

# BEYOND THE 50 CITIES: THE INFLUENCE OF INVEST HEALTH

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# Beyond the 50 Cities: The Influence of Invest Health

In the last decade, the links between organizations involved in community development and those involved in health equity have strengthened, and there has been increasing recognition of the importance of the social and structural determinants of health. However, when the Robert Wood Johnson Foundation (RWJF) first conceived of the Invest Health initiative in 2015, this shift in thinking was relatively new. As one national health leader noted, what was unique about Invest Health at the time it was launched “was the vision of connecting community development goals, objectives, values, and language to health and healthcare under the umbrella of social determinants of health.”

It is within this context that Invest Health operated and, as this report finds, contributed to further catalyzing connections between the community development and health and well-being fields, new thinking about the challenges and opportunities in small and midsize cities, and disseminating information on concrete models of projects and programs that contribute to community well-being.

## Background

In 2014, RWJF released *Time to Act*, a report that recommended fundamentally changing neighborhood revitalization by fully integrating health into community development. In a bold response to this recommendation, RWJF supported a wide range of multisite initiatives and other activities at this intersection. Invest Health, one of these efforts, set out to provide a light touch, relatively short-term intervention for a large number of cities to improve well-being and equity.

In early 2016, Reinvestment Fund, the intermediary RWJF chose to lead Invest Health, selected 50 cities to engage in an 18-month initiative. At the end of the 18 months, Reinvestment Fund and RWJF launched a second phase of Invest Health and then a third and fourth.<sup>1</sup> The program design and goals evolved over the four phases and eight years. However, several core components were consistent with their approach:

- **focusing on small and midsize cities** between 50,000 and 400,000 in population;
- **supporting cross-sector teams**, initially requiring representation from the public sector, an anchor institution, and a community development organization;

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<sup>1</sup> For a description of the evolution of the Invest Health initiative over the eight years, see the final evaluation.

- **targeting the built environment and the community investment system**, recognizing its relationship to health; and
- **emphasizing community engagement, use of data, and equity**. There was no requirement for cities to adopt a specific model, but the expectation was that they would utilize these core concepts.

In addition to these core components, Reinvestment Fund established a culture of flexibility and respect for the participating cities. Even before “trust-based philanthropy” became a trend in the field, Invest Health allowed the cities considerable leeway in what they worked on and who in their city engaged in the work. Rather than asking the sites to conform to a model, Invest Health asked sites to share in a vision around health equity and community development.

## Goals to influence the field

Invest Health’s core goals and activities<sup>2</sup> focused on the sites. However, over the past eight years, the initiative reached many stakeholders beyond the city teams and included explicit efforts to share learning with the field.

In the very early stages of Invest Health, RWJF and Reinvestment Fund set some field-level goals to disseminate best practices and promote an increased understanding of the challenges in small and midsize cities related to health and community development.

### Invest Health Phase 1 Field Goals

	End of 18 months	Longer term
Promising approaches and innovations	Test practices and strategies for using Invest Health as a platform to inform the national conversation about how to achieve well-being and equity.	Dissemination of promising approaches and innovations extends learning to midsize cities beyond those participating in Invest Health.
Knowledge creation	Philanthropy, the public sector, and field-building organizations have a greater understanding of the challenges that midsize cities face in increasing and influencing investments in built environment projects that address social determinants.	Philanthropy, the public sector, and field-building organizations support appropriate capacity-building and system change approaches to address the challenges of midsize cities.

<sup>2</sup> For a full description of Invest Health’s goals and activities, see the final evaluation.

Invest Health sharpened its focus on field influence in its second phase, which RWJF and Reinvestment Fund dubbed *Invest Health Field Building*. In this phase, ten of the original 50 cities that had made the most advanced progress in their efforts in the first phase were awarded further support from Invest Health. In Phase 2, the initiative aimed to influence Community Development Financial Institutions (CDFIs) and other finance institutions and funders to “develop deeper understanding of opportunities in small and midsize cities and take early steps to test approaches intended to increase access to capital.” In the longer term, the theory of change anticipated that Invest Health would contribute to financial capacity in small and midsize cities to improve the flow of capital to high-equity impact investments that would improve neighborhood conditions through the built environment.

