

EVALUATION OF INVEST HEALTH: FINDINGS

# Executive Summary

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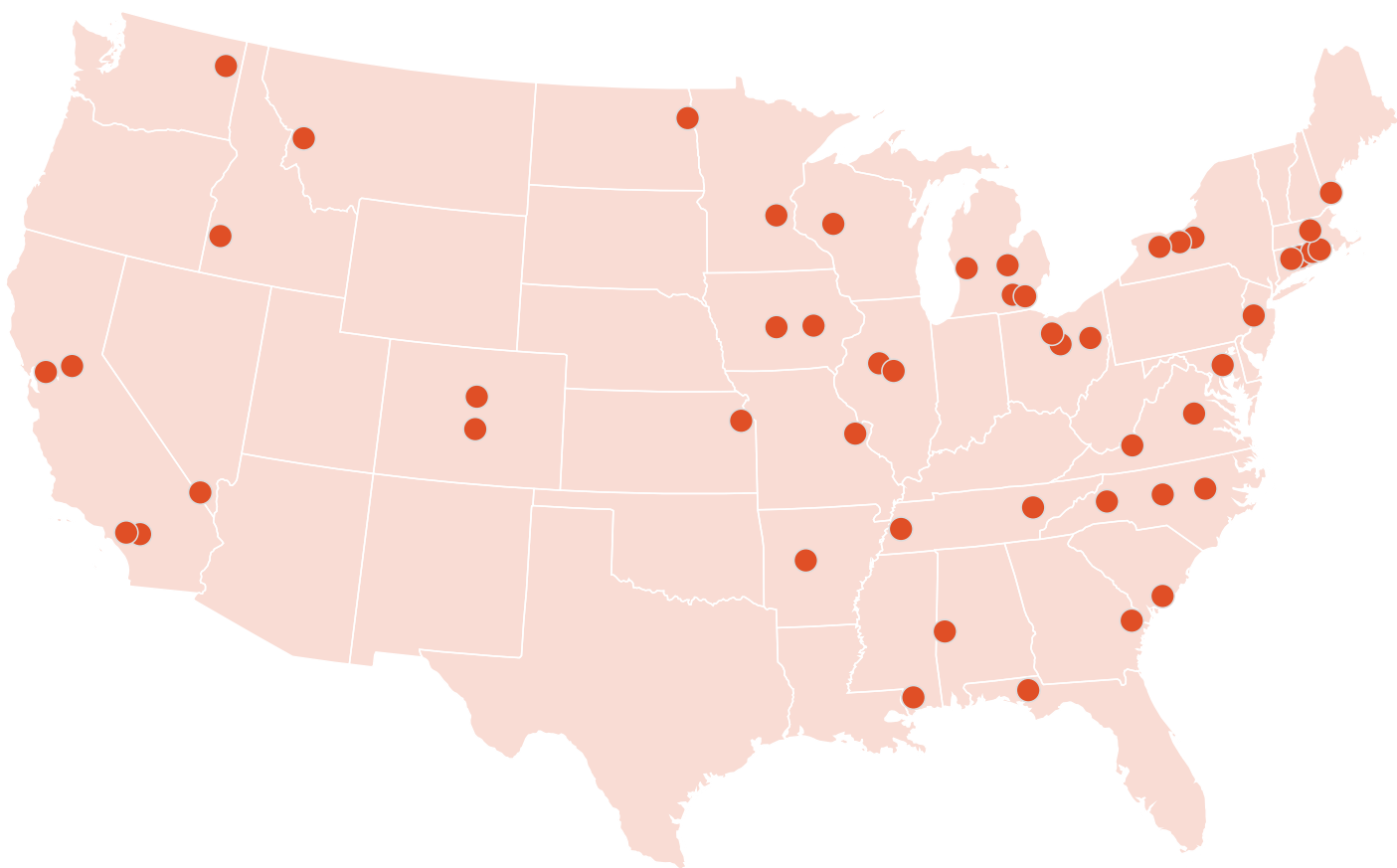
This is a summary of a longer report, *Evaluation of Invest Health: Findings*, available at <https://www.investhealth.org/news-archive/invest-health-evaluation-report/>.

