The Health Foundation of Central Massachusetts Strategic Plan, 2026-2030

October 2025

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I. Introduction

In 2024, The Health Foundation of Central Massachusetts ("The Health Foundation") marked its 25th anniversary, which was a significant milestone for an organization that may not have come into existence had it not been for the persistence of its founders to create an independent health foundation that would support the health of Central Massachusetts (geographic area shown in Appendix A). The Health Foundation was created from the sale of the non-profit physician-owned HMO, Central Massachusetts Health Care, to a for-profit company, and its work has sought to honor its predecessor organization's commitment to improving health in the region. The history of The Health Foundation is described in Appendix B.

This 25th anniversary milestone provided an opportunity to reflect on a quarter century of impact, which has included distributing $59 million in grants to over 230 unique organizations and spurring policy and systems changes that continue to this day. At this natural inflection point, The Health Foundation's staff and board sought to develop a new five-year strategic plan in 2025 to guide the organization in optimizing impact in its next chapter. This document is the product of an extensive strategic planning process that included anonymous stakeholder feedback gathered by an external strategic planning consultant and significant staff and board engagement to develop the plan itself.

This process led to the refinement of effective grantmaking strategies that have been integral to the organization's success over its history and the exploration of new opportunities to deepen the organization's impact by leveraging other philanthropic tools including advocacy, convening, investing, and thought leadership. The pages that follow unveil The Health Foundation's strategic framework for the beginning of its next quarter century in service of its mission to improve the health of those who live or work in Central Massachusetts and with the aspiration of a new vision of a region where communities' ability to reach their full potential for health and well-being is a national model of excellence.

II. Process Overview & Key Findings

The Health Foundation issued a competitive Request for Proposals in December 2024 and selected The Philanthropic Initiative ("TPI") to facilitate a strategic planning process aimed at developing a framework and roadmap for the next five years.

The strategic planning process began in early 2025, and it was designed to explore how The Health Foundation can best leverage tools including grantmaking, convening, thought leadership, advocacy, and investing. Throughout the process, TPI worked closely with The Health Foundation staff and the Strategic Planning Team (SPT), comprised of staff and three directors, to provide feedback and input into every step of the discovery process, with TPI conducting the internal and external discovery work to provide objectivity and to ensure that responses remained anonymous. A timeline of the process is shown in Appendix C.

Elements of the Discovery Process

The discovery process included the following components:

1. **Internal discovery** – including individual interviews with all staff and 6 focus groups with twelve board members to obtain input on mission, goals, and strategies (Appendices D & E);
2. **A virtual planning session** with the board and staff to review the internal discovery and plan for external discovery and outreach;
3. **External discovery and analysis** – including focus groups and interviews with 37 nonprofit, health, philanthropy, and governmental leaders (Appendices F & G); a stakeholder survey broadly distributed to over 300 local leaders with more than 100 responses (Appendices H & I) and a review of the philanthropic context in Central Massachusetts (Appendix J);
4. **An in-person planning retreat** with members of the Board of Directors and staff (Appendix K);
5. **The strategic framework and plan** was developed based on the discovery findings, in consultation with the SPT and the rest of the board, with feedback from TPI. The final strategic plan was presented to the full board and approved on October 23, 2025.

Key Findings

The internal and external discovery process illuminated key observations and findings that informed the strategic approach outlined in this plan. Highlights summarized by TPI include:

Vision, Mission, Strategies

- There is a high level of satisfaction among the board and staff with the overall mission, guiding principles, grant strategies, and approach of The Health Foundation.
- A review of data on the philanthropic landscape in the region revealed that most philanthropic health-adjacent funders in the region focus on specific issues or populations.
- There was broad agreement that The Health Foundation should continue to focus on unmet needs, vulnerable populations, and addressing systemic inequities.
- The inclusion of social determinants of health is widely appreciated and viewed as an innovative and comprehensive approach that can help to address funding gaps and spur collaboration in the region's health ecosystem.

Strengthening Local Communities and Organizations

- There is a high level of appreciation among grantees for The Health Foundation's guidance, partnership, and collaborative approach with other funders, government, and community organizations in ways that further positive health outcomes in the region.
- Stakeholders affirmed that the Synergy Initiative and Activation Fund are pioneering approaches and should continue with some tactical refinements.
- There is also agreement that there are opportunities to increase the impact of The Health Foundation by exploring an additional grantmaking or other capacity-building approach with greater flexibility than existing grantmaking avenues to support communities with less access to funding (i.e., smaller organizations, rural communities).

Policy and Systems Change

- The Health Foundation is highly respected and valued for its past work providing credible information, advocacy, and lobbying to inform and influence policy changes advancing health equity.
- Because the strategic planning process took place under a new federal administration that has created great uncertainty in the federal, state, and philanthropic funding landscape, many stakeholders emphasized that The Health Foundation's advocacy, policy, and lobbying are more vital than ever to promote equitable policy and systems change.
- To date, most of the advocacy work has been tied to the Synergy Initiative grants. Given the current political and funding climate, stakeholders encouraged the board and staff to consider identifying additional complementary areas for deeper engagement.

Stewardship and Management

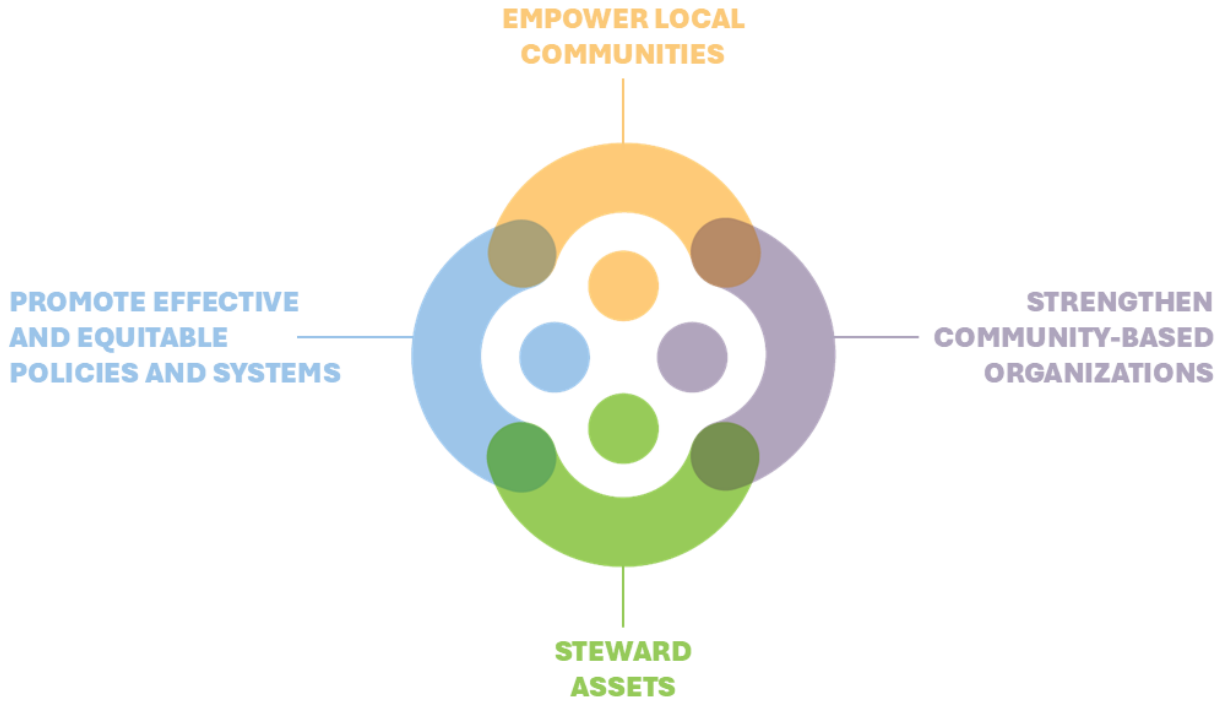
- Throughout both the internal and external discovery processes, there was tremendous admiration and respect for The Health Foundation's exceptional accomplishments, particularly given its lean staff.
- Stakeholders emphasize the importance of investing internally at The Health Foundation to ensure organizational stability and alignment with current and future needs.
- While there is interest in exploring mission-aligned investing, The Health Foundation intends to focus primarily on effective stewardship of the legacy and assets of Central Massachusetts Health Care.

III. Strategic Framework, 2026-2030

After thoughtful engagement and review of input from a wide range of stakeholders across the region, The Health Foundation board and staff reached consensus on an overall approach and framework to guide its efforts the next five years. The key goals, and overview of the strategic framework, and additional details are provided in this section.

A. Primary Goals

The strategic planning process led to the identification of these four primary strategic goals.



B. Summary of Strategic Framework

A summary of The Health Foundation's new strategic framework, including strategies and outcomes, are shown below, with additional explanation provided in the section that follows.

