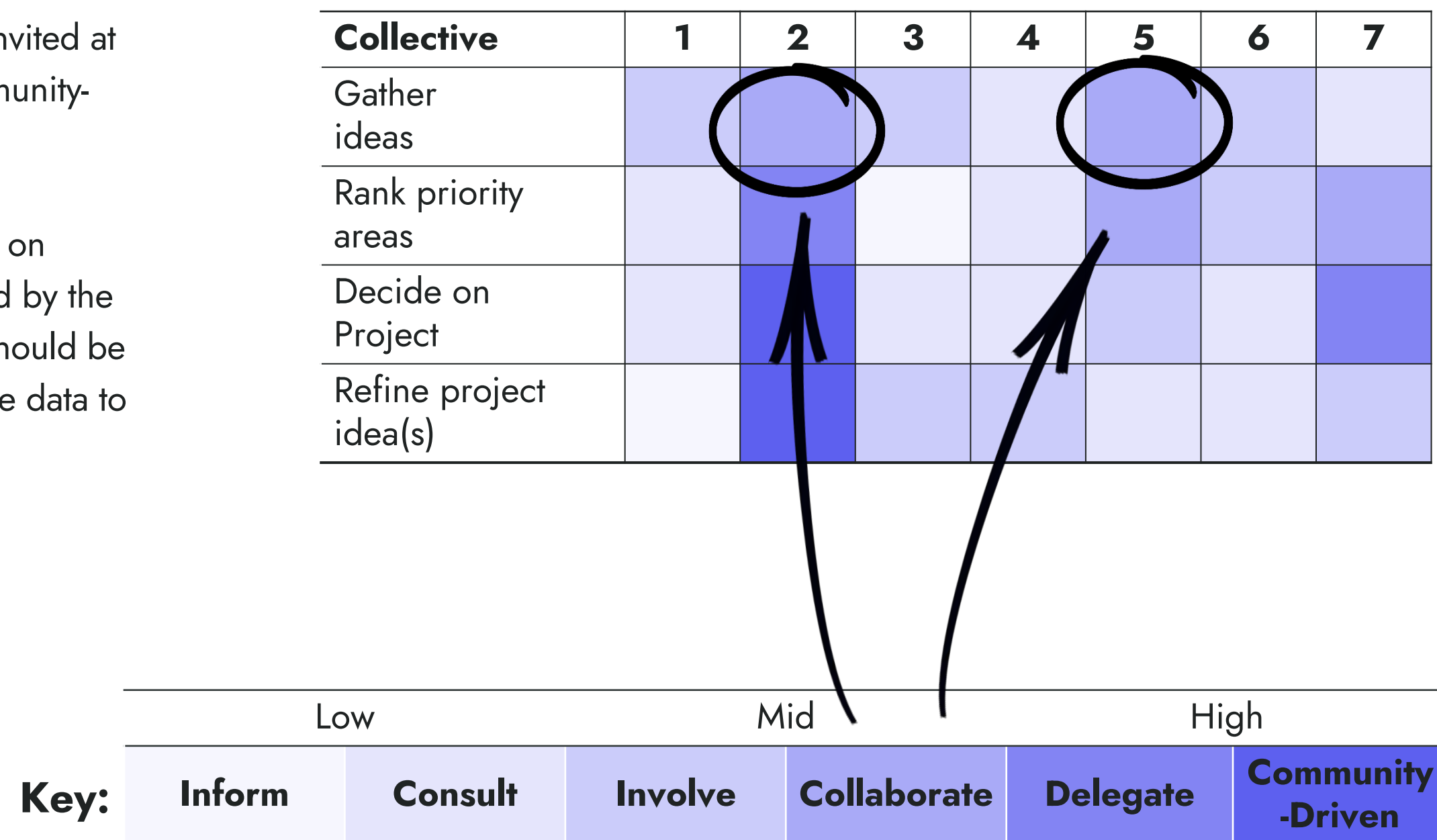
Photo: Alex Shames

Figure 5 shows the continuum of resident involvement invited at each stage. Darker boxes indicate higher levels of community-driven decision-making.

Collectives 2 and 5 chose to **collaborate** with residents on earlier decisions. They used the public sessions required by the grant to determine which neighborhood priority areas should be addressed by the project. These collectives then used the data to rank the priority areas or decide on the project.