## Invest Health Cities

Akron, OH	Greensboro, NC	Napa, CA	Roseville, CA
Asheville, NC	Gulfport, MS	New Britain, CT	Savannah, GA
Bloomington, IL	Hartford, CT	North Charleston, SC	Spokane, WA
Buffalo, NY	Henderson, NV	Paterson, NJ	Stamford, CT
Canton, OH	Iowa City, IA	Peoria, IL	St. Louis, MO
Des Moines, IA	Jackson, TN	Pontiac, MI	St. Paul, MN
Dundalk, MD	Kansas City, KS	Portland, ME	Syracuse, NY
Durham, NC	Knoxville, TN	Providence, RI	Tallahassee, FL
Eau Claire, WI	La Habra, CA	Pueblo, CO	Tuscaloosa, AL
Flint, MI	Lansing, MI	Richmond, VA	Westminster, CO
Framingham, MA	Little Rock, AR	Riverside, CA	Youngstown, OH
Grand Forks, ND	Missoula, MT	Roanoke, VA	
Grand Rapids, MI	Nampa, ID	Rochester, NY	

# Initiative Overview

A 2014 Robert Wood Johnson Foundation (RWJF) report, *Time to Act*, called for a new approach to neighborhood revitalization that fully integrates health into every aspect of community development.<sup>1</sup> In the years since, RWJF has supported a range of programs aimed at achieving this goal. Invest Health, involving 50 midsize cities with populations up to 400,000 from across the U.S., is one of these efforts. The broad goal of the 18-month initiative—which was managed by Reinvestment Fund, a national community development finance institution (CDFI)—was to increase and influence investments in built environment projects that improve well-being and equity.



**EXHIBIT 1:** Map of Invest Health Cities

<sup>1</sup> <https://www.rwjf.org/en/library/research/2014/01/recommendations-from-the-rwjf-commission-to-build-a-healthier-am.html>

## Site-related goals of the 18-month initiative:

### **Mindset shift:**

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Increase understanding of health and community development and build a deeper appreciation for the relationship between well-being, equity, and the built environment.

### **Built environment projects:**

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Develop a pipeline of and make significant progress on built environment projects that address social and economic factors that affect well-being and equity.

### **Community investment system:**

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Identify new capital streams, including potential sources in the health sector, to finance investment in built environment projects that promote well-being and equity.

### **Collaborative infrastructure:**

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Create strong cross-sector teams with members from community development, health, and government aligned around a vision for well-being and equity.

### **Enabling environment:**

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Improve the systems, policies, practices, and incentives that support community investment in built environment projects leading to more equitable and healthier communities.

### **Network:**

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Build strong relationships among the 50 Invest Health teams and cities.

