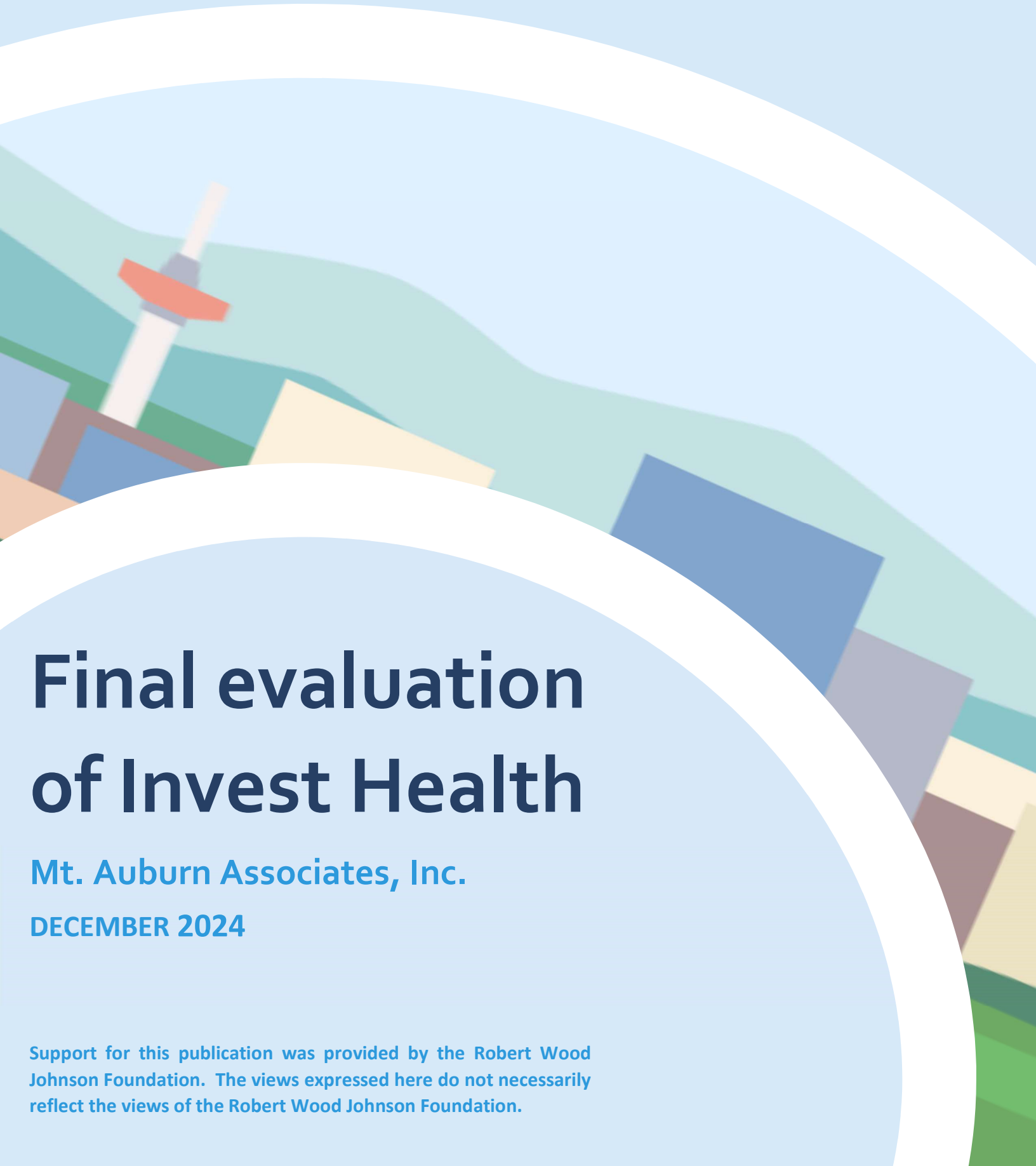

Final evaluation of Invest Health

Mt. Auburn Associates, Inc.

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.

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1. Introduction

Purpose

Invest Health, an initiative managed by Reinvestment Fund and supported by the Robert Wood Johnson Foundation (RWJF), launched in 2016 with a vision to engage 50 small and midsize cities over 18 months to improve outcomes related to health equity through community development system change and investments in the built environment. Eight years later, as of this evaluation report, Invest Health remains active and is completing its final phase.

After its initial phase, Invest Health continued through three additional iterations. This evolution was unplanned, and the extended duration of the initiative and the consistent engagement of many of the original stakeholders in the 50 cities provide a unique opportunity for learning about sustaining participant engagement in a multisite initiative, the longer-term outcomes of Invest Health, and the implications for funders and practitioners in small and midsize cities.