Goals			
Promote Effective & Equitable Policies and Systems	**Strengthen Community-Based Organizations**	**Empower Local Communities**	**Steward Assets**
Strategies			
• Support Synergy Initiative grants as primary vehicle to test, evaluate, and sustain strategies • Advocate for policy and systems change aligned with goals of current and select past Synergy Initiative projects • Partner with other organizations and campaigns on foundational policy issues (e.g., Medicaid, SNAP)	• Enable organizations to expand capacity through Activation Fund grants (and other grants) • Expand types of supports offered to smaller, grassroots organizations • Bolster cross-sector collaboration between organizations to improve health	• Build advocacy capabilities by supporting cross-sector coalitions and convenings, especially in rural communities • Listen to those with lived experience and lift up voices of those most impacted by policy decisions • Deepen THFCM community engagement	• Invest internally to ensure organizational stability and alignment with current & future needs • Consider strategic partnerships to efficiently and effectively expand impact (e.g., advocacy, facilitation) • Leverage assets (including The Health Foundation Fund) to maximize long-term social and local impact, including by facilitating state, federal, and other private investments in the region
Mid-Term Outcomes			
• Public policies are introduced that advance equity and address Synergy Initiative goals	• Community assets are enhanced through targeted local investments and strategic partnerships	• Existing coalitions are strengthened and new coalitions are launched to support community-led efforts to improve health	• Staff, board, and community members actively engage in relevant opportunities for professional development and training

• Local, statewide, and national campaigns benefit from THFCM resources and networks in furthering advocacy efforts	• Staff develop and pilot new supports (e.g., funding, training) to nurture emerging nonprofits	• Relationships are developed and cultivated between decision-makers and those most impacted by policy	• New strategic opportunities are piloted and evaluated • A working group is formed to explore potential mission-aligned investment opportunities (e.g., loan guarantees or bridge funding)
Long-Term Outcomes			
• Successful initiatives are documented in media and peer-reviewed journals and replicated where appropriate • Strategies are sustained and codified through policy and systems change	• Nonprofits are more resilient in an ever-changing environment due to enhanced internal capacity and expanded external supports	• Rural communities benefit from the presence of backbone organizations and/or coalitions • Local and state policy decisions routinely consider the potential impacts on communities through direct input from community members	• External partnerships are developed that increase organizational capacity and impact • Recommendations of the working group are implemented to formalize how the Foundation will consider investing and deploying organizational assets (including The Health Foundation Fund) and complementary external assets to optimize impact in perpetuity

C. Strategic Framework

Early on in the strategic planning process, there was consideration of The Health Foundation's current mission and guiding principles (see Appendix L for definition of key terms).
While there is considerable comfort with the current mission and guiding principles through previous reviews of The Health Foundation's strategic approach, The Health Foundation's board and staff refined the guiding principles to align more closely with current priorities and operations.

The mission statement remained the same:

> The **Mission** of The Health Foundation is to use its resources to improve the health of those who live or work in the Central Massachusetts region, with particular emphasis on vulnerable populations and unmet needs.

The Health Foundation's ***values*** are embedded throughout its guiding principles and strategies. Through its long-held commitment to health equity, it is dedicated to eliminating inequities within all aspects of health and addressing social determinants, including underlying racial, social, and economic factors that can influence health status.

The **guiding principles** were reordered by priority and updated to better reflect current language related to health equity:

> The Health Foundation will:
> - Use the term "health" in its broadest sense, incorporating the social determinants of health and drawing upon the World Health Organization's definition: *"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."*
> - Be cognizant of, and responsive to, the changing health needs of the region and inequities that persist due to underlying racial, social and economic factors that influence health status
> - Combine its charitable mission with a commitment to innovation
> - Endeavor to leverage its resources as a catalyst for positive change
> - Function primarily by awarding grants and supporting related policy and advocacy efforts, and utilize other tools, such as convenings, and external communications, as appropriate

The Health Foundation did not have a ***vision statement,*** so the SPT drafted the following to bring to the board for consideration and approval:

> **Vision**: We envision a Central Massachusetts region where communities achieve their full potential for health and well-being, ultimately becoming a national model of excellence.

Strategic Goals and Strategies

I. Promote Effective and Equitable Policies and Systems

Recognizing that significant inequities persist in the region – further exacerbated by the COVID-19 pandemic and recent federal funding cuts – there is a continued need to deepen efforts to listen to and collaborate with community stakeholders, identify priorities, and be proactive in developing innovative approaches to address pressing issues and promote effective and equitable policies and systems.

CURRENT PROGRAMS & ACTIVITIES

The Health Foundation will continue its commitment to catalyzing innovative solutions for effective policy and systems change through its signature **Synergy Initiative** grant program, which comprises the largest share of its grantmaking budget, and related advocacy efforts described below.

- The **Synergy Initiative** grant program provides funding for collaborative projects spanning an average of four to five years that target significant health issues in Central Massachusetts, especially inequities and disparities, with integrated, comprehensive strategies aimed at influencing policy and/or systems change. A cornerstone aspect of the Synergy Initiative is the use of empowerment evaluation to build capacity of grantees by providing partner evaluators as a tool to overcome challenges, make mid-course corrections, and improve outcomes over time, and by helping grantees develop internal systems to better track and assess their own efforts. Building on previous efforts, staff will continue working to streamline the application process and reduce the administrative burden on grantees.

- The Health Foundation leverages its 501(c)(4) status to advocate for policy and systems change aligned with the goals and objectives of current and previously funded Synergy Initiative projects. Specific activities vary by project and may include hosting briefings or convenings aimed at educating policymakers and stakeholders, disseminating evaluation reports, learnings, and other relevant data to showcase effective models and evidence of impact, and direct lobbying.

AREAS OF INCREASED EMPHASIS

- Building on existing efforts, The Health Foundation will support select statewide nonprofit organizations and campaigns focused on foundational policy issues that impact the health of all Massachusetts residents, such as equitable access to healthcare, food, and housing (e.g., Medicaid and SNAP).

- The Health Foundation will consider opportunities to further its efforts to share evidence-based data, dispel misinformation, and highlight effective models and promising research among key stakeholders. Such efforts will likely be undertaken in partnership with other academic and health-focused organizations in the region.

- The Health Foundation will expand its use of external communications as an important tool to tell the stories of its grantees and region, advance its programmatic and strategic goals, and increase its visibility with the intent of serving as a role model and inspiration for other funders in the region and nationally.

II. Strengthen Community-Based Organizations

The Health Foundation will maintain its emphasis on capacity building through the **Activation Fund** grantmaking program with minor tactical refinements. Additionally, The Health Foundation will explore new approaches and tools for supporting smaller, grassroots organizations, particularly those located in under-resourced, rural areas of the region, and facilitating cross-sector collaboration for increased impact. Opportunistic **Board Designated** grants can provide greater flexibility in responding to strategic opportunities for impact outside of formal grant programs.

CURRENT PROGRAMS & ACTIVITIES

- The **Activation Fund** provides funding for discrete, one-year projects that aim to help nonprofits to achieve a higher level of capacity and/or effectiveness through capital investments, strategic partnerships, and other programmatic strategies. Requests for concept papers are typically issued annually, and technical assistance is offered to all applicants invited to apply. Building on previous efforts, staff will continue working to streamline the application process and reduce the administrative burden on applicants and grantees.

- **Board Designated** grants enable The Health Foundation to be responsive to emerging needs within an organization or community or strategic opportunities to make an impact in the region that align with The Health Foundation's mission but do not fit the guidelines of the other grant program. Grants are made at the board's discretion on an invitation-only basis.

AREAS OF INCREASED EMPHASIS

- Staff will develop, test, and refine new strategies or programs to catalyze leadership development and nonprofit capacity-building for strengthening new or smaller nonprofits in the region with limited access to funding and with needs that do not align with existing grant program guidelines. Activities may involve grantmaking, convenings, providing access to coaching and technical assistance or other approaches.

- The Health Foundation will also explore opportunities to attend and/or facilitate additional convenings, meetings, and networking activities to increase knowledge, engagement, and cross-sector collaboration, with a particular focus on health issues facing under-resourced rural areas.

III. Empower Local Communities

CURRENT PROGRAMS & ACTIVITIES

- Staff will continue to participate in funder collaboratives, multi-sector coalitions, and other alliances in ways that further positive health outcomes in the region, focusing on specific geographies and issues within staff capacity.

- The Health Foundation utilizes the Community Outreach Committee to learn about needs and opportunities throughout the region and expand its outreach regarding grant opportunities.

AREAS OF INCREASED EMPHASIS

- The Health Foundation will deepen its community engagement efforts in under-resourced, rural communities. Specific activities may involve supporting cross-sector coalitions and convenings and facilitating access to advocacy-related technical assistance and training.

- The Health Foundation will seek opportunities to strengthen advocacy partners' communications efforts and amplify the voices of those impacted directly by inequitable systems and policies.

IV. Steward Assets

While The Health Foundation stewards its assets with the goal of supporting its mission in perpetuity, staff and board members aspire to deploy its resources for optimal social impact through both grantmaking and other strategic investment strategies. The Health Foundation also recognizes the importance of making strategic internal investments to ensure staff and board members have the support needed to be successful in their efforts.

CURRENT PROGRAMS & ACTIVITIES

- The Health Foundation's Investment Committee works in consultation with professional investment consultants to develop and refine The Health Foundation's Investment Policy Statement and to identify appropriate investment opportunities, all of which are offered as recommendations to the Board of Directors.

- The Health Foundation has previously explored and implemented program-related investments (PRIs) and loan guarantees in the context of permanent supportive housing.