FIGURE 5

Continuum of community involvement at each stage



Other collectives used their knowledge of community priorities to generate a list that served as a starting point for decision-making. Their community engagement efforts were focused on refining specific project ideas through focus groups and surveys.

Collective 7 determined the project through a public vote, thereby **delegating** the project decision to residents.

FIGURE 5

Continuum of community involvement at each stage

Collective	1	2	3	4	5	6	7
Gather ideas							
Rank priority areas							
Decide on Project							
Refine project idea(s)							

	Low		Mid		High	
Key:	Inform	Consult	Involve	Collaborate	Delegate	Community-Driven

Finding 3

Each of the seven collectives conducted a robust community engagement process.

Figure 6 summarizes the breadth of community engagement activities deployed during the planning phase. Collectives employed creative strategies to reach out to community members who typically do not participate in community decisions, for example, by integrating engagements into existing meetings and removing common barriers to participation. All seven collectives used a portion of their planning funds to make their engagements more accessible (e.g., translating outreach materials, providing interpretation, and offering childcare).

FIGURE 6

Breadth and frequency of community outreach strategies used by each Collective

Collective	1	2	3	4	5	6	7
Survey	1	2	1	1	1	1	1
# Public meetings	1	3	4	3	3	3	3
# Focus groups	12	X*	5	1		4	X*
Interviews			7				

X indicates that the engagement occurred but the number of times was not specified in the source. Source: Planning Phase Process Evaluation Reports (2022-24).



Photo: Justin Yeung

Collective 1 conducted surveys at farmers markets and outside of T stations. They embedded their community engagement efforts within existing public meetings (e.g. coffee chats at tenants’ association, Family Days) in addition to hosting their own public session.



FIGURE 6
Breadth and frequency of community outreach strategies used by each Collective

Collective	1	2	3	4	5	6	7
Survey	1	2	1	1	1	1	1
# Public meetings	1	3	4	3	3	3	3
# Focus groups	12	x	5	1		4	x
Interviews			7				

X indicates that the engagement occurred but the number of times was not specified in the source. Source: Planning Phase Process Evaluation Reports (2022-24).



Collective 7 tabled at three large community events, inviting residents to vote on their highest priority topic, and then hosted focus groups to narrow the project focus.



FIGURE 6
Breadth and frequency of community outreach strategies used by each Collective

Collective	1	2	3	4	5	6	7
Survey	1	2	1	1	1	1	1
# Public meetings	1	3	4	3	3	3	3
# Focus groups	12	X	5	1		4	X
Interviews			7				

X indicates that the engagement occurred but the number of times was not specified in the source. Source: Planning Phase Process Evaluation Reports (2022-24).

Finding 4

Planning Phase participants built new relationships and strengthened their skills for community engagement.

1

New relationships and collaborations

Organizations and existing coalitions developed new collaborations both within the work of the collective and beyond. At the 2023 HNI Summit, collective members from cohorts 1 and 2 agreed that the grant **brought together individuals and organizations who otherwise might have not worked together**. For example, in one neighborhood, community-based organizations partnered with resident associations for the first time. One collective member discussed the value of establishing partnerships with organizations that hold non-traditional ties to their issue of focus. Doing so can break down silos in service of shared goals. Many collective members similarly reflected that **the process has given them a better sense of what other resources are available in their neighborhoods**, and which other organizations have aligned priorities, values, or ways of working.

