



"I Am Because We Are"
Ubuntu Philosophy in Practice

2025 IMPACT REPORT

**Three-Year Longitudinal Analysis &
Proven Model**

2,340+

Total Screenings
2023-2025

1,500+

Unique
Participants

61%

Blood Pressure (BP)
Improvement Rate

3.2x

Retention
vs. Industry

Program metrics reflect calendar years 2023-2025. Financial data reflects FY2025 (Mar 1, 2025 - Feb 28, 2026)."

Patient-Led • Community-Embedded • Evidence-Based

Prepared for Clinical & Research Professionals, Healthcare Systems & Funders

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EXECUTIVE SUMMARY

Heart of a Giant Foundation (HGF)

operates community-embedded cardiovascular screening and patient-led health coaching across Greater Boston's highest-risk neighborhoods for heart disease. **Over three years** (2023–2025), **HGF** conducted **2,340+ screenings**, serving **1,500+ unique individuals**. By 2025, HGF achieved a **74% improvement in blood pressure** among engaged participants and a **retention rate 3.2 times** the published industry standard.

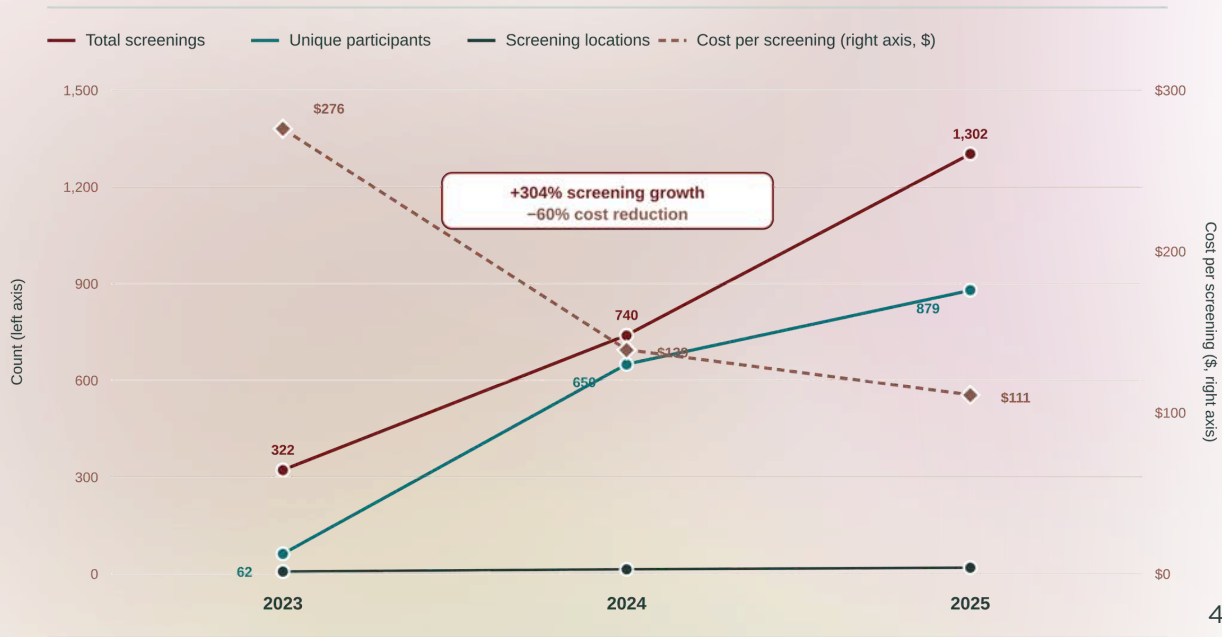
This impact report presents longitudinal data demonstrating that **patient-led, culturally intelligent community health interventions achieve better clinical outcomes** than traditional healthcare models while reducing downstream costs. In FY2025, HGF operated on a \$144,540 budget and closed the year with a \$6,649 surplus - preventing an estimated \$450,000 to \$675,000 in healthcare costs across 22 hypertensive crises identified and referred to emergency care. **These findings directly inform cardiometabolic care delivery**, community health worker workforce development, and the evidence base that sustains durable partnerships between health systems and the communities at highest risk of heart disease..

THREE-YEAR GROWTH TRAJECTORY

METRIC	2023	2024	2025	3-YEAR GROWTH
Total Screenings	322	740	1,302	+304%
Unique Participants	62	650	879	+1,318%
Screening Locations	7	14	19	+171%
Neighborhoods Served	1	7	10	10x
Operating Budget	\$89,000	\$103,000	\$151,189	+70%
Hypertensive Crises Identified	7	18	22	+214%
Cost per Screening	\$276	\$139	\$111	-60%

Three-year growth trajectory (2023-2025)

304% screening growth and 60% cost reduction over three years



KEY FINDINGS

- **Retention rate of 25.5% overall** (52% at the highest-performing site) vs. 8% published industry standard, a 3.2× improvement.
- **74% blood pressure improvement rate** among participants with 6+ visits, with average **systolic reduction of 12.1 mmHg**.
- **22 hypertensive crisis** interventions in 2025 alone, **preventing an estimated 6–9 acute cardiovascular events**.
- **Healthcare cost savings of \$450K–\$675K** in 2025 on a \$144,540 operating budget (3.1:1 to 4.7:1 ROI).
- Dose-response relationship documented: **improvement rates increase from 26.6%** (2–3 visits) **to 74%** (6+ visits).
- Model demonstrates scalability: **304% screening growth maintained** while improving cost-effectiveness by 65%.