Among the many multisite initiatives that the philanthropic sector funds to support cross-sector partnerships, Invest Health stands out in several ways:

- **It included teams from 50 cities**, a significantly larger cohort compared to other national initiatives in the field.
- **It focused on small and midsize cities**, places that, at the time of Phase 1, had received limited attention from national philanthropy despite being home to most Americans.
- **It employed a grantee-centered approach,** allowing grantees flexibility rather than requiring adherence to a strict model or specific outcome reporting (which Reinvestment Fund employed years before trust-based philanthropy emerged as a trend in the field).
- **It maintained a relatively long timeframe**, engaging a specific set of sites over eight years**.**
- **It emphasized convening these sites** in learning communities as the primary intervention rather than providing significant direct funding.

Given this context, this final evaluation tells the story of Invest Health. How has the initiative evolved? Why have so many sites remained engaged over eight years? What have the sites achieved during this timeframe? What are the "leave-behinds"—the types of new networks built? These, among others, are the questions this evaluation addresses.

Evaluation approach and methodology

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.

This evaluation addresses the following questions:

- Invest Health was not originally planned as four phases over eight years. What is the story of the initiative's evolution? How did the goals change as the initiative progressed?
- What were the interventions, how did they evolve, and what did the evaluators learn about multisite initiatives?
- What did teams accomplish broadly, and how did the interventions contribute to these outcomes?
- Though a very light touch, how did Invest Health reach out beyond the 50 cities, and what role, if any, has it played in increasing understanding of small and midsize cities?

Deep dives

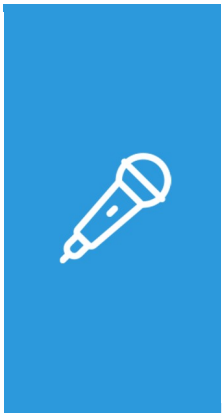
In addition to a final evaluation report documenting the story of Invest Health, Mt. Auburn Associates worked with Reinvestment Fund and RWJF to identify key themes warranting further exploration. This resulted in the following three deep-dive reports:

NETWORKS WITHIN CITIES	Exploring enduring change. This report examines the long-lasting outcomes of Invest Health to identify what sustaining the work looks like beyond convening the original teams. It explores the pathways to sustaining change and the factors that have contributed to long-term change.
NETWORK ACROSS CITIES	Cross-city networks. This report looks at the interventions that helped build and sustain peer networks across cities, highlighting the outcomes of these relationships within the Invest Health initiative.
NETWORK OF NETWORKS	Invest Health's influence on the field. This report explores how Reinvestment Fund engaged national and city leaders involved in health equity and community development, examining the outcomes of sharing Invest Health's insights. It also provides a summary of Invest Health's broader impact on the field.

Methods

In conducting research for the final evaluation, Mt. Auburn Associates utilized:

A survey of stakeholders involved in the 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, stakeholders engaged in each city changed over time. To identify the appropriate recipients for the survey, Mt. Auburn conducted an extensive document review to compile a contact list of all known participants across 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 survey. The survey received 147 responses, representing 45 of the 50 cities. Appendix A of this report includes an analysis of all the survey responses.



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 questions were common across all deep-dive interviews, 12 interviews focused primarily on cross-site relationships, 15 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 Reinvestment Fund and RWJF staff, and others, to explore the influence of Invest Health on the field.

Observation and document review, including reviews of the evaluations of Phases 1 and 2 of the initiative, a report on the 40 cities not funded in Phase 2, and related Mt. Auburn reports on the Health Capital Roundtables and Invest Health cities and other cross-sector collaboratives' responses to the COVID pandemic. Appendix B is a summary of findings from previous evaluations. Mt. Auburn also reviewed Invest Health newsletters, grant applications, notes, and learnings from collaboration grants and conducted web research to collect all relevant information related to the sites' work. The evaluation team observed webinars throughout Phases 3 and 4 of the initiative and in-person convenings, including one collaboration grant convening and the final national convening. For most of the evaluation period, Mt. Auburn attended monthly meetings with Reinvestment Fund staff to review Invest Health updates.

2. History of Invest Health

In 2014, the Robert Wood Johnson Foundation Commission to Build a Healthier America released *Time to Act*, a set of recommendations for addressing the profound differences in the health of Americans. The Commission advocated to "fundamentally change how we revitalize neighborhoods, fully integrating health into community development."[1] Since then, RWJF has supported a wide range of initiatives addressing the relationship between health and the built environment.

In late 2015, RWJF officially announced one of these initiatives, Invest Health, and selected Reinvestment Fund, a national community development financial institution (CDFI), as the intermediary to lead the initiative. Originally planned to last 18 months, Invest Health

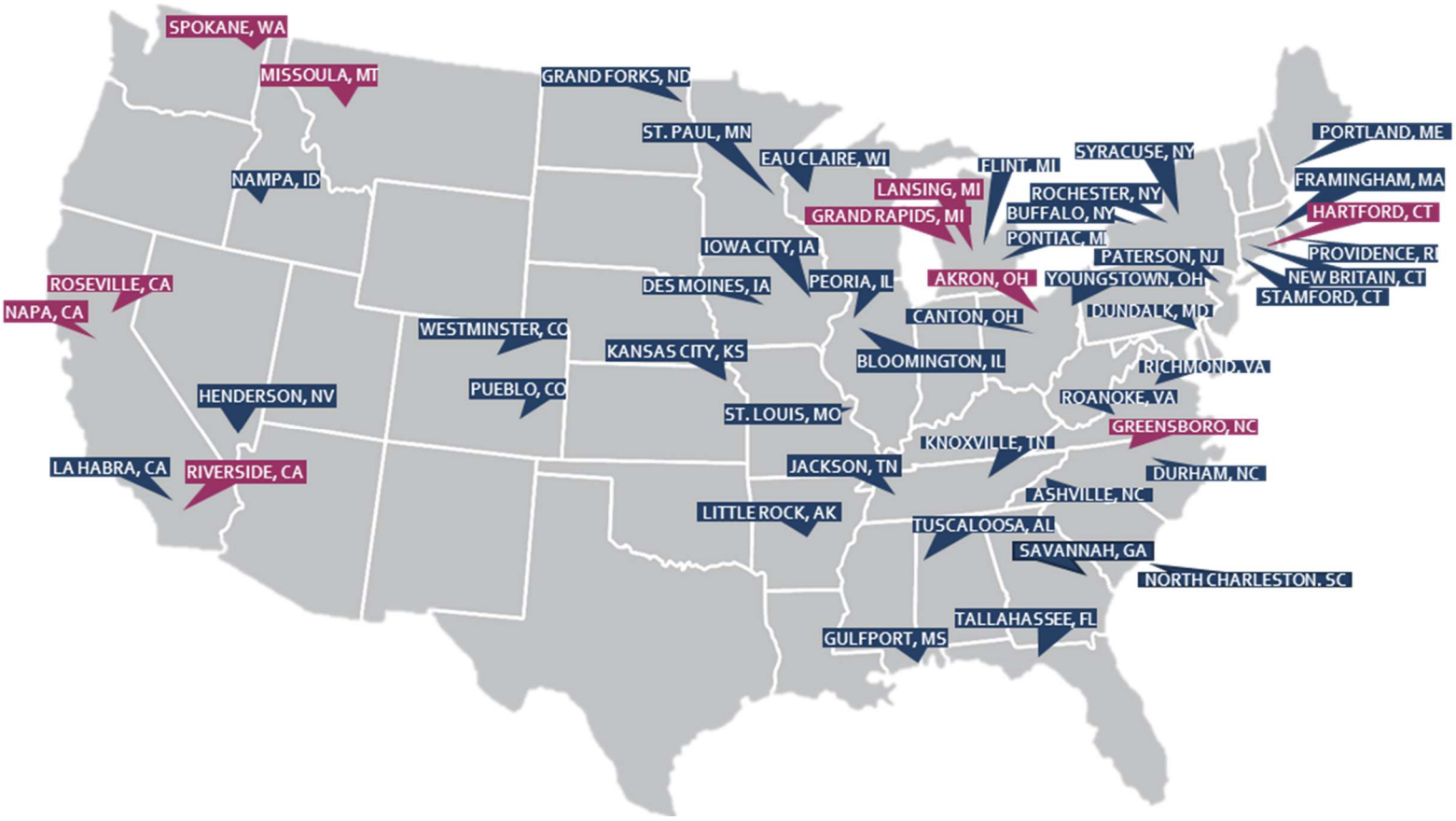


Figure 1. Cities with Invest Health teams. Cities funded in Phase 2 are shaded in purple.

[1] https://www.rwjf.org/en/insights/our-research/2014/01/recommendations-from-the-rwjf-commission-to-build-a-healthier-am.html

utilized "light-touch" interventions with an emphasis on convening the sites in "learning communities" to support cross-sector partnerships created to lead the work in each city.

After the first 18 months, RWJF extended the initiative into a second phase, followed by a third and fourth, ultimately evolving into a network of stakeholders across the 50 cities working at the intersection of community development and health. This evolution was not part of Invest Health's original strategy. However, as many sites gained momentum and expressed interest in continuing to build the network, RWJF provided three follow-up grants to Reinvestment Fund. None of these follow-on phases were as ambitious as Phase 1. Moreover, as the work progressed, the focus shifted from financeable built environment projects to more of an orientation of co-designing the initiative with the sites, allowing site teams to choose their focus areas and involve a range of local participants in Invest Health activities.

The following sections outline how the Invest Health initiative evolved.