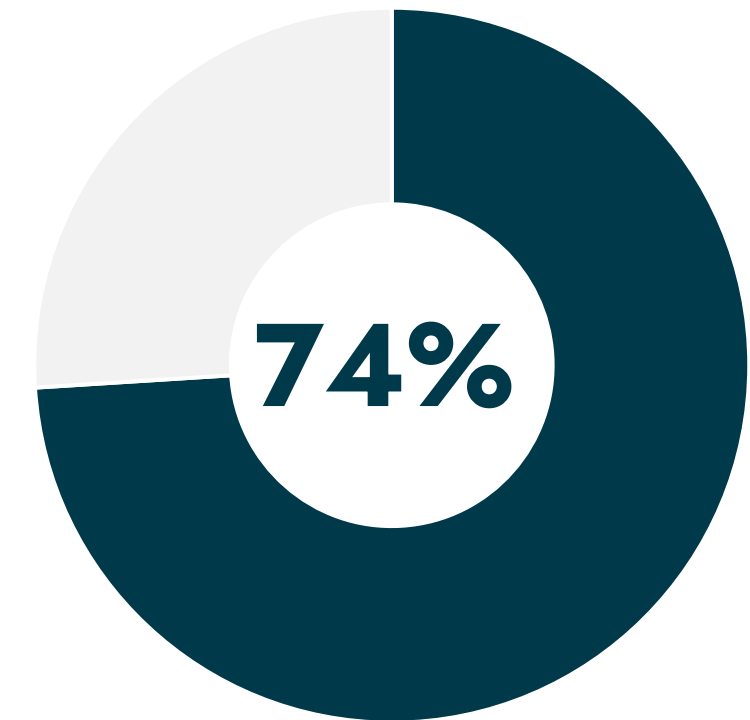
2

New skills and experience for community engagement

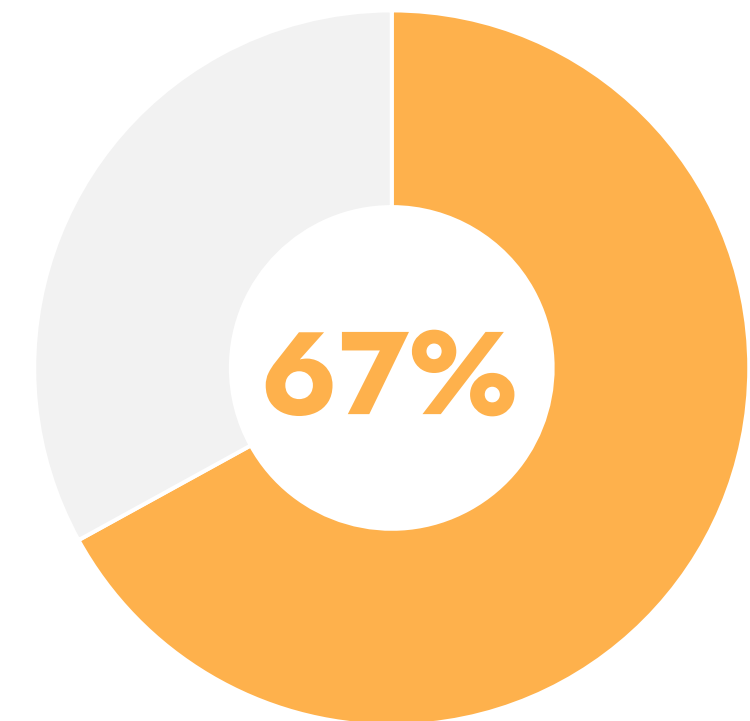
HNI has provided opportunity for community members to sharpen their approach to community engagement.

- 74% of collective members felt they had developed new skills or capacities related to **engaging residents**,
- 67% have gained skills in **collaborating to complete a community project** (n=43, End of Planning Phase surveys 2022-24).

Gained skills for
engaging residents



Gained skills for
collaborating to complete a community project



“This is the first time I’ve participated in this kind of funding mechanism, where we are not fighting with other organizations about whose proposal is better. I really liked that we were free to come up with what we thought was the best thing to do.”

– COLLECTIVE MEMBER

Section

3

Lessons learned

Lessons learned

Collective members and BIDMC reflected on the following questions through key informant interviews and during the two HNI Summits.

- What aspects of the grant have enabled success during the planning phase?
- What challenges did Collectives face?
- How can similar funding mechanisms be more supportive and effective?

This section documents their lessons learned and recommendations for funders designing similar initiatives.

- 1/** Trust is built, not assumed
- 2/** Collective formation and community engagement both take time and intention
- 3/** As a result, a significant level of staffing time and effort was required to implement a meaningful planning phase
- 4/** Knowing clear expectations and goals of a funder can reduce uncertainty in collective development
- 5/** Having a lead facilitator was critical for collective formation and broadening participation
- 6/** Having dedicated planning funds helped to support robust, meaningful community engagement
- 7/** Built in evaluation support eases reporting burden, weaves in learning

Lesson 1. Trust is built, not assumed

CHALLENGE

In several of the collectives, shifting from a mindset of competition to collaboration required ongoing efforts to build and sustain trust. During an HNI summit, collective members called on the “scarcity mindset” that is prevalent in the nonprofit sector.