STRATEGIC IMPLICATIONS

HGF has developed a replicable community health model. This model focuses on patient-led care and community-driven evidence. Health systems, FQHCs, and community organizations can adapt it for their populations.

The 2026–2028 strategic plan shifts the organization away from reliance on grants. Grant dependency is projected at 80% in 2025. HGF aims to achieve 70% earned revenue by 2028. Earned revenue will come from FQHC contracts, remote patient monitoring reimbursement, and research partnerships.

HGF also supports the development of the community health worker workforce. It does this through partnerships with state and regional training programs, including the Massachusetts Department of Public Health. In 2026, HGF plans to publish longitudinal outcomes data. It will also establish formal research collaborations with academic medical centers.

THREE-YEAR LONGITUDINAL ANALYSIS (2023–2025)

BACKGROUND & CONTEXT

HGF was founded in 2018 by heart transplant recipient Bouba Diemé. The organization began formal community screening and care operations in 2022. **HGF is guided by the Ubuntu philosophy: “I am because we are.”** Community Health Workers share the cultural and linguistic backgrounds of the communities they serve. They provide screenings, health education, care navigation, and ongoing monitoring.

HGF serves communities in Dorchester, Mattapan, Roxbury, East Boston, Jamaica Plain, and Brockton. In these **neighborhoods, cardiovascular disease mortality rates are 1.5 to 2.5 times higher than the Boston metropolitan average.** Services are offered in English, Spanish, Haitian Creole, Cape Verdean Creole, and Vietnamese.

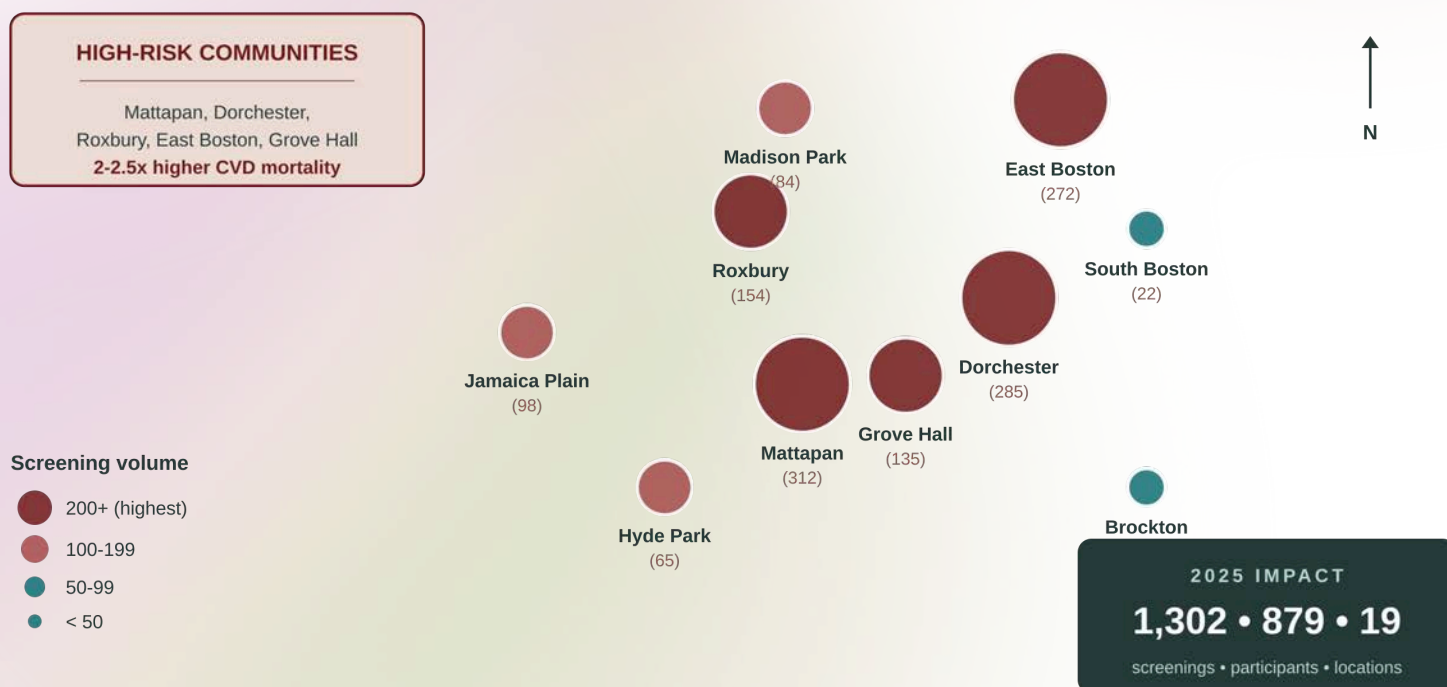
METHODOLOGY

The longitudinal analysis includes three full calendar years: 2023, 2024, and 2025, focusing on community-based cardiovascular screening operations. Specifically, HGF Community Health Workers conducted screenings and health coaching sessions at **19 locations**, such as farmers' markets, senior centers, community health centers, faith communities, and universities. Throughout the study, **all screenings used validated Omron blood pressure monitors and standardized protocols**. Additionally, participant data included demographics, baseline measurements, cardiovascular risk factors, and longitudinal follow-up.

