



RNE

Resolve New England

**Strategic Plan
FY23-FY27
Presented to RNE Board, March 2023**

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Table of Contents

Introduction to RNE	3
Our Vision	3
Our Mission	3
Our Core Beliefs	3
Our Programs	4
Our Audiences	5
Our Strategic Planning Process	6
Planning Context	6
Planning Process	7
Key Findings and Key Decisions During Strategic Planning	8
Our Strategic Plan	10
Our Strategic Goals & Priorities	12
Goal #1: Continue to offer psychosocial support to individuals and families throughout their family building journey	12
Goal #2: Increase the resources available and generate our own content	14
Goal #3: Strengthen our broader community through partnerships with community-led groups and family building professionals	15
Goal #4: Advance and protect fertility and family building for those who need it	16
Goal #5: Build the capacity and sustainability of the organization	17
Looking Ahead	20
Opportunities	20
Risks	21
Conclusion	21
Appendix A: RNE Survey 2022	23
Appendix B: Thank You	30

Introduction to RNE

Since 1974, Resolve New England (RNE) has built a community for people struggling to build their family. For nearly 50 years, we have provided support, information, and advocacy so that our community has access to the services, resources, and psychosocial support that they need along every step of their journey.

All of us at RNE understand very personally the complexities of struggling to grow a family. These personal connections drive our commitment to provide psychosocial support, resources, and advocacy to anyone in New England that is facing these challenges. It also is at the heart of our mantra “Find Your People”, so that our community finds non-judgmental understanding and nurturing throughout their journey.

At our core, we believe that everyone who dreams of building a family should have access to fertility treatment and family building options. We are dedicated to connecting our community members with the resources and psychosocial support needed to empower them to make informed decisions every step of the way.

Our Vision

Our vision is the broad long-term goal that drives all of our work, across multiple strategic plans and decades, in collaboration with our partners.

At Resolve New England, we want everyone to have access to the options, resources, support, and community they need when trying to build the family of their dreams.

Our Mission

Our mission describes our role in bringing that vision to fruition. It names what we do and why we do it.

We create a caring community for all people struggling with fertility and family building. We provide the psychosocial support, resources, and advocacy that are critical to those trying to grow their families.

Our Core Beliefs

Through this strategic planning process, RNE codified the set of guiding principles or core beliefs upon which our work is based. Those core beliefs are:

- **Support for all:** Building a community that is empathic, supportive, and stigma-free; Welcoming anyone on their family building journey regardless of their path to parenthood.
- **Keeping it personal:** Offering real, relatable stories, making personal connections, and nurturing relationships to build camaraderie.

- **Community-led:** Recognizing that the most impactful communities are those led by people who reflect the communities being served.
- **Unbiased information:** Ensuring access to holistic and unbiased reproductive health education, including infertility, pregnancy loss, and family building, for everyone.
- **Equitable access:** Acknowledging that family building journeys are inexplicably tied to race/ethnicity, socioeconomic status, household income, geographical location, sexual orientation, gender identity, and family makeup; Working to eliminate barriers to physical and mental health resources for family building journeys.
- **Autonomy for all:** Fighting for personal and reproductive health care autonomy for all forever.

Our Programs

We build community through three programmatic pillars: support, resources, and advocacy.