# Assessment of Outcomes

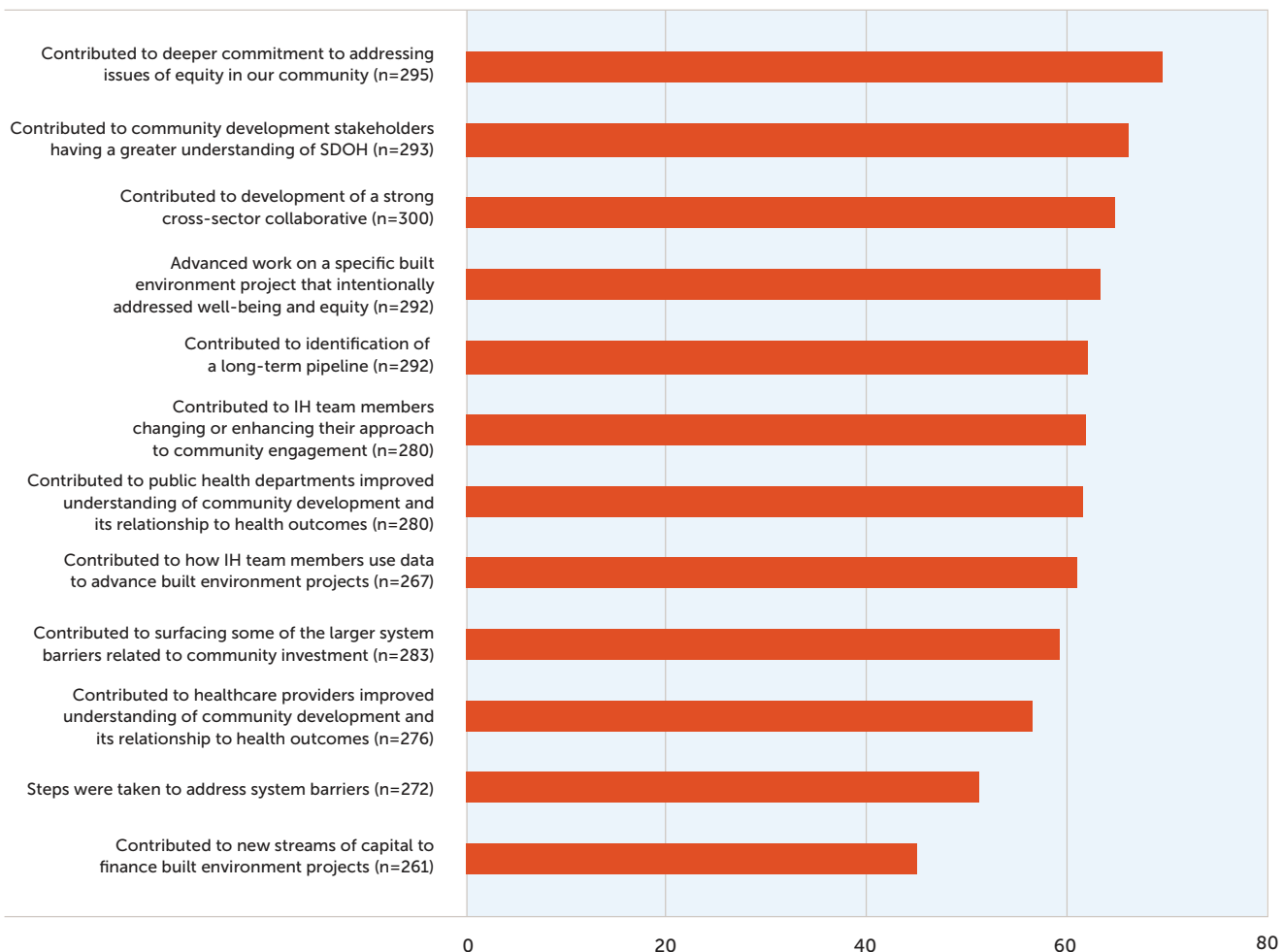
**Invest Health teams reported that their cities made moderate to significant progress across a range of outcomes.**

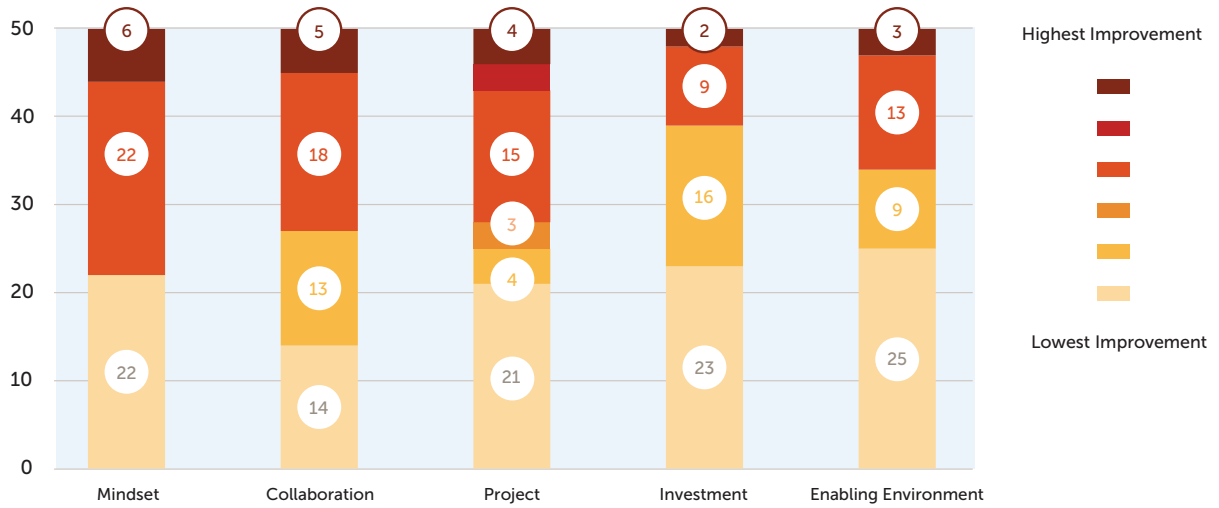
Participants rated their progress on many Invest Health goals as relatively high. Most notably, they reported improvement on addressing equity, understanding social determinants of health (SDOH), strengthening their cross-sector teams, and planning or implementing a built environment project.