- Through The Health Foundation Fund, the affiliated 501(c)(3) nonprofit entity, The Health Foundation has provided short-term fiscal sponsorships to support local initiatives focused on improving health improvements. The Health Foundation Fund has also stewarded other public and private investments in the region as opportunities have emerged and will

continue to *prioritize* opportunities to partner with other foundations, academic institutions, and donors in the region, and to leverage government funding when possible.

AREAS OF INCREASED EMPHASIS

- A subcommittee or working group will be created to explore potential social impact investments and/or mission-aligned investments, in consultation with the Investment Committee, investment advisors, and peer funders. This group will develop recommendations for how the Foundation will consider investing and deploying organizational assets (including The Health Foundation Fund) and complementary external assets to optimize impact in perpetuity.

- To support future goals and maintain the health of staff, The Health Foundation will conduct a periodic review of staffing and related resource needs and consider ways to leverage other partners and opportunities, including expanding engagement of staff, directors, and community members.

- Staff will also explore opportunities to formalize strategic partnerships and affiliations with policy and advocacy thought partners and capacity-building organizations to have greater and more sustainable impact.

IV. Next Steps

With the strategic framework for the next five years in hand, The Health Foundation staff will develop an internal plan for implementation and monitoring of the strategies described above. Staff and board will routinely evaluate progress toward achieving the strategic goals and make adjustments as needed.

V. Conclusion

The strategic planning process reaffirmed the important role The Health Foundation plays to improve the health and well-being of those who live or work in Central Massachusetts and beyond. The Health Foundation will continue to be a careful steward of its assets and resources to: empower local communities; strengthen community-based organizations; and promote effective and equitable policies and systems. With a continued commitment to addressing the social determinants of health and eliminating inequities including underlying racial, social, and economic factors that can influence health status, The Health Foundation will continue its emphasis on vulnerable populations and unmet needs across the region. Based on the feedback received, The Health Foundation staff, in consultation with community members, will develop an additional, more flexible strategy to support smaller nonprofits and organizations serving rural parts of the region. It will also seek to be strategic in its advocacy, lobbying, and policy work and to partner across sectors to promote health and well-being across Central Massachusetts.

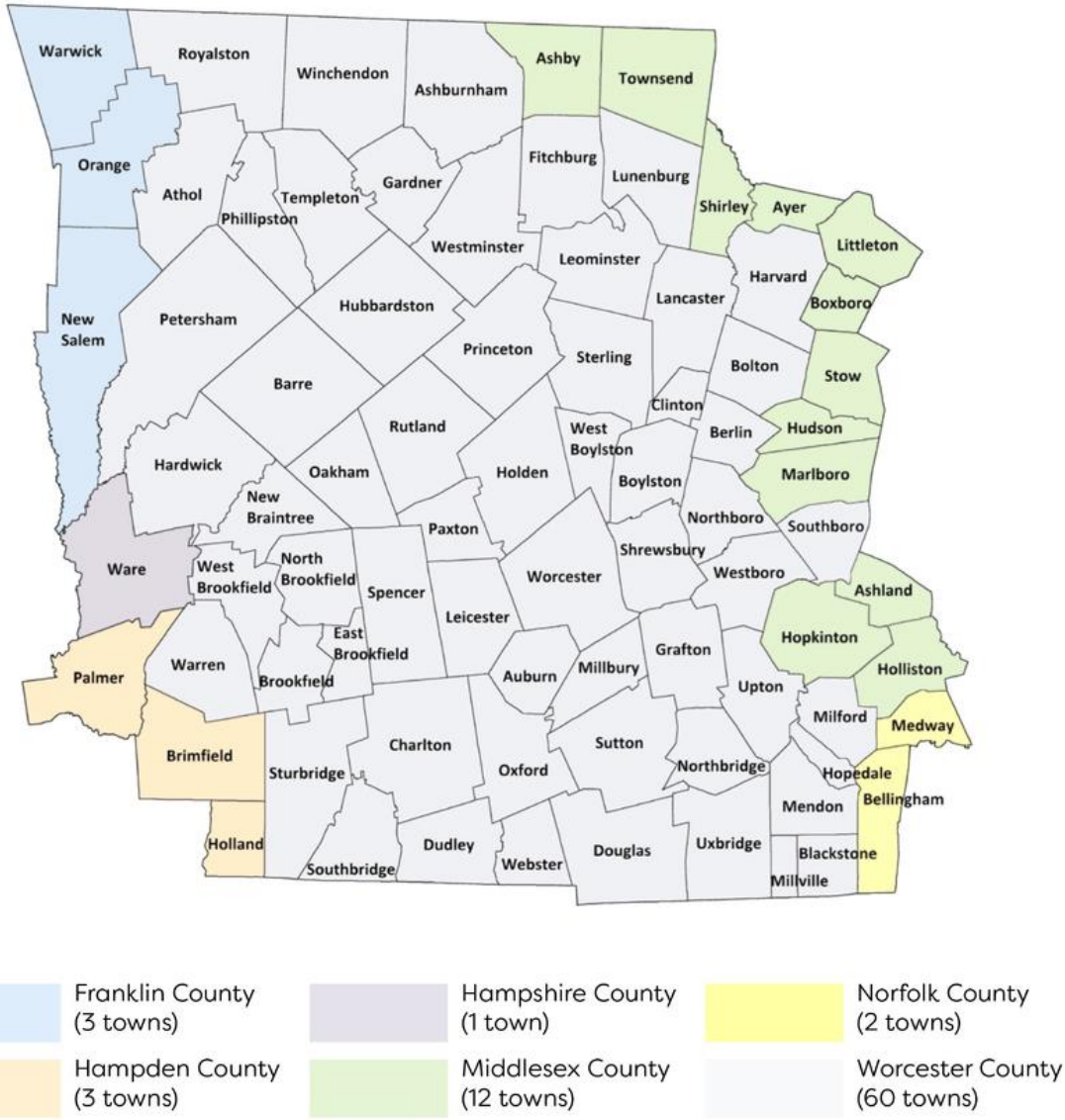
Acknowledgements

This strategic plan would not have been possible without the generous contributions of time and feedback from The Health Foundation's board, staff, grantees, applicants, and local stakeholders. We also appreciate the special contributions of The Philanthropic Initiative and the Strategic Planning Team.

Appendix A: Central Massachusetts Geographic Area

The Health Foundation's region consists of the 60 cities and towns comprising Worcester County and the contiguous communities of Ashby, Ashland, Ayer, Bellingham, Boxborough, Brimfield, Holland, Holliston, Hopkinton, Hudson, Littleton, Marlboro, Medway, New Salam, Orange, Palmer, Shirley, Stow, Townsend, Ware, and Warwick, for a total of 81 cities and towns.

CURRENT GEOGRAPHIC FOCUS AREA:



Franklin County (3 towns)

Hampshire County (1 town)

Norfolk County (2 towns)

Hampden County (3 towns)

Middlesex County (12 towns)

Worcester County (60 towns)

Appendix B: The Health Foundation's History and Background

The Health Foundation is a nonprofit health conversion foundation funded primarily through proceeds from the 1998 sale of Central Massachusetts Health Care, Inc. (CMHC) – a physician-initiated, not-for-profit health maintenance organization (HMO).

When converted from CMHC, The Health Foundation intentionally sought to retain the plan's tax-exempt status as a 501(c)(4) organization to retain the capacity to lobby. The Health Foundation's ability to lobby has been strategically woven into its grantmaking, most notably in the Synergy Initiative, where advocacy and lobbying are strategically leveraged to catalyze systems change and sustainability of the projects. The Health Foundation also created The Health Foundation Fund as a 501(c)(3) fundraising affiliate to support the purpose and mission of The Health Foundation through donations, memorial contributions, and gifts of life insurance.

The Health Foundation initially undertook a strategic planning process to develop its grantmaking agenda after its formal establishment in 1999 and formally revisited the agenda through another strategic planning process in 2011-2012. From the strategic planning process, the following guiding principles emerged, which continue to be at the center of The Health Foundation's overall strategy, which focus on health equity and addressing systemic inequities:

- **Look to community leadership** to identify health issues to be addressed, informed by health status indicators and emerging health issues.
- **Add value by complementing funding streams** rather than duplicating funding traditionally provided by others (e.g., local, state, federal government programs) and encouraging co-funding partners when appropriate.
- **Encourage partnerships and collaborative projects** that combine evidence-based interventions to improve access to medical treatment and prevention (e.g., population health and public health strategies, including social determinants of health).
- **Focus funding on a few projects with multi-year support** designed to catalyze systems change to sustain evidence-based interventions and, when relevant, replicate or expand those evidence-based interventions.
- **Emphasize and support evaluation** to assess grantee results, share findings and lessons learned, and facilitate sustainability of evidence-based interventions.
- **Change public policy** to institutionalize evidence-based interventions by supporting advocacy and lobbying activities, as uniquely enabled by The Health Foundation's 501(c)(4) tax status and incorporating documents.

The guiding principles led to development of two major avenues for grantmaking:

1. The Health Foundation's **Health Care and Health Promotion "Synergy Initiative"** is a pioneering grantmaking model addressing upstream social determinants of health and health equity by changing policies and systems that would otherwise perpetuate inequities.