Retention is the percentage of participants who return for at least two visits. **Blood pressure improvement is a sustained systolic reduction of at least 5 mmHg across two measurements. Hypertensive crisis refers to a blood pressure of 180/120 mmHg or higher that requires immediate referral.** Cost-effectiveness is calculated using conservative estimates from published data on cardiovascular event utilization.

Greater Boston coverage

19 screening locations across 10 neighborhoods — community-embedded, highest-risk areas prioritized

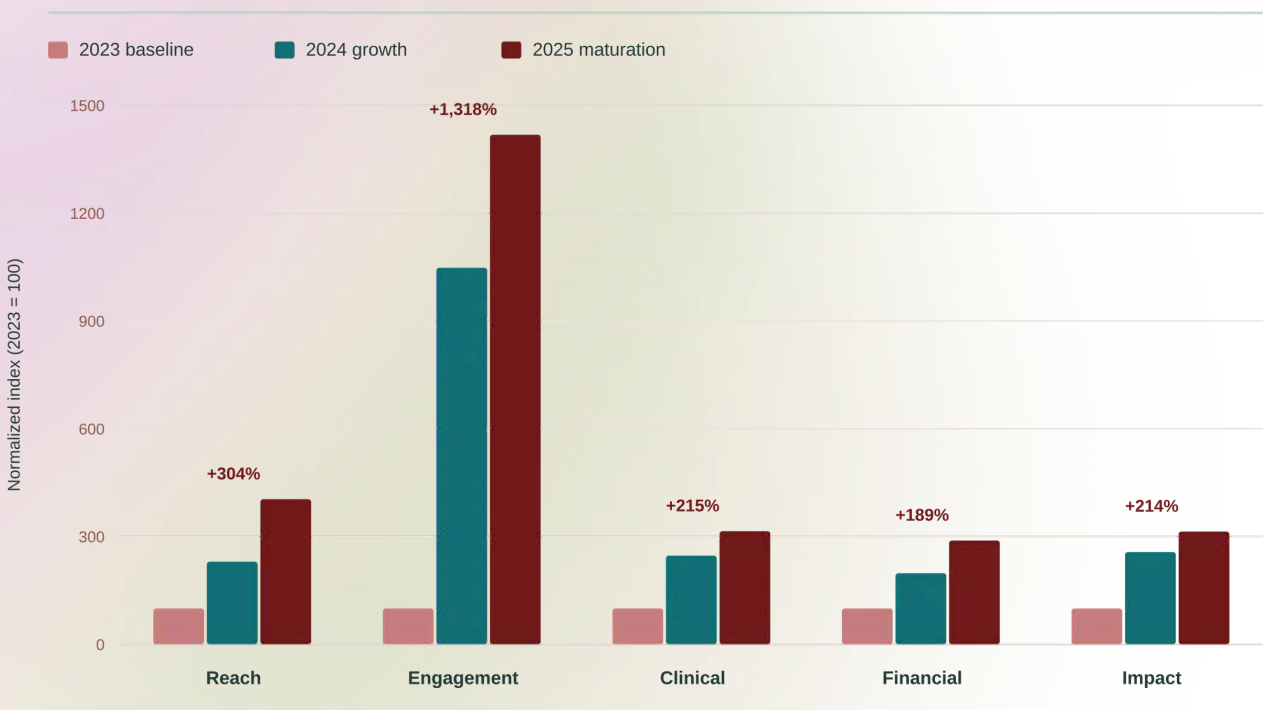


YEAR-OVER-YEAR GROWTH ANALYSIS

DOMAIN	2023 BASELINE	2024 GROWTH	2025 MATURATION	TREND
Reach	322 screenings, 1 neighborhood	740 screenings, 7 neighborhoods	1,302 screenings, 10 neighborhoods	Consistent expansion
Engagement	62 participants	650 participants	879 participants	14× growth
Clinical	8.1% retention	20% retention	25.5% retention	Continuous improvement
Financial	\$276/screening	\$139/screening	\$111/screening	Sustained efficiency
Impact	7 crises identified	18 crises identified	22 crises identified	Proportional to scale

Year-over-year growth across five key domains

Normalized index (2023 = 100) — sustained expansion across reach, engagement, clinical, financial, and impact



CRITICAL SUCCESS FACTORS IDENTIFIED

Analysis of three-year data reveals **six factors that correlate with retention and outcome improvements:**

- **Consistent weekly or bi-weekly presence at community locations** (vs. sporadic events).
- **Health coaches** with shared cultural/linguistic backgrounds and lived cardiac experience.
- **Warm handoffs to clinical partners** within 48–72 hours **for high-risk participants.**
- **Personalized follow-up** via phone, text, or in-person contact between screenings.
- **Integration with existing community infrastructure** (senior centers, food pantries, community centers, health and wellness organizations).