**An assessment of the Invest Health cities identified 15 (30 percent) that were well positioned to advance a systems approach for attracting and aligning capital investment in built environment projects that address well-being and equity.**

These highly successful cities demonstrated significant progress in many of the Invest Health goals and are most likely to make additional progress. At the other end of the spectrum, 12 (24 percent) made only limited progress on the Invest Health goals.

**EXHIBIT 2:** Survey respondents’ ranking on their sites’ progress on a scale of 0-100.





**EXHIBIT 3:** Rubric assessment of 50 sites' progress across Invest Health goals.

## Progress on specific goals

### Involvement in Invest Health has led to significant mindset changes among individual stakeholders and teams.

Individual participants generally reported increased understanding of domains that previously were unfamiliar to them. Health stakeholders noted particular gains, with many noting changes in their thinking about what it takes to advance a built environment project. Changes related to equity were particularly strong, with many participants saying that they now think differently about the causes and impacts of disparities.

The evaluation considered team changes in mindset as well. Participating in Invest Health contributed to significant mindset change within six city teams (12 percent), a moderate level of mindset change within 22 city teams (44 percent), and limited change within 22 city teams (44 percent). (See Exhibit 3.) Rather than a broad change in understanding of the social determinants of health, interviews suggest that Invest Health nurtured a deeper understanding of how the built environment interacts with health or social determinants.

### Close to half of the Invest Health teams have built strong collaboratives and are positioned to advance the work that they began as part of Invest Health.

In general, the Invest Health teams believe they have made significant progress building cross-sector collaboration to advance their visions. When asked to rate their team's accomplishments on a scale of 0 to 100, respondents ranked "contributing to the development of a strong cross-sector collaborative" very high, particularly when compared to other Invest Health goals. Similarly, when asked what they learned through Invest Health, the largest number of stakeholders answered "what it takes to build an effective cross-sector collaborative."

Overall, the evaluation team concluded that 23 Invest Health sites (46 percent) have built the collaborative infrastructure need to achieve the visions they developed through Invest Health. Most of these teams are well positioned to advance the built environment projects or pipelines that they had identified. Five teams (10 percent) are looking more broadly and have developed collaborative infrastructures for addressing system issues related to achieving their vision.

# Lessons Learned

Invest Health was an ambitious and unique initiative to change systems and demonstrate results in the built environments of 50 midsize cities. From the outset, the Foundation recognized that this was a high-risk effort, that the outcomes were uncertain, and that failure was a distinct possibility. In this context, Invest Health made significant progress toward many of its goals and had several unanticipated positive results as well. The most noteworthy results include:

## 1 Improved understanding of core Invest Health concepts among cross-sector Invest Health teams.

Some of the more significant gains include a clearer grasp of the intersection between the built environment and health and a deeper commitment to reducing racial inequities and to engaging with communities. Many participants who were relatively new to community development work came away with a much better comprehension of how to advance a built environment project. Others from the community development sector gained a deeper appreciation for the connection between their work and community health.

## 3 Effective cross-sector teamwork in close to half of the cities.

A significant number of Invest Health teams have built relatively strong collaborative structures and are in a position to advance their projects.

## 2 Real progress on a built environment project in more than half of Invest Health cities.

Given the short timeframe, the number of cities that made moderate to significant progress on their built environment projects was a significant accomplishment.

## 4 Expanded collaboration beyond the scope of the original Invest Health project in more than 80 percent of cities.

In interviews with 41 of the 50 teams, people offered unsolicited information about strengthened relationships across sectors. The new and deeper relationships are leading to collaboration on grant proposals, coordination of services, new joint planning efforts, and partnerships on new programs.

## There were some areas, however, in which cities made less progress:

- ▲ **Limited progress on system change.** Although RWJF had an explicit goal of advancing a systems approach, few cities focused on the enabling environment and fewer made even modest progress.
- ▲ **Lack of focus on community investment.** Perhaps even more disappointing, given the overall goal of increasing investments in midsize cities, progress related to community investment was quite limited. Cities often faced challenges in accessing new or different sources of capital for their Invest Health projects, or had difficulty engaging new financing partners.