Phases 3 and 4 of the Invest Health initiative were broader and more explicit about the intention to have far-reaching influence beyond the 50 Invest Health cities. In its proposal for Phase 3, Reinvestment Fund noted:

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By sustaining the cross-sector network and broader learning community that Invest Health has assembled, **the network of 50 Invest Health cities will have the potential to inform the national conversation** around resilience and post-COVID-19 recovery. Lessons brought forth by city teams may also be effective in bringing attention to equity and **demonstrate models for other small to midsize cities to explore**. Through light touch engagement activities – resource sharing, cross-city collaborative discussion, and strategic communications – we aim to deepen and foster the sustainability of collaborative connections within and across Invest Health cities, **and share learnings with other small to midsize cities seeking to advance more equitable community investment systems**.

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While acknowledging the shifting goals and the relatively light touch of Invest Health strategies aimed at influencing the field, this deep dive explores:

- Invest Health’s approach to sharing learning beyond the 50 city teams;
- the national networks in which initiative staff engaged;
- the extent to which Invest Health influenced other initiatives; and
- key learnings and implications for what it takes to influence the field.

## Influence approach

While Reinvestment Fund's strategies for influencing the field were emergent, many touchpoints throughout the eight years engaged stakeholders beyond the 50 city teams.

### Engagement of health equity and community development leaders

Over the course of Invest Health, Reinvestment Fund formally and informally engaged leaders in the community development and finance fields through various mechanisms. These included:

#### Phase 1 advisory committee

During the first phase of Invest Health, Reinvestment Fund formed a national advisory committee (NAC) for the initiative. The committee's ten members included leaders in the community finance and healthcare sectors. The NAC met twice—once in spring 2016 to inform site selection and once about a year later to discuss early learning and emerging themes of the work. Beyond the meetings, Reinvestment Fund invited NAC members to attend Invest Health's national convenings. While the formal engagement of the NAC ended as priorities shifted, the members became familiar with the Invest Health cities, their goals, and some of the challenges they faced.

#### Health Capital Roundtables

The Health Capital Roundtables were the Invest Health interventions with the most explicit strategy around field building. In Phase 2, Reinvestment Fund convened national stakeholders to discuss the challenges and opportunities associated with community investment in small and midsize cities. The roundtables engaged 42 leaders<sup>3</sup> from the CDFI, philanthropic, and healthcare communities, as well as some members of Invest Health city teams. Reinvestment Fund hosted the events in partnership with the Urban Institute, whose Brett Theodos facilitated the meetings and authored a report based on the learning.<sup>4</sup> In the first roundtable, a one-day forum in Philadelphia in November 2019, participants discussed case studies on specific community development projects in small cities. Mayor John Hamilton of Bloomington, Indiana, delivered a keynote speech. Due to the COVID-19 pandemic, the second convening was a two-day virtual event. It featured a panel discussion on a partnership that local actors in Paterson, New Jersey, forged with St. Joseph's University Medical Center to develop affordable housing for vulnerable residents. The virtual event also included four Invest Health teams facilitating breakout discussions to share learning from their work.

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<sup>3</sup> See Appendix I for full list attendees.

<sup>4</sup> <https://www.urban.org/sites/default/files/publication/103600/making-community-development-capital-work-in-small-and-midsize-cities.pdf>

## Invest Health convenings

In addition to these more formal activities, Reinvestment Fund consistently invited national stakeholders to the Invest Health convenings to participate as attendees, advisors, or speakers. For example, during Phase 1, city teams had the opportunity to practice presenting their projects as a “pitch” to panels of national experts for feedback. Panelists included the national health program director at LISC, representatives of three large commercial banks, staff from CDFIs, and staff from other intermediaries such as the Center for Community Investment.

Reinvestment Fund has also invited individuals involved in other health and community development-related initiatives to attend its webinars and convenings. In Phase 3 of Invest Health, Reinvestment Fund hosted a virtual convening in partnership with leaders working on other health equity initiatives. Attendees included leaders from ChangeLab Solutions, The Build Health Challenge, the Build Healthy Places Network, the Federal Reserve Bank of Boston’s Working Cities Challenge (WCC), the National League of Cities (NLC) Cities of Opportunity, and the Rippel Foundation’s ReThink Health initiative. The two-day virtual convening, titled *Operationalizing Equity*, brought together national experts and stakeholders from Invest Health city teams and sites of aligned initiatives to share learning around advancing equity and systems change.