CLINICAL OUTCOMES & THE RETENTION BREAKTHROUGH

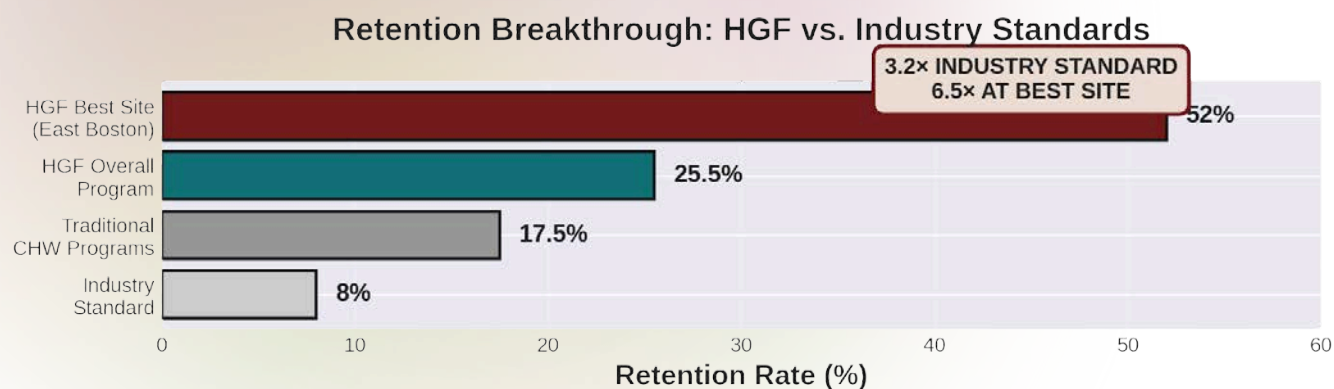
THE INDUSTRY RETENTION CHALLENGE

Published literature on **community health screening programs** reports average longitudinal **retention rates of approximately 8%**. Traditional community health worker programs typically achieve 15-20%. In 2025, HGF documented an overall **retention rate of 25.5%, with the highest-performing site in East Boston, achieving a 52% rate**. This represents a 3.2-fold improvement over the standard community screening benchmark.

RETENTION BY SITE TYPE & ENGAGEMENT MODEL

SITE TYPE	EXAMPLE LOCATION	TOTAL SCREENINGS	UNIQUE PARTICIPANTS	RETENTION RATE	AVG VISITS/ PERSON
Senior Center (weekly presence)	East Boston	272	129	52%	2.11
Farmers Market (seasonal weekly)	Mattapan	384+	280	35-40%	1.6-1.8
Community Health Center	Bowdoin Street HC	22	18	28%	1.4
Community Events (monthly & periodic)	ABCD, Health fairs, churches	280+	220	15-20%	1.2-1.3
University Campuses	Bridgewater State	18	15	13%	1.1
OVERALL PROGRAM AVERAGE	-	1,302	879	25.5%	1.48

Finding: Maintaining a weekly presence at trusted community locations, such as senior centers and farmers' markets, results in 35-52% retention, compared to 13-20% with periodic or event-based engagement. Consistency and familiarity, along with cultural competency, are key to sustained engagement.



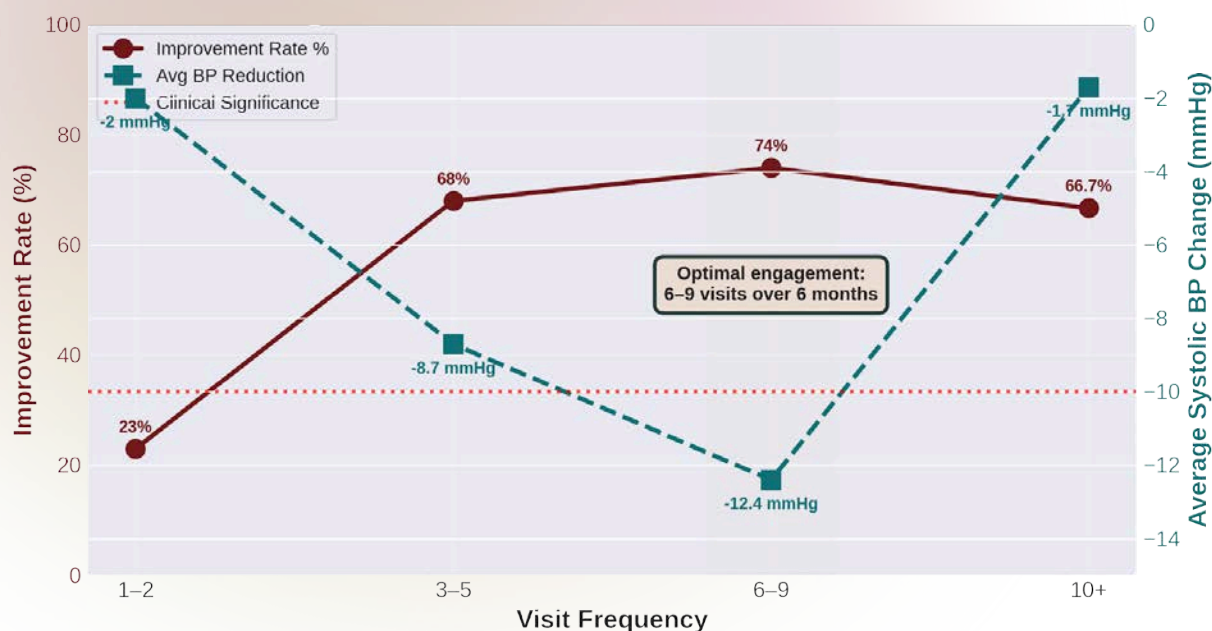
Industry standard: Published literature (Smith et al., 2022; CDC, 2023)