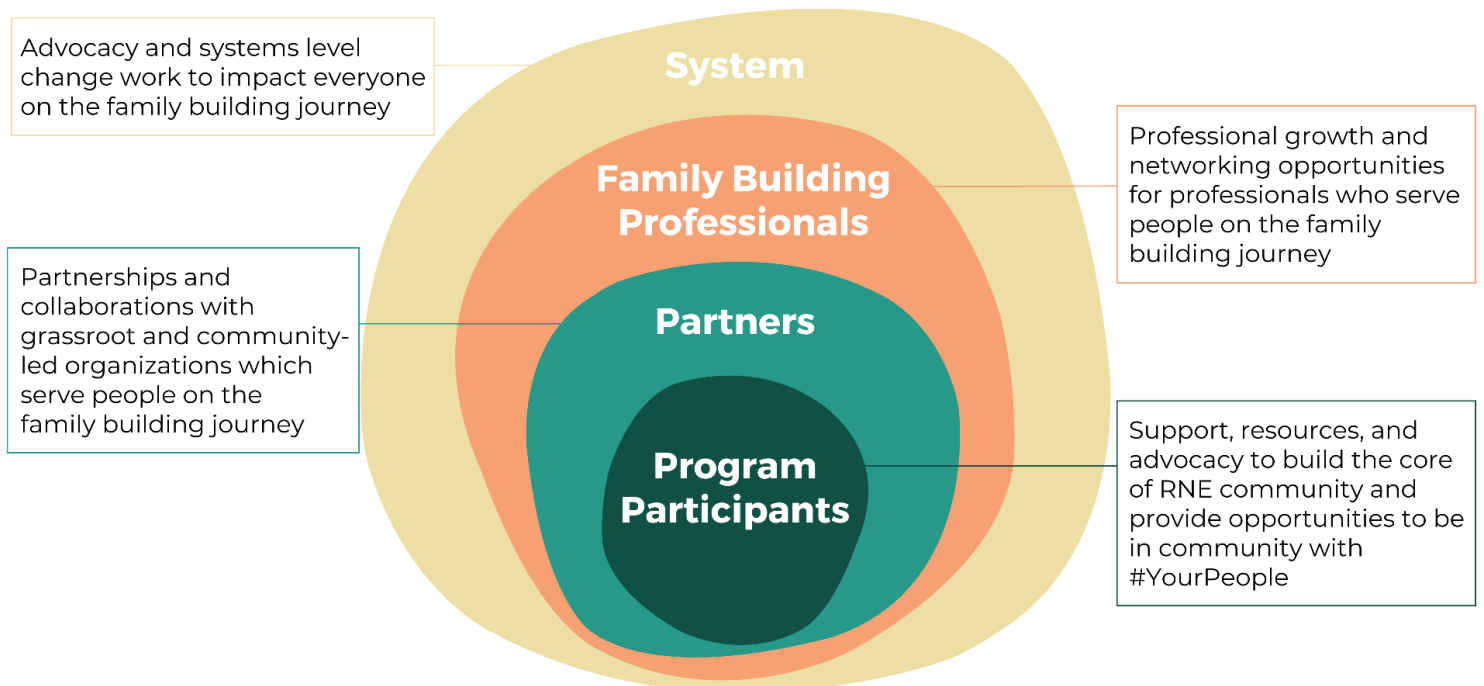


- **Support:** We offer more than 20 free, virtual, peer support groups each month, covering many different fertility and family building topics. Our peer-led groups had been offered in person throughout New England and due to COVID-19, the groups transitioned to an online platform and now serve a much wider geographical audience.
- **Resources:** We connect families with unbiased, empowering information about family building options and personal stories about community members' own experiences. Our resources include live events, written and recorded content, and a directory of professionals who specialize in fertility and family building.
- **Advocacy:** From its earliest days of helping to pass the landmark infertility insurance mandate in Massachusetts in 1987 to its ongoing efforts to advocate for access to care,

we have demonstrated a deep commitment to advocating for the fertility community. We actively support legislation in New England that will be positive for fertility and family building. Conversely, we also actively oppose legislation that would prove a threat to fertility and family building. In New England, five of the six states have fertility insurance laws, and we are advocating to make this six out of six. We also consult with families one-on-one on insurance coverage.

Our Audiences

Our work is centered on the individuals and families on their family building journey. They are the people we serve most deeply and also how we have the deepest impact. But our work does not end there. Our impact is amplified exponentially by our work with grassroots and community-led organizations that also serve family building clients, by our work with family building professionals, and by our advocacy work to increase equitable access to family building services.



Our Strategic Planning Process

We embarked on this strategic planning process to create a plan that reflected both our 1-year and 5-year goals. This strategic planning process engaged a cross-section of our staff, Board members, peer leaders, and other key stakeholders, including people served and professional partners. This strategic planning process helped us to take a step back and reflect on our core values, core beliefs, achievements, and aspirations while setting a new path moving forward. In the pages which follow, we provide detail on the strategic planning process itself, how we set our strategic goals, and how those goals will be carried out.

Planning Context

As context to our discussions and our decisions, we want to share a bit about our history and the state of RNE at the time we began the strategic planning process in 2022.

Nearly 50 years ago, New England was the home and foundation from which psychosocial support and advocacy around infertility was launched with the formation of RESOLVE: The National Infertility Association. As their scope grew, the organization moved from Massachusetts to the Washington DC area and maintained local and regional chapters throughout the country. When the national organization discontinued the chapter model, the local leadership in Massachusetts decided to continue as a separate, regional non-profit organization because there was such a strong history, reputation, and infrastructure here. Our free-standing organization was incorporated in 2010 and continues to operate independently from RESOLVE.

In recent years, RNE was offering 20+ support groups facilitated by peer leaders who brought their own personal family building journeys to their leadership. Most all our support groups and programs were held in person throughout New England but centered in Massachusetts. As we grew, we were able to keep offering more specialized support groups that brought together people who were experiencing similar family building journeys. We found that this approach was widely sought after by our community as many of them had tried “infertility groups” and found them too broad and therefore not helpful enough. Due to COVID-19, we had to rapidly switch our support groups online. In doing so, we found a broader audience inside and outside of New England seeking our specialized and personal approach. This put us inadvertently in competition with our partners around the country.

Our in-person events, including conferences and seminars, were beloved by long time members of our community for the impact the events had on them and their family building journeys. The events themselves were time consuming to produce and had stagnant or declining attendance prior to COVID-19 as community members sought psychosocial support and resources when and how they needed them. With COVID-19, we have been forced to cancel or move these events online.

During the strategic planning process, the COVID-19 vaccine was made available to ages 6 months to 5 years old, a critical demographic given our organization's community. This allowed us to consider what programming should remain virtual and what should return to in-person. We were experiencing new competition from Facebook groups, Instagram channels, for-profit event producers, and professionals. Our target audience is technology fluent and used to accessing information and support when and how they need it. By being able to directly build their own audience online, professionals were no longer relying on us to reach their potential clients and their engagement in our organization was harder to sustain. Both the new competition and the on-demand expectations were raising questions about what we offer.

We have talented, dedicated staff including a long time Executive Director and an Operations Director who joined the staff after being a Peer Leader. Our staff were being asked to do a lot with limited time and resources and were looking to the strategic planning process to help set priorities for the organization's work.

We rely heavily on volunteers for so much of our work. We recruit Peer Leaders from our community and from those in the broader family building community. They play pivotal roles in facilitating support groups, sharing their own stories, and building personal connections with those currently on the family building journey. Our board is a hands-on board, and several of our board members are also actively serving as Peer Leaders at the same time. We knew that this strategic planning process would help us figure out how to best support, recruit, and retain the next generation of volunteers.

Our business model was centered around corporate sponsorships and professional memberships, while our work around individual annual giving and grants was at a more nascent stage. We knew the strategic plan would help us to make the case for continued and increased financial support for RNE.

The political atmosphere that was increasingly hostile took a tremendous turn for the worse when the Roe vs. Wade decision was overturned during our strategic planning process. Both the right to and access to key fertility and family building medical strategies were now firmly under assault at the federal and state levels. Civil rights and civil liberties that we had taken for granted were now under siege, including the right to marry and the right to create a family.

Planning Process

Over the last few years, RNE has experienced both significant change and significant growth. Since we had not undertaken strategic planning within the last decade, as we moved through COVID-19 it felt like an opportune time to take a deep look at ourselves and to create a 5-year strategic plan. We embarked on this process to answer the following questions, which drove our work. In particular, RNE seeks to answer the following questions through this planning process:

- What are the current needs of our constituents? How satisfied are our constituents with our current services? Where are the gaps between what our constituents want/need and what we provide? Are there opportunities to serve LGBTQ+ constituents better?