This dynamic taps into a long history of competition for funding among nonprofits. Many collectives needed an extension on the planning phase because it took time to create agreements for working together and establish how project decisions would be made. During the first HNI Summit in 2023, collectives in both cohorts 1 and 2 shared that roles and expected level of effort were not always clear or consistently understood across collective members.

Power dynamics between larger and smaller organizations also presented a challenge for some collectives. Larger organizations, as the primary grant recipient, were perceived by some as bolstering existing initiatives and staff expenses.

ADAPTATIONS

After the first cohort, BIDMC added new requirements for collectives to submit a charter, decision making guidelines, a membership list, and a summary of roles and responsibilities at the end of Month 2 of the planning phase. The RFPs for Cohorts 2 and 3 also highlight practices known to support collective development by including a suggested timeline of planning period activities.

IDEAS AND RECOMMENDATIONS

- Clear communication of expectations to collectives will help collectives build trust as they form (Source: Collective members)
- As adopted by BIDMC (above), prompt for documentation around charters, decision making guidelines, etc. and suggested timelines to signal useful processes without being prescriptive (Source: Evaluation team)

Lesson 2. Collective formation and community engagement both take time and intention

CHALLENGE

The process of forming a collective took more time than applicants and BIDMC anticipated.

During the planning phase, collectives engaged in collective development activities while also conducting a robust, community-driven engagement. Both required significant time and coordination.

Several collectives spent a majority of the planning period sorting through competing neighborhood priorities and were caught at the end of the planning phase with little time to design and plan the project.

ADAPTATIONS

BIDMC granted extensions to the planning phase when possible. The hospital also adjusted planning phase guidelines to encourage the use of existing secondary data to determine neighborhood priorities.

IDEAS AND RECOMMENDATIONS

- Funders interested in this model should consider separating out the community engagement phase from grant planning. Allocate up to 6 months for community engagement followed by a few months to design the project. The evaluation partnership can begin at the design phase to help with shaping the plan and evaluate the community engagement (Source: BIDMC)

Lesson 3. A significant level of staffing time and effort was required to implement a meaningful planning phase

CHALLENGE

Many collectives felt that the planning phase funds were not enough to cover the staff time needed to deliver a robust planning process.

As described under Finding 3, community engagement required significant contribution of time and effort by collective members.

Collectives met regularly during the planning phase, engaging in multiple rounds of data collection, dialogue, and vetting to arrive at an aligned set of project goals and implementation plan. However, not all collectives distributed planning funds across members. Some organizations participated in planning phase activities with neither compensation nor certainty that the resulting project would directly advance the work of their organization.

ADAPTATIONS

BIDMC increased the allowable allocation of funds to the planning phase from \$40,000 to \$50,000 and more strongly recommended its use to Cohorts 2 and 3. BIDMC also included an external facilitator in the list of possible uses of planning phase funds. It signaled the expected level of effort by providing a suggested timeline and activities.

IDEAS AND RECOMMENDATIONS

- Build in a facilitator role (see Lesson 5; Source: Collective members)
- Funders should consider ways to encourage equitable distribution of planning phase funds across collective members. This may include adding budgeting suggestions or requirements; or result in multiple organizations receiving funding directly from the funder (Source: Evaluation team)

Lesson 4. Knowing clear expectations and goals of a funder can reduce uncertainty when the collective is forming and during budget allocation

CHALLENGE

While having minimal grant guidelines to follow creates more room for a community-driven process, collective development can be hindered if goals of the work are unclear.

One collective member highlighted the challenge of bringing organizations together to respond to an RFP without knowing what the funding priorities would be. In more than one collective, uncertainty around grant priorities contributed to tension and mistrust between collective members who had different interpretations of the grant. Some collective members misunderstood the structure of the funding mechanism, which likely contributed to challenges faced during the budgeting process when it came time to decide which organization(s) would receive the grant funding. Once projects were decided, some collectives faced membership attrition because the chosen project did not address a priority issue for some member organizations.

