



Community-Driven Change: *Outcomes and Lessons from the Healthy Neighborhoods Initiative*

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Executive Summary

Introduction

The Healthy Neighborhoods Initiative (HNI) was a 5-year initiative launched in 2021 by Beth Israel Deaconess Medical Center (BIDMC) in Boston, MA. The initiative supported healthy neighborhoods, a priority area of investment identified by the hospital's Community Benefits Advisory Committee. It funded one community collective in each of six neighborhoods in Boston, and the City of Chelsea that were tasked to lead an inclusive, community driven process to identify key neighborhood issues related to the social determinants of health and develop a project to address it.

This evaluation explores the question: **To what extent did the Healthy Neighborhoods Initiative meet its goals?**

We look at both project-specific and initiative-wide goals:

- To what extent did collectives achieve their intended project outcomes?
- In what ways did HNI help to strengthen collective decision-making and collaboration to address neighborhood priorities in Boston and Chelsea?

Methodology and Findings

Our analysis drew on final evaluation reports from all seven collectives, surveys conducted with collective members, and semi-structured interviews with collective leads, members, and residents. We used mixed-methods analysis to identify cross-cutting themes aligned with HNI's theory of change and Determination of Need (DoN) criteria, prioritizing findings with the strongest evidence base.

FINDING 1. PROJECT ALIGNMENT WITH HNI GOALS

All seven collectives selected projects that addressed top neighborhood priorities and aligned with DoN criteria.

FINDING 2. ACHIEVEMENT OF PROJECT GOALS

Four of the collectives were very successful in achieving their goals; three saw moderate success.

FINDING 3. NEIGHBORHOOD OUTCOMES

The outcomes captured across the initiative spanned 7 major categories. The two strongest outcomes—Strengthened community leadership and Reduced social isolation—mirror the neighborhood priorities that ranked highest across several neighborhoods during the planning phase.

FINDING 4. OUTCOMES FOR COLLECTIVES

HNI has contributed meaningfully to three out of four intended outcomes for collectives: 1) Community relationships built or strengthened; 2) Collective members feel more confident/skilled to represent community voice; and 3) Collective members have increased capacity to plan, execute, and evaluate a community project. We have less robust, consistent evidence on the extent to which HNI influenced its fourth expected outcome: Involved community members feel their perspectives and voice were valued.

Lessons Learned

For Funders. Pre-existing relationships proved the strongest predictor of implementation success; collectives building relationships during the grant faced greater challenges. The 2.5-year timeline was adequate for established partnerships but insufficient for new collaborations without intensive support. Flexibility and adaptive capacity determined whether collectives could respond to emerging community needs—funders should explicitly encourage mid-course corrections while providing clear guidance on permissible modifications.

For collectives. Successful collectives established clear structures and expectations early, invested in consistent communication and coordination, built in mid-course reflection to enable adaptation, and planned for continuity during staff transitions. The most valued and sustainable outcomes were strengthened relationships—between organizations, across staff, and with residents—creating community capacity that will outlast grant funding.

Conclusion

The Healthy Neighborhoods Initiative met its overarching goals. Strong relational and capacity outcomes emerged for collective members, and most projects achieved their intended goals. Beyond direct project outcomes, HNI strengthened collective decision-making and collaboration by building relationships across organizations that have continued beyond the grant, creating opportunities for collective members to design responsive projects with community input, and enabling effective cross-organizational collaboration in project execution. Paired with the planning phase evaluation—which found HNI provided a valuable template for place-based, community-driven funding—these findings demonstrate that collaborative, community-led work can yield meaningful results for both those designing and those benefiting from the resulting projects.

Section

1

Introduction

Background

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 funded one community collective in each of six neighborhoods in Boston—Allston/Brighton, Bowdoin/Geneva, Chinatown, Fenway/Kenmore, Mission Hill,

Roxbury—and the city of Chelsea. It selected these neighborhoods because they face the greatest health inequities within the BIDMC Community Benefits Service Area.¹ Each collective received \$395,000 to lead an inclusive community process over 2.5 years that would a) select a neighborhood priority for funding and b) implement evidence-informed strategies to address it. 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.²

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

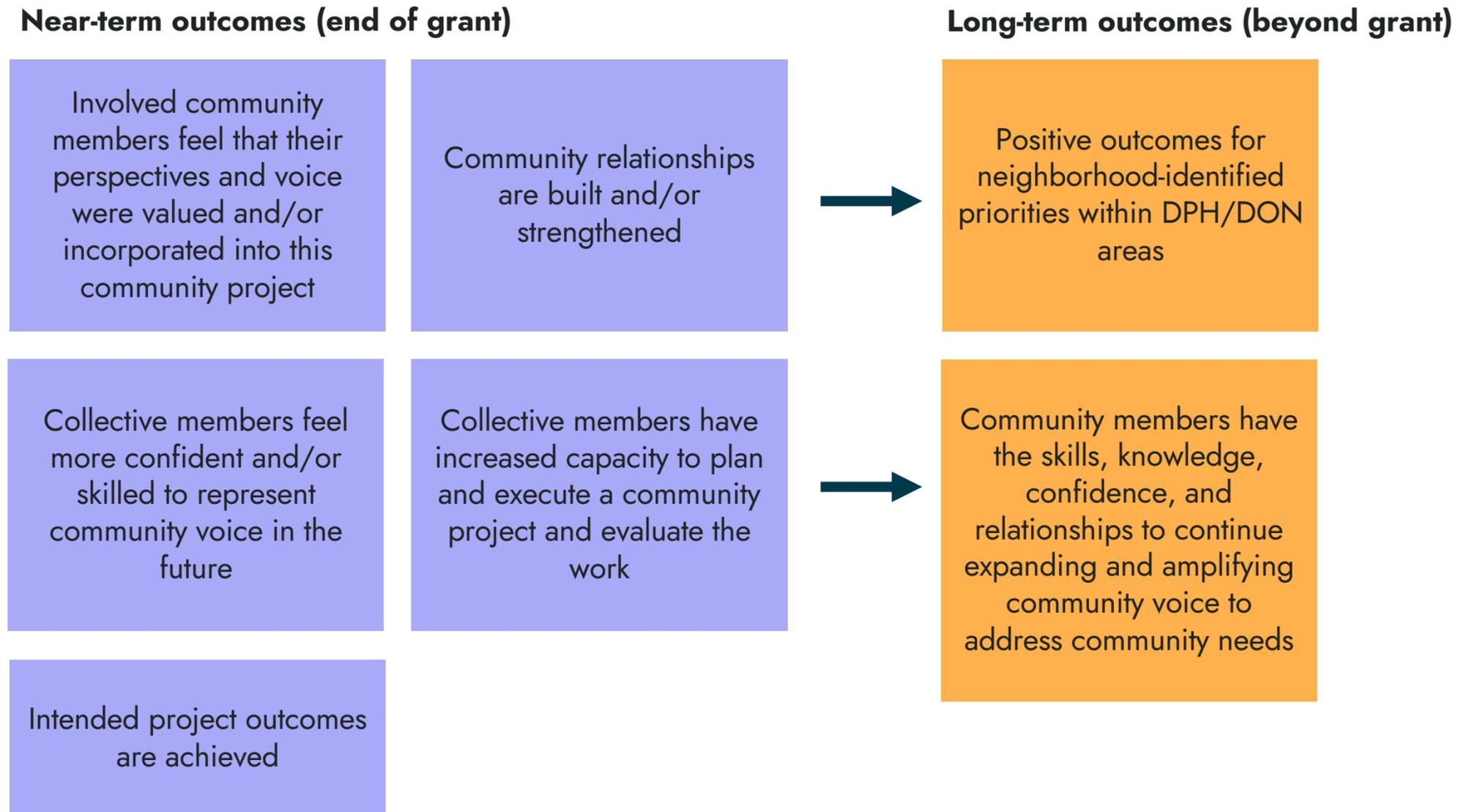
² Ibid, 3.

Goals of the initiative

BIDMC designed HNI with the goal of strengthening collective decision-making and collaboration mechanisms to address neighborhood priorities in Boston’s neighborhoods and the City of Chelsea. Figure 1 describes the key near-term and long-term outcomes of the initiative.

See Appendix A for a summary of HNI’s theory of change.

FIGURE 1
Healthy Neighborhoods Initiative Desired Outcomes—2022



Purpose of this evaluation

This evaluation is the second of two overarching evaluations that examine the extent to which HNI is a successful model for community-driven funding. We explore the question:

To what extent did the Healthy Neighborhoods Initiative meet its goals?