## Learning from the most successful teams

Looking across the cities that made the most progress, several themes emerged. The most successful cities did the following:

**1** Leveraged prior work. It helped to have a foundation of existing initiatives with aligned objectives on which to build. Those cities had the advantage of a strategic roadmap in place for them to draw upon, as well as ideas already vetted by the community. In other cases, Invest Health teams built on the work of other collaboratives with similar visions.

**2** Established clear vision. Many successful teams established a clear, shared vision for how they wanted to improve health or social factors related to health. The “different future” they were striving to achieve guided their work. Having a clear vision helped them prioritize their work, focusing on those areas they believed would have the most impact.

**3** Included representation from high-level decision-makers and “boots-on-the-ground” staff. Having a mix of senior leaders, particularly from city government or an anchor institution, and staff who could execute plans contributed to success. The diversity in team seniority and roles can help advance a team’s goals.

**4** Involved team members with the expertise needed to advance built environment projects. Given the focus on the built environment, it was critical that the team had individuals involved who understood the real estate development process and what it takes to advance a built environment project.

**5** Reached out to people outside the core Invest Health collaborative to broaden support for their work. Many of the highly successful teams recognized that they could not achieve their goals on their own. Instead, they engaged community residents, decision-makers, and other key constituencies in their city to get their buy-in on the Invest Health work and build coalitions to carry the project forward.

Exhibit 4 summarizes the main evaluation findings with respect to the factors influencing city progress.



	Potential Accelerating Factors	Potential Hindering Factors
Related to Team	<ul style="list-style-type: none"> <li>▲ Having a hospital on the team</li> <li>▲ Having team members with development expertise</li> <li>▲ Staffing and administrative capacity for the team</li> <li>▲ Both decision-makers and boots on the ground engaged through travel or home team</li> <li>▲ Attention to developing an appropriate home team and keeping them engaged in the work</li> <li>▲ High-level elected officials or senior executives on the team</li> </ul>	<ul style="list-style-type: none"> <li>▼ Focusing too broadly on poverty and health inequities vs identifying specific health outcome or SDOH focus</li> <li>▼ Focusing on one project</li> <li>▼ Lack of appropriate mix of community development and health stakeholders</li> <li>▼ Multiple transitions and instability within the travel team</li> </ul>
Related to City	<ul style="list-style-type: none"> <li>▲ Time of the work “right” given city political and economic context</li> <li>▲ Project/pipeline identified as part of broader, pre-existing planning process</li> <li>▲ Work builds on existing collaborations and working relationships</li> <li>▲ Location in larger size city with development capacity</li> </ul>	<ul style="list-style-type: none"> <li>▼ Developing a new table in communities with existing cross-sector work in related areas</li> <li>▼ Urgent issues or crisis</li> <li>▼ Political transitions</li> <li>▼ Unstable market conditions in healthcare institutions</li> <li>▼ Location in a suburban or non-central city in a large metropolitan region</li> </ul>
Related to Intervention	<ul style="list-style-type: none"> <li>▲ Smaller pod convenings with time for cross-team discussions</li> <li>▲ Facilitating connections among affinity groups</li> <li>▲ Intensive focus on core concept such as equity and inclusion</li> <li>▲ Master classes that provide opportunity to present projects to experts</li> <li>▲ Convenings with informal time, inspirational speakers, and team time</li> <li>▲ Site visits</li> </ul>	<ul style="list-style-type: none"> <li>▼ Lack of clarity about initiative expectations and goals</li> <li>▼ Limited time for initiative planning and theory development</li> <li>▼ Insufficient segmenting of teams based on capacity and issue focus</li> <li>▼ Little emphasis on targeting strategic support to floundering teams or cross-sector collaboration challenges</li> <li>▼ Siloing of team support/TA and content dissemination</li> </ul>