ADAPTATIONS

BIDMC offered more templates and guidance in RFPs and onboarding materials for Cohorts 2 and 3.

IDEAS AND RECOMMENDATIONS

- State metrics and desired outcomes more clearly (Source: Collective members)
- Provide guidelines, benchmarks, and templates for proposal, budget allocation, reports (Source: Collective members)
- As adopted by BIDMC, suggest types of meetings to have with the collective, suggested timelines, and major decision points (Source: Collective members)
- Where funding is not guaranteed to organizations until after the planning phase, reframe the planning phase as an opportunity to steward a community-driven process, followed by a grant (Source: Evaluation team)

“I think when there is not one person who’s holding the project, then people will forget about it. Having one person in charge, I think it’s really helpful to make sure things get moved forward.”

– COLLECTIVE MEMBER

Lesson 5. Having a lead facilitator was critical for collective formation and broadening participation

FACTOR OF SUCCESS

The role of the facilitator was widely seen as essential for keeping the process moving, building successful collaborative structures, and navigating conflict.

Across the three cohorts, facilitators played many roles, including creating structures for decision making; providing different modes of participation; ensuring diverse representation; delegating tasks,

and sharing regular communication and requests for input. Four out of seven collectives hired consultants to facilitate collective formation and/or community engagement and project design; the other three had staff manage and facilitate the project. For at least two collectives, the facilitator conducted individual outreach among collective members to help build consensus and ensure perspectives were heard. From one collective's reporting, having a facilitator delegating tasks enabled individual staff to better participate in collective activities. The combination of having access to planning phase funds and a facilitator allowed organizations to be accountable to their commitments and see the work through.

IDEAS AND RECOMMENDATIONS

- Offer a list of facilitators that collectives might hire to reduce time spent searching for a facilitator (Source: Collective member)
- Contract a facilitator on behalf of collectives to provide facilitation and project management support as well as other technical assistance during the planning phase (Source: Evaluation team)
- Provide a suggested scope of work for a facilitator (Source: Evaluation team)

“It was an arduous process and demanded a lot of local organizations with limited resources, both in funds and staff.

I am not sure that without [the coordinator] that all the requirements could have been met had [they] not been the one taking on so much of what was required.”

– COLLECTIVE MEMBER

Lesson 6. Having dedicated planning funds helped to support robust, meaningful community engagement

FACTORS OF SUCCESS

When asked about key aspects of the HNI funding mechanism that were supportive of collective formation and meaningful community engagement, most collective members mentioned the importance of having access to dedicated funds for the planning phase.

Planning funds made it possible to:

- Invest back into the community by offering incentives for participation and compensating non-professional residents for their time by offering stipends.
- Create a welcoming and inclusive process of community engagement. Planning phase funds were used to purchase food, provide language interpretation, provide childcare.
- Hire a third-party facilitator (see Lesson 5).

Lesson 7. Built in evaluation support eases reporting burden, weaves in learning

FACTORS OF SUCCESS

BIDMC built in learning and evaluation throughout the grant

BIDMC built in learning and evaluation throughout the grant by 1) hiring an evaluator to manage evaluation planning, analysis, and reporting on behalf of collectives, and 2) hosting two HNI Summits that convened grantees to share about their work and lessons learned around building and sustaining a collective.

Collective members were grateful that evaluation did not have to come out of their allocated budgets. Grantees found it valuable to hear about lessons learned from other collectives during the HNI Summits. It made collective members feel less alone in their challenges and validated the notion that working in a collective “takes a lot of effort—it’s not just us.”

ADAPTATIONS

Where possible, BIDMC offered additional, dedicated support and adjusted subsequent RFPs and grantee guidance based on feedback received through evaluation reports and the HNI Summits.

BIDMC worked with the evaluation team to design the HNI Summits in response to requests for more clarity around the contours of the grant and opportunities to learn from and about the work of other collectives.

Section

4

Conclusion

Conclusion

This evaluation finds that BIDMC was successful in creating a funding mechanism that enabled a range of inclusive, community-driven processes to select a neighborhood priority and create a project to address it. There are many elements of the funding mechanism in both its original form and subsequent adaptations that enabled grassroots, collective decision-making and collaboration to address neighborhood priorities. First and foremost, HNI centered community-defined priorities and demonstrated flexibility. This allowed collectives to identify and define projects in ways that are meaningful to them.