We look at both project-specific and initiative-wide goals:

- To what extent did collectives achieve their intended project outcomes?
- In what ways did HNI help to strengthen collective decision-making and collaboration to address neighborhood priorities in Boston and Chelsea?

Methodology

This report synthesizes evaluation findings from all seven collectives using mixed-methods analysis. While we tailored each collective’s evaluation to its unique context—and adjusted in partnership with grantees as SMART goals evolved—all followed a common framework of systematic data collection. Our analysis for this report focused on synthesizing key outcomes and lessons learned, corroborating them with qualitative interview and survey data (see Table 1). We prioritized cross-cutting themes that aligned most strongly with HNI’s theory of change, the Massachusetts Department of Public Health’s Determination of Need (DoN) criteria, and which had the most robust evidence.

TABLE 1

Data sources used for this evaluation

Data Source	About the data	Sample size
Final collective outcomes report	Data+Soul supported each collective to develop and implement an evaluation plan that would measure progress on its three SMART goals, key outcomes, and process feedback. Collectives were responsible for leading data collection activities. Data+Soul was responsible for analyzing the data, supporting collectives in reviewing and interpreting findings, and drafting progress reports submitted to BIDMC on a semi-annual basis.	7 reports
Cross-collective survey	Data+Soul developed a survey instrument to gather data from collective members at the end of each cohort. The survey asked about collective functioning and expected outcomes for the initiative, based on HNI’s theory of change (e.g., skills gained, how relationships in the collective have changed).	42 survey respondents
Semi-structured interviews with collective leads, members, and residents	At the end of the grant, Data+Soul administered the cross-collective survey and conducted semi-structured interviews with collective leads and members selected through purposive sampling to gather qualitative data about project outcomes and the impact of the project on the community. Data+Soul compiled the cumulative results of each project into a final report.	29 interviews

Limitations

Key methodological limitations include:

- 1. Collective formations changed over time.** Some of the collectives had more robust membership during the planning phase and later appointed a smaller core group to oversee the project implementation. The structured, cross-collective survey was not always relevant to collectives due to differing collective structures; for two collectives, we integrated relevant survey questions into key informant interviews instead.
- 2. Right-sizing evaluation efforts.** Each evaluation plan was designed to fit the data collection resources available to the collective. As a result, our data is strongest about immediate impacts of collective activities (e.g., number of people attending an event; extent to which the event made a resident feel better connected to their neighbors). The data we collected about the ripple effects of collective activities across the neighborhood are primarily qualitative and limited to sources we had access to at the end of the project, many of whom were the more engaged collective members. We did not have the resources to systematically measure broader neighborhood effects of HNI.
- 3. Mid-course adjustments to project plans.** Although we finalized evaluation plans at the end of the planning phase, some collectives had to pivot or adopt new SMART goals. We adapted data collection in partnership with collectives as goals shifted during implementation.
- 4. No-cost extensions.** Some projects entered a no-cost extension period beyond our formal evaluation partnership; therefore, this report may not capture all final outcomes from that extended grant period.

Section

2

Findings

To what extent did the Healthy Neighborhoods Initiative meet its goals?

- To what extent did collectives achieve their intended project outcomes?
- In what ways did HNI help to strengthen collective decision-making and collaboration to address neighborhood priorities in Boston and Chelsea?

Key findings

To what extent did the Healthy Neighborhoods Initiative meet its goals?

FINDING 1. PROJECT ALIGNMENT WITH HNI GOALS

All seven collectives selected projects that addressed top neighborhood priorities and aligned with DoN criteria.

FINDING 2. ACHIEVEMENT OF PROJECT GOALS

Four of the collectives were very successful in achieving their goals; three saw moderate success. We illustrate the depth of success with two examples.

FINDING 3. NEIGHBORHOOD OUTCOMES

The outcomes captured across the initiative spanned 7 major categories. The two strongest intended outcomes—Strengthened community leadership and Reduced social isolation—mirror the neighborhood priorities that ranked highest across several neighborhoods during the planning phase.

FINDING 4. OUTCOMES FOR COLLECTIVES

HNI has contributed meaningfully to three out of four intended outcomes for collectives: 1) Community relationships built or strengthened; 2) Collective members feel more confident/skilled to represent community voice; and 3) Collective members have increased capacity to plan, execute, and evaluate a community project. We have less robust, consistent evidence on the extent to which involved community members feel their perspectives and voice were valued.

Finding 1

PROJECT ALIGNMENT WITH HNI GOALS

All seven collectives selected projects that addressed top neighborhood priorities and aligned with DoN criteria.

During the planning phase of the grant, each collective conducted at least 3 public community meetings as a part of a community-driven process to identify and design a project that addresses a neighborhood priority. All seven projects that emerged from the Planning Phase address top neighborhood priorities based on gaps and opportunities identified through robust community engagement activities.³

The most common neighborhood priorities were:

- Building resident and community leadership (4 collectives)
- Addressing social isolation; building connection and belonging among neighborhood residents (3 collectives)

Table 2 on the next page summarizes the expected outcomes and key strategies developed by the seven collectives. [Appendix B](#) contains a profile of each collective.

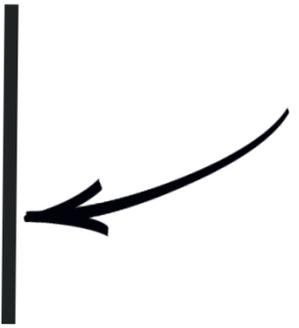
³ For more details about the planning phase, see Data+Soul (2024), “Funding community-driven projects to address neighborhood priorities: Evaluation of a place-based grantmaking model.”

TABLE 2

Summary of neighborhood priorities addressed through HNI

Collective	Prioritized outcomes	Key strategies
Fenway/Kenmore	Increase healthcare access, financial stability, and community leadership for residents.	Create a health navigator position to help residents access health; provide financial coaching and case management; and train resident leaders.
Bowdoin/Geneva	Build community leadership infrastructure, bridging social ties, and sharing resources.	Issue mini-grants for community events with the goal of bridging community members; develop and disseminate a community Resource Guide in multiple languages and a website containing a dynamic community events calendar.
Chinatown	Increase community connectedness, cohesion, and open space.	Establish youth and senior gardening brigades, host wellness events, and coordinate efforts to activate open space and strengthen relationships within Chinatown.
Chelsea	Build knowledge, awareness, and self-advocacy around women’s health topics.	Host wellness workshops.
Mission Hill	Build trust and connection between youth and senior residents; and decrease social isolation.	Implement intergenerational community events and activities.
Roxbury	Organize, educate, and empower current and displaced residents of Roxbury to ensure affordable, stable, and quality housing.	Ground the collective’s work in the broader ecosystem; increase awareness and tools related to rent control and housing advocacy among residents.
Allston/Brighton	Increase resident knowledge and access to neighborhood resources. Build resident capacity to advocate for missing resources.	Pay and train a cohort of community members to educate residents on resources and programming, understand service and information gaps, and work with residents to advocate for missing resources.

Collective	Prioritized outcomes
Fenway/Kenmore	Increase healthcare access, financial stability, and community leadership for residents.
Bowdoin/Geneva	Build community leadership infrastructure, bridging social ties, and sharing resources.
Chinatown	Increase community connectedness, cohesion, and open space.
Chelsea	Build knowledge, awareness, and self-advocacy around women's health topics.
Mission Hill	Build trust and connection between youth and senior residents; and decrease social isolation.
Roxbury	Organize, educate, and empower current and displaced residents of Roxbury to ensure affordable, stable, and quality housing.
Allston/Brighton	Increase resident knowledge and access to neighborhood resources. Build resident capacity to advocate for missing resources.



Breadth vs. depth of approach

There was significant variation in the breadth and depth of approaches taken by collectives to address their neighborhood priorities. Cohort 1 collectives, Fenway/Kenmore and Bowdoin/Geneva, pursued broad, multi-pronged strategies with several disparate goals.

Collective	Prioritized outcomes
Fenway/Kenmore	Increase healthcare access, financial stability, and community leadership for residents.
Bowdoin/Geneva	Build community leadership infrastructure, bridging social ties, and sharing resources.
Chinatown	Increase community connectedness, cohesion, and open space.
Chelsea	Build knowledge, awareness, and self-advocacy around women's health topics.
Mission Hill	Build trust and connection between youth and senior residents; and decrease social isolation.
Roxbury	Organize, educate, and empower current and displaced residents of Roxbury to ensure affordable, stable, and quality housing.
Allston/Brighton	Increase resident knowledge and access to neighborhood resources. Build resident capacity to advocate for missing resources.