- What psychosocial support and education models are appropriate and possible during this phase of COVID-19 and over the next five years? How can we reach, educate, and support people earlier in their family building journey?
- What geographic range do we and should we serve? Could our geographic range look different for different programs/services?
- What is the local/regional competitive landscape? What about the national online and social media environments? What is the funding landscape for our work?
- How do we relate to the national RESOLVE organization? Where are there opportunities to collaborate and where should we carve out distinct niches? What should the financial relationship be between our two organizations?
- What are the opportunities and threats on the horizon for our advocacy work? What should be the proactive advocacy priorities and how will we decide when/how to engage in reactive advocacy responses?
- What are the needs of our professional members and how could we better serve them?
- What partnerships are important for carrying out our work?
- What business model will carry us through our next chapter? How much potential is there to grow our budget? What one-time and ongoing investments will we need?
- What staffing model do we need to carry out our work?
- What board model do we need to carry out our work?
- How will we measure our success?

We engaged Paper Crane Associates as a consultant to facilitate the strategic planning process. Our process included:

- Taking a deep look at our organization today
- Developing our core identity
- Conducting a survey of our constituents
- Multiple meetings with Peer Leaders
- Meeting with leaders of peer and partner organizations
- Developing strategic goals and priorities
- Identifying needed changes and investments

Key Findings and Key Decisions During Strategic Planning

During this strategic planning process, we sought to learn more about our organization, our constituents, and our field and to answer the questions above. Below, we detail what we've learned as well as some of the key decisions we made during strategic planning.

Key Findings: Who We Serve and How We Serve Them

- Our support groups remain the center of what we do and our virtual support groups have found an important niche. And yet, we know that there are many people here in New England whom we aren't serving directly through our work. We're going to go deeper to reach people who need us throughout New England, including operationalizing our diversity, equity, access, and justice goals so we broaden and deepen our reach.

- There is more competition from our industry partners than there was even a few years ago. Our orientation to our industry partners, such as fertility practices, has shifted as many do their own programming and don't need RNE to be the conduit to new constituents anymore. In the same token, our constituents don't need basic educational programming from us since they can get it from industry partners. Our constituents value RNE's personal stories, connections, and sense of community.
- Our ability to provide support groups and connections to resources is dependent on our peer leaders. We're seeing increasing turnover in our peer group leaders and are having a harder time recruiting new ones, which is impacting the groups we can offer. We need to support our current peer leaders better and build a robust pipeline of peer leaders so we can continue to do our core work.
- Constituents are clamoring for psychosocial support, community, and connections to resources when they need it, not just on our programming cycle. We're going to offer more ways for our constituents to access psychosocial support and be connected to resources whenever they need us, including launching a podcast and a library of recorded discussions and presentations.
- The lack of mental health services impacts our constituents' journeys and those of our peer/staff/board team as well to continue this work. We are going to offer direct access to mental health services and training to mental health providers.

Key Findings: Staff

- Our staff are truly at the heart of what we do and why we can accomplish so much. Kate and Emily are highly regarded and work well together as a team.
- Our small staff team accomplishes a lot but doesn't have the capacity and resources to take on what we're already doing before considering taking on more. Adding capacity will be necessary.
- Our fundraising consultant has moved on so we'll need to replace that hands-on work with additional development capacity.
- Our staff are each doing things that aren't aligned with their expertise or passions so as we add staff or consultants, we may want to move responsibilities around within the team. There are particular outsourceable chunks of work that could make sense (like event planning for the walk and conference; grant writing/prospecting; social media).
- We advocate for expanding healthcare coverage for fertility and making family building affordable for more people. And yet our staff do not have access to benefits themselves. We need to benchmark our staff salaries and benefits packages against the field to make sure we are practicing what we preach and that our own actions are not inconsistent with our advocacy.

Key Findings: Board

- Dedicated board with personal and professional connections to the mission.
- We want the Board to reflect and be conduits to the communities we serve.
- As the organization grows, the Board role continues to evolve as well, moving towards strategy and fundraising.

- Since many leaders wear multiple hats, we'll need to clarify roles and responsibilities between Board, Committees, Staff, Consultants, Peer Leaders, and Volunteers.

Key Findings: Financial

- Many priorities in this strategic plan will need a financial investment in them.
- We have had success with the fundraising we've done, but it hasn't been a passion or priority for either staff member.
- Our fundraising team sees opportunities within reach to increase grant income, annual fundraising, major gifts, and corporate sponsorships with increased dedicated effort.
- The budgeting process in recent years has been very conservative - projecting what is guaranteed rather than what is possible. That approach can be a challenge when trying to plan for investments and an increase in fundraising.

Key Findings: RNE & RESOLVE

- Resolve New England is still being confused with RESOLVE and that is impacting us in a number of ways (fundraising, programming, advocacy).
- The Roe vs. Wade decision and aftermath reaffirmed that politically, RNE is more outwardly progressive and inclusive than RESOLVE. With the national political landscape and some state landscapes increasingly threatening some of our community members and core strategies and rights our community relies on, we can't afford for there to be any confusion about our values and priorities.

Key Conclusions Reached During Strategic Planning

- This strategic planning process has reaffirmed that RNE has been highly successful and highly impactful. We're looking to make tweaks over the coming years to improve our programs, our impact, and our implementation and to increase our sustainability.
- We are New England based and centered.
- We do family building, not just infertility.
- We are an inclusive organization that is committed to helping everyone on the family building journey.
- Personal stories, connections and relationships are our expertise.
- psychosocial support remains at the core of our work.
- We provide access to factual, unbiased information.
- We'll continue to collaborate with industry experts and partner organizations.
- It may be time to complete the transition from RESOLVE.

Our Strategic Plan

Over the next five years, we will be focusing on the following strategic goals:

1. Continue to offer psychosocial support and community for individuals and families throughout their family building journey
2. Increase the resources available and generate our own content
3. Strengthen our broader community through partnerships with community-led groups and family building professionals

4. Advance and protect fertility and family building for those who need it
5. Build the capacity and sustainability of the organization

Our Strategic Goals & Priorities

The strategic goals and priorities outlined below will help RNE make meaningful progress toward our long-term vision over the next five years. We will be dedicating our resources, including our staff time, volunteer time, board time, budget, and partnerships towards these goals and priorities. In doing so, we will be able to prioritize our efforts and allocate our resources toward what is most important, maximizing the impact of our work. This approach also helps us better understand the return on investment for our resources, allowing us to adjust and improve our efforts over time.