Throughout the evaluation, collective members consistently mentioned the importance of having:

- access to dedicated funds for the planning phase,
- a facilitator to steward the process,
- built-in evaluation support that did not come out of the grantee budget, and
- opportunity to learn from other collectives' experiences through peer learning Summits.

From data collected immediately after the planning phase, we know that participants built new relationships and strengthened their skills for community engagement. A final evaluation of HNI will further explore community outcomes of the grant.

The planning phase was not without its challenges.

Several collectives found the planning timeframe to be short relative to the slow, deliberate work required to develop fruitful working relationships within a collective, and the time it takes to conduct meaningful and inclusive community engagement activities. In addition, many collectives found the level of effort and frequency of meetings to be greater than expected, and that it was disproportionate to the amount of resources received to cover the time of professional staff. Collective members appreciated the support they received from BIDMC, particularly around how to manage the funds and timing, and felt the hospital was responsive to their questions and challenges throughout their planning phase.

Funders interested in supporting collective efforts towards a common strategic goal should consider the level of facilitation needed to design and manage the process, tend to collective dynamics, and lead groups to key decisions. Similarly, funders wanting to support inclusive community engagement should consider the level of resources and time needed to conduct widespread, inclusive outreach within neighborhoods and accommodate participation across diverse populations. The lessons learned and corresponding ideas and recommendations documented in this report offer a starting point for consideration and adaptation.

Section

5

Appendix

Theory of change revisions

BIDMC revised its theory of change for the Healthy Neighborhoods Initiative in 2022, drawing on lessons learned during the first year of the initiative.

First, the team re-examined their underlying assumptions of what conditions needed to be in place for collectives to conduct inclusive, community-led or community-driven decision-making processes.

The revised theory of change documents key elements of a successful collective:

- An aligned vision/understanding about the purpose, function, and process of the grant;
- Mutual respect and trust;
- Facilitation, collaboration, decision-making, and internal and external communication structures, including to ensure that collective decisions represent community voice;
- Appropriate time, resources, staff, and skills to work together as a collective and conduct the planning work.

Revised near-term outcomes

BIDMC also added more detail to the outcomes it expected to see by the end of the 2.5-year grant period.

Expected near-term outcomes of the grant

Before update

Increased community cohesion

Increased capacity for community members to affect change in their neighborhood

Goal of neighborhood investment achieved

After update

Involved community members feel that their perspectives and voice were valued and/or incorporated into this community project

Collective members feel more confident and/or skilled to represent community voice in the future

Intended project outcomes are achieved

Community relationships are built and/or strengthened

Collective members have increased capacity to plan and execute a community project and evaluate the work

Revised long-term outcomes

Finally, BIDMC also revised its expected long-term outcomes to include “sustained, grassroots, collective decision-making and collaboration mechanisms to address neighborhood priorities.”