Breadth vs. depth of approach

(continued) In contrast, most collectives in Cohorts 2 and 3 selected projects that concentrated on a more narrow, focused priority. In Chelsea, for example, the collective concentrated on women's health education and created a replicable curriculum that was delivered through institutional partnerships. Similarly, in Roxbury, the collective focused on achieving focused impact through rent control education and advocacy. Allston/Brighton and Mission Hill also aimed for depth in their specific strategies models—developing a resident connector network and hosting intergenerational activities, respectively.

While broader strategies built diverse capacity and addressed multiple needs within Boston neighborhoods, narrower focuses often allowed for more intensive, embedded, outcomes in a specific area.



Finding 2

ACHIEVEMENT OF PROJECT GOALS

Four of the collectives were very successful in achieving their goals; three saw moderate success.

We categorized projects as 'very successful' if they yielded deeply embedded, transformative outcomes (e.g., a new resident-led model, an institutionalized curriculum, a durable coalition); fully executed their SMART goals; and built a cohesive approach to addressing neighborhood priorities.

We illustrate the depth of success with two spotlight examples, both drawn from Cohort 2.

While most collectives met all their core goals, the nature of their deliverables varied. Programmatic collectives (e.g., Chelsea, Allston/Brighton) achieved success through deep implementation and service integration. Advocacy-focused collectives (e.g., Roxbury) achieved success through mobilization and base-building—outcomes that are foundational but may not manifest as immediate policy change within a grant cycle.

We categorized collectives as achieving “moderate success” if they produced tangible outputs but perhaps at a lesser scale or with outcomes that are not as deeply rooted or sustainable. Some of these collectives achieved their project goals but faced significant process or relational hurdles, which led to less cohesive outcomes or mixed impact on community relations.



Spotlight: Chinatown

Chinatown HOPE set out to increase community connectedness and cohesion by activating open space in Chinatown through gardening, arts, cultural programming, and resident leadership development. Its project featured the establishment of three gardening brigades that engaged approx. 80 community members. Chinatown HOPE also activated open spaces through six public wellness events that reached more than 3,000 people. Through this project, the collective successfully raised the profile of core issues affecting the neighborhood (open space, environmental health) and strengthened connections among and across residents and Chinatown organizations. Its advocacy and activation efforts also brought attention and investment to Chinatown open spaces and strengthened conditions for stronger advocacy in the future.

Spotlight: Chelsea

Chelsea Healthy Neighborhoods Initiative aimed to build knowledge, awareness and self-advocacy around women's health topics, while decreasing the shame and stigma often associated with them. The project focused on 1) planning and delivering Women's Wellness Workshops and 2) fostering peer support and connection for residents. By the end of the project, the collective hosted 44 workshops covering 21 different requested health and wellness topics. Average workshop attendance was 50 participants, reaching 983 participants. Across all workshops, 67% of participants reported increased knowledge on the health topics covered and 91% felt prepared for self-advocacy with health care professionals. The workshops also increased participants' feelings of connectedness and belonging and decreased stigma around women's health issues.



Finding 3

NEIGHBORHOOD OUTCOMES

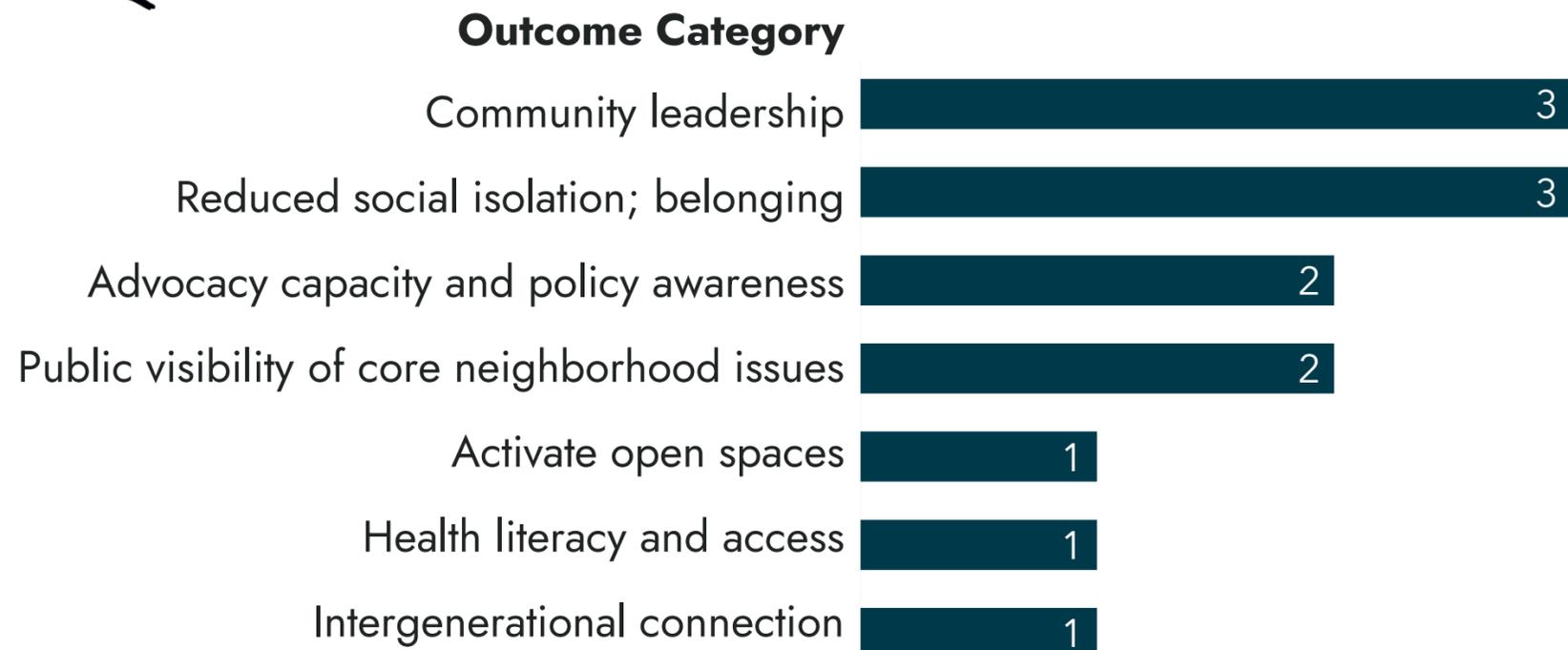
The neighborhood outcomes captured across the initiative spanned eight major categories.

The two strongest intended outcomes Strengthened community leadership & Reduced social isolation—mirror the neighborhood priorities that ranked highest across several neighborhoods during the planning phase.



FIGURE 2

Number of collectives with strong evidence of outcomes in the listed category (n=7)



Finding 3

NEIGHBORHOOD OUTCOMES

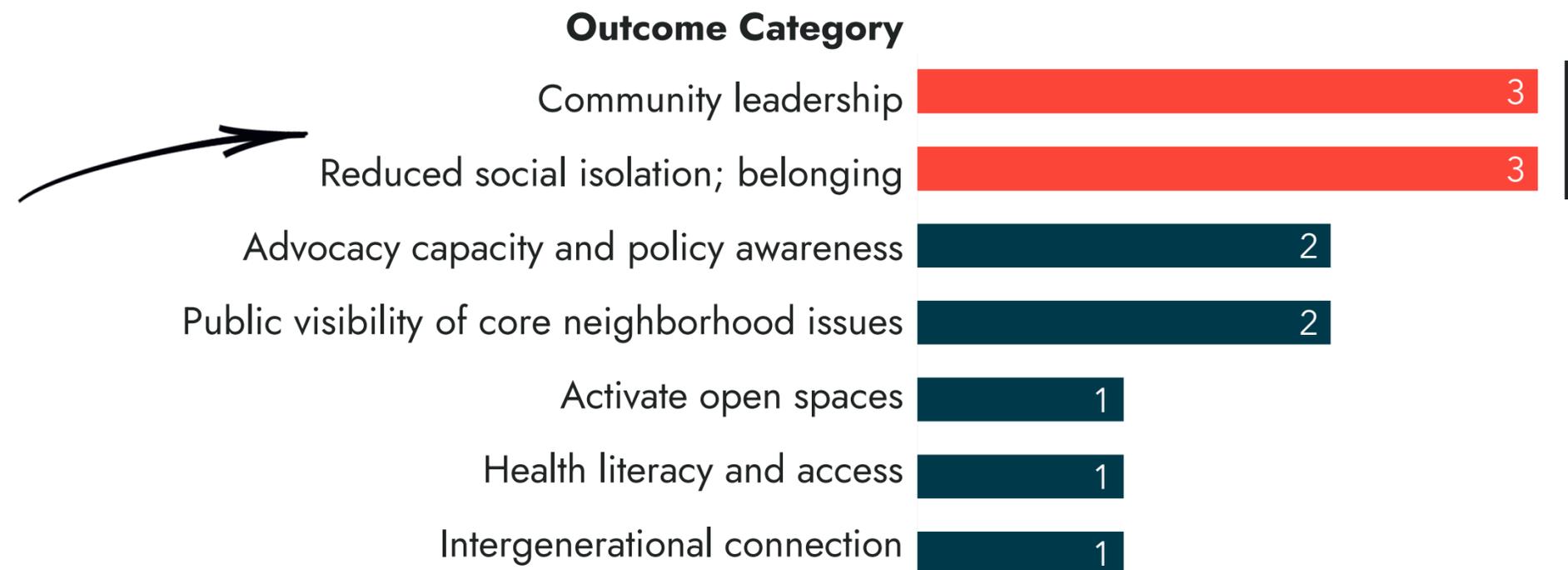
The neighborhood outcomes captured across the initiative spanned 7 major categories.