2. The **Activation Fund** is designed to help increase the capacity of applicant-initiated proposals that fit The Health Foundation's mission and that often complement Synergy Initiative grants.

In addition, The Health Foundation has a **Board Designated** grant fund to allow it to be responsive to unanticipated needs. This proved essential in addressing the Covid-19 pandemic and other unanticipated regional needs.

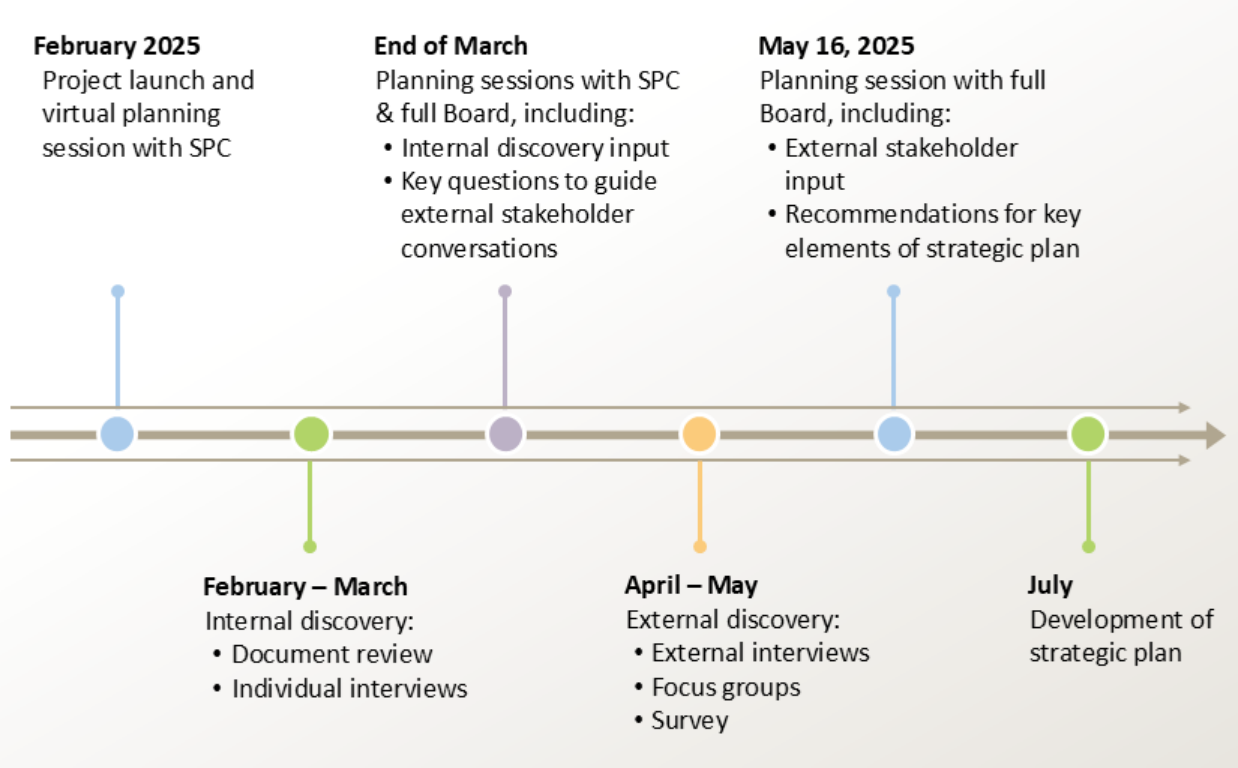
With a desire to stay current and responsive to the community's needs, The Health Foundation formed a **Community Outreach Committee** in 1999 to serve as a resource to identify community needs, disseminate grantmaking guidelines, and listen to and obtain feedback about The Health Foundation's grantmaking goals and process. Members with strong community networks are recruited from towns located all throughout the region with a goal of having diverse representation.

In addition to the Community Outreach Committee, The Health Foundation is supported by the following standing committees: Audit Committee, Distribution Committee, Executive Committee, Finance Committee, Investment Committee, and Nominating Committee. The Audit Committee, Community Outreach Committee, and Investment Committee also include community members who serve as volunteer committee members alongside directors.

The Health Foundation is also committed to evaluating itself, by constantly learning and seeking to better understand needs and opportunities, evaluating and reflecting on the impact of its investments and related efforts, and using evaluation findings and other insights to consider how it can improve processes and increase its impact.

Appendix C: Timeline

The strategic planning process followed the timeline below.



Appendix D: Internal Discovery Interview Guide

The following questions were used in individual interviews and focus groups with The Health Foundation's staff and board.

Mission, Principles, and Goals

1. Do you think The Health Foundation of Central Massachusetts should revisit its current mission and guiding principles? If so, do you have specific suggestions at this time?
2. What would you identify as the top three goals that you think The Health Foundation should seek to achieve over the next five years?
3. What do you see as ideal outcomes after five years of implementing a well-designed strategy?
4. In 2035, what would you hope to see as a newspaper headline about The Health Foundation? What would it take to get to that?

Health Issues and Trends

5. What do you see as the most important issues and trends relating to the health of the region in the next 3-5 years? What are the gaps in philanthropic work related to health in your region?
6. What do you see as the major barriers to improving people's health and well-being?

Roles and Strategies

7. What would you point to as the strengths of The Health Foundation strategies to date? What do you see as concerns or opportunities for improvement?
8. Do you recommend The Health Foundation continue its overall strategy (Synergy Initiative, Activation Fund, and Board Designated grantmaking)? What modifications or other potential approaches would you encourage the Foundation to consider?
9. Philanthropy invites several types of risk (e.g., financial, reputational, programmatic, etc.). In some instances, The Health Foundation has taken on significant risk that could have adverse impacts (e.g., made decisions that could be unpopular with some). In other instances, The Health Foundation has chosen to fund more established organizations with longer track records. On a scale to 1-5 – with 5 being the riskiest and 1 being the least risky – Where do you think the Foundation currently operates and why? Where do you think The Health Foundation should operate and why? Do those ratings vary depending on the type of risk involved? If you think the Foundation should consider taking on greater risk in certain situations, should the Foundation consider a specific mechanism to do so?
10. Foundations can use an array of tools and approaches to achieve their mission, including grantmaking, thought leadership, technical assistance, communications and advocacy, leadership development, network-building, research, convenings, and mission-driven investing. Which of these approaches do you think The Health Foundation should prioritize to improve health in the region? Do you have specific suggestions on how The Health Foundation might use these or other approaches to achieve important goals and objectives?
11. Are there certain tools or approaches that you feel are not appropriate for the Foundation?
12. If the Foundation undertakes mission-aligned investing, what would success look like?
13. Describe what types of leadership roles you think The Health Foundation should play in the future.
14. Thinking about how philanthropy could influence public policy in ways that improve health, what goals and roles would you urge The Health Foundation to consider?
15. Do you have thoughts on how The Health Foundation should work with partners – e.g., government entities, private funders, nonprofit partners, other entities – to achieve its mission? Who might represent natural partners for the Foundation?
16. What knowledge would be most useful to inform The Health Foundation's strategic thinking and decision-making? Are there specific questions we should explore through this process?
17. Do you have any other thoughts, insights, reports, or data that could inform the strategic planning process?
18. Whose input would be most valuable for TPI's external research?
19. Are there any other comments, ideas, or suggestions about the Foundation or its future that you'd like to share?
20. What would success look like for this planning process?

Appendix E: Internal Discovery Findings

List of Internal Interviewees

TPI conducted a total of seven individual interviews and six director focus groups. All of the following were invited to participate:

Directors (14)

- Paula A. Aiello, CPA (Assistant Treasurer)
- Randy V. Becker, CPA, MBA (Treasurer)
- Leah M. Bradley, LCSW
- Sejal M. Daga, MD, FAAP (Secretary)
- Soloe M. Dennis, MS, MEP
- Dennis M. Dimitri, MD, FAAFP (Chair)
- Arthur O. DuBois, LICSW, MSW
- Diane E. Gould, LICSW, MSW
- J. Michael Grenon, CIMA
- Lindsay F. Greenfield, MBA
- Christie L. Hager, JD, MPH (Vice Chair)
- Kathryn Y. Lee, MD
- Morgan A. Russell, Esq
- Carole M. Steen, MSA

Staff (4)

- Amie Shei, PhD, President and CEO
- Jennie Blake, MSW, Vice President for Programs
- Michelle Ewing, Director of Finance and Administration
- Daniel Germain, Grants and Operations Manager

Abbreviated Summary of Responses

Mission and Guiding Principles:

Most respondents indicated comfort with The Health Foundation's current mission and guiding principles, but some feel it would benefit from a refresh. Part of the mission and guiding principles that were explicitly appreciated included:

- The broadness in the mission statement accommodates diverse initiatives
- The mission allows for great flexibility and highlights the broader elements of health than just healthcare

Some respondents suggested small changes, including:

- Reorganize the guiding principles (i.e., lead with the most important ones)
- Consider removing guiding principles that are no longer as relevant (e.g., "hold prevention, education, provision or health services and research as tenets…")
- Revisit all of them at the end of the strategic planning process (e.g., is it still true that The Health Foundation may initiate its own programs from time to time?)
- Update the language around target populations, equity, and need

Goals and outcomes for The Health Foundation to prioritize in the next 5 years:

The most mentioned goals and outcomes were to grow The Health Foundation's impact through grantmaking, advocacy, partnerships, and capacity building; grow The Health Foundation's influence among other changemakers; and to establish The Health Foundation's model for philanthropic impact among other foundations.

