



LASTING IMPACTS OF INVEST HEALTH: SUSTAINING THE WORK IN THE 50 CITIES

DECEMBER 2024

Support for this publication was provided by the Robert Wood Johnson Foundation. The views expressed here do not necessarily reflect the views of the Robert Wood Johnson Foundation.

Lasting impacts of Invest Health: sustaining the work in the 50 cities

Since the first phase of Invest Health ended in 2018, the initiative has provided relatively light interventions and minimal resources to the 50 cities involved. Yet, the initiative's impact endures: relationships among team members have remained strong, and many organizations in these cities continue to advance efforts that began with Invest Health eight years ago. This enduring commitment raises a fundamental question: why has there been such sustained engagement in so many of these small cities?

Often, sustainability in community change initiatives is narrowly viewed as maintaining a program, collaboration, or organization through strategic planning for funding, governance, and leadership toward the end of the initiative. However, this report takes a different approach, shifting the focus to what enables work centered on a shared community vision to thrive long after formal support ends.

With the unique perspective of tracking Invest Health's journey over eight years, this deep dive examines the specific elements of the initiative that cities have sustained and explores what contributed to their lasting impact. By understanding what drove this continued engagement, this report aims to reframe how we think about the durability of community-driven change.

Background

In 2014, the Robert Wood Johnson Foundation (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.¹ The program design and goals evolved over the four phases and eight years. However, several core components were consistent with their approach:

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

- **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;
- **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 a vision around health equity and community development.

The durability of the Invest Health work

WHAT HAS BEEN SUSTAINED



Evaluations of initiatives focusing on system change often conclude that it takes time to achieve changes that lead to concrete results. Collaboratives or teams established as part of these initiatives rarely have sufficient funding or support over the timeframe required to change systems. Given the short-term nature of most of these evaluations, the field needs more evidence of the sustainability of the relationships developed, the projects completed, or the policies and programs implemented as a result of an initiative.

With Invest Health, evidence² confirms that the **relationships** remain strong, and sites have built many **projects** initiated as part of Phase I and implemented **new programs and policies** that Invest Health influenced. Finally, many key organizations remain firmly **committed** to working toward the Invest Health vision in their community despite receiving minimal funding from the initiative in recent years.

² See Appendix A for the methodology this evaluation utilized.

Relationships

Toward the end of the eight-year Invest Health effort, participating stakeholders in the 50 cities reported that engagement in Invest Health led to new and deepened relationships within their cities. In fact, the collaboration often endured even without the formal cross-sector teams developed through Invest Health. For example, while there is no longer a formal Invest Health team that meets in Spokane, Washington, most of the original team members and some additional players continue to meet informally to coordinate their work and align on joint priorities.

These sustained relationships are one of the most significant and lasting outcomes of Invest Health. Over 80 percent of survey respondents reported a better understanding of the work of other Invest Health stakeholders in their city as a result of the initiative. Furthermore, the relationships fostered or deepened by Invest Health spanned across sectors. A majority of survey respondents indicated they had formed new or strengthened relationships with key organizations involved in community development and health equity, including municipal or county governments, public health departments or organizations, hospitals, healthcare providers, and more.

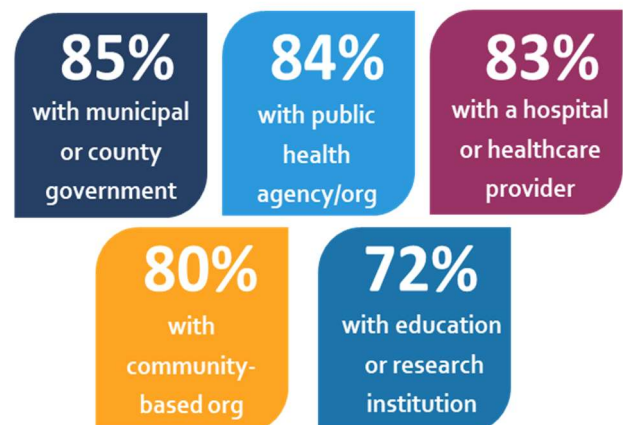
In interviews, Invest Health participants highlighted the immense value of these relationships and their impact on their ability to take action to address the social determinants of health in their communities. In small and midsize cities, where the ecosystem of relevant stakeholders is not as extensive as in large cities, establishing even a handful of cross-sector relationships contributes to building a sound network of individuals who share a common purpose to improve health equity. These networks of dedicated actors are the ones to carry the work on and sustain it over

Status of Invest Health teams



Figure 1. Final evaluation survey data on Invest Health city teams' status (as of summer 2023) includes cities where at least one stakeholder responded affirmatively.

IH survey respondents overwhelmingly reported **new or strengthened connections to other stakeholders in their cities:**



time, even if not as part of the initial team formed by philanthropic initiatives like Invest Health.

Policies, programs, and projects

The successful implementation of many projects and programs initiated as part of Invest Health is evidence of the sustained focus on the work over the past eight years. Seeing these efforts through implementation has taken many years of continued work. Furthermore, many city teams have refined and expanded upon the work they began with Invest Health, creating a snowball effect that has enhanced the outcomes over time. For example:

Long-term efforts for food access

In Syracuse, New York, the Allyn Family Foundation led a parallel effort to the Invest Health team's goal of establishing a multicultural food hub with a downtown grocery store. Given their shared goals, the Invest Health team invited Allyn to an Invest Health collaboration trip to witness other food systems and food hall examples, and the team urged Allyn to coordinate with the local food co-operative for a downtown grocery store. With its significant financial resources, the foundation championed this project, and today, Salt City Market, a food hub, opened downtown and includes a co-op grocery store. Similarly, the Roanoke Invest Health team contributed to the development of a grocery store in November 2024, and other cities that prioritized a grocery store in Phase I, including Hartford, continue to persist and are making slow progress toward their goals to increase food access.

Continued progress on developing ADUs

In Napa, the initial Phase I Invest Health team focused on developing accessory dwelling units (ADUs) to address the area's lack of affordable housing. During the second phase

New programs: Spotlight on New Britain, Connecticut

Stakeholders engaged in the New Britain, Connecticut, team established an active teen community center as part of their Invest Health work. Completed in 2018 during the first phase of Invest Health, this project has become a central element of Invest Health's legacy in the city.

The center's programming has led to new collaborative initiatives. For example, local partners developed a novel approach to training teens as community health workers (CHW), creating a structured career ladder where they can gain a certification through the Youth Community Health Worker Training Academy. Invest Health partners have also been working closely with Central Connecticut State University (CCSU) to expand this program. CCSU plans to become the first four-year institution to offer a CHW training certificate, with a six-credit dual enrollment opportunity for New Britain High School students. CCSU is awaiting approval as a certified CHW training vendor and intends to launch the program in 2025.

of Invest Health, team members worked on multiple fronts to facilitate policy changes at the local and state levels through establishing an ADU Center and proposing a municipal ADU financing program. It has taken, however, until March 2023 to launch the first-in-the-country forgivable loan program for ADU construction.

Grand Rapids is also seeing continued progress in creating access to financing for ADUs. In an interview, one team member shared, *“A local credit union is putting together a product to support the financing of ADUs. We provided them the terms from Redwood Credit Union that were shared at our Portland convening, and those are now being adopted as the terms of their lending as well. It is really incredible to me how the impact of convenings continues to build over time.”*

A string of policy changes in Iowa City

In Iowa City, Invest Health influenced a number of policy changes and investment decisions that aim to address various social determinants of health, ranging from reducing environmental hazards to increasing wages for childcare workers. In 2020, in an effort to protect against cancer from radon exposure, the city passed a new ordinance requiring radon testing (and mitigation, if needed) for rental properties. Then, in 2023, the city began a two-year fare-free bus transit pilot program that, if successful, has the potential to remain in place after that. That year, the city also implemented a \$2.00-an-hour wage supplement program for childcare workers working more than 30 hours a week in partnership with the county. Financing for the wage supplement program comes from the American Rescue Plan Act, as well as the city, the county, and private businesses, and the expectation is for this program to continue beyond 2026. These policies originated in discussions and learnings from the Invest Health initiative.



Commitment

Invest Health has spurred long-term commitment among leaders in participating cities to address the social determinants of health. Examples of this commitment include:



A number of cities have taken steps to **embed the learning from Invest Health in city policy**. For example, Roanoke, Virginia, incorporated health and equity as a core tenet within its 2040 comprehensive plan.



Increased commitment to health equity was also evident in cities' decisions to **allocate resources** to new projects or via new processes that begin to address the social determinants of health. In New Britain, the investment in the redevelopment of Chelsey Park is one clear example of changes in resource allocation.

In some cities, there was a formal commitment to addressing the social determinants of health by establishing a **dedicated organization or coalition to take on the Invest Health work** in the long term. (See spotlight below.)

Demonstrating ongoing commitment: Spotlight on Nampa, Idaho

In Nampa, Invest Health stakeholders got the attention of and commitment from then-Mayor Bob Henry, who was interested in continuing the Invest Health work beyond the team's focus in the Northside. In 2017, Mayor Henry established *Healthy Impact Nampa*, a new coalition focused on facilitating cross-sector solutions to challenges related to affordable housing, public transportation, and healthy food access—issue areas that surfaced in Nampa's healthy conditions assessment.

Although the initial effort to launch Healthy Impact Nampa Coalition committees stalled early on, the subsequent mayor, Mayor Kling, facilitated a reboot of the coalition and jumpstarted committee meetings to advance the work. The coalition is now active and working to address the needs of Nampa residents through initiatives in six areas: 1) housing affordability and stable housing, 2) access to transportation, 3) food access, 4) healthy youth and healthy schools, 5) mental health and substance misuse, and 6) safe, stable, and nurturing families.

Pathways to durability

The evaluation team identified several factors that contributed to the sustainability of the Invest Health work in a large number of cities.

Developing a network focused on health equity through deepening and broadening cross-sector relationships

Rather than sustaining a single collaborative or team, the Invest Health experience provides evidence that building both formal and informal networks is a critical way of ensuring the durability of a city's focus on the health equity vision.

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What Invest Health has done is allow many of the partners ...in what I would call these confined silos, **to really branch out and bring in other partners who we may not have considered before**, who actually are able to contribute effectively now, not only to the conversation about some of the things we want to do in the city of Paterson, but **also bring in resources and relationships that they have developed in doing their own work.**

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Invest Health city team member

While a five-member travel team initially led the Invest Health work in each city, many additional individuals in the cities became involved in the work in various ways over the eight years. Engagement included participation in "home teams"—a broader group assembled to support the travel team—attending Invest Health convenings and participating in cross-city collaboration grants. These mechanisms fostered a network of individuals in each Invest Health city whom the work influenced, leading to the emergence of informal networks.³

While staff transitions can be problematic in terms of sustaining a collaborative, the evaluation team's survey and interviews found that in the case of Invest Health, individuals who left one organization often remained engaged in supporting the vision of Invest Health in their new role, and this was another key way in which the network was broadened. As noted by someone in Lansing, "*Members of our team have transitioned into leadership roles within their organizations and into new organizations, which also expands the Invest Health network.*"

Another approach that contributed to expanding the network was prioritizing community engagement work in many of the Invest Health cities. There was considerable experimentation with new ways to engage residents in Invest Health, and as a result, community residents in many cities have become part of this expanding network.

Embedding new ways of working in organizations

Interviews and survey responses indicate that many stakeholders in Invest Health cities have adopted new mindsets and new ways of working since engaging in the initiative. For example, more than 80 percent of survey respondents reported that Invest Health had a moderate or significant impact on their understanding of the connections between the built environment and health outcomes. When individuals change their thinking, they may also change how they operate, ultimately creating a long-lasting, sustained impact.

However, for the work to remain sustainable over time, mindsets must

³ For more information on Invest Health's collaboration grants, see the final evaluation deep dive, *Learning across cities: Invest Health's cross-site network*.

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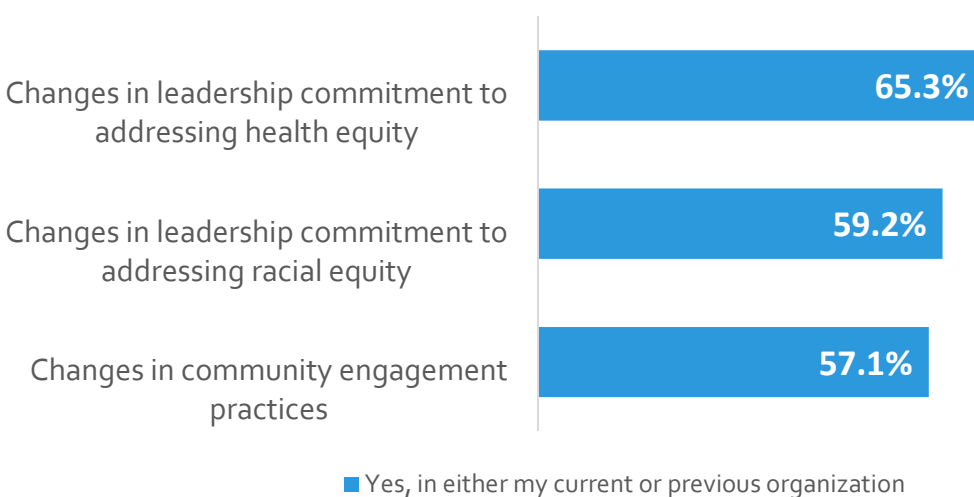
[Invest Health] has completely changed the way I teach. I've developed new courses, new programs at the college. We now have this center that acts as a neutral entity for partners that has generated so much money for nonprofits...**I feel like now I'm building an army of students who are Invest Health thinkers. And that's not just in my program. Now my colleagues pick it up.** So now I've got a whole bunch of colleagues across programs. We started a public health major. We're working on urban planning now because the intersection between health and planning is so strong. We have a lot more connections to nonprofit partners.

”

Invest Health city team member

shift not only at the individual level but also at the organizational level. In the case of Invest Health, as more and more individuals had exposure to the Invest Health curriculum and convenings, including multiple staff members within the same organization, some organizations began to transform their organization-wide practices and processes. Thus, the networks were broad, and the learning went relatively deep within organizations. For example, more than half of survey respondents reported that their organization made changes related to their commitment to health equity and racial equity as well as their

Survey respondents reported **organizational changes influenced by Invest Health.**



community engagement practices. (See accompanying chart.)

Taking on new leadership roles in the city

While Invest Health stakeholders were forming local networks and beginning to embed new thinking and approaches to health equity in their organizations, many were also advancing in their careers and taking on more leadership roles, which advanced their influence and clout in their city. These stakeholders have become more visible throughout the Invest Health initiative and consequently gained more traction with increased personal influence within their own organizations and the community more broadly. Having individuals involved in the learning associated with Invest Health in leadership positions provides more opportunities for sustained efforts to promote health equity in their communities.

For instance, Youngstown, Ohio, elected one Invest Health participant as city council president. Grand Rapids elected two Invest Health participants to serve as city commissioners. Other Invest Health participants began working directly for their cities in staff positions. One example was appointing an individual in New Britain, Connecticut, as

the director of social services for the city, who now runs the city's initiative for homelessness and works to address substance use. In Dundalk, Maryland, one Invest Health participant who was previously not in government began working for the County Department of Health. In Henderson, Nevada, one Invest Health participant now serves on the city's Community Development Block Grant Program Advisory Committee and serves on the city's housing advisory committee.

There were also promotions of a number of Invest Health stakeholders who had been working in government throughout the initiative. In Grand Rapids, the deputy administrative health officer at the Kent County Health Department rose to become chief inclusion officer. In Napa, a key Invest Health team member advanced within the county and now serves as the county's director of housing and homeless programs, overseeing the Affordable Housing Fund. In Henderson, Nevada, the city's director of community development and services took on a new role as assistant city manager and chief strategic officer. In Riverside, California, an Economic Development Coordinator took on a new leadership role as a Senior Project Manager for the city, and in Missoula, Montana, an Invest Health team member similarly advanced in the ranks at the Health Department.

Invest Health stakeholders are well positioned to sustain policies, programs, and projects that further advance the Invest Health vision by taking on these new roles within government.

Building on existing initiatives or engaging in new collaboratives and initiatives

Invest Health's open approach to welcoming stakeholders beyond the formal "travel team" allowed sites to collaborate with existing efforts to sustain momentum. Sites that focused on efforts where there was already a foundation—an interest, a willingness, and even some funding and infrastructure—were able to build on that momentum to make even greater headway. Similarly, some Invest Health teams were engaged in numerous aligned national initiatives and could draw on the support provided through those opportunities to advance their work and continue to build momentum. In some cases, teams' engagement in Invest Health set them up to participate in subsequent initiatives that focused on health equity and systems change, which allowed those teams to continue to work toward the shared vision established during Invest Health. (See highlighted sections below.)

Effective adaptation to shifts in the economic, social and political context

Invest Health navigated a period marked by significant and unexpected shifts in both global and national contexts. Notably, during the initiative's second round in 2020, cities faced the dual crises of the COVID-19 pandemic and a nationwide reckoning on racial injustice sparked by George Floyd's killing. While many Invest Health teams experienced setbacks as they shifted focus to emergency responses, these crises also introduced opportunities that strengthened and sustained their efforts. Firstly, the urgency of the pandemic brought teams together, fostering collaboration and energizing their collective actions, which, in turn, deepened relationships and trust. Secondly, addressing racial disparities—a

cornerstone of Invest Health's approach to health equity—gained heightened visibility and urgency in this pivotal moment, aligning the initiative with broader societal movements. Lastly, the federal government's substantial funding through the American Rescue Plan Act (ARPA) provided a critical boost. These funds enabled cities to implement and sustain initiatives launched under Invest Health, further solidifying its long-term impact. Throughout this time, Reinvestment Fund tailored the initiative's webinars and convenings to share information and provide opportunities for shared learning related to racial equity, COVID response, and ARPA funding.

Layering multiple initiatives with a shared vision: Spotlight on Paterson, New Jersey, and Roanoke, Virginia

In **Paterson, New Jersey**, the relationships established through Invest Health have been the foundation for engagement in subsequent collaborative initiatives focused on advancing health equity. Ten different organizations participated as part of the Invest Health team, and through a combination of their engagement in Invest Health and some team members' engagement in RWJF's Building a Culture of Health initiative, partners in Paterson created strong, deep connections that remain active. When RWJF presented stakeholders in Paterson with a subsequent opportunity to participate in the Building Healthier, More Equitable Communities (BHEC) initiative, Paterson Invest Health team members were eager to participate. Over time, the participating organizations, many of which began working closely together as part of Invest Health, have grown together and started to think about and approach community development in a new way.

Stakeholders in **Roanoke, Virginia**, were also able to successfully layer multiple initiatives with a shared vision to catalyze their efforts to advance equity and address disparities in health outcomes. The confluence of support from not only Invest Health beginning in 2016, but also from Roanoke's engagement in the National Leagues of Cities' Cities of Opportunity Initiative (starting in 2018) as well as support from ChangeLab Solutions (beginning in 2018) was a pathway to keep health equity front and center, build buy-in from a set of cross-sector stakeholders, embed change within organizations, and ultimately move the work forward. Roanoke's engagement in multiple related initiatives built synergies that have strengthened the durability of ongoing health equity efforts in the city. Roanoke Invest Health stakeholders have continued their success in engaging in aligned initiatives and were recently selected as one of ten cities nationwide to participate in the City Health Dashboard's Data Challenge to leverage data related to local health challenges to improve equity.

Key learnings and implications

The Invest Health initiative has offered a unique perspective on the sustainability of community change efforts. The evaluation team's findings reveal that many Invest Health stakeholders continue the work that began with the initiative's first phase despite the absence of ongoing funding or a formal team. They are sustaining the work through new groups, partnerships among former team members, and other innovative forms of collaboration. This demonstrates the cities' resilience, adaptability, and dedication to long-term community change.

1 Advancing system change over time to address the complex, interconnected social determinants of health requires building both formal and informal networks within a city.

There is much effort in the field focusing on sustaining formal collaboratives or teams or, in some cases, building a broader, formal network among community leaders and organizations seeking to advance a vision. The Invest Health experience provides some evidence that more informal networks of deep cross-sector relationships may be just as important for achieving lasting systems impacts. An informal network is better equipped to easily pivot work in response to changing contexts and sustain the most viable elements. It also acknowledges that community development work often requires strong, connected organizations and that projects frequently evolve from small partnerships, not through large collaborative structures.

2 Building a broad cross-sector network necessitates continued convenings and learning opportunities over an extended timeframe involving many local players.

Participants in Invest Health found the in-person convenings to be particularly impactful, offering valuable opportunities to connect with other members of their own team and individuals from other cities. As for reach, Invest Health's structure allowed engagement from a wide range of stakeholders in multiple formats with variations in time commitment. Although team compositions shifted throughout the initiative, teams evolved organically, and stakeholders used these convenings to expand their network of affiliated partners. Beyond the core "travel team," many community stakeholders engaged in in-person events via pod meetings, collaboration grants, and virtual connections through webinars. This design gave Invest Health a broad reach, fostering new and deeper participant relationships. It provided a platform to share the Invest Health curriculum with a wide set of stakeholders and influence that broad set of stakeholders' thinking about health equity.

Additionally, the Invest Health initiative offered a high degree of flexibility for sites to chart their paths, incorporating new information, concepts, and tools shared along the way. Invest Health had no orthodoxy about frameworks and methods but rather a breadth of curriculum with elements relevant to most sites. Invest Health gave sites the flexibility to shift the focus of their work over time so long as they maintained an overall vision related to health equity and community development. The four phases of Invest Health developed progressively, evolving over time to meet the needs of the Invest Health teams working on the ground.

3 Focusing on small and midsize cities was an important factor in the community capacity gains and durable efforts around the social determinants of health.

In addition to the Invest Health initiative's dosage, reach, and flexibility, the initiative's focus on small and midsize cities played a role in stakeholders' ability to make sustained change. For one, stakeholders indicated that connecting with the right stakeholders and building relationships within small and midsize cities is somewhat easier than navigating more complex ecosystems in larger cities. As one Invest Health participant noted, "We're small enough to be able to know who everybody is, but not too big that we weren't sure who to invite to the table." Furthermore, achieving meaningful progress appears more feasible in small and midsize cities with fewer competing interests. Overall, Invest Health's focus on small and midsize cities contributed to cities' ability to achieve long-term sustained impacts.

4 Layering of multiple public and philanthropic investments around health equity can lead to durable approaches to system change and community capacity in small and midsize cities.

In tracking the 50 Invest Health cities over time, the evaluation team observed cities where new state, federal, and philanthropic efforts were implemented in siloed ways. Different entities in the city were engaged, and leadership at the city and community levels was stretched thin. In contrast, some cities had multiple ongoing aligned initiatives and a sound foundation on which to build. Examples include Hartford, Greensboro, Paterson, and Roanoke, among others. In these latter cases, the multiple initiatives have broadened the cross-sector network, helped to embed new thinking and learning within organizations, and continued the progress on projects, programs, and policies aligned with the Invest Health vision of health equity and community well-being.

Appendix A: 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.