## National conferences and other meetings

Reinvestment Fund staff and stakeholders from Invest Health city teams have participated in a number of national conferences. Examples include team members from Flint and Grand Rapids participated in South by Southwest (SXSW) in Austin, Texas, in 2018; Akron, Napa, and Spokane took part in a 2018 panel discussion at the Opportunity Finance Network annual conference; and Reinvestment Fund staff and various city team members presented at annual summits put on by NACEDA (now Community Opportunity Alliance) and the Root Cause Coalition, a national coalition of organizations resolved to achieve health equity through cross-sector partnerships.

Although it was not possible to quantify the number of national organizations and city leaders that these efforts touched, a review of agendas and attendance at the touchpoints noted above provides evidence that a large number of individuals influencing the thinking about community development and health have had exposure to Invest Health, its goals, and the outcomes in some of the 50 cities.



Figure 1. Representative from the Grand Rapids Invest Health City Team presenting at SXSW in Austin, Texas, to discuss health equity.

## Communications

### Newsletters and blog

From the outset, Reinvestment Fund included a strategic communications element as part of Invest Health. While the focus was initially on the sites, Reinvestment Fund built out its website and expanded its outreach over time. The website included information about the city teams, publications and resources, blog posts, and an archive of previous newsletters.



The newsletters, produced regularly by Reinvestment Fund staff, featured news from the sites and shared information on research, funding opportunities, and upcoming events. Reinvestment Fund's subscription data show that only about one-third of the subscribers were from Invest Health cities. Many other organizations in the public health and community development fields have subscribed to the newsletter, and there was representation from a number of individuals from different communities. This indicates that the reach went well beyond the city teams.

Participants from Invest Health cities or partner organizations most often wrote the blog posts. These posts focused on promising practices and lessons about what it takes to achieve health equity in communities.

### Publications

While publishing writing about Invest Health and its learnings was not a deliberate strategy for field influence, the following are a few examples of publicly distributed reports:


- ***Making Community Development Capital Work in Small and Midsize Cities***, authored by Brett Theodos and based on discussions at the Health Capital Roundtables, provided frameworks for thinking about community investment in small and midsize cities. While the Urban Institute did not widely promote the publication, Don Hinkle-Brown, president and CEO of Reinvestment Fund, did participate in a webinar about the report through The Funders Network.
- ***Community Engagement: How the Process Leads to Progress***, written by consultant Bridget Kernan,<sup>5</sup> highlighted the strategies and lessons learned from five of the Invest Health cities that participated in Invest Health Phase 2.
- ***Evaluation of Invest Health: Final Report***, authored by Mt. Auburn Associates and posted on the Invest Health website in August 2018, shared learning on the first phase of Invest Health with the field.

<sup>5</sup><https://www.investhealth.org/wp-content/uploads/2021/01/Community-Engagement-The-Process-That-Leads-to-Progress.pdf>

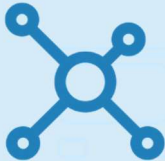


# Outcomes beyond the Invest Health cities


**Outcomes beyond the sites**




Influence of other health equity initiatives



Establishment of a network of networks



Increased understanding of small and midsize cities



Learning applied to grantmaking

While it is not possible to quantify the actual number of individuals that Invest Health has touched over the past eight years, nor the full extent of the initiative’s influence, interviews with staff from Reinvestment Fund, RWJF, and eight individuals from national organizations engaged in some element of the Invest Health work provide preliminary evidence that the legacy of Invest Health includes:

### Influencing other health equity initiatives

Leaders involved in other multisite initiatives focused on health and well-being reported that their knowledge of the Invest Health initiative has informed their own work. In interviews, stakeholders noted applying lessons related to Invest Health’s approach, such as the value of co-designing interventions with the sites and communicating learning with the field. Leaders of other health equity initiatives also reflected on their learning from the 50 cities, sharing that the sites provided tangible examples of cross-sector partnerships between public health and community development. Finally, these stakeholders had the benefit of leveraging the Invest Health network to expand their own partnerships. In an interview, one shared, “Through Invest Health, we were able to connect to some of the larger healthcare systems that we did not have any connections with.”