Goal #1: Continue to offer psychosocial support to individuals and families throughout their family building journey

We are committed to supporting every individual throughout their family building journey. Whether through fertility treatment, adoption, or surrogacy, we understand that building a family can be challenging. We offer numerous services and connections to resources to help our members navigate their options. We also provide a supportive community where our members can connect with others on similar journeys to find the encouragement and understanding they need. Our goal is to be a community of support for everyone on their family building journey.

1.1 Offer tailored groups that are inclusive, accessible, and meet the specific needs of each group

Our support groups are at the heart of what we offer to people trying to grow their families. Our groups build community and offer psychosocial support at every step of the family building journey. Our success and impact are based on offering tailored groups and to groups that are inclusive and accessible. We are at the point where we need to add groups and split groups to ensure that all of our members have access to a community tailored to their specific family building journey, and we will do so in the first years of this plan.

Our partnerships have been an important component of our work building community on the family building journey. In the first years of this plan, we will prioritize building relationships with peer organizations and supporting them and their support groups. In the outer years of this strategic plan, we will emphasize relationships with community-based groups and work with them to co-facilitate or create new groups tailored to the needs of their community.

1.2 Explore alternate avenues for 24/7 psychosocial support

We understand that psychosocial support is often needed at all times, not just during business hours or during a monthly or bi-weekly support group meeting. Accordingly, we will explore ways to provide support 24/7 to better meet the needs of our community. Whether through online support, social media, mobile apps, or 1-to-1 mentorships, we are exploring options to ensure that our members can access the psychosocial support they need when they need it. By offering alternative ways to provide psychosocial support, we can help to ensure that our members never have to feel alone or unsupported during their family building journey.

1.3 Train and support Peer Leaders

Our Peer Leaders are at the heart of our work. They bring lived and professional experience and play essential roles in providing psychosocial support, developing resources, and advocating. Our Peer Leaders facilitate support groups and share their stories at events, in publications, and on social media.

We value our Peer Leaders and are committed to providing them with the training and support they need to navigate these roles. We will be rolling out a formal training program for new Peer Leaders to support their development of new skills and knowledge. We will also be expanding access to mental health support for our Peer Leaders, recognizing the toll that leading groups can take. By investing in the development of our Peer Leaders, we can not only enhance their experience but also strengthen the scale and impact of our programs and services.

1.4 Build a robust pipeline of Peer Leaders

Our Peer Leaders are the means through which we carry out most of our programmatic work from our support groups to our resources. Our Peer Leaders are tremendous ambassadors helping to spread the word about our organization and our work. We have also had great success growing Peer Leaders into Board Members and staff.

As noted just above, supporting our current Peer Leaders is a core priority. In conjunction with that, we need to build a robust pipeline of Peer Leaders to continue and to expand our work. As we grow our pipeline of Peer Leaders, we will have more opportunities to create distinct opportunities for Peer Leaders to engage at a level which aligns with their availability and interests, recognizing that both can change over time as personal and professional responsibilities change.

We will look within our own community first to encourage and support our members in becoming Peer Leaders. We also know that there are many people who do not find or access RNE programs and services due to any number of reasons, including lack of awareness. Nevertheless, we value their lived and professional experiences as well and seek to attract them to our community as members and as Peer Leaders.

1.5 Increase collaboration with other organizations with aligned missions to amplify and support each other's work and better serve our collective community

There are numerous community-driven organizations that share our core beliefs and priorities around family building. We want to get to know more of these organizations, collaborate, and support their work, not supplant it. Working together, we can celebrate, amplify, and enhance our collective impact.

1.6 Explore paying Peer Leaders

As noted above, we recognize that being a Peer Leader can take an psychosocial and psychological toll as Peer Leaders share their own stories and support others on their family building journeys. We also recognize that being a Peer Leader requires time, something that is in short supply, and that many families cannot afford to take on intensive unpaid volunteer work.

This creates an equity question for us in a family building field in which access and equity already dictate many people's family building journeys. These challenges are not unique to RNE. In response, across the field, we see peer organizations exploring how paying people for what were once considered to be volunteer roles helps to increase and diversify the pool of people willing to serve in these roles.

Goal #2: Increase the resources available and generate our own content

RNE wants to ensure that our community has the connection to the resources they need on their family building journey. For many years, we have provided live events and printed/published magazines. Our community has found these valuable for community building and knowledge building. At the same time, community members have struggled when their needs did not align with our calendar of programming, and they had to wait months to hear stories and learn from others. We need to increase the resources available and create content that can be repurposed across multiple modalities.

2.1 Launch a podcast

We are particularly excited to launch a podcast that can be accessible when and where our community needs us. We know that the personal stories shared by our Peer Leaders and other members of our community are important at building connections, knowledge, and community. A podcast is well suited to reuse audio recordings from the conference and workshops as well as a more comfortable format than videos for recording new interviews on such personal topics like the family building journey.

2.2 Build an on-demand content library

We believe that podcasts are just one of the ways that we can meet our community when and where they need us. We already produce and share content in a myriad of ways, including the digital magazine, social media posts, and the website. In the near future, other programs like conference workshops could be recorded and turned into reusable content. We will explore building a one-stop place where our community can access all of our content on-demand. This library could include previously created magazines, blogs, videos, podcasts, recordings of panel sessions, etc as well as new content generated from here on out.

2.3 Maintain a calendar of our professional members' events and offerings

Our professional members are increasingly offering a robust menu of programs, talks, and events which help to introduce families to options during the family building journey and to answer questions families may have. We know that we do not need to provide programming that directly competes with that of our professional members. Instead, we want to build and maintain a calendar of their offerings so that our community can find out about and access the programming that meets their needs.

2.4 Respond to requests for insurance consultations

Navigating insurance policies can be complex on a normal day and too often, with family building services, are even more complicated. For many years, we have helped our community members by consulting with them on their insurance benefits and on navigating the insurance process. We will continue to respond to requests for assistance in this area.

2.5 Produce events and conferences to share stories and experiences

We know the importance of sharing and learning from one another in building community. We will continue to hold live events and conferences where members of our community can meet in person or online to share personal stories and experiences and to build personal connections and community. We also know that these events and conferences play an important role in bringing together community members and family building professionals to build connections and to share knowledge and experiences.