The two strongest intended outcomes—Strengthened community leadership and Reduced social isolation—mirror the neighborhood priorities that ranked highest across several neighborhoods during the planning phase.

The following pages offer a deeper dive into these two outcome areas.

FIGURE 2

Number of collectives with strong evidence of outcomes in the listed category (n=7)



Neighborhood Outcome 1: Strengthened community leadership

Across HNI, efforts to strengthen community focused on developing resident leaders. The approaches used by collectives can be summarized in two types of strategies, both of which yielded moderate to strong outcomes:

1. Formal leadership programs with structured training and stipends
2. Leadership capacity embedded within project implementation roles

At the individual level, participants reported increased confidence, stronger neighborhood connection, discovery of previously unknown skills, and greater civic engagement. At the organizational level, collectives developed enhanced capacity for community engagement, project planning, and collaborative work. Notably, leadership development extended beyond the grant period, with trained leaders continuing to volunteer, recruit others, and engage in civic activities. At the end of the grant period, collectives were planning future leadership programs that built on relationships established through HNI, aiming to develop adaptive capacity for sustained community organizing across multiple issue areas.

The following pages illustrate examples of collectives' strategies and outcomes reported.

Neighborhood Outcome 1: Strengthened community leadership

Strategies for community leadership development:

- 1. Formal leadership programs with structured training and stipends**
2. Leadership capacity embedded within project implementation roles



SPOTLIGHT

In Fenway/Kenmore, the collective implemented a structured Resident Leaders program that trained 23 resident leaders across multiple cohorts and directly integrated them into specific community roles (e.g., helping with food distribution, event outreach). Collective members reported that resident leaders demonstrated a tangible sense of ownership, many of whom continued in their roles even after the program ended.

- 100% of Resident Leaders felt more connected to the neighborhood
- 76% found the civic engagement training helpful for increasing their skills
- 94% were satisfied with the training and mentorship received
- 14 out of 24 (58%) continued volunteering after their stipends ended
- One Resident Leader attended a public planning meeting about parking issues and felt empowered to speak up.
- One collective member organization considered inviting a resident leader to become a board members. Such an outcome, though not reported by the end of the grant, would link grassroots leadership to formal governance.

Neighborhood Outcome 1: Strengthened community leadership

Strategies for community leadership development:

1. Formal leadership programs with structured training and stipends
- 2. Leadership capacity embedded within project implementation roles**



SPOTLIGHT

Allston/Brighton created the Allston Brighton Connectors (ABCs)—a cohort of eight (8) resident leaders. ABCs received training to better understand available community resources, connect neighbors to these resources, and encourage civic participation. This was a formalized resident leader model with a defined role and community reach. ABCs regularly shared resource knowledge with each other to better serve residents. They developed skills in connecting with residents and understanding resource gaps:

- One ABC now serves on SPARK Boston Council and is learning about city departments
- Another ABC registered people to vote at community events
- ABCs regularly share resource knowledge with each other
- ABCs noted personal development as a significant outcome

Neighborhood Outcome 2: Reduced social isolation and increased sense of belonging

The most compelling evidence of reduced social isolation emerged from three key indicators measured across multiple neighborhoods.

- First, program participants consistently reported increased feelings of neighborhood belonging, with percentages ranging from 64% to 100% feeling more connected to their community and neighbors as a result of their involvement.
- Second, collectives reported high levels of participant engagement during programming, with evidence of active connection-building: attending repeat sessions, speaking with other participants, and in one collective where this was most systematically measured, 97% felt welcome and 94% connected with another participant during activities.
- Third and most significantly, program participants demonstrated sustained connection beyond programmatic activities—continuing to volunteer after stipends ended, maintaining friendships formed at workshops, recognizing each other around the neighborhood in daily life, and actively recruiting neighbors to join them.

Across HNI, collectives used four main strategic approaches to address social isolation and strengthen residents' sense of belonging in their neighborhoods:

- 1. Regular community events and programming**
- 2. Ongoing volunteer and organizing roles**
- 3. Identity specific or affinity-based programming**
- 4. Structured conversation and intentional relationship-building design**

The following pages offer a cross-collective view of each strategic approach.

Neighborhood Outcome 2: Reduced social isolation and increased sense of belonging

APPROACH 1. Regular community events and programming. Collectives created recurring events or opportunities for residents to gather through scheduled event series and ongoing workshops. The consistency of events—rather than one-time gatherings—allowed relationships to develop over time. Events ranged from hands-on activities (crafts, gardening) to educational workshops (health topics) to social gatherings (movie nights, picnics), all designed with intentional features that facilitated interaction: shared meals from local vendors, bilingual facilitation, childcare, conversation prompts, and low-barrier entry.

Examples across collectives:

- **Mission Hill:** 18 intergenerational events including recurring Craft Club series, gingerbread decorating, vase painting workshop, board game events, youth/senior chess, disco night, trivia, and movie nights
- **Chelsea:** 27 Women’s Wellness Workshops reaching 900+ attendees
- **Chinatown HOPE:** 6 public wellness events
- **Bowdoin/Geneva:** 10 mini-grants supporting community events including block parties, Black History Month celebration, Trunk or Treat, Pumpkin Party, plus a neighborhood-wide Health Fair with 20 vendors and 70-80 attendees
- **Fenway/Kenmore:** Resource fair connecting 100 residents with 15 organizations

Neighborhood Outcome 2: Reduced social isolation and increased sense of belonging

APPROACH 2. Ongoing volunteer and organizing roles.

As previously described under leadership development outcomes, collectives created sustained engagement through defined volunteer positions, paid connector roles, or ongoing organizing work that gave residents regular responsibilities and reason to show up repeatedly. These roles positioned residents as contributors rather than just recipients, building pride and ownership while creating natural opportunities to work side-by-side with the same people over time. The sustained commitment and shared purpose inherent in these roles created opportunities for participants to build deeper relationships than they would through single events.

Examples across collectives:

- **Chinatown HOPE:** Youth Brigade (21 youth) maintaining Phillips Square through regular beautification work; gardeners at Chinatown Backyard tending plots and supporting each other with gardening tasks
- **Roxbury:** Residents engaged in rent control organizing through signature collection, coalition building, and statewide advocacy campaign work
- **Allston/Brighton:** 8 paid Allston Brighton Connectors (ABCs) doing street outreach, tabling at events, connecting residents to resources, advocating for missing services; 83% built stronger relationships with residents as result
- **Fenway/Kenmore:** 24 Resident Leaders trained with stipends and mentorship, working at food distribution sites (Symphony Park, Fenway Community Center) and phone volunteering; 14 of 24 continued volunteering after stipends ended, actively recruiting neighbors to join them

Neighborhood Outcome 2: Reduced social isolation and increased sense of belonging

APPROACH 3. Identity-specific or affinity-based

programming. Collectives designed programming tailored to specific populations or shared identities, creating safe spaces where participants could connect over common experiences, cultural backgrounds, or life stages. These targeted approaches reduced barriers to participation for groups that might feel out of place in general community events, while affirming cultural identity and addressing topics that mainstream programming might avoid. Participants consistently reported feeling "less alone" when they discovered others shared similar struggles, experiences, or backgrounds.