Another way Invest Health has influenced other national initiatives is through the participation of

Invest Health city teams. There are many examples, many of which are depicted on PolicyMap’s interactive map of aligned initiatives.<sup>6</sup> Cities where the stakeholders involved in their Invest Health teams then participated in other multisite initiatives include:

- Richmond’s involvement in the Center for Community Investment’s Connect Capital Initiative;

<sup>6</sup> <https://www.policymap.com/embed/#/9030/8a970eb60d57aaf868d78201f8f8428b>



- Hartford and Roseville’s participation in Wellville, a national nonprofit project to achieve equitable well-being. Wellville incorporated Roseville into its existing cohort as a result of an Invest Health collaboration grant where Wellville stakeholders in Hartford became more aware of the work in Roseville;
- Grand Rapids, Lansing, Missoula, Napa, Providence, Rochester, and Roanoke’s involvement in the NLC Cities of Opportunity initiative;
- Hartford and Providence’s participation in the Federal Reserve Bank of Boston’s Working Cities Challenge;
- Paterson’s engagement in the RWJF New Jersey Department’s Building Healthier, More Equitable Communities (BHEC) initiative; and
- the selection of 10 Invest Health cities—Buffalo, Eau Claire, Hartford, Jackson, Missoula, New Britain, Providence, Roanoke, Roseville, and Savannah—in the City Health Dashboard’s Data Challenge (which invited only Invest Health cities to apply and was co-led with Reinvestment Fund).

In many ways, the Invest Health cities are well-positioned to participate in these other initiatives. Meanwhile, other intermediaries are also beginning to look at Invest Health cities as potential sites for future initiatives.

## Establishment of a network of networks

One of the more critical “leave-behinds” of Invest Health is the Intermediary Learning Network (ILN). ILN comprises several national health equity initiatives operating nationwide over the last decade. The network started through the efforts of Jennifer Fassbender of Reinvestment Fund in 2021, who, as a leader of Invest Health, has consistently reached out to her counterparts at other intermediaries involved in similar work, an unusual focus for a leader of one initiative. In 2022, with the active participation of Rippel Foundation staff, Reinvestment Fund put together a proposal for what a network of intermediaries could accomplish to build a movement of cities across the U.S. committed to health and racial equity. Beyond Reinvestment Fund and ReThink, leaders from a growing number of intermediaries involved in health equity have joined or expressed interest in the network.<sup>7</sup>

The network hosts regular virtual meetings, and the network met in person as part of Wellville and Well-being in the Nation (WIN) Network convening in spring 2023. As part of the convening, aligned initiatives discussed where their activities intersect and where there are gaps in the field. At the in-person meeting, the ILN also facilitated a workshop on opportunities to use American Rescue Plan Act (ARPA), infrastructure funds, and other capital to create the vital conditions everyone needs to thrive. Individual members have also attended each other’s convenings in support of the work, including Invest Health’s Nashville

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<sup>7</sup>Organizations involved in the Network include Build Healthy Places, CACHI, ChangeLab Solutions, Enterprise, Federal Reserve Bank of Boston, National League of Cities, NeighborWorks, Road to Wellville, WIN Network, Center for Community Investment, and others. RWJF has awarded some grant funding to most of these organizations.

convening in 2023 and the National League of Cities Solutions Forum in 2024. Group members have co-authored blog posts for Grantmakers in Health and Build Healthy Places Network to share learning more broadly. The current priority of the ILN is to share learning, not only across the initiatives but also across the field. The network will be developing a set of papers that focus on specific areas of learning across the initiatives.

## **Increased understanding of the specific opportunities and challenges of small and midsize cities**

At the time of the first phase of Invest Health, RWJF's decision to focus on small and midsize cities was a relatively uncommon choice in philanthropy. RWJF believed it could have the most significant impact on cities not usually included in national philanthropic initiatives and that held promise in developing new approaches. After four phases of Invest Health, there is some evidence that the initiative contributed to increased interest in and understanding of small and midsize cities.