Goal #3: Strengthen our broader community through partnerships with community-led groups and family building professionals

The individuals and families we directly serve are our most important audience. But our impact is amplified by our work with community-led groups and professionals working with the family building community inside and outside of RNE. By working in collaboration with them and strengthening their work, we together can reach thousands of families on the family building journey each year.

3.1 Amplify the great work of grassroots and community-led organizations in our field

We work in a field in which there are many organizations that are led by the communities they serve. Some of these organizations also have missions focused on family building while others have broader missions. We want to amplify their great work by sharing the spotlight when it is turned on us and highlighting them when we create resources and events.

3.2 Collaborate on programming to expand the reach and impact of our collective work

We will seek out opportunities to collaborate with community-led organizations and professionals. This allows each of us to bring our own expertise to the table while introducing our work to each other's audiences. In particular, we recognize that our expertise in building support around distinct points in the family building journey is relatively unique while many of our partners bring together communities connected through their lived experiences. By pooling resources and expertise, we can create more comprehensive and effective programs that address the needs of the community. This also allows us to serve more people who are building a family and have a more significant impact on their lives. Through this effort, we want to maximize our impact by working more efficiently and leveraging our resources.

3.3 Support the professional growth and networking of family building professionals and professionals working with family building clients

We share our mission and our audience with professionals who have specialized in family building (such as fertility specialists, birth professionals, doulas) as well as professionals who see family building clients as part of their broader portfolio of clients (such as mental health providers, acupuncturists, chiropractors). By supporting and strengthening their work, we will be able to collectively strengthen the support and resources available to the RNE community as well as those on the family building journey but not part of the RNE community. We will help these professionals develop the knowledge and skills required to serve our community more effectively by providing training, development opportunities, and networking activities. There is a particular alignment between the need for specialized mental health care for people struggling with family building and our expertise in tailored psychosocial support.

Goal #4: Advance and protect fertility and family building for those who need it

One of RNE's programmatic strategies is advocacy to expand and protect fertility and family building access. We aim to achieve this goal through legislative advocacy work and collaboration with various stakeholders. By working together, we hope to influence the passing of pro-fertility policies and legislation that will benefit those who require it. At the same time, we will also work to oppose any legislation or policies that may harm the fertility and family building process. Our ultimate goal is to ensure that everyone has access to the resources and psychosocial support they need to start a family and experience the joy of parenthood. Given the rapidly changing legislative landscape, we have detailed which legislation we will be working on in the earlier years of this plan and will continue to add legislative priorities as new opportunities and threats emerge.

4.1 Lead efforts to pass legislation throughout New England that expands access to insurance coverage for fertility care

One of the ways we have the broadest impact, including on people who never otherwise tap into our programs and services, is through our advocacy work to expand insurance coverage for fertility care. This is an area where our expertise and track record positions us to take leadership roles in these efforts. We have made great strides in several states but recognize that coverage is still uneven across the New England states. Our initial targets will be advocating for a new fertility insurance bill in Vermont, for rulemaking in Maine, and for updates to existing laws in Connecticut and Massachusetts.

4.2 Work collaboratively to advance legislation throughout New England that positively impacts fertility and family building

In collaboration with our partners, we have been working to promote legislation that has a positive impact on fertility and family planning. Given that these legislative efforts often impact but are not always directly related to our expertise, we work with partners and in coalition with mission-aligned organizations. Initially in Massachusetts, we will be working on a coalition focused on advancing the Fertility Preservation and Parentage bills.

4.3 Work collaboratively to oppose legislation throughout New England that would negatively impact fertility and family building

An unfortunate part of our work is working with partners to oppose legislation that would harm or limit fertility and family building opportunities. This has become especially important in the current political climate. We need to be able to respond nimbly and quickly as these threats arise. Right now, we are working with our partners to build coalitions that oppose personhood bills.

4.4 Support national efforts to advance - or oppose - fertility and family building policy

Given that our work is centered in New England, our role in national legislative efforts is to bring support to and sign onto efforts led by peers and partners which advance fertility and family building policy, as well as oppose legislation which would harm fertility and family building. We anticipate that we will continue to support efforts nationally related to reproductive health, personhood, fertility treatment, and preservation coverage.

Goal #5: Build the capacity and sustainability of the organization

One of our RNE priorities is to ensure that we can continue to support people on the family building journey for years to come. To this, we need to build our own capacity and sustainability as an organization. This will include investing in our people and strengthening the business model.

5.1 Expand marketing to reach more people in New England

One of the common things we hear is that our constituents wish they had found us earlier in their parenting journey. In addition, the statistics show that far more people in New England are struggling with fertility and family building issues than we currently serve. For both of these reasons, we will be expanding our marketing efforts so that we can reach more people who would benefit from being in community with others going through similar struggles and from having access to our support, resources, and advocacy services. In the beginning years of the plan, this will be focused on increasing our social media presence and our referrals from clinics and practitioners. In later years, we will increase our use of Peer Leaders to build ambassadorial relationships with and connections to communities not yet deeply connected to our organization.

5.2 Grow capacity particularly around fundraising, marketing/communications, and event planning

Our staff team is small and mighty. As we look at our team's strengths, expertise, and time availability and align them with the goals and priorities in this plan, we recognize that we will need to grow our capacity in the areas of fundraising, marketing/communications, and event planning. We will do this by adding consultants and staff to our team and reallocating our current staff team's time towards other priorities in this plan.

5.3 Offer competitive salaries and benefits

One of our three programmatic pillars is to advocate for the expansion of access to fertility and family planning services. We recognize that many family building journeys are cut short by limited financial resources and by limited health insurance coverage. As we work to expand access, we want to make sure that RNE models what we are asking other employers to do for their employees. The nonprofit job market and salaries have shifted significantly in recent years. This strategic planning process raised concerns that RNE salaries, which were never high to begin with, are not sufficiently competitive today. As an organization, we also do not offer any benefits to our staff, beyond a very limited paid vacation program. We do not want our jobs or family building in general to be limited to those who have spouses with high paying jobs with good benefit packages. We need to transition our compensation structure to be competitive and aligned with what we are asking others to offer. The current compensation and lack of benefits would likely limit the pool of candidates for future RNE hiring. In the early years of the plan, we will focus on doing an employee compensation and benefits study, with the goal of implementing any changes needed, including adding retirement benefits, to ensure that RNE can attract and retain high quality employees. In later years, we will add a health insurance benefit and paid sick, personal, and family leave benefit.