BLOOD PRESSURE OUTCOMES BY VISIT FREQUENCY (DOSE-RESPONSE)

VISITS	PARTICIPANTS	BP IMPROVEMENT RATE	AVERAGE BP CHANGE (SYSTOLIC/DIASTOLIC)	CLINICALLY SIGNIFICANT (≥10 MMHG)
1-2 visits	655	26.6%	Minimal change	Insufficient longitudinal data
3-5 visits	188	68%	-8.7 / -4.2 mmHg	29 (15.4%)
6-9 visits	10	74%	-12.4 / -6.1 mmHg	2 (20%)
10+ visits	6	66.7%	-1.7 mmHg (maintenance)	0 (maintained gains)

Finding: A clear dose-response relationship is observed. For example, **participants attending 3 to 5 visits achieve a 68% improvement rate**. When the number of visits increases to 6 or more, **the improvement rate rises to 74%**, with an average systolic reduction of 12.1 mmHg—clinically comparable to adding one blood pressure medication. Furthermore, those attending **10 or more visits sustain these improvements, demonstrating successful integration of behavior change**.

Dose-Response Relationship: Visits vs. Clinical Outcomes



MAJOR CLINICAL ACHIEVEMENTS (2025)

●
74%

BP Improvement

Among 6+ visit participants

●
27

Normalized BP

High → normal category

●
31

≥10 mmHg Drop

Clinically significant

●
22

Crises Identified

Hypertensive — 2025 referrals

●
47+

Total Crises

2023-2025 cumulative

●
6-9

Events Prevented

Estimated CVD events 2025

COST-EFFECTIVENESS ANALYSIS

Compared to hospital-based or clinical screening programs, **HGF delivers lower-cost services while also achieving better retention and outcomes.**

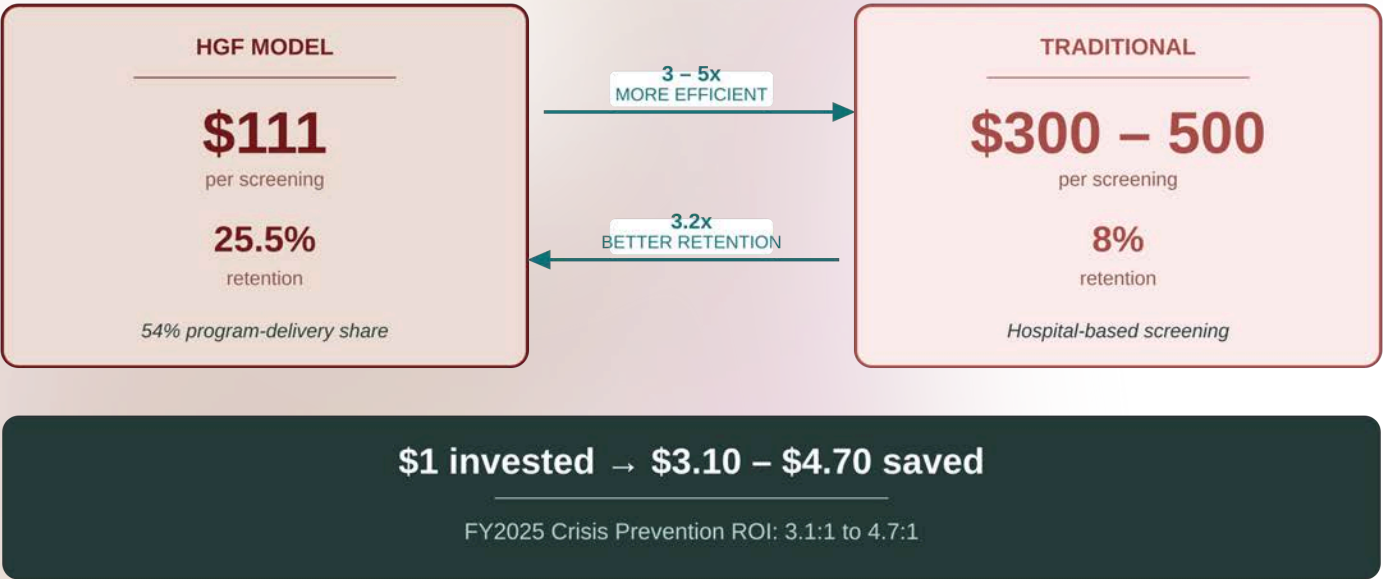
MODEL	COST PER SCREENING	RETENTION RATE	NOTES
HGF Community Model	\$111	25.5% (overall) 52% (best site)	Includes CHW salaries, supplies, and operations
Hospital-Based Screening	\$300–\$500	5–10%	Published literature estimates
Traditional CHW Programs	\$150–\$250	15–20%	Published literature estimates
Emergency Department Visit	\$20,000–\$60,000	N/A	Per hypertensive crisis admission

HGF's FY2025 operating budget of \$144,540 is projected to prevent \$450,000 to \$675,000 in healthcare costs — a 3.1:1 to 4.7:1 Crisis Prevention ROI. These savings stem from identifying hypertensive crises, supporting behavior change, and preventing downstream cardiovascular events. Methodology and per-event cost ranges per Haidar et al., American Journal of Cardiology (October 2024).