Examples across collectives:

- **Mission Hill:** Intentional intergenerational programming specifically bridging youth and seniors to address isolation in both populations; events designed to create 1:1 connections across age groups (teaching, disco night with conversation prompts revealing shared hopes for neighborhood).
- **Chelsea:** Women's Wellness Workshops created safe spaces for discussing topics often considered taboo (domestic violence, sexual health, menopause, mental health); participants shared that cultural norms made these topics difficult to address publicly, but the group workshop setting reduced shame and isolation.
- **Chinatown HOPE:** Cultural programming (Autumn Moon festival, Experience Chinatown arts events) and gardening activities affirming Asian identity; youth reported strengthened Asian identity and sense of belonging in Chinatown through Youth Brigade work.

Neighborhood Outcome 2: Reduced social isolation and increased sense of belonging

APPROACH 4. Structured conversation and intentional relationship-building design. Some collectives explicitly designed activities with structured elements to facilitate interpersonal connection and help participants move from strangers to acquaintances. These design features—conversation prompts, paired activities, icebreakers, small group discussions—reduced the social barriers that can prevent connection even when people are in the same physical space. The most successful collectives recognized that simply bringing people together wasn't enough; they needed to create scaffolding that made it easier for residents to actually talk to and get to know one another.

Examples across collectives:

- **Mission Hill:** "Speed friending" event with timed paired conversations; disco night with "forced family fun" conversation prompts written on large paper about neighborhood pride and shared values; icebreaker activities ("Human Scavenger Hunt") at trivia events
- **Chinatown HOPE:** Tours creating structured discussion opportunities about green space and gardening
- **Fenway/Kenmore:** Community conversations structured to gather resident perspectives while providing space for residents to learn about neighborhood resources and share concerns; residents reported appreciating chance to "learn about neighborhood resources and share their perspectives"

Finding 4

OUTCOMES FOR COLLECTIVES

The Healthy Neighborhoods Initiative has contributed meaningfully to three out of four intended outcomes for collectives:

- Community relationships built or strengthened
- Collective members feel more confident/skilled to represent community voice
- Collective members have increased capacity to plan, execute, and evaluate a community project

We have less robust, consistent evidence on the extent to which:

- Involved community members feel their perspectives and voice were valued

1

OUTCOMES FOR COLLECTIVES

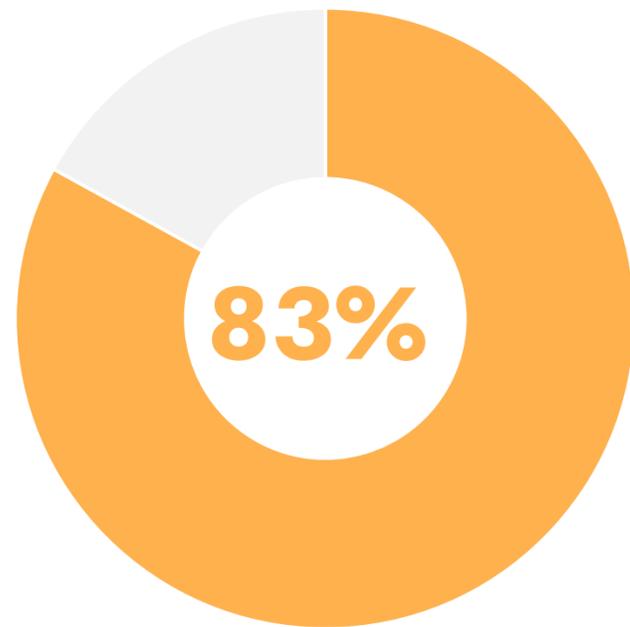
Community relationships built or strengthened

HNI successfully built and strengthened community relationships across all seven collectives, with particularly strong and consistent evidence of **strengthened organizational partnerships**. There is also evidence of **resident-to-organization connections** being built but with more variation in quality and sustainability.

Organizational relationships emerged as the most robust outcome: Five of six collectives that were structured as multi-organizational collaboratives reported that 57-100% of members experienced stronger relationships (83% overall, n=36), though this outcome varied considerably: three collectives achieved near-unanimous agreement (83-100%), while two others simultaneously saw substantial portions of members reporting challenged relationships (29%) or feeling excluded from decision-making processes (40%). Strengthened partnerships manifested in tangible ways—organizations gained better understanding of neighborhood resources and aligned priorities, broke down silos between sectors that previously had “no reason to collaborate,” formed new operational partnerships, and in several cases expressed clear intentions to continue working together beyond the grant period. The consistency of this outcome across collectives with very different projects

FIGURE 3

Collective members **experienced stronger relationships** with other collective members



and contexts suggests that **HNI's requirement to form multi-sector collaboratives was itself a powerful mechanism for relationship-building**, creating what one collective member called "space for building solidarity between orgs that might otherwise not have the time or motivation to collaborate."

We note that strengthened organizational relationships did not occur uniformly and the grant and collaborative structures themselves sometimes surfaced or exacerbated tensions. Specifically, the finding that members experienced challenged relationships or felt disrespected in two collectives demonstrates that simply convening diverse organizations can expose fundamental disagreements about power, decision-making, and whose voices matter—issues that require skilled facilitation or conflict mediation. HNI did attempt to provide support in some cases.

Resident-to-organization relationship outcomes showed more variation and were heavily dependent on project design and implementation approach. The strongest resident-to-organization connections developed where collectives created sustained, meaningful roles for residents—Chinatown HOPE's gardening brigades enabled residents to build lasting relationships with organizational staff who mentored and supported them, while Allston/Brighton's Connector model created resident leaders who felt strongly connected to both the collaborative infrastructure and individual residents (83% of ABCs felt stronger relationships with residents). Collectives that created sustained engagement roles for residents—such as Chinatown HOPE's gardening brigades where residents built lasting mentoring relationships with organizational staff, or Allston/Brighton's Connector model where 83% of ABCs felt stronger connections to residents—achieved deeper resident-to-organization bonds than those relying solely on one-time or transactional event attendance.

2

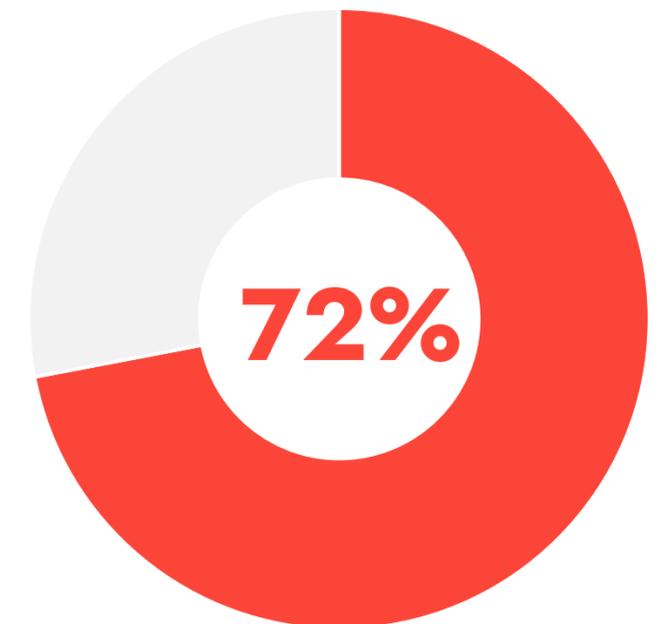
OUTCOMES FOR COLLECTIVES

Collective members feel more confident/skilled to represent community voice

A strong majority of collective members reported increased confidence and skills in engaging community voice, with 72% across five collectives reporting gains in skills for engaging residents (range: 50-100%, n=36). The one collective that reported the strongest growth in gaining skills in engaging residents, relative to other collectives, reflected practices they developed throughout the grant such as providing Spanish interpretation, childcare, and compensation at meetings held in accessible locations where "residents could take public transit to or walk to from their homes." Other collectives that showed more moderate outcomes described specific ways the grant enhanced their community engagement capacity, notably, where workshops or deep resident engagement through programming became an important way for collective members to learn about emerging needs and priorities that would inform future programming.