5.4 Align the Board's composition, committee structure, and annual work plans with this strategic plan

Our Board of Directors plays a pivotal role in helping us carry out our mission, our work, and this strategic plan. We know that to succeed, we will need to grow our Board of Directors. We will use the goals in this strategic plan to help us understand the experience, expertise, and lived experience we need to add to our Board. We will also align our committee structure, including our permanent and our ad hoc committees, with this strategic plan. Our Board as a whole and each committee will develop annual work plans tied to this strategic plan, ensuring their ownership of the goals and priorities and their tangible support to make them come to fruition.

5.5 Grow fundraising to support this strategic plan

We have ambitious goals and priorities for the next five years as we grow our scale and our impact, as well as position our organization for short and long term sustainability. To do these simultaneously, we need to make some key investments in our Peer Leaders, our staff, and our organization. To pay for these investments and this growth, we will need to grow our fundraising. We will grow our fundraising from families we have impacted who want to ensure that the community they benefited from continues to be available to the next generation, from foundations with aligned missions, and from our corporate partners and members.

5.6 Capitalize on upcoming anniversaries

We are always quick to celebrate good news whether from our constituents, our partners, or our advocacy efforts. That being said, we have some anniversaries on our horizon that we need to share, celebrate, and leverage. In particular, we have the 30th anniversary of our in-person conference in fall 2023 and the 50th birthday of our organization in 2024. We want to use these to build awareness, partnerships, and financial support, which will help us to accomplish our mission and these strategic goals.

5.7 Rename the organization to distinguish it

RNE has an intertwined history with RESOLVE and a collaborative relationship, particularly around advocacy. However, we have been a fully separate nonprofit organization since 2010. On a regular basis, RNE is confused with RESOLVE and that has been impacting our fundraising, programming, and advocacy.

RNE is very open and clear about our progressive values, including supporting LGBTQ+ families, access to reproductive health care, including abortion, and other inclusive policies. The Roe vs. Wade decision and its aftermath reaffirmed that politically, we have different perspectives and priorities than RESOLVE. With the national political landscape and some state landscapes increasingly threatening some of our community members and their core strategies and rights, RNE cannot afford for there to be any confusion about our organization and its values.

An important piece of this will be developing a distinct name and reputation from RESOLVE, while honoring our history and the impact of our collective work.

5.8 Create and strengthen standard operating procedures

We are committed to creating and strengthening standard operating procedures to ensure that all activities and operations are carried out consistently and efficiently. This includes establishing policies for leave of absence, onboarding and offboarding of staff and volunteers. These procedures are designed to streamline processes, reduce confusion and minimize the risk of errors or miscommunications. By creating and implementing robust standard operating procedures, the organization is working to build a foundation of consistency and accountability that will contribute to its overall success and sustainability.

Looking Ahead

This strategic plan was built by engaging members of our entire organization, including community members, Peer Leaders, Board Members, staff, professional members, and partners. Together, we have reaffirmed who we are and what matters to us. We have identified what distinguishes our work and created ways we can continue to harness those strengths even as we work to meet our community when and where they need us.

Over the next five years we will be focusing on strengthening our organization in a myriad of ways. We will continue our core work of providing psychosocial support, connections to resources, and advocacy to individuals and families in New England on the family building journey. We will also be exploring new ways to meet their needs when and how they need us, rather than solely on our traditional programming schedule. We will also be working to strengthen our organization's people and business model so that we can continue our important work for years to come.

With every strategic plan comes opportunities and risks, and ours is no exception. The opportunities are easy to see and celebrate. But we find it helpful to name the risks so that we can monitor them and take preemptive measures to prevent or limit their impact on us.

Opportunities

We have a strong, committed team and community

Our shared experience is what brings us together as a community. As we often say, we are the best community you do not wish to belong to. Our staff members are dedicated and accomplish a lot with a small team and budget. Our Peer Leaders and volunteer Board members shoulder significant responsibilities in delivering programs and building connections within the community. Together, we have had significant impacts on thousands of people, and our impact continues to grow each year.

There is increased attention on family building

Increasingly, we see that family building challenges are coming more to the forefront of conversations as celebrities and influencers talk openly about their challenges and attention is brought to the myriad of challenges and possibilities of family building. We are also seeing more openness and attention to the myriad of challenges and paths along the family building journey and people wanting support and resources tailored to their specific needs.

There are new ways to provide support and build community

Over the last decade, technology has created new avenues to access psychosocial support and community from podcasts, to Zoom meetings, to Facebook groups, to Instagram posts. People now have choices of when and how they want to access resources. With this expansion of ways to provide psychosocial support and build community, we see that the many barriers related to being able to drive to in-person meetings are falling away. We have opportunities to expand our own programming to meet our community needs in new ways.

Risks

We rely on a small team

We rely on a beloved but small team of two staff members to manage and coordinate all of our work from organizing the support group program, developing and connecting to resources, producing events, conducting advocacy, building partnerships, raising funds, and managing the organization. As such, we are vulnerable to significant disruptions of our work if a staff member were to leave. Ensuring that we offer competitive pay and benefits and sufficient support and growth opportunities will be important for retaining our team.

We are in competition for time

We rely on volunteers from our community to be Peer Leaders and Board Members. As we shift into the next stage of COVID-19, we are all experiencing a new frenetic energy with many more competing priorities. Like many of our peer organizations, we are experiencing a slow down in the number of new volunteers and a departure of some long-time volunteers. As we look to our next chapter, we need to continue to have a robust pipeline for volunteers or else we will need to shift towards a more staff run model that would increase the budget required.

We have increased and new competition

We are facing an evolving competitive landscape with competition from Facebook groups, Instagram channels, for-profit community builders/event producers, and tailored communities for specific target audiences. Our potential constituents have more choices about when and how they get psychosocial support, access resources, and build community. We need to remain relevant while recognizing that we do not need to be all things to all people. Focusing on what makes our work distinct and translating that across all of our work will be key to our success.