Role of The Health Foundation:

- Continued policy and systems change through the Synergy Initiative projects
- Beyond grantmaking – thought partner, advocate, capacity builder, new partnerships
- Expanding capacity building toolbox – including different funding avenues, microgrants, leadership development, etc.
- Maximizing impact through advocacy

Operations and Impact:

- Increasing transparency and accountability in decision-making
- Grow the endowment
- Address needs throughout the service area
- Follow measurable objectives
- Use a clear framework for decision-making

Outreach and Communications:

- Listen more deeply to communities
- Be more accessible and flexible with community partners
- Develop stronger relationships
- Support more grassroots organizations
- Be a health proponent for all the diverse people across Central Massachusetts

Major health issues and trends respondents identified:

- Access – to housing, healthcare, healthy food, transportation, essential services, primary care, economic opportunities and more – exacerbated by workforce shortages and knowledge gaps about available services
- Government Uncertainty – with reduced funding for public health and safety net efforts nationwide, there is desperate and growing need for philanthropic support in many systems traditionally supported through institutional funding
- Status quo – even when structural conditions are unacceptably negative, it can be difficult to change intrenched systems. Incremental change requires keeping sight of the big picture
- Misinformation – the fractured media landscape is rife with misleading and outright false information about health and science that makes creating a cohesive narrative around The Health Foundation's health mission more complex

Major strengths of The Health Foundation:

- Dedicated leadership and staff – Do a lot with very limited staff due to a supportive, flexible, and highly motivating environment

- A unique approach – deep commitment and engagement with partners, multi-year support, embedded evaluation supports, and evaluations tied to communications and advocacy
- Community listening – we listen to and respond to what we're hearing from our communities
- Financial health – the principle has grown and is growing, yielding greater options for community investment
- Continuous process improvements – from reporting to financial management, staff work to iterate on what works and improve what doesn't

Potential areas for change:

- Inaccessible to smaller or newer organizations – The Health Foundation's current grantmaking strategies leave little opportunity for smaller or newer organizations to receive support. The Activation Fund trends toward capital projects and the Synergy Initiative projects are structured to require substantial overhead. Suggestions included a fourth approach, intentional inclusion strategies, increased flexibility, and coordination with other funders
- Diverse region – some of The Health Foundation's service area includes areas with extremely limited or nonexistent nonprofit ecosystems
- Limited staff – With only four staff, there is a hard ceiling on additional tasks The Health Foundation can take on. Suggestions included exploring options for interns, trustee tasks, and perhaps additional staff

The Health Foundation's philanthropic toolkit could include the following:

- Grantmaking – respondents overwhelmingly agreed that grantmaking is and should remain central to the work
- Communications and advocacy – The Health Foundation is a 501(c)(4) and is legally permitted to lobby (unusual in health conversion foundations). Respondents suggested that this tool is important given the weight of policy decisions on health outcomes in the region. Respondents also suggested diversifying communications efforts to include events and research promotion
- Leadership development and technical assistance – The Health Foundation already uses these tools, but some respondents suggested that these could be more central efforts
- Mission-driven investing – more discussion is needed to clarify how The Health Foundation defines mission-driven investing, interest was expressed in using this as an additional tool

Mission-aligned investing:

Mission-aligned investing can include a variety of activities involving the 95% of The Health Foundation's principle that are not legally required to be dispersed each year. Some respondents endorsed some of those activities while others expressed opposition.

- Exclusion-based investment restrictions – currently The Health Foundation explicitly excludes tobacco-based investments in its portfolio. This could be widened to include other adverse health activities, or removed to encourage the most profitable portfolio possible
- Guarantor to community investment – The Health Foundation could, in partnership with another loan-making entity, act as guarantor to higher risk community loans that would otherwise not be made

- Direct community investor – The Health Foundation could make direct low or no-interest loans to community-benefit organizations or program-related investments (PRI)

The Health Foundation's role:

Most stakeholders expressed confidence in the staff's ingenuity, commitment, and other strengths, but many felt that The Health Foundation's lean team should not be asked to do much more. With that caveat, some suggested roles – and associated partners – include:

- The Health Foundation as promoter of research around public policy – working with government entities or research organizations helping to organize private funders around specific issues
- The Health Foundation as a capacity-builder and convener – partnering with local nonprofits to build up the sector and more deeply engage with the communities in Central Massachusetts
- The Health Foundation as public-private partner – engaging with local government and agencies to enable bold strategies utilizing civic infrastructure
- The Health Foundation as national model – push The Health Foundation's profile higher among larger and more geographically diverse funders

Tolerance for risk:

Respondents expressed differing positions on risk, particularly regarding nontraditional utilization of The Health Foundation's financial capital.

- Reputational – advocacy and communications to raise The Health Foundation's profile can also lead to greater scrutiny and greater risk of negative attention (regardless of deservedness). Many respondents expressed a desire for a higher profile for The Health Foundation indicating a general comfort level with a higher level of reputational risk in some cases
- Financial – as in the mission-driven investing conversation, risk tolerance here was more varied among respondents
- Programmatic – Many, but not all, respondents expressed an appetite for greater programmatic risk than The Health Foundation currently takes, so future discussions could engage what proportion of programmatic efforts should engage in riskier bets
- Operations – Operations risk was not explicitly named as such in our interview guides, but it did come up in a roundabout way with some respondents expressing concern about protecting staff capacity

Appendix F: External Focus Group/Interview Guides

External Discovery included eight focus groups and six interviews with grantees, partners, healthcare providers, The Health Foundation's Community Outreach Committee Members, elected officials, and other key stakeholders totaling 37 individuals.

Perception/Awareness of The Health Foundation

- How familiar are you with The Health Foundation and its work and in what capacity? How is The Health Foundation viewed in the community?

Key Issues & Emerging Challenges

- What do you see as the most important issues and trends relating to the health of people in the Central Massachusetts region in the next five+ years, and how would you suggest The Health Foundation identify the grantmaking approaches and issues where its funding can have the greatest impact?
- One challenge is how to "look around the corner" to identify emerging issues and potential populations or communities of focus that may not be apparent based on current health data and trends. What approach(es) should The Health Foundation consider to ensure that it is aware of emerging issues and potential populations of focus as it considers how to maximize its impact on health?
- What do you see as the major barriers (institutional, demographic, epidemiological, political or other) to improving health in Central Massachusetts?

Philanthropic Landscape & Grantmaking Approach

- What are the gaps in philanthropic work related to health in Central Massachusetts (e.g., types of funding available, size and duration of grant funding)?
- What specific grantmaking strategies do you believe could be most fruitful in improving health in the region?

Opportunities to Leverage Greater Impact

- Going beyond grantmaking, what other roles could The Health Foundation play or tools could it deploy to leverage greater impact? (Please provide examples of other tools, e.g., advocacy, convener, capacity-building, program-related investments, etc.)
- As is typical of many foundations, The Health Foundation leverages roughly 5% of its assets for grantmaking every year while the remaining 95% is invested to ensure that the foundation can operate in perpetuity. Do you have any high-level thoughts on how The Health Foundation can optimize its stewardship of the 95%?
- Do you have any other comments, ideas or suggestions that could help guide The Health Foundation as it develops its strategic plan?

Questions for Civic Leaders/Policy Makers

- *(Key Issues)* What opportunities do you see for (public/private) partnership with The Health Foundation and other funders to address regional needs in the next 3-5 years?

- *(Grantmaking Approach)* Do you have any thoughts about how The Health Foundation should distribute its funding and resources across the spectrum of grantmaking possibilities (e.g., fewer larger policy advocacy-focused multi-year projects on one end all the way to smaller unrestricted or general operating grants on the other end)?
- *(Opportunities to Leverage Greater Impact)* The Health Foundation's 501(c)(4) status enables it to support advocacy and lobbying activities in ways that many other funders cannot. How have you seen The Health Foundation leverage this opportunity? How should the foundation utilize this tool moving forward?

Questions for Other Funders

- *(Philanthropic Landscape & Grantmaking)* What changes, if any, has your foundation made to its grantmaking strategy or practices in the past 3-5 years, and/or what changes are being considered? What was the rationale for these changes? What has the impact of these changes been?
- *(Philanthropic Landscape & Grantmaking)* What changes, if any, would you encourage The Health Foundation to consider making to its grantmaking strategies (e.g., fewer larger policy advocacy-focused multi-year projects on one end to smaller unrestricted or general operating grants on the other end) in the context of the current philanthropic landscape and nonprofit needs, especially in Central Massachusetts?
- *(Philanthropic Landscape & Grantmaking)* How does your foundation consider organizational budget, history, and capacity in its grantmaking process? i.e., Are some applicant organizations considered too big or too small? Are some applicant organizations considered too new or risky? Do you have any advice for The Health Foundation?