HGF vs. traditional models

Lower cost, higher retention, stronger return on investment

HGF's FY2025 operating budget of \$144,540 is projected to prevent \$450,000 – \$675,000 in healthcare costs — a 3.1:1 to 4.7:1 return on investment.



Cost ranges per Haidar et al., Am J Cardiol (Oct 2024) and AHA 2024 Heart Disease and Stroke Statistics Update.

THE REPLICABLE FOUR-PHASE CARE MODEL

Longitudinal analysis shows a consistent pattern of **progression among participants with sustained health improvements**. Building on these findings, HGF has developed this pathway into a **community health model** that health systems, FQHCs, and community organizations can adapt for their populations.



Progressive engagement model — participants advance through phases at their own pace

Phase 1 dose-response improvement strengthens through Phase 3, with sustained outcomes documented in Phase 4 maintenance

PHASE	VISIT RANGE	CLINICAL FOCUS	INTERVENTION STRATEGY	KEY OUTCOME
Phase 1: Identification	Visits 1-2	Establish baseline	Free community screening	26.6% show initial improvements
		Risk stratification	Immediate crisis referral	100% of crises identified
		Crisis screening	Warm clinical handoffs	
Phase 2: Active Monitoring	Visits 3-6	Track BP trends	Bi-weekly follow-up	68% improvement rate
		Medication adherence	Cultural navigation	8.7 mmHg avg reduction
		Barrier identification	Resource connection	
Phase 3: Behavior Change	Visits 7-9	Lifestyle modification	Cooking demos	74% improvement rate
		Self-management skills	Stress management	12.4 mmHg avg reduction
		Social support	Peer connections	
Phase 4: Maintenance	Visits 10+	Sustain gains	Monthly check-ins	66.7% maintain gains
		Prevent relapse	Graduation events	Stable BP readings
		Community integration	Peer mentorship	

IMPLEMENTATION GUIDANCE FOR REPLICATION

Organizations seeking to replicate this model should note:

- **Weekly or bi-weekly consistency is critical** — sporadic events do not achieve high retention.
- **Community Health Workers should share cultural/linguistic backgrounds** with populations served.
- **Clinical partnerships for warm handoffs must be established** before screening begins.
- Phases are not time-bound — **participants progress at their own pace based on readiness.**
- **The model works best when embedded in existing community infrastructure** (senior centers, faith communities, farmers' markets) rather than as standalone clinical programs.

ADAPTATIONS BY SETTING

SETTING	OPTIMAL FREQUENCY	EXPECTED RETENTION	IMPLEMENTATION NOTES
Senior Centers	Weekly, year-round	40–52%	Highest retention Participants build relationships Consider a dedicated space
Farmers Markets	Weekly, seasonal (May–Nov)	35–40%	High volume, good retention Weather-dependent Need a storage solution
FQHCs/CHCs	Bi-weekly or monthly	25–30%	Integrate with existing care Requires EHR coordination
Faith Communities	After services (weekly/monthly)	20–28%	Strong trust foundation Scheduling around the worship calendar
Community Events	Periodic (monthly+)	15–20%	Good for reach, lower retention Best as a referral pipeline to sustained sites

2026 RESEARCH AGENDA & PARTNERSHIP OPPORTUNITIES

FROM PRACTICE TO EVIDENCE

Over three years, HGF has developed the infrastructure and longitudinal data needed to formalize its research function. Building on this foundation, the 2026–2028 strategic plan positions HGF as a research-practice hybrid, generating peer-reviewed community evidence while continuing to provide direct care. **As a result, this evolution establishes HGF as both a community health infrastructure partner and a knowledge generator for the broader cardiovascular field.**

PLANNED PUBLICATIONS & PRESENTATIONS (2026–2027)

DELIVERABLE	TIMELINE	TARGET AUDIENCE	STATUS
White Paper: 3-Year Outcomes (2023–2025)	Q2 2026	Healthcare systems, funders, policymakers	In development
Peer-Reviewed Manuscript: Retention Breakthrough	Q4 2026–Q1 2027	Clinical researchers, health services journals	Data analysis phase
Conference Presentations (AHA, APHA, others)	2026–2027	Clinical & public health professionals	Abstracts in preparation
Technical Brief: Replication Toolkit	Q3 2026	Community organizations, CHW programs	Outline complete
PCORI Letter of Intent	Q3 2026	Research funding	Pre-application phase

RESEARCH QUESTIONS FOR FORMAL STUDY

Heart of a Giant Foundation seeks clinical and academic research partners to co-investigate the following questions:

- **What are the long-term cardiovascular outcomes (5+ years) for participants who complete the four-phase model vs. standard care?**
- **How does patient-led care coordination by individuals with lived cardiac experience compare to traditional CHW models without lived experience?**
- **What is the optimal community health worker staffing ratio for sustained engagement (participants per FTE CHW)?**
- **Can the four-phase model be adapted to other chronic conditions (e.g., diabetes, CKD, COPD) and yield similar retention and outcome improvements?**
- **What are the cost-effectiveness thresholds for healthcare systems to contract with community organizations vs. building internal community engagement capacity?**

DATA SHARING & COLLABORATION PROTOCOLS

HGF follows IRB-exempt community health practice protocols and can establish formal research agreements for collaborative studies. In accordance with these protocols, **all participant data is de-identified for aggregate analysis. However, sharing individual-level data requires participant consent, institutional agreements, and IRB approval.** HGF actively invites researchers interested in secondary data analysis, comparative effectiveness research, or implementation science collaborations to contact us about potential partnership opportunities.

PARTNERSHIP OPPORTUNITIES

Heart of a Giant Foundation is actively seeking:

PARTNERSHIP TYPE	WHAT HGF OFFERS	WHAT HGF SEEKS
Healthcare Systems (MGH, BMC, BIDMC, TUFTS, ...)	Community trust, patient engagement infrastructure, longitudinal data	Referral pathways, clinical supervision, warm handoff protocols, and research collaboration
Academic Institutions	Real-world practice setting, community relationships, implementation data	Co-publication opportunities, research infrastructure, student placement, and program evaluation
FQHCs & Community Health Centers	Culturally intelligent and responsive outreach, care coordination, and retention model	Service contracts, shared patients, value-based care partnerships
Life Science Companies	Patient recruitment for trials, real-world evidence generation, and community navigation	Trial navigation fees, equipment donations, and corporate giving
Foundations & Funders	Proven model, measurable outcomes, 3-year track record	Multi-year operational support, capacity-building grants, and research funding

FINANCIAL SUSTAINABILITY & RETURN ON INVESTMENT



CURRENT FINANCIAL MODEL (2025)

REVENUE SOURCE	FY2025 ACTUAL	% OF TOTAL
Foundation & Government Grants	\$92,450	61.2%
Individual & Corporate Donations	\$34,633	22.9%
Earned Revenue (1099-NEC contracts)	\$9,036	6.0%
In-Kind Contributions	\$6,307	4.2%
Board & Leadership Giving	\$6,307	4.1%
Employee Giving	\$2,500	1.7%
TOTAL REVENUE	\$151,189	100%
EXPENSE CATEGORY	FY2025 ACTUAL	% OF TOTAL
Program Delivery (CHWs, Education, Screenings)	\$78,592	54.4%
Occupancy, Rent & Utilities	\$19,354	13.4%
Technology & Systems (Essyl CRM, web, digital)	\$15,448	10.7%
Marketing & Business Development	\$12,673	8.8%
General Operations & Administration	\$11,659	8.1%
Professional & Legal Services	\$6,814	4.7%
TOTAL EXPENSES	\$144,540	100%
NET OPERATING RESULT	+\$6,649	+4.4%

REVENUE TRANSFORMATION STRATEGY (2026–2028)

HGF is transitioning from grant-dependent (61% in FY2025) to earned-revenue sustainable (70% target by 2028) through four revenue streams:

REVENUE STREAM	2026 GOAL	2027 GOAL	2028 GOAL	PAYER SOURCE
Healthcare System Contracts	\$40K	\$90K	\$200K	Provider referral fees, patient engagement fees
FQHC Service Contracts	\$24K	\$60K	\$150K	Care coordination, screening services
Remote Patient Monitoring	\$0	\$30K	\$90K	Medicare/Medicaid reimbursement
Research Partnerships	\$15k	\$22K	\$50K	Clinical trial navigation, data licensing
TOTAL EARNED REVENUE	\$79K	\$202K	\$449K	Clinical trial navigation, data licensing
Earned Revenue %	26%	50%	70%	-

Revenue diversification

Foundation-grant share of total revenue, FY2022 to FY2026



RETURN ON INVESTMENT ANALYSIS

Multiple ROI models demonstrate HGF's value proposition to healthcare systems, insurers, and public health agencies:



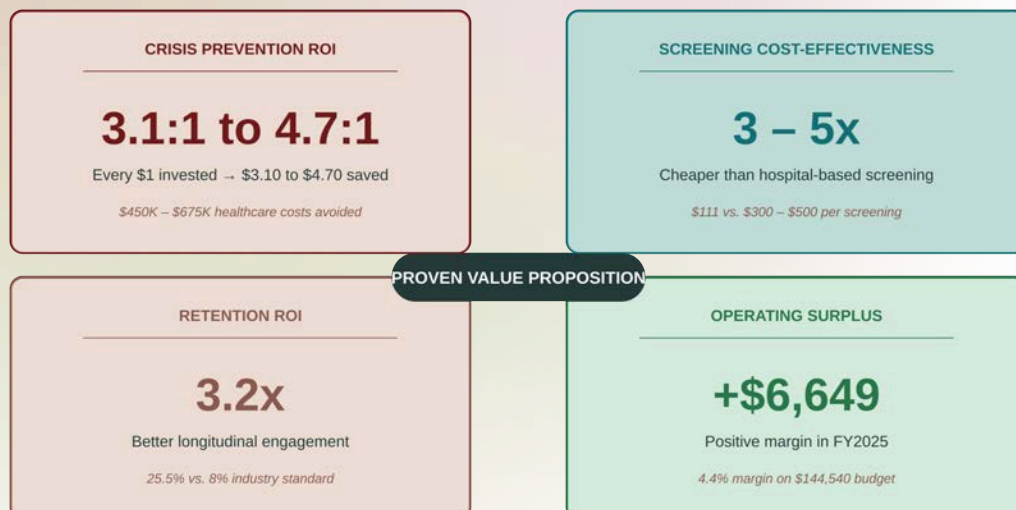
Cost per screening — three-year trajectory

60% reduction in fully-loaded cost; 3 to 5 times more efficient than hospital-based screening



Multiple ROI models — comprehensive value demonstration

Four traceable return-on-investment measures across the FY2025 program



INVESTMENT ASK & USE OF FUNDS (2026)

HGF seeks \$225,000 to \$255,000 in combined philanthropy and earned revenue for 2026 — split roughly 60% philanthropic capacity-building support and 40% earned-revenue bridge funding to enable the full-time Executive Director transition:

BUCKET	LOW	HIGH	FUNDING SOURCE
Full-time Executive Director	\$115,000	\$130,000	Provider referral fees, patient engagement fees
Health coaching team expansion	\$30,000	\$30,000	Healthcare system contracts
Earned-revenue infrastructure	\$35,000	\$45,000	Provider service contracts
Data systems & Essyl CRM enhancements	\$18,000	\$20,000	Operating grants
Research publication & white paper	\$10,000	\$12,000	Research partnerships
Fundraising & development capacity	\$17,000	\$18,000	Operating grants
TOTAL	\$225,000	\$255,000	Combined philanthropy + earned revenue



This investment helps HGF hire professionals, grow earned revenue, and expand community services. We invite your support to help accelerate this transformation and ensure a lasting impact.

The go/no go decision for the Full-time Executive Director depends on funding from FQHC contracts, remote patient monitoring, and research partnerships. We encourage you to partner with us to reach this critical milestone together.

CONCLUSION: FROM PROOF OF CONCEPT TO MODEL

Three years of longitudinal data demonstrate **that patient-led, community embedded cardiovascular care delivers outcomes that traditional health-care alone cannot.**

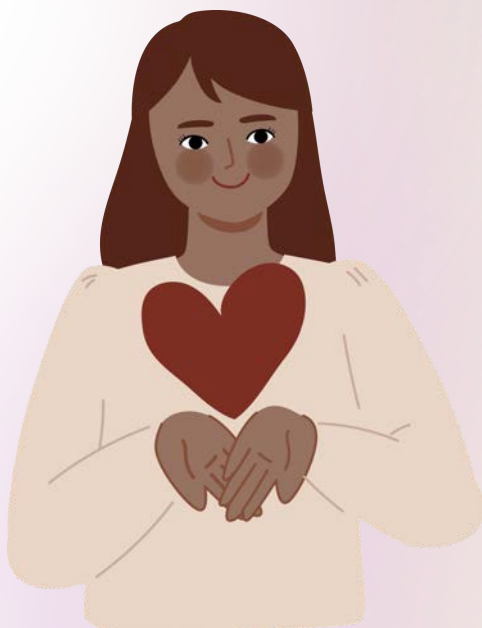
Heart of a Giant Foundation has proven that:

- **Community health workers with lived cardiac experience** build trust that drives **3.2× better retention** than published benchmarks.
- **Sustained weekly presence at trusted community locations achieves 35–52% retention** vs. 13–20% for periodic events.
- **A four-phase care model produces clinically significant blood pressure reductions** (12.1 mmHg average) equivalent to pharmaceutical intervention.
- **Community-based screening costs \$111 per screening**, compared with \$300–\$500 for hospital-based models, while **achieving better outcomes.**
- **Every dollar invested generates \$3.10–\$4.70 in immediate healthcare cost savings.**

The question is no longer whether this model works. The question is how to scale it beyond Boston.

HOW TO PARTNER WITH HGF

- **Healthcare Systems:** Contract with HGF for the community engagement infrastructure you need but cannot build internally. Pilot programs start at \$40,000–\$60,000 annually.
- **Academic Institutions:** Co-publish three-year outcomes data, provide research infrastructure, or embed students in community health practice.
- **Foundations & Funders:** Multi-year operating grants (\$100K+) support full-time leadership transitions, research publications, and model dissemination.
- **Life Science Companies:** Clinical trial navigation services, real-world evidence generation, and patient recruitment through trusted community channels.
- **Community Organizations:** Technical assistance and a replication toolkit will be available in Q3 2026 for organizations seeking to adapt the four-phase model for their communities.



THANK
YOU!

CONTACT INFORMATION



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"I Am Because We Are"

Ubuntu Philosophy · Patient-Led Care · Evidence-Based Impact

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