The political landscape isn't friendly and is already impacting us

The political landscape is challenging for those of us in our line of work and for our partners. At the national and state level, we have seen direct threats to and unintentional impacts on some of the core strategies our community relies on during the family building journey. We are also seeing significant threats to the rights of members of our community, including LGBTQ+ and mixed race couples' rights to be in relationships and to have a family. That means that more of our advocacy work is forced to be spent holding back the erosion of access and rights rather than expanding them.

Conclusion

As we approach our 50th anniversary in 2024, RNE has much to celebrate and anticipate. We have developed deep competencies and strengths in telling personal stories and building connections through all of our psychosocial support, resources, and advocacy work. Our work is needed more than ever, and yet we are being compelled to think creatively about how we deliver our programming when our community is used to accessing information on their timeline. With more attention on the challenges of family building, our professional members have broadened their own education programming to educate and compete for clients. They are looking for us to help them build their networks with other family building professionals and to

deepen their professional knowledge on the challenges of family building so that they can best support their clients. The political landscape is fraught right now making our advocacy even more important to limit the erosion of access and rights at the federal and state level, while expanding it in more politically friendly states. Working together, we will make our sixth decade even more impactful and our organization even stronger as we strive towards the day when everyone has access to the options, resources, psychosocial support, and community they need when trying to build the family of their dreams.

Appendix A: RNE Survey 2022

Introduction

RNE conducted a community-wide survey in August 2022 to gather input and feedback for the strategic planning process. We gathered 237 meaningful responses from our community members. The survey aimed to gather information from a diverse group of individuals, including professional members, conference attendees, support group members, peer leaders, on their priorities, concerns, and hopes for the future. The results of the survey will be used to inform and guide the strategic planning process, ensuring that the plans align with the community's needs and aspirations. Some key findings from the survey are highlighted below.

(1) About Respondents' Family Building Journey

Most respondents first learned about their family building options at some medical institutions. This is followed by internet searches, families and friends, and through RNE accordingly.

Top 5 resources and supports accessed by respondents during their family building journey are:

- Medical reproductive professionals
- Health insurance
- Online platforms (i.e. website, social media, podcasts, blogs)
- Organizations supporting infertility and family building
- Mental health professionals

Top 5 biggest challenges faced by respondents during their family building journey are:

- Regulating emotions and managing mental well-being alone
- Financial constraints
- Complications with insurance coverage
- Processing unknown/ uncertainty/ unexplained diagnosis
- Finding the right guidance to maneuver through fertility treatment options

(2) Respondents' General Thoughts about RNE

From the 237 responses, most respondents are white, heterosexual, and female between 30-39 years old. 77% of respondents are from New England states, with Massachusetts being the most significant portion and Vermont being the smallest. The remaining respondents are from 18 other states in the US and one from London, UK.

How do respondents describe RNE?

- Provides support to people across the spectrum of the infertility experience and family building.
- Provides resources and education (reproductive issues, infertility etc.).
- Plays an advocacy role for fertility rights and needs, and raises awareness.
- Provides an inclusive and safe community.
- Gives opportunity and hope to have a family.

Impact of RNE on respondents:

- RNE provides valuable resources (i.e. knowledge, insurance-related issues, and connection to professionals).
- RNE helps reduce isolation through access to community and connecting them with others in similar situations.
- RNE provides strong psychosocial support and aids in healing through various support groups provided.
- Some respondents also have grown to have more empathy towards others through their role as peers, Peer Leaders and professionals.
- Respondents have increased awareness of the different pathways to family building.
- Respondents learned various coping strategies and also became more confident to tackle challenges in their family building journey.

Top 5 reasons for choosing RNE are:

- To attend (virtual) support groups for psychosocial support and find a community that shares similar experience.
- To access resources and educational content related to infertility and family building.
- Recommended by family, friends, and medical professionals.
- RNE has great staff members and a very welcoming presence to everyone.
- Alignment with the value and mission of the organization.

(3) Professional Members

The two most significant percentages (24%) of professional members at RNE have roles as mental health and reproductive medicine professionals. Most professional members represent either a large organization (37%) or are solo practitioners (30%). RNE professional members are primarily driven by the cause of helping those in need of their services. They rated 4.10 out of 5 for their goals of RNE meeting expectations.

RNE has impacted their professional members by:

- Providing them with relevant resources and involving them in events in the area.
- Enhancing their connection and network with other professionals in the space.
- Surfacing important subject matter that would otherwise miss attention.
- Improving their understanding of family building.
- Improving their awareness of advocacy efforts.
- Providing a platform to connect and support others.

The professional members also highlighted their needs that RNE could support by:

- Maintaining or improving current support and resources provided.
- Maintaining or improving ways for professionals in the space to connect with each other.
- Collecting and providing feedback from patients regarding their services.
- Providing educational workshops with CEUs.
- Increasing RNE's presence in other areas of New England (Connecticut, Vermont).

(4) Support Group

Most (60%) of those who had attended support group sessions had joined the primary infertility support group. Attendees are mainly interested in being part of a community that understands their journey and struggles. They rated 4.48 out of 5 for their satisfaction with the support group experience.

Respondents highlighted what they like most about support groups:

- Being part of RNE's community helps to reduce feelings of isolation and connects individuals in the same circumstances.
- A safe space to share and express their feelings without being judged.
- Excellent facilitators who knew how to moderate groups and allow everyone a chance to speak.
- Learning new information about how to maneuver infertility and family building.
- RNE provides a warm and friendly environment that welcomes everyone.
- Virtual options for support groups were helpful and convenient to attend.

They also suggested some areas of improvement:

- Increase in-person support group sessions.
- Increase the frequency of support group sessions.
- Add support groups/resources for male infertility, endometriosis, people of color, pregnant after pregnancy loss, pregnant after infertility, in the middle of IVF process.
- Improve session structure to allow everyone to speak (e.g. breakout groups).
- Increase number of attendees (including couples) through more consistent promotion.
- Create Facebook groups for members to stay in touch outside of support group sessions.
- Maintain or increase virtual support group options for convenience.