**EXHIBIT 4:** Factors influencing city progress.

## Emerging Lessons from Invest Health

### For cities:

- ▲ **Leverage and align with other work.** Spend time before settling on a vision and strategy to fully understand the dynamics in the community related to the built environment and social factors affecting health. Think carefully about how to align and leverage existing initiatives, collaboratives, and work of key organizations in the community.
- ▲ **Engage diverse constituencies.** Look 360 degrees from the core team and think about the key constituencies that the team should learn from, engage with, and keep informed. This will likely involve reaching out to decision-makers to get their buy-in and to keep them in the loop during the process. It will also involve engaging residents to shape the vision, inform strategies, and build coalitions to carry the work forward.
- ▲ **Include hospital leaders on the core team.** Senior hospital representatives can help align resources to support the team project, from influencing hospital policies on data sharing, leasing space in a built environment project, and even providing investment capital.
- ▲ **Do not assume that everyone in the community development sector has development experience.** Search for someone with demonstrated real estate development experience, in either the for-profit or nonprofit sector.
- ▲ **Secure the involvement of a city representative with sufficient authority.** Making progress on Invest Health projects requires someone capable of aligning city priorities and practices to support the team's vision.
- ▲ **Before engaging a community investment partner, consider both the timing of involvement and the expertise the partner brings to the team.** Community investment organizations are not all the same. Choose a partner with experience in relevant built environment projects. The best partner may not be a CDFI—it could be another type of financing entity such as a credit union, community bank or public economic development agency. Timing of engagement also matters; the evaluation finds that CDFIs can be highly transactional and not have the ability to participate in longer-term planning. Teams should seek input and expertise of, but perhaps not engage with, investment partners in every stage of the planning process.
- ▲ **Articulate a compelling vision.** The vision the team articulates matters; avoid being too broad or too narrow. Do not try to solve the problems of the world; choose a clear focus, like a social determinant factor or health outcome, and then assess how various systems and levers affect that vision.
- ▲ **Assess the city's development capacity.** As part of any early ecosystem scan, consider the city's capacity for advancing a built environment pipeline. Who are the players in the community investment system? Are there local organizations or developers that can make progress on an identified pipeline? Are there major environmental challenges that need to be addressed? Cities need to consider these questions early in the process and devise strategies for addressing any gaps they identify as quickly as possible.

## For the funders and the field:

- ▲ **Particularly in midsize cities, do not go overboard with new partnerships—motivate communities to build on what is there.** With so many local, state, and national efforts aimed at building healthier communities, there’s no need to rebuild the wheel. Instead, when considering a community for a new funding initiative, find out what’s already happening that’s relevant. Adding a new project to the mix could overwhelm the capacity of the community organizations already working in this space.
- ▲ **Recognize the importance communities place on upgrading public amenities and physical infrastructure.** Although Invest Health encouraged cities to explore financeable built environment projects, the teams often saw more direct connections between health disparities in their communities and neglected sidewalks, parks, recreational centers, and other public spaces that discouraged people from walking or other forms of exercise. Residents often agreed with teams on this point.
- ▲ **Address capacity gaps. For some Invest Health teams, lack of a local mission-oriented developer and local sources for community investment, made it hard for them to act on the opportunities they identified.** Funders and the field may want to conduct a baseline assessment in targeted midsize cities and develop approaches for addressing lack of capacity, with particular consideration to the role of national CDFIs; larger regional, state, or national development entities; and nonprofit developers.
- ▲ **Take the time to create a theory of change for a complex initiative.** Articulate what the initiative wants to achieve and ensure that all stakeholders—the city teams, the program team, and the funder—share that understanding of what success looks like. Coordinate learning content, convening, planning, coaching, and technical assistance to ensure that each component aligns with the theory of change and complements the other components in achieving the stated goal.
- ▲ **Make sure that everyone is speaking the same language.** Terms such as “systems,” “enabling environment,” “pipeline,” “community investment system,” and “built environment project” could mean different things to different people, including project staff. When designing and implementing a multisite initiative, it is important to ensure that everyone involved understands these kinds of terms the same way.
- ▲ **Improve teams’ ability to apply a system lens to their work.** If systems change is a goal of the project, it is important to spend time building the team’s capacity to apply a system lens and understand the levers for system change. This can be difficult to grasp, especially for partners whose experience is mostly transactional or program-focused.
- ▲ **Ensure that each team has a champion.** Teams seemed to function best when they had a champion or leader able to think strategically about team composition and stakeholder engagement, identify opportunities for aligning with other work in the community, and assume a deeper sense of ownership for team progress.