Expected long-term outcomes of the grant

Before update

Improvement in funded
priority area

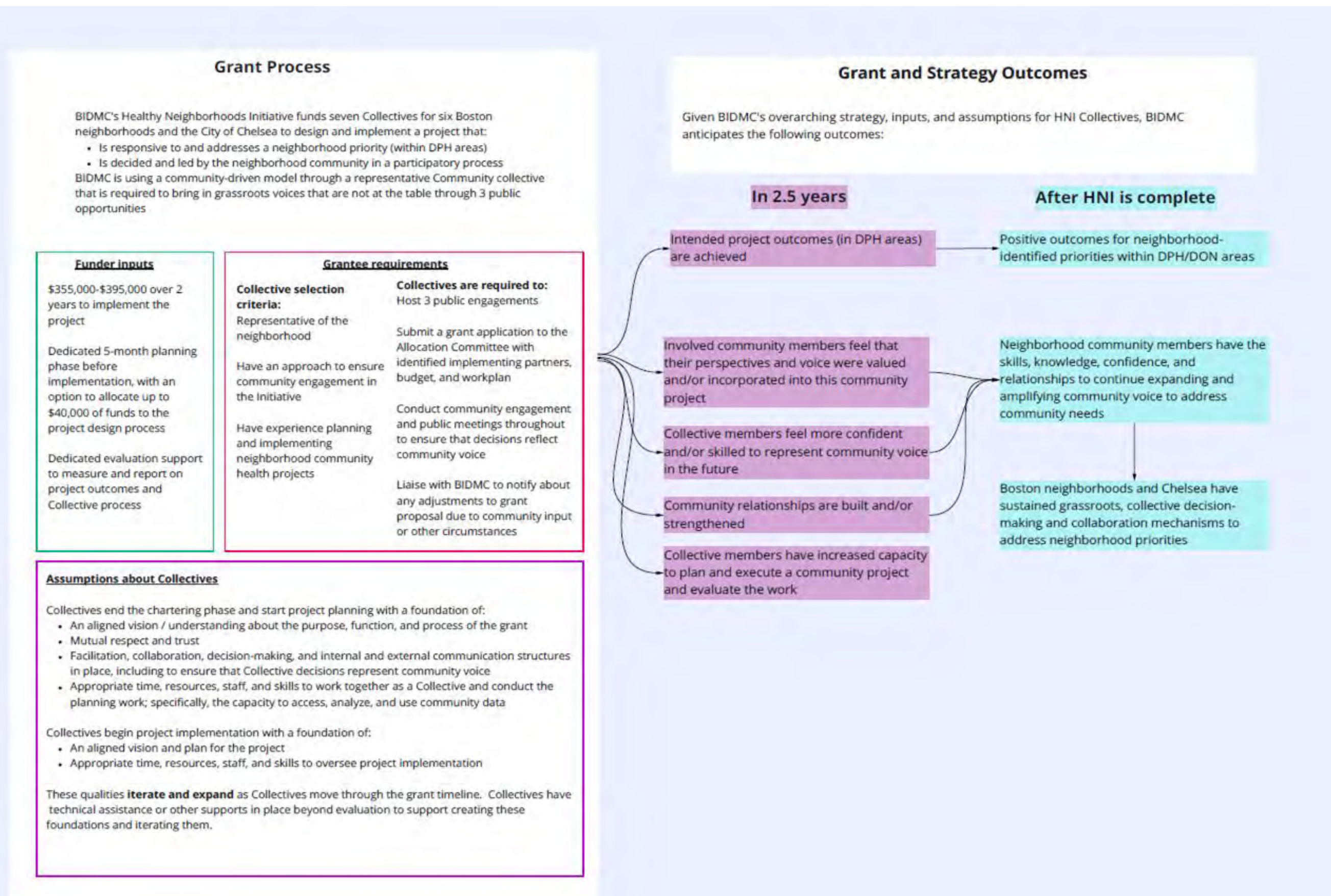
After update

Positive outcomes for
neighborhood-identified
priorities within DPH/DON
areas

Increased social capital

Neighborhood community
members have the skills,
knowledge, confidence,
and relationships to
continue expanding and
amplifying community
voice to address
community needs

Boston neighborhoods and
Chelsea have sustained
grassroots, collective
decision-making and
collaboration mechanisms
to address neighborhood
priorities



Summary of HNI adaptations across cohorts

COHORT 1

Lessons learned

The level of effort needed to execute an inclusive and collaborative planning phase was higher than anticipated; levels of community infrastructure investment varied

Planning phase took 3-6 months longer than expected

Collectives spent more time identifying community priorities than in dialogue about project design

→ Cohort 2 changes

The RFP more strongly encouraged use of planning funds and laid out expected activities in greater detail; Collectives were expected to submit a charter during the planning phase

Extended planning phase by one month (from 4 to 5 months)

Encouraged collectives to leverage secondary data for identifying community priorities

COHORT 2

Lessons learned

Challenges: maintaining consistent engagement and communication throughout the project; coordinating schedules; navigating historical community dynamics; determining the project budget

Summer can be a difficult time for community engagement

→ Cohort 3 changes

Strongly encouraged hiring an independent facilitator; increased allowable planning funds from \$40,000 to \$50,000

Extended planning phase by one additional month (from 5 to 6 months)

Funding community-driven projects to address neighborhood priorities: Evaluation of a place-based grantmaking model

Author

Min Ma

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