FIGURE 4

Collective members **gained skills in engaging residents**



However, self-reported gains in engagement skills did not uniformly translate to members feeling confident they could effectively center diverse community voices, particularly across lines of language, culture, and power. The experience of one collective illustrates this disconnect particularly well, where despite 50% of members reporting gains in engagement skills, multiple members acknowledged that "outreach was inadequate throughout the grant" and the collective "likely did not reach many new audiences," instead primarily reaching "existing audiences of the Collective and its members." The collective struggled with fundamental questions about whose voices to prioritize—disagreeing over whether "community" meant residents as central voices versus a broader definition including workers, business owners, and visitors. Although this reflection showed up most strongly in one collective's evaluation data, our evaluation team acknowledges having observed this tension in more than one neighborhood.

The variation in outcomes reveals that developing skills and confidence to represent community voice requires not just practice in engagement activities, but also clear collective alignment on whose voices matter, intentional strategies to reduce barriers to participation, and often external support (facilitation, interpretation, stipends) that not all collectives accessed equally—factors that determined whether members' self-reported skill gains translated into meaningful capacity to center community voice in their ongoing work.

3

OUTCOMES FOR COLLECTIVES

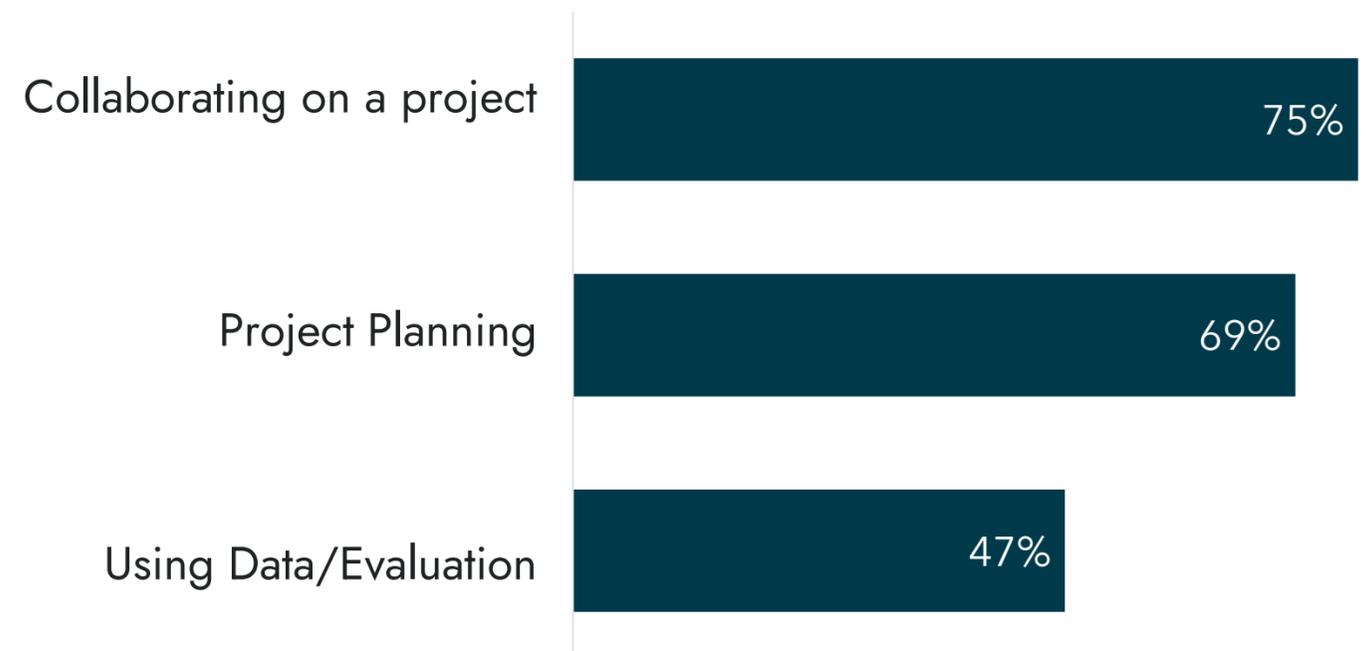
Collective members have increased capacity to plan, execute, and evaluate a community project

A majority of collective members reported increased capacity to plan and execute community projects, with 75% reporting gains in collaboration skills (range: 40-100%, n=36) and 69% reporting gains in project planning (range: 44-100%). Capacity for evaluation through using data showed notably weaker results at only 47% (range: 11-86%).

Not all collectives started from the same baseline. One collective explicitly stated in their final interviews that they did not feel they developed new skills because they already possessed project planning and implementation capacity. Instead, they felt their gains were in relational

FIGURE 5

Percentage of collective members who reported gains in the listed project skill (n=36)



and adaptive capacities—“increased recognition that trust-building takes time,” and “increased flexibility to pivot when projects don’t go according to plan.” For this collective, the value came not from acquiring new technical skills but from building collaborative infrastructure across organizational staff who typically “work in silos.” This pattern indicates HNI’s success in building project capacity varied significantly based on members’ prior experience with community-based work.

The weakest area of capacity development was using data to make decisions and conduct evaluation, where less than half of members (47%) reported gains. The variation across collectives—from 11% to 86%—indicates that evaluation capacity building requires more than just having an evaluator present. While the evaluation team provided heavy support on evaluation planning and instrument design, most of this work was performed closely with just one facilitator/coordinator or a small working group. Depending on how frequently the collectives were designed to convene, some collective members had little exposure to reviewing evaluation findings and sensemaking, especially towards the end of the project. Finally, evaluation activities were not explicitly designed to build members’ skills. Any evaluation skills gained by collective members would have been passively from being involved, which means it was not likely to happen significantly.

4

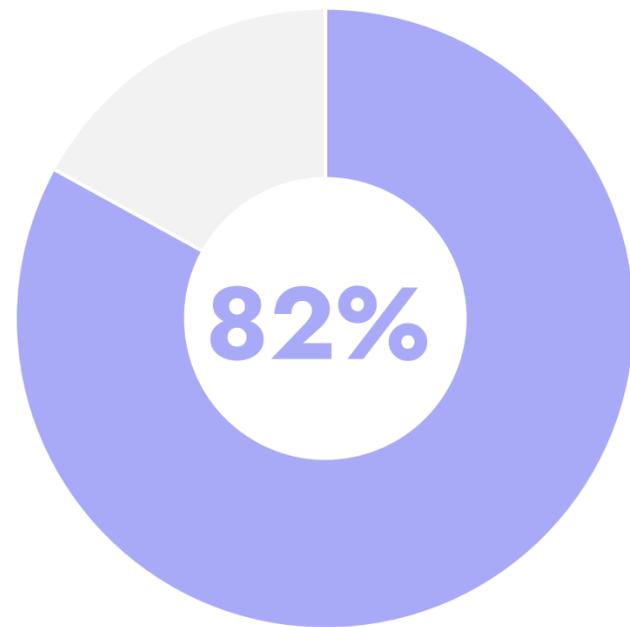
OUTCOMES FOR COLLECTIVES

Involved community members feel their perspectives and voice were valued

The evidence for this outcome is generally weak and inconsistent across collectives, with only one collective directly measuring whether community members felt their voice was valued, achieving strong results (90-95% of participants felt valued). The end-of-cohort survey asks members whether they felt they could influence decisions within their collectives —60-100% felt they could (82% overall, n=36)—however, this answers a fundamentally different question that assesses internal collective dynamics rather than community members' experience of being heard. Earlier in this section, we described differences in how collectives understood and operationalized "community voice," revealing that HNI's requirement to center community input was interpreted and implemented with wide variation. One collective experienced "mixed success in incorporating community voice in a meaningful way," acknowledging fundamental struggles with "determining what meaningful community voice would look like, whose voices to prioritize, and how," with some of its members concluding that their collective's outreach was "inadequate throughout the grant." In another collective, members noted feeling constrained by the planning phase, stating "we created the project plan during the Planning Phase, and we felt like we had to stick to it," suggesting tension between the structured grant timeline and ongoing community responsiveness.

FIGURE 6

Collective members **felt they could influence decisions** within the collective





Lessons learned —for funders

The Healthy Neighborhoods Initiative achieved meaningful community outcomes while revealing critical insights for funders designing collaborative grant programs. Across all seven collectives, strengthened relationships emerged as the most sustainable outcome—partnerships formed through HNI will outlast the funding and continue generating community benefit. This validates the community-driven model while highlighting areas for refinement.

Pre-existing relationships were the strongest predictor of implementation success.

Collectives with deeper relationships tended to pivot quickly when plans changed, distributed work efficiently across organizations, and maintained momentum despite staffing transitions. In contrast, collectives building relationships during the grant or navigating pre-existing tensions faced greater challenges navigating conflict and sustaining engagement. This suggests that grant timelines must account for relationship building: 2.5 years proved adequate for established partnerships but insufficient for new collaborations without intensive facilitation support.