In some cases, according to interviewees, Invest Health validated their interest in focusing on small and midsize cities. For example, ChangeLab Solutions noted that it had focused on similar types of cities and that the Invest Health experience, in many ways, affirmed its thinking about the capacity challenges in small and midsize cities as well as some of the innovation opportunities. Another national leader in the field shared that the learning had an impact on their realization that in small and midsize cities, the lack of capacity, fewer community development finance professionals, and few lenders had led over time to a thinner pipeline, which, in turn, has led to less interest in the place by lenders. At the Urban Institute, Brett Theodos, author of the Urban Institute paper on community development finance in small and midsize cities, noted that his engagement with Invest Health through the Health Capital Roundtables and writing the report was the beginning of his continuing work around looking at community capacity in smaller cities. He noted, *"It is not that Invest Health was the only input into my thinking, but it was part of that intellectual journey."*

## **Learning applied to other RWJF grantmaking**

Finally, in many ways, Invest Health was the beginning of RWJF's own journey to focus on health equity, community development, and small and midsize cities. Within RWJF, the Invest Health initiative was the model for the design of the Building Healthier, more Equitable Communities (BHEC) New Jersey initiative, which is part of the foundation's New Jersey portfolio and involves four smaller cities in New Jersey. The RWJF staff who collaborated on the design of BHEC noted that the development of this initiative was in direct response to the experience and learning related to Invest Health. In addition, the RWJF Healthy Communities team has a specific small and midsize cities portfolio (SMC portfolio) that has funded numerous research projects and initiatives that focus on small and midsize cities, such as the New Growth Innovation Network (NGIN). The RWJF staff person who manages the SMC portfolio came from Akron, one of the Invest Health cities, and had been

engaged in the Akron home team. The interest in RWJF to focus more deliberately on small and midsize cities partially emerged from the Invest Health experience.

In addition to informing the foundation's focus on health equity, community development, and smaller cities, Invest Health influenced RWJF's approach to supporting grantee-designed convenings. The Healthy Communities team is moving forward with an initiative informed by Invest Health's collaboration grants to center grantees in the design and implementation of convenings that promote learning and collaboration.

## Key learning and implications

### 1 Field influence requires individuals who are “connectors” and look to opportunities to share learning and form relationships.

The Reinvestment Fund staff person leading the Invest Health initiative supported and strengthened networks both for the 50 cities and for aligned initiatives for health equity and systems change in the field more broadly. The success of a network hinges on the effectiveness of its “network officer,” who identifies emerging opportunities and builds the network's capacity to achieve outcomes.<sup>8</sup> Jennifer was seen as someone who built relationships and was open to sharing lessons and honest dialogue about the work. She accomplished this formally through many presentations at national forums and informally through one-on-one communications. One interviewee, for example, shared, “I want to recognize Jennifer and her team and most folks at RF because it's about their culture. Not every CDFI is about partnership and relationships first. Many are more transactional. RF staff took the time to develop these relationships.”

There were also leaders at the city level who acted as “connectors” and reached out to their colleagues at national conferences, presented their Invest Health work at convenings, and maintained informal communications with their counterparts in other small and midsize cities about what they had learned and accomplished through Invest Health.

### 2 The newly formed ILN presents a unique opportunity for deeper learning about cross-sector collaboratives in the community development and health fields.

The establishment of a new cross-initiative network, the ILN, is a decisive emergent outcome related to Invest Health. This new network of intermediaries has the potential to contribute significantly to learning about cross-sector networks, initiative interventions, community

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<sup>8</sup> Success of networks hinge on the effectiveness of the “network officer,”  
<https://scholarworks.gvsu.edu/cgi/viewcontent.cgi?article=1030&context=tfr>

capacity, and effective strategies to support health equity and systems change. The evaluation of most philanthropic initiatives takes place over very short timeframes, contributing to assumptions about what the field is learning without opportunities to look at work in a city over a longer time. Moreover, most evaluations only assess the specific learning of an individual initiative, which several contextual factors could affect. Many evaluations have reached the same conclusions but at a relatively broad level: relationships are essential, and achieving system change takes a long time. Fewer evaluations examine whether some of the interim outcomes achieved in terms of relationship building and system change actually contribute to achieving the anticipated longer-term result. Moreover, few evaluations consider the context within which the cities are operating. As noted, many cities are involved in multiple initiatives that are part of the ILN. Rarely do the evaluations look at the work that preceded the specific initiative they are evaluating. With resources, the ILN could sponsor research that examines whether some interim system changes, such as building relationships and shifting mindset, are actually leading to deeper system change toward improved health and well-being for residents.