(5) Peer Leader Program

18% of the respondents are/were Peer Leaders. Those who are not Peer Leaders indicated a slightly above-average interest in becoming Peer Group Leaders or Co-Leader within the next few years. This moderate interest is a good indicator to determine the feasibility of building a Peer Leaders pipeline in the future.

Some peer leaders shared how RNE has impacted them:

- Provided the opportunity to help others in need.
- Learned more about self and others in the community through becoming a leader.
- Helped to build self-confidence when dealing with matters such as infertility and family building.

Peer leaders highlighted what is working for them:

- Received great support from RNE leadership.
- Doing support groups in-person prior to COVID-19 was more enjoyable.
- Doing support groups virtually has also been helpful in many ways.
- Guide document provided was a great reference.

They also suggested some areas of improvement:

- Continuous support to prevent secondary trauma and compassion fatigue.
- Encourage more peer leaders to attend monthly meetings.
- Consider a 90-min per month meeting to allow more meaningful dialogue.

(6) Family Building Conference

Most of those who attended the conference had joined in person and multiple times. Attendees were interested in meeting with professionals and others in a similar family building journey. They rated 4.35 out of 5 for the family building conference experience.

Respondents highlighted what they like most about conference:

- Very educational and has a wealth of useful information.
- Parent panel session was really good.
- Opportunity to meet with communities who have gone through similar challenges and able to listen to their journeys so far.
- Able to connect with professionals in the infertility space.
- The conference was somewhat uplifting.

They also suggested some areas of improvement:

- Consider doing the conference in-person.
- Consider the virtual element of the conference for some attendees.
- Add more topics to include failed foster adoptions, failed private adoption, and exploring stories of people of color.
- Add more session timing with parent panels.
- Add more holistic providers i.e. naturopathic medicine, acupuncture, meditation.
- Increase frequency of conferences.

Respondents shared some additional topics, services, or events they would like to see at the conference:

- Managing relationships (between siblings with years apart, partners).
- Basic educational topics for patients i.e. where and when to go for consultations.
- Self-care/ therapy for managing personal well-being.
- Parenting after pregnancy.
- Autoimmune diseases and how they relate and immunology therapies.
- Extended adoption-related topics.
- Surrogacy-related topics.
- Managing mindset throughout the family building journey.
- Donor conception IVF.
- Egg health workshop.
- Do roundtable discussions with subject experts.

(7) New England Walk for Hope / Footsteps for Family Building Walk

Most (76%) of respondents have yet to attend the walk. Those who attended and filled out the survey shared meaningful responses about how the walk had impacted them, what they liked about it, and improvement suggestions.

Some attendees shared how the walk impacted them:

- Encouraged community building among participants and providers.
- Provided the opportunity to personally support RNE and other attendees.
- Provided a sense of hope when among the community.

They mentioned what they like about the walk:

- Being part of the community who faces similar challenges.
- Meeting people outside of their work environment.
- Opportunity to support RNE's work.
- Event is very open and accessible to all.

They also suggested some areas of improvement:

- Improve attendance and participants at the event.
- Improve fundraising event opportunities.
- Increase length of walk (at least 1 mile).
- Better marketing and promotion of events.
- Be very mindful of those without a "complete" family/ children attending the event - and having children at the event.

(8) Community Conversations

Most of those who attended community conversations had joined multiple times. Attendees were mainly interested in connecting with professionals and peers and learning about family building options. They rated 4.24 out of 5 for their satisfaction with the workshop experience.

Respondents highlighted what they like most about workshop:

- Opportunity to hear and learn from others about their family building experiences
- It was educational and had an abundance of information.
- Opportunity to meet with professionals who might help in family building journeys.

They also suggested some areas of improvement:

- Create a list of things not to say to someone who is going through infertility or challenged in a family building journey.
- Increase frequency of sessions to allow more conversation with the community.
- Increase diversity of speakers and infertility support providers.

(9) Insurance Consultations

15% of respondents have utilized the insurance service, and 31% mentioned that they did not need it. The remaining 54% of respondents indicated that they need to be made aware of the insurance service provided by RNE. This group of individuals might include those who can benefit from the service.

Some respondents shared what they like about the insurance consultation service:

- Very helpful to navigate the insurance-related topics especially for those who are not familiar with it.
- Immediate access to time-sensitive information.
- Able to have virtual conversations.
- Protects personal privacy issues.

They also suggested some areas of improvement:

- Improve insurance service tailoring to individual needs instead of more generic.
- Advocate for better insurance coverage of fertility treatment in the region.

(10) RNE Magazine

About half of the respondents have read either the physical or digital version of the RNE magazine. RNE recently converted the format of our magazine into digital form in 2021, and this move has made it easier for anyone to access the magazine online at any time.

Some readers have shared what they like about the magazine:

- The publication is very informative (i.e. news, advocacy work) and educational.
- The topics and content covered are relatable.
- Publication is beautifully written.
- There is a diversity of stories shared.
- Magazine is visually appealing.

They also suggested some areas of improvement:

- Enhance diversity of contributors/authors to the magazine.
- Consider bite sized content including Dear Abby or AMA style columns.
- Share more success stories.

(11) Donor Opportunities

Almost half of the respondents have donated to RNE. The current donors told us why they contributed to RNE, and we can use this to attract like-minded donors from the pool of donors who have yet to donate to RNE.

Top 2 reasons for donating to RNE are:

- “I wanted to give back to a community that means something to me”
- “I wanted to ensure that families have access to support on their family building journey”

Top 3 reasons for not donating to RNE are:

- “I am not able to financially donate to RNE”
- “I wasn’t asked”
- “I didn’t know RNE is a nonprofit organization that needs philanthropic contributions to balance its budget”

Conclusion

Overall, the community survey provided valuable input and feedback on the community's priorities, concerns, and hopes for the future. Their input is vital for the success of the strategic planning process. The responses will inform and guide the strategic planning process for RNE in the following years, ensuring that the plans align with the community's needs and aspirations.

Appendix B: Thank You

Staff

Kate Weldon LeBlanc, Executive Director

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Board of Directors

Jennifer Redmond, President

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Lisa Rosenthal, Treasurer

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