Flexibility and adaptive capacity determined whether collectives could respond to emerging community needs.

Successful collectives pivoted their approaches based on community feedback; however, unclear guidance about permissible changes sometimes prevented collectives from being responsive. Clearer guidance for grantees to this effect may have helped collectives navigate program delays due to staff vacancies or turnover. Collectives recommend: Provide clear guidance on when and how collectives can modify project plans to remain responsive, and whether collectives should consider themselves more accountable to the community or hospital when it comes to adapting process and/or goals.

Built-in evaluation support and peer learning opportunities enabled learning without adding burden,

allowing collectives to use data for decision-making rather than just reporting. Peer learning opportunities through HNI Summits were consistently valued. Grantees suggested that infrastructure supporting collective learning should be standard in collaborative grant designs.



Lessons learned —for collectives

The seven neighborhood collectives achieved impressive outcomes while learning valuable lessons about collaborative implementation. Understanding what enabled success—and what created challenges—can inform future community-led initiatives.

Establish clear structures and expectations early. Collectives consistently emphasized the importance of creating formal roles and responsibilities, developing clear decision-making processes, and getting aligned on grant requirements from the start. One collective member recommended: "have project tracker guidelines to ensure cohesion and continuity of leadership" with "a very clear breakdown of who is responsible for what across all elements of the grant." Another collective member noted that creating "clear, shared understandings of expectations across Collective members" was essential. Several collectives wished they had established these structures earlier rather than developing them as barriers arose.

Invest in communication and coordination. Collectives identified improved communication between members as a critical need. One collective emphasized communication "including among members" as an area for improvement, while another called for "increased coordination and communication between Collective members." This became especially important when navigating implementation challenges or adapting project approaches.

Remain responsive to community feedback. Several collectives successfully adapted their approaches based on community feedback. One collective emphasized wanting "leeway to do it in ways that responded to what we were hearing at [our events]." Another collective identified "responsiveness" to resident priorities as a key success factor. This flexibility—rather than rigid adherence to original plans—enabled collectives to stay relevant to evolving community needs.

Section

4

Conclusion

Conclusion

Overall, the Healthy Neighborhoods Initiative met its overarching goals, with strong relational and capacity outcomes for collective members and most projects meeting all their intended goals by the close of the grant. Collectives captured outcomes spanning seven major categories, with significant overlap and particularly strong outcomes in “Strengthened community leadership” and “Reduced social isolation and increased belonging” across four of the collectives. Both address pressing priorities that emerged from robust community engagement and project planning processes at the beginning of the grant.

Although each collective experienced its own slate of challenges - from project assumptions not panning out to internal disagreements around approach or needing stronger collective infrastructure - all met their project goals. Beyond these, HNI helped to strengthen collective decision-making and collaboration to address neighborhood priorities in Boston and Chelsea by 1) building and strengthening community relationships, particularly across organizations, that have resulted in continued collaboration and partnership, 2) creating opportunities for collective members to collaborate with community members to design responsive projects, and

3) creating opportunities to collaborate among organizations to execute projects effectively.

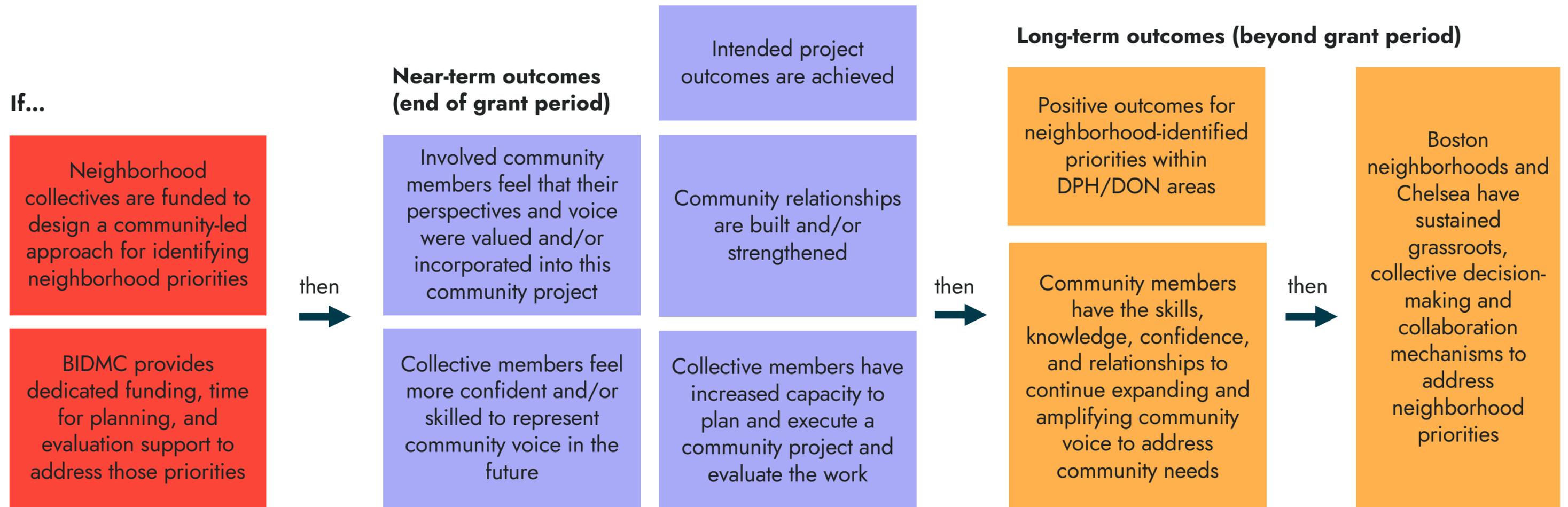
Paired with the process evaluation of the planning phase which finds that HNI provided a valuable template for funding place-based, community-driven/community-led projects, these findings suggest that funding place-based, collaborative work can yield meaningful results for both community members designing and benefiting from the resulting projects.

Section

5

Appendix

Theory of change





Fenway/ Kenmore

Collective Name:

We're Here For You: Fenway/Kenmore

Project period:

May 2021–February 2024

Collective members: Fenway Community Development Corporation (Fenway CDC), Fenway Civic Association, Fenway Alliance, Operation P.E.A.C.E., Audubon Circle Neighborhood Association, Fenway Community Center, and Fenway Health.

About the Project

Designed a three-pronged project to 1) strengthen community leadership by training and engaging resident leaders, 2) increase financial stability among residents, and 3) increase health care access through direct outreach.

Key Outcomes

Developed community leadership. The project trained 24 resident leaders and provided them with more formalized volunteering and leadership infrastructure and team building events.

All (100%) Resident Leaders surveyed at the end of the project felt more connected to their neighborhood as a result of participating in the training. Even after the training and stipends have ended, many Resident Leaders continued to volunteer or actively recruit their neighbors to volunteer, demonstrating continued leadership in the neighborhood beyond the project

Created authentic relationships between residents and organizations. Being a part of the collective helped foster a sense of investment and collaboration in the neighborhood. Collective members observed networking, information exchange, and new collaborations forming across Resident Leaders throughout the program and across organizations.

Increased financial well-being. Fenway CDC staff provided financial stability services to 85 residents and served 15 individuals with resume help, job counseling, and interview preparation. Throughout the grant, they referred 69 individuals to financial literacy coaching, half of whom met with Metro Housing Boston financial coaches on a regular basis. Based on one of Metro Housing Boston's measures on financial wellbeing, six out of seven coaching cases (86%) had some level of increased financial wellbeing in 2024.

Bowdoin/ Geneva

Collective Name:

Healthy Bowdoin Geneva

Project period:

May 2021–February 2024

Collective members: Family Nurturing Center, Bowdoin Geneva Main Streets, Bowdoin Street Health Center, Catholic Charities Teen Center, Saint Peter Parish, UP Academy Dorchester, Cape Verdean Association of Boston, Greater Bowdoin Geneva Neighborhood Association, Friends of Ronan Park, Meetinghouse Hill Civic Association, Friends of Geneva Cliff, Dorchester Food Coop

About the Project

Designed a project to address community and social capital. The collective focused on three strategies: improving community leadership infrastructure, bridging social ties, and resource sharing.

Key Outcomes

Building community leadership

infrastructure. The Collective achieved its goal of creating a community leadership infrastructure for this project by hiring a Project Coordinator and establishing a Steering Committee for the Collective.