### **3 Consistent communication and branding increase the likelihood of influence.**

A consistent and relatively long-term presence through the website, blogs, and newsletters keeps folks engaged and helps spread policy and program approaches associated with the initiative. Reinvestment Fund was very effective at building the brand name of “Invest Health” and regularly updated the website and published newsletters about what Invest Health cities were accomplishing and other information related to community development and the social determinants of health. As noted, information on the subscriber list found that hundreds of individuals outside the 50 cities were receiving the newsletter regularly. Interviews provide some evidence that models provided in the newsletter did inform other initiative leaders and cities.

### **4 When convening national leaders, being explicit about their roles and any intended outcomes is important.**

At the launch of Invest Health, Reinvestment Fund formed a National Advisory Committee comprising an influential set of individuals who worked in diverse types of organizations involved in both community development and health. Interviews found that while members found it valuable to learn from each other, with a number attending the Invest Health Phase 1 convening, the group stopped meeting without any formal communication. In the case of the Health Capital Roundtables, many influential individuals engaged. However, there was also limited engagement following the meetings, and many members were unclear about their roles. If forming an advisory committee or other convening of external stakeholders,

an intermediary should be clear about their role and expectations and consider mechanisms to create a learning environment to maximize opportunities for influence.

## Appendix A: Roundtable participants

Name	Position	Organization	1st	2nd
Lisa Beczkiewicz*	Health Promotion Supervisor	Missoula City-County Health Department		x
Laura Benedict	President	Self-Help Ventures Fund	x	x
Tony Berkley	Vice President, Strategy and Impact	Prudential Financial		x
Daniel Betancourt	President and CEO	Community First Fund	x	x
Betty-Ann Bryce	Rural Health Liaison	USDA		x
Mark Constantine	President and CEO	Richmond Memorial Health Foundation	x	x
Kimberlee Cornett	Director, Impact Investments	Robert Wood Johnson Foundation		x
Robert Cox	Senior Director, Housing and Commercial Real Estate Lending	Reinvestment Fund	x	x
Michellene Davis	Executive Vice President and Chief Corporate Affairs Officer	RWJBarnabas Health		x
Kim Dempsey	Executive Vice President, Capital Markets	Housing Partnership Network	x	x
Annie Donovan	Executive Vice President and Chief Operating Officer	Local Initiatives Support Corporation (LISC)	x	x
Sameera Fazili	Director, Engagement for Community & Economic Development	Federal Reserve Bank of Atlanta	x	
Raquel Favela	Senior Director	National Development Council	x	x
Amy Gillman	Senior Program Officer, Healthy Communities	Robert Wood Johnson Foundation	x	x
C.J. Eisenbarth Hager	Director, Healthy Communities	Vitalyst Foundation	x	x
Anne Hazlett	Senior Advisor for Rural Affairs	WH Office of National Drug Control Policy		x
Abbey Johnson	Associate Director of Programs	de Beaumont Foundation		x
Joyce Jong*	Senior Project Manager	City of Riverside		x
James Kienker	Grants Management Administrator	Trinity Health		x
Amir Kirkwood	Chief Lending and Investment Officer	Opportunity Finance Network	x	x
William Lambe	Director, Capital Solutions	Enterprise Community Partners	x	
Keith Maccannon	Director of Marketing, Outreach & Community Relations	AmeriHealth Caritas		x
DeAnna Minus-Vincent	Senior Vice President, Social Impact and Community Investment	RWJBarnabas Health	x	
Jeremy Moore*	Director, Community Health Programs	Spectrum Health		x
Marc Norman	Associate Professor of Practice in Urban & Regional Planning	University of Michigan	x	x
Brian Payne	Executive Director	CDFI Friendly Bloomington		x
Lisa Pennington	Chief, Community & Corporate Well-Being	Cone Health		x
Ceyl Prinster	President and CEO	Colorado Enterprise Fund	x	x
Deborah De Santis	President and CEO	Corporation for Supportive Housing	x	x
Eva Rainer-Schweitzer	Director of Health Finance	Local Initiatives Support Corporation	x	x
Stephen Sills*	Director, Center for Housing and Community Studies	University of North Carolina, Greensboro		x
Sherri Slayton	Executive Vice President and Division CCO	Western Alliance Bancorporation	x	
Michael Smith	Director, Community Investments and the Built Environment	Richmond Memorial Health Foundation		x
Patricia Smith	President and CEO	The Funders' Network	x	x
Kate Sommerfeld	President, Social Determinants of Health	ProMedica	x	x
Bettina Tweardy Riveros	Chief Health Equity Office	Christiana Care Health System		
Pablo Bravo Vial	System Vice President, Community Health	CommonSpirit Health		x
Michelle Volpe	Loan Fund President	BlueHub Capital	x	
Albert Walker	Director, Health Equity and Community Building	Richmond Memorial Health Foundation	x	
Paul Weech	Principal	Innovative Housing Strategies, LLC.	x	x
Tonya Wells	Vice President, Federal Public Policy and Advocacy	Trinity Health	x	
Bridget Wiedeman	Senior Director, Health Services	Reinvestment Fund	x	
Cassandra Williams	Senior VP, Community and Economic Development	Hope Enterprise Corporation	x	x