Questions for Grantees

- *(Perception/Awareness)* What do/did you most appreciate about your partnership with the foundation as a grantee?
- *(Philanthropic Landscape &* Grantmaking) What was/has been unique about The Health Foundation's grantmaking avenue(s) that you are familiar with?
- *(Philanthropic Landscape & Grantmaking)* What suggestions would you have for changes or improvement based on your experience as a grantee? Do you have any feedback on the types of grants offered by The Health Foundation?
- *(Opportunities to Leverage Greater Impact)* Anything else you'd like to share about your organization's experience as a grantee?

Questions for Partners/Stakeholders

- *(Perception/Awareness)* What do/did you most appreciate about your partnership with The Health Foundation?
- *(Opportunities for Greater Impact)* What suggestions would you have for changes or improvement for The Health Foundation based on your experience with The Health Foundation and other funders?

Appendix G: External Discovery Findings

TPI conducted interviews and focus groups with the following individuals to discover external perceptions and suggestions for The Health Foundation.

List of External Respondents

Focus Group 1 – Grantee Partners

- Leslie Baker, Director of Center for Childcare Careers, Family Services of Central Massachusetts
- Alex Corrales, Chief Executive Officer, Worcester Housing Authority
- Sheila Cuddy, Retired Executive Director, Quaboag Valley Community Development Corporation
- Jenna Day, Director of Development, RCAP Solutions
- Nancy Allen Scannell, Executive Director, Massachusetts Society for the Prevention of Cruelty to Children

Focus Group 2 – Grantee Partners

- Steve Fischer, Executive Director, Regional Environmental Council
- Sharon MacDonald, Executive Director, Guild of St. Agnes
- Tuyet Tran, Executive Director, Southeast Asian Coalition of Central Massachusetts

Focus Group 3 – Health and Healthcare

- Kavita Babu, Chief Opioid Officer, UMass Memorial Medical Center
- Carlene Pavlos, Executive Director, Massachusetts Public Health Alliance
- Amy Rosenthal, Executive Director, Health Care for All
- Matt Selig, Executive Director, Health Law Advocates

Focus Group 4 – Health Philanthropy

- Julie Burns, President & CEO, RIZE Massachusetts
- Marty Cohen, Retired President & CEO, MetroWest Health Foundation
- Audrey Shelto, President & CEO, Blue Cross Blue Shield of Massachusetts Foundation

Focus Group 5 – Philanthropy

- Steve Adams, President, Community Foundation of North Central Massachusetts
- David Ball, President, Ball Consulting Group
- Kory Eng, President & CEO, United Way of North Central Massachusetts
- Judith Kirk, Community Outreach Committee

Focus Group 6 – The Health Foundation Partners

- Bob Durand, President, Durand & Anastas Environmental Strategies
- Sharon McDonald, President, Effective Grants, LLC

Focus Group 7 – The Health Foundation Community Outreach Partners

- Casey Burns, Director, Coalition for a Healthy Greater Worcester
- Jose Castro, Executive Director, Entrepreneurship for All
- Mary Gianetti, Director of Resource Development, Heywood Healthcare
- Julie Meehan, Executive Director, Gardner Community Action Committee
- Jasmine Rivas, Program Director, Coalition for Anti-Racism and Equity
- Connor Robichaud, Regional Projects Coordinator, Central Mass Regional Planning Commission
- Jennifer Ward, Director, Milford Youth Center

Focus Group 8 – Elected Officials

- Jamie Eldridge, Massachusetts State Senator
- Hannah Kane, Massachusetts State Representative
- Susan Templeton, District Director for John Cronin, Massachusetts State Senator

Interviews – Key Community Stakeholders & Partners

- Mary Brolin, Director, Institute for Behavioral Health, Heller School for Social Policy and Management, Brandeis University
- Peter Dunn, President & CEO, Greater Worcester Community Foundation
- Yvonne Goldsberry, President, Endowment for Health
- Stephen Kerrigan, President & CEO, Edward M. Kennedy Community Health Center
- David LeBoeuf, Massachusetts State Representative
- Timothy Murray, President & CEO, Worcester Regional Chamber of Commerce

Abbreviated Summary of Responses

Key Takeaways

- **Policy Advocacy is a major strength.** The Health Foundation's status as a 501(c)(4) and ability to advocate for policy change was frequently noted as a tremendous asset. Respondents noted that The Health Foundation's policy advocacy is already well-leveraged but also said that additional opportunities should not be ignored.
- **The Health Foundation is well connected and a fantastic networking partner.** "They're everywhere!" The staff are everywhere, seemingly ubiquitous presence in community spaces uniquely suits them to assist in making helpful connections.
- **There is a myriad of ways The Health Foundation might consider grantmaking.** While most respondents were extremely positive about The Health Foundation's current grantmaking vehicles, many also made numerous suggestions about additional modes of grantmaking that The Health Foundation might consider (e.g., general operating support, mini-grants, accessible to smaller organizations).
- **Philanthropy does not always work together; opportunities exist for The Health Foundation to go further in convening and coordinating philanthropy.** The Health Foundation's deep connections with grantees around individual projects can both preclude The Health Foundation from participating in efforts led by other funders but may also allow The Health Foundation to lead or join others.

- **The Health Foundation's modus operandi is improving.** Some respondents noted that The Health Foundation has taken strides in recent years to partner with grantees more respectfully and productively.
- **The emphasis on effective evaluation is positive.** Respondents noted that The Health Foundation's deep partnership with independent evaluators helped to create a positive feedback loop for grantees and their projects.

Detailed Findings

Perception/Awareness of The Health Foundation

- Relationship is highly positive (10)
    - "great collaborator"
    - "they get other funders on Board which is invaluable"
    - "mutually supportive"
    - "took extra steps to make sure our work is sustainable"
- Amie and Jennie were mentioned by name consistently (9)
    - "well connected", "well positioned"
    - "everywhere"
    - "real"
    - "fantastic, don't let them go"
- Foundation is very Worcester based, could be more engaged in rural areas but is improving (8)
- Relationship with The Health Foundation is changing and improving (7)
    - "can be overbearing…improving"
    - "had to work around and through <the Foundation> directing <us> rather than listening"
    - "Amie is more engaged in the community"
    - "was very top down"
- Engaging in advocacy is also considerable strength (6)
- The Foundation's broad definition of health that's closely tied to the social determinants of health is a significant strength (5)
- "Constituents haven't heard of them <The Health Foundation> but if you prompt them, they know about the work they're behind" (2)
- Non-profits depend on The Health Foundation for data and resources (1)

Key Issues and Emerging Challenges

- Mental health / substance abuse, youth, homeless, disabled, low income (8)
- Disparities - lack of progress, Asians, immigrants and refugees, gender, race, rural, language (7)
- Rural communities / health (6)
- Housing (5)
- Medicaid cuts "there will be terrible choices to make – we each have our own sweet spot that will be pitted against each other" (4)
- Access to health care (4)
- Focus on social determinants of health (4)
- Services for the elderly and aging (3)
- Unhealthy lifestyle choices / prevention (3)
- Transportation (3)
- Well water / PFA's (3)

- Childcare (3)
- Workforce (2)
- Immigrants and refugees (2)
- Economic development (1)
- Cross sector partnerships - health and housing, health and transportation (1)

Philanthropic Landscape and Grantmaking Approach

- There are a myriad of different and new ways The Health Foundation can reconsider or modify grantmaking (11)
    - "Something in between activation and synergy grants"
    - "Micro grants"
    - "More advocacy / funding intermediaries"
    - "rapid response funds"
    - "basic needs – e.g. food"
- Embed learning from the community even more (9)
- General operations funding (6)
- The Health Foundation stands out for connecting grantees to resources, etc. and convening (8)
- Philanthropy does not always work together, opportunities exist for The Health Foundation to go further in convening and coordinating philanthropy (8)
- C4 status is unique, valuable, well leveraged, and can do more (7)
- Role in advocacy and convening is particularly relevant in the current political climate (5)
- Be realistic about the size of the staff and what they can do (4)
- Working hard to attract new applicants / grantees (3)
- Inaccurate information needs to be addressed (2)
- Evaluation (2)
    - "Evaluation component of The Health Foundation grantmaking is unusual and valuable"
    - "Evaluation is helpful with other funders to document impact"
- "Addition of an LOI greatly reduces work for applicants that will not move forward" (1)
- "Reduced reporting requirements greatly appreciated" (1)
- "They link policy to systemic work <through grants>, they don't just fund food at a food pantry" (1)
- "Make sure they take a step back and see if they're accomplishing what they want" (1)
- "Engage employers" (1)

Use of Endowment Assets

- Most respondents are unaware of how The Foundations assets are managed and how they can be used (12)
- Respondents that were familiar had typical responses
    - Mission related investing (3)
    - PRI's (3)
    - Distribute more than 5% (2)
    - Collateral for loans (1)

Appendix H: External Survey Questions

TPI conducted a nonprofit survey for anonymous feedback. The survey was sent to 308 grantees, grant applicants who were not awarded grants, and other applicable nonprofits in Central Massachusetts to gain anonymous input from a wide range of nonprofits leaders focused on health and related issues in the region with 105 respondents, 58.82% current or former grantees and 41.18% not grantees. The survey included the following questions:

1. Have you or your organization ever applied for a grant from The Health Foundation?
2. Have you or your organization ever been awarded a grant from The Health Foundation?
3. Which of The Health Foundation's grantmaking areas funded your work? (Synergy, Activation, Board Designated, Other)
4. To what extent did The Health Foundation staff provide support and guidance that enhanced your grant-funded work?
5. To what extent did The Health Foundation staff provide relevant feedback and guidance to think about the sustainability of the grant-funded work?
6. To what extent did The Health Foundation staff listen respectfully to you/your organization throughout the grant period?
7. To what extent did you feel that The Health Foundation staff valued you and your organization's talents and expertise during the grant period(s)?
8. How comfortable were you with reaching out to The Health Foundation staff about any issues, changes in the project, or questions you had about the grant(s)?
9. How well did The Health Foundation staff do in taking in a collaborative approach with your organization during the grant period(s)?
10. How reasonable was the reporting process overall relative to the size of the grant award(s)?
11. How user-friendly were the grant reporting forms, process and instructions?
12. Is there anything else you'd like to share about your organization's experience as a Health Foundation grantee?
13. The Health Foundation is seeking to understand how it is seen in different areas of the region. How aware of The Health Foundation are you?
14. How should The Health Foundation identify where (i.e. which communities) to invest its resources?
15. What communities whining the Central Massachusetts region would you identify as high priorities where there could be significant opportunities for The Health Foundation to improve health outcomes?
16. What groups or populations in Central Massachusetts region would you identify as high priorities where there could be significant opportunities for The Health Foundation to improve health outcomes?
17. How should The Health Foundation identify communities, populations, or groups of focus for its grantmaking?
18. In your opinion, what are the three most important health issues facing the Central Massachusetts region?
19. How should The Health Foundation identify the most important health issues facing the Central Massachusetts region?
20. The Health Foundation can play many roles in addressing critical health issues. In your opinion, how important is it that The Health Foundation play the following roles:

Grantmaker; Convener; Catalyst; Capacity Builder; Research and Evaluation; Policy and Advocacy.

21. Which best describes your role at your organization?
22. What is the size of your organizations annual budget?
23. What part of Central Massachusetts are you and your organization located in?

Appendix I: External Survey Summary

Abbreviated Survey Results

Key Takeaways

- **Broad distribution.** An external survey sent to grantees, grant applicants who were not awarded grants, known organizations and a select group of applicable nonprofits in Central Massachusetts
- **34% response rate.** 308 invitations, 104 total responses
- **Survey feedback was highly positive.** Of questions on a five-point scale (with five being the best or highest rating) all received an average response of 4.3 out of 5.0 or better
- **Key respondent demographics:**
    - 49 respondents indicated that they had received a grant and proceeded through the grantee questions. Of those, 18 indicated Synergy Initiative grants, 34 Activation Fund grants, and 7 gave other answers
    - 85% of respondents identified themselves as executive leadership of their organizations
    - Respondents came from a variety of organization sizes and represented diverse areas of Central Massachusetts

Grantee Feedback in Structured Fields

- To what extent did The Health Foundation staff provide support and guidance that enhanced your grant-funded work? – 4.6/5
- To what extent did The Health Foundation staff provide relevant feedback and guidance to think about the sustainability of the grant-funded work? – 4.6/5
- To what extent did The Health Foundation staff listen respectfully to you/your organization throughout the grant period(s)? – 4.7/5
- To what extent did you feel that The Health Foundation staff valued your and your organization's talents and expertise during the grant period(s)? – 4.7/5
- How comfortable were you with reaching out to The Health Foundation staff about any issues, changes in the project, or questions you had about the grant(s)? – 4.6/5
- How well did The Health Foundation staff do in taking a collaborative approach with your organization during the grant period(s)? – 4.5/5
- How reasonable was the reporting process overall relative to the size of the grant award(s)? – 4.4/5
- How user-friendly were the grant reporting forms, process and instructions? – 4.3/5

Free Text Grantee Sentiments

- Appreciations for the guidance, partnership, respect, and collaboration (6)
- "Other foundations write a check and wish you good luck on your work. The Health Foundation staff rolls up their sleeves and jumps right into the work with you"
- "Foundation staff listening respectfully to me was a big deal. Feedback from foundation staff was very helpful"
- Recent Improvements (3)

- "The current staff have made great changes in collaborative approach and have overcome the hostile approach of prior staff"
- Proud and honored (3)
- "Every time our organization has been awarded, we feel honored."
- Appreciations for The Health Foundation broadly (3)
- "Thank you for all you do for our community!"
- Awareness of The Health Foundation was high among survey respondents

Grantee Feedback on the Most Important Roles of the Foundation

Grantee respondents rated the following roles of the Foundation from very important to unimportant. Roles are listed below in order from most important to least, from the perspective of the grantee respondents.

1. Grantmaker – 95% of respondents report as "very important"
2. Capacity Builder – 67%
3. Policy Advocate – 51%
4. Convener – 34%
5. Catalyst – 30%
6. Research/Evaluation – 26%

How should the Health Foundation identify where (i.e., which communities) to invest its resources?

- North county, south county, rural areas (22)
    - "There has been a significant decrease in health care providers/health care facilities in rural areas. Many have health insurance but can't access it do to the lack of health care providers and facilities. Transportation in these areas also a major impediment."
- Concentrations of need, urban centers (12)
    - "The Health Foundation should organize resources to correspond with the most critical health issues facing the largest communities, or where funding would have the greatest impact on the largest community needs. This means likely the cities and urban regions of central Massachusetts where citizens face the most acute and ongoing health challenges."
- Focus on community input (7)
    - Look at pockets of disparities/lack of health equity within communities rather than broad community information. For example, some communities with high median income provide little to no support for those who are low-to-moderate income, even if that group is smaller, percentagewise, than other communities. Sometimes an area with lots of the "haves" ignore the "have nots."

How should The Health Foundation focus its work? (Qs 15, 16, 17 – communities, populations, impact)

- **Low-income people and families (17)**
  - "Attention needs to be applied to so-called Extremely Low-Income populations in Central Mass. Chronically and episodically homeless, and the poorly discharged inmate and hospital population. These groups fuel critical health challenges such as hepatitis and lung cancer, and they absorb emergency room and health care resources at a higher preponderance."
- **People experiencing or near homelessness (12)**
  - "Housing first for unhoused/low-income families"
- **Vulnerable populations (7)**
  - Examine which groups are going to experience the greatest losses with proposed/actualized cuts to the FY26 budget (state and federal)
- **Children (11) and youth (5)**
  - "Children/youth, groups with highest social risk factors, include those who are food and housing insecure etc."
- **Immigrants and refugees (8)**
  - "Latinos. This is the population that is growing the fastest. Also, immigrant families that are following all the required processes to stay in this country. The present federal administration represents a threat to the well-being and health of these families."
- **African American community (5)**
  - "Systemic racism in our past continues to impact black families disproportionately in all areas. Programs that focus on improving outcomes for black families typically result in improved outcomes for all families."
- **Seniors and aging population (4)**
  - "Especially elderly women who are often caring for spouses and other family members and neglect their own health."
- **LGBTQIA (4)**
  - "Given inaccurate information on gender affirming care, a focus on supporting the LGBTQIA+ community and their families is essential."

What are the three most important health issues for Central Massachusetts?

- **Access (22)**
- **Housing (19)**
  - "Housing first for unhoused/low-income families"
- **Mental Health (18)**
  - Examine which groups are going to experience the greatest losses with proposed/actualized cuts to the FY26 budget (state and federal)
- **Food insecurity (11), Childcare (10), Substance Use Disorder/ Addiction (9), Behavioral Health (5), Social isolation (5), Aging (5), Obesity (5)**

Appendix J: Philanthropic Landscape Scan

As a part of affirming their strategic direction, The Health Foundation asked TPI to explore the priorities and activities of other philanthropic actors in Central Massachusetts, including private, corporate, family, and community foundations. The intent behind this scan was to ensure that earlier conclusions about available grant funds broadly available in Worcester County were still valid, not to deeply examine the strategic priorities of all other philanthropic actors in the region. In short, TPI found that this prior conclusion held true with numerous foundations providing grants across a wide range of grantmaking types and health-associated focus areas in the region. In reviewing the publicly available 990s and available strategic plans of other philanthropies, the following information about the philanthropic ecosystem was provided:

- Charitable contributions originating in Worcester County in 2021 (the latest available complete data from the IRS) amounted to more than $350M, indicating a robust philanthropic sector and not including the $321M in 2021 giving by private individuals.
- There are 378 private foundations, 40 grantmaking public charities, 9 community foundations, and 8 corporate foundations located in Worcester County, with more statewide, regional, national and international foundations that give in the region. This amounts to more than 450 distinct foundation entities, even though not all of these organizations give locally. The majority of these entities have minimal publicly available information and/or give very small charitable gifts.
- There are more than 20 philanthropic entities giving more than $1M annually.
- Of those philanthropic entities with publicly available missions, strategies, or gift records – a majority have some intersection or focus on at least one social determinant of health (e.g., housing, addiction, mental health, health access, healthcare, etc.).
- The vast majority of health funders in the region focus on specific issues and/or populations.
- Many local funders highlight partnerships among their grantees and with other funders.

As a part of the landscape scan, TPI assessed the available strategies of other top funders in the region and found many in flux with some explicitly acknowledging instability in traditional Federal funding streams.