Bridging social ties. The Collective held a neighborhood wide Health Fair in 2024 and distributed 10 mini-grants to support events and efforts to bring the community together. The

Collective also worked to improve its internal dynamics and strengthen relationships across its members with moderate success.

Resource sharing. The Collective developed and disseminated a community Resource Guide in multiple languages and a website containing a dynamic community events calendar. Through the Collective, residents, service providers, and community leaders gained awareness of resources available to Bowdoin Geneva residents.

Beyond the planned project, the most important outcome of the Collective was increased connection and collaboration across community members and organizations. The grant enabled efforts to work more collaboratively through planning and brought residents/Collective members together.



Chinatown

Collective Name:

Chinatown HOPE (Health, Opportunities, Possibilities, and Empowerment)

Project period:

January 2023–September 2024

Collective members: Asian Community Development Corporation, Boston Chinatown Neighborhood Center, Chinatown Community Land Trust, Chinatown Main Street, Chinatown Resident Association Chinese Progressive Association, Josiah Quincy Elementary School, Pao Arts Center, Rose Kennedy Greenway Conservancy

About the Project

The overall goals were to decrease social isolation and increase community cohesion by activating open space in Chinatown through gardening, arts, cultural programming, and resident leadership development.

Key Outcomes

Chinatown HOPE successfully established three gardening brigades that engaged approximately 80 community members and collaborated on six public wellness events.

Increased emotional wellness, social connection, and sense of belonging. While each public wellness event was unique, attendees felt events were effective in increasing happiness, inspiring care for Chinatown and its residents, and feeling connected with Chinatown. The Gardening Brigades strengthened connections

among residents and built collective power, while also allowing residents to build relationships with Chinatown organizations.

Advocacy and activation efforts strengthened conditions for stronger advocacy in the future. Advocacy and

activation efforts brought attention and investment to Chinatown open spaces and strengthened conditions for stronger advocacy in the future. At the end of the project, collective members reflected that Chinatown HOPE created a unified focus and shared language around open space advocacy. It also helped organizations coalesce their focus toward advocacy and open space. Chinatown HOPE was an embodiment of community voice and organizational priorities. Partners felt that Chinatown HOPE provided a platform to quickly build relationships with neighborhood organizations and to understand priorities of organizations and residents.



Chelsea

Collective Name:

Chelsea Healthy Neighborhoods Initiative

Project period:

January 2023—January 2026

Collective members: The Collective is a collaboration between staff and leaders from organizations throughout Chelsea that serve the community. Several of the Collective members are also long-time Chelsea residents. Chelsea Community Connections (CCC) served as lead agency for the Collective. The Collective was facilitated by a Project Coordinator that is employed by CCC but guided by the full Collective.

About the Project

The funded project aimed to build knowledge, awareness and self-advocacy around women’s health topics, while decreasing the shame and stigma often associated with them. The project focused on 1) planning and delivering Women’s Wellness Workshops and 2) fostering peer support and connection for residents.

Key Outcomes

Knowledge on women’s health topics. The collective hosted 44 workshops covering 21 different requested health and wellness topics. Workshops were attended by an average of 50 participants, reaching a total of 983 participants. Across all workshops, 67% of participants reported increased knowledge on the health topics covered and 91% felt prepared for self-advocacy with health care professionals. The sessions on pregnancy, colon cancer, perinatal

health, and self-defense saw the highest reported knowledge increase. Workshops also increased participants’ feelings of connectedness and belonging and decreased stigma around women’s health issues.

Sustainability through peer-led spaces and partnership. The collective fostered continued peer support and connection through 2 peer-led groups that meet monthly. The collective has identified potential partnerships and funding sources that may enable continued delivery of the workshops.

“I feel more connected to the community and like I belong to the community. Chelsea feels like home. So definitely the workshops, play into that. I feel very welcome.
-Women’s Wellness Workshop participant

Mission Hill

Collective Name:

Mission Hill Healthy Neighborhoods Collective

Project period:

November 2023–January 2026

Collective members: The Collective is a collaboration between leaders of three Mission Hill organizations: Sociedad Latina, Mission Hill Neighborhood Housing Services, and BCYF Tobin Community Center

About the Project

The project addressed a persistent need in Mission Hill: building trust and connection—and decreasing isolation—between youth and senior residents through community events and activities.

Key Outcomes

Intergenerational connections through neighborhood events. The project implemented

at least 20 multi-generational community events for Mission Hill’s youth and seniors, reaching more than 287 residents. Events included:

- Are You Smarter Than a 5th Grader Trivia
- Latinx Heritage Month Arts Workshop
- Disco Night
- Gingerbread House Decorating
- Youth and Senior Chess
- Board Game Events (recurring)
- Craft Club (recurring)

Events created opportunities for community members to gather and connect with each other across generations. The collective engaged youth and senior leaders in planning community outreach and deciding on activity content. Both seniors and youth who participated in 2025 intergenerational events felt like they now know more people in the community and recognize one another around the neighborhood, outside of the events.

Event spotlight: At Disco Night, youth and seniors were encouraged to pair up and discuss/answer questions around the room to foster conversation and start up connections. After making these initial connections, youth and seniors engaged in event activities, including a dance battle, line dancing to “The Hustle,” and a photo booth station.



Roxbury

Collective Name:

Roxbury Collective for Housing Affordability

Project period:

January 2024–October 2025

Collective members: The Dimock Center, Dudley Street Neighborhood Initiative, Madison Park Development Corporation, Nuestra Comunidad Development Corporation, Reclaim Roxbury, Union Capital Boston (UCB), Urban Edge, Wardman/Walnut/Washington/Walker Park Community Walking Group (WCWG), Westminster Court Apartments Tenant Association

About the Project

The collective’s mission was to work with the community to organize, educate, and empower current and displaced residents of Roxbury to ensure affordable, stable, and quality housing in Roxbury.

Key Outcomes

Increased awareness of housing advocacy.

The Roxbury Collective held 14 educational events that engaged 489 members of the community in the conversation on rent control. A majority of post-event survey respondents (75%) said they learned something new at the events (n=313). Eighty-two percent (82%) of participants who are supportive of rent control said they plan to share what they learned with others. The Collective has engaged in conversations about housing affordability with 1,133 community members.

Residents feel prepared to advocate for rent control.

At the events, the collective supported participants with tools to engage in advocacy. Eighty percent (80%) of post-event survey respondents who support the issue said they have the information they need to advocate for rent control. Most agreed (70%) that the event they attended made them feel more connected to community organizations and made them feel more connected to other residents (64%).

Beyond the grant.

The Collective continues to translate the learnings and relationships built during the grant period to support rent control initiatives. Activities include: collecting signatures in support of rent control ballot measures, investing in a leadership development pilot training program to elevate emerging leaders and continue building local power, and creating more opportunities for connection and education around rent control.



Allston Brighton

Collective Name:

Allston Brighton Connectors

Project period:

January 2024–October 2025

Collective members: The Allston Brighton Health Collaborative (ABHC) supported a cohort of community members called Allston Brighton Connectors (ABCs).

About the Project

By training and deploying paid community members as ABCs, the collective’s goal was to connect fellow residents to resources and programming, understand information and service gaps, and work with residents to advocate for missing resources to meet identified community needs.

Key Outcomes

Developed resident leaders. The ABC project developed a cohort of influential resident leaders with deep knowledge of neighborhood needs and resources and the drive to connect residents with those resources and empower civic participation. ABCs demonstrated a 70% increase in number of resources known by the end of the project. ABCs often acted as “one stop shops,” helping residents address multiple needs simultaneously — from job searches to hobby

groups to housing stability. ABCs helped residents trust and learn to navigate local organizations and services.

Resident access to critical resources. ABCs directly connected with over 1,000 residents and distributed \$36,500 in emergency financial assistance. Thanks to the ABCs, residents learned about resources, actually used those resources, and started becoming connectors themselves.

Strengthened networks and a more socially connected neighborhood. Most of the ABCs surveyed (83%) felt they have stronger relationships with residents in Allston Brighton as a result of being an ABC (n=6). Importantly, 82% of surveyed residents said ABCs helped them feel like part of the Allston Brighton community. At the project’s end, ABCs and residents shared intentions for continuing to work toward a more connected Allston Brighton.

Healthy Neighborhoods Initiative Evaluation (2021-2025)

Final Report

Acknowledgements

We appreciate the collective leaders and members who engaged in evaluation design, implementation, and data sensemaking with the Data+Soul team throughout the course of HNI.

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