\* Invest Health City Team Member

# Appendix B: Evaluation methods

## Deep dives into Invest Health

### Approach

The final evaluation of Invest Health presented a unique learning opportunity. Invest Health employed a distinctive strategy, emphasizing developing a learning network among 50 cities over eight years, offering the potential to generate field learning about supporting community development in small and midsize cities. In addition to a final evaluation report telling the story of Invest Health, Mt. Auburn Associates worked with Reinvestment Fund and RWJF to identify key themes of the work to delve into more deeply, resulting in three deep-dive papers. These reports explore:



Networks  
among  
cities

1. **Enduring change in Invest Health cities.** Conversations about sustaining community change initiatives often focus on maintaining a team, its staff, or its functions over time. This report explores the long-lasting outcomes of Invest Health to identify what sustaining the work of a collaborative looks like beyond convening the original Invest Health teams, the pathways to sustaining change, and the factors that contributed to sustaining change in the Invest Health communities.



Networks  
across  
cities

2. **Cross-city networks.** Like many multisite initiatives, Invest Health set out to create relationships and facilitate learning across participating communities. This report examines the types of interventions that contribute to building and sustaining peer networks across cities and identifies outcomes related to these relationships in Invest Health. This report explores Invest Health's use of "collaboration grants," which were unique opportunities for sites to work together to design small convenings tailored to teams' learning priorities across the country.



Networks  
of  
networks

3. **Invest Health's influence on the field.** From the early days of Invest Health until now, the initiative has offered new approaches and lessons that have contributed to learning for other health equity initiatives, intermediaries convening multisite initiatives, and those interested in the specific opportunities and challenges of small and midsize cities. This report explores how Reinvestment Fund, through a relatively light touch, engaged national and city leaders involved in health equity and community development and the outcomes of sharing learning from Invest Health.



# Methods

In conducting research for the final evaluation, including these deep dives, Mt. Auburn Associates utilized:



1. **A survey of stakeholders involved in Invest Health work in each of the 50 cities over time.** Mt. Auburn fielded a final evaluation survey in June 2023. Given the multiple phases of the work over time, stakeholders engaged in each of the 50 cities changed over time. To determine who should receive the survey, Mt. Auburn conducted an extensive document review to develop a contact list of all known participants in all phases of Invest Health. The evaluation team contacted stakeholders from each city to confirm and update contact information. Ultimately, Mt. Auburn invited 402 stakeholders engaged in Invest Health over the course of the initiative to respond to the final evaluation survey, and the survey received 147 responses with representation from 45 of the 50 cities.



2. **Interviews of Invest Health stakeholders focused on each of the deep-dive topics and other evaluation questions.** Mt. Auburn conducted 36 interviews with Invest Health team members representing 17 cities for the deep dive research. While some interview questions were included for all deep dive interviews, 12 focused primarily on cross-site relationships, 15 concentrated on enduring change in Invest Health cities, and nine focused evenly on both deep dives. Mt. Auburn also completed eight interviews of field practitioners, including stakeholders involved in other cross-site initiatives, current and former staff of Reinvestment Fund and RWJF, and others, to explore the influence of Invest Health on the field.



3. **A review of Mt. Auburn’s previous evaluation research related to Invest Health.** This included a review of Phases 1 and 2 of the initiative, the related Mt. Auburn report on the Health Capital Roundtables, and the related Mt. Auburn report *Community Resilience: Cross-Sector Collaboratives and their Role in Responding to Crisis* that explored Invest Health cities’ responses to the COVID-19 pandemic. Mt. Auburn also reviewed Invest Health newsletters and documents from the sites and completed web research to most comprehensively collect all relevant information related to the sites’ work.