Appendix K: Summary of 2025 Strategic Planning Board Retreat

Participants

The Health Foundation of Central Massachusetts
Staff: Amie Shei, Jennie Blake, Michelle Ewing, Daniel Germain
Directors: Paula Aiello, Randy Becker, Leah Bradley, Dennis Dimitri, Diane Gould, Lindsay Greenfield, Mike Grenon, Christie Hager, and Morgan Russell

TPI team: Maggi Alexander and John Tyler

TPI Presentation of Discovery Findings

TPI began with a presentation of findings from both the internal and external discovery processes. Internal discovery had already been discussed during the March 21, 2025, board meeting but this was the first presentation of the external discovery. At the conclusion of the presentation, the directors engaged in a period of reflection on the context for The Health Foundation's operations in the coming months and years. During the discovery process, interviewees shared priority issues impacting health in the region. Since The Health Foundation is not focused on specific health areas, the health issues raised do not need to inform the grantmaking, but they do inform the context in which The Health Foundation's strategic approach is operating.

Strategic Goals and Drivers

During the discovery process, some key questions emerged that could impact the strategic direction of The Health Foundation: advocacy, geographic emphases, grantmaking strategies, network development, and potential uses for The Health Foundation's capital assets. The retreat participants were divided into two groups; each group started with different questions and then switched in the second half to have the chance to respond to all of the questions – and solutions proposed by the other group. The following prompts led the conversations, and the key takeaways are included below:

1. **Advocacy** – Among the most mentioned strengths of The Health Foundation of Central Massachusetts (THFCM) was your highly effective advocacy and 501(c)(4) status. Respondents noted how THFCM partners your advocacy to the specific needs of your grantees and your community to achieve targeted goals. **How can/ should we expand or focus on advocacy in the coming 5 years?**

   Discussion outcomes: The Health Foundation directors agreed that The Health Foundation's staff should continue to emphasize advocacy work wherever feasible but acknowledged it could reduce the grantmaking budget. A bulk of the current advocacy work is connected to the Synergy Initiative and there was some caution related to not asking more than staff had the capacity to do. With that acknowledged, the directors felt that there was a need for a written policy around advocacy efforts in particular with 1) how to analyze policy statement opportunities that are not connected to Synergy Initiative grants, 2) aligning Synergy Initiative policy work with broader policy and advocacy work or lobbyists in adjacent spaces, and 3) further tactical considerations for risk mitigation of when and why The Health Foundation may decide to register as a lobbying organization.

2. **Grantmaking Geography** – The Health Foundation is sometimes viewed as "Worcester-centric" and less known in rural north and south county. Smaller and less developed non-profits and un/under-developed nonprofit ecosystems in rural areas may not always be a fit for The Health Foundation's grantmaking approach. **Do we want to consider different approaches in rural areas where more intensive capacity building and ecosystem development might be more needed?**

   Discussion outcomes: The Health Foundation directors and staff agreed that The Health Foundation should, in the interest of generating a more robust nonprofit ecosystem in rural areas of the state, consider how the staff may tactically and directly support nonprofits that do not currently align with the Synergy Initiative or Activation Fund grantmaking strategies. The directors and staff discussed how some areas of the service area were less frequently served and less densely populated with effective nonprofits, so finding effective partners may require more intentional investment or a loosening of capacity standards. This discussion was linked intrinsically to Question 3 on grantmaking structures and helped to inform the discussions there.

3. **Grantmaking structure** – Respondents were effusive in suggestions for what The Health Foundation might focus on. This came with a recognition that The Health Foundation has a small staff, limited funding resources, and a strong track record of success with the Synergy Initiative. Even respondents who were not fans of the Synergy Initiative did not criticize it as ineffective or an inherently poor use of resources and effort. Suggestions for replacing or complementing the current initiatives centered around more flexible funding with a faster turnaround, especially in the current environment. **Should staff explore developing a third grantmaking strategy?**

   Discussion outcomes: The Health Foundation should, in the interest of creating supports for less established nonprofits, or nonprofits in less advantaged areas of the region, add another grantmaking avenue of funding to be funded out of the funds typically used for the Activation Fund. And to review the guidelines for the Activation Fund to determine if any of the criteria should be modified. Directors asked the staff to create a structure for such grantmaking or strategy, including criteria for eligibility that may include an upper limit on organizations' assets, geographic program focus, demographics of target populations or staff, etc.

4. **Network Leverage** – A frequently noted strength of The Health Foundation is that "they're everywhere." Your ability to convene and connect grantees with each other and with the appropriate networks and resources beyond The Health Foundation grants was highly praised and valued. This came along with encouragement to do more, particularly in new communities and venues. **How can we be strategic in deepening our community convening and listening to assure it increases our impact? Are there opportunities to back-off on engaging where it's not as strategic?**

   Discussion outcomes: The Health Foundation directors and staff recognized that networking is, in itself, a tremendously time-consuming activity and specifically suggested supporting the Board of Directors as ambassadors of The Health Foundation. To this end, they suggested that many directors would need additional supports, including talking points and suggested contact points, events, etc. The directors suggested a commitment of two events per year for directors to attend as ambassadors of The Health Foundation.

The directors and staff recognized and emphasized the importance of The Health Foundation's voice and neutrality in some of the more rural areas of the region. They suggested that The Health Foundation could act as a convener of roundtable discussions for stakeholders as a method of progressing potential strategies or solutions.

5. **Capital Assets** – Foundations are uniquely positioned to take risk and fill niches that government and other entities are unable to take on or address directly. Some respondents suggested that The Health Foundation may want to prudently consider local mission-driven investments (MDIs), program-related investments (PRIs), or other opportunities to act as productive capital within the region. **How should The Health Foundation assess these options in guiding strategic decisions for the next several years? Should The Health Foundation consider piloting use of a small part of the endowment?**

   Discussion outcomes: Most of the directors expressed reservations and concerns about redirecting any portion of The Health Foundation's corpus into active capital in the region. Despite this, the consensus was a very constrained openness to exploring the options in the region further. While several different options were proposed, the directors expressed a cautious desire to form a subcommittee of board and staff to explore options more thoroughly and assess which risks may be palatable in the future. Some options discussed included recoverable bridge grants, diverse and emerging managers, prioritizing investments in The Health Foundation's service area, and potentially partnering with other community lenders to assess partnerships.

Reaffirmed Mission and General Strategy

Both the internal and external discovery affirmed the mission and general direction of The Health Foundation, but directors and staff suggested revisiting/refreshing wording at the end of the planning process. During this strategic planning meeting, the directors affirmed a desire for the staff to enact the recommendations below that were uncovered in the discovery and to come back for board approval with the revised wording and order of guiding principles. The revisions include:

- Removing "though it may also from time to time initiate its own programs."
- Re-order the definition of health to the top of the guiding principles.
- Remove "Hold prevention, education, provision of health services and research as tenets, with a recognition that these concepts are the cornerstone of improving health;" from the guiding principles list.

The original mission and guiding principles are below for reference:

"*The **mission** of The Health Foundation is to use its resources to improve the health of those who live or work in the Central Massachusetts region, with particular emphasis on vulnerable populations and unmet needs*."

As guiding principles, The Health Foundation will:

- Be cognizant of, and responsive to, the changing health needs of the region;
- Combine its charitable mission with a commitment to innovation;
- Hold prevention, education, provision of health services and research as tenets, with a recognition that these concepts are the cornerstone of improving health;

- Function primarily by awarding grants, though it may also from time to time initiate its own programs;
- Endeavor to leverage its resources as a catalyst for positive change; and
- Use the term "health" in its broadest sense, drawing upon the World Health Organization's definition: *"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." – The World Health Organization*

Next Steps

- TPI will begin constructing a framework for the strategic plan for the SPT's review and revision
- TPI with the SPT will draft the strategic plan
- The SPT will take a draft of the strategic plan to the board for final revision in summer/fall, 2025
- Interim recommendations will include:
    - Formation of working groups to explore and develop recommendations on:
        - Explore mission-aligned investment – including outsourcing options, administrative expenses
        - A fourth strategy – design a fourth grantmaking and/or other strategy to encourage development of nonprofit partners in South and North Worcester County
        - Develop a vision statement and review values statement

Appendix L: Definitions of Key Terms

As The Health Foundation works to implement this new strategic plan, these terms and definitions may provide clarity and consensus.

Mission

A foundation's mission statement describes what the foundation does in the present to achieve its vision. It is a clear and concise statement that defines the organization's core purpose, goals, and values, providing direction and focus for its philanthropic efforts.

Vision

A foundation's vision is a clear, concise, and inspirational statement that describes the desired future state the organization aims to create. It is a broad, aspirational declaration of what the foundation hopes to achieve in the long term, often reflecting its deepest values and goals.

Guiding Principles

A foundation's guiding principles provide a fundamental set of core values and beliefs that provide direction and structure for decision-making, philanthropic approaches or strategies, and internal operations.

Strategic Goals

A foundation's strategic goals are specific, measurable objectives that align with the organization's mission and vision.

Strategies

A foundation's strategies are the overarching plans and approaches it uses to achieve its strategic goals. Strategies can define how the foundation allocates philanthropic and other resources, and how it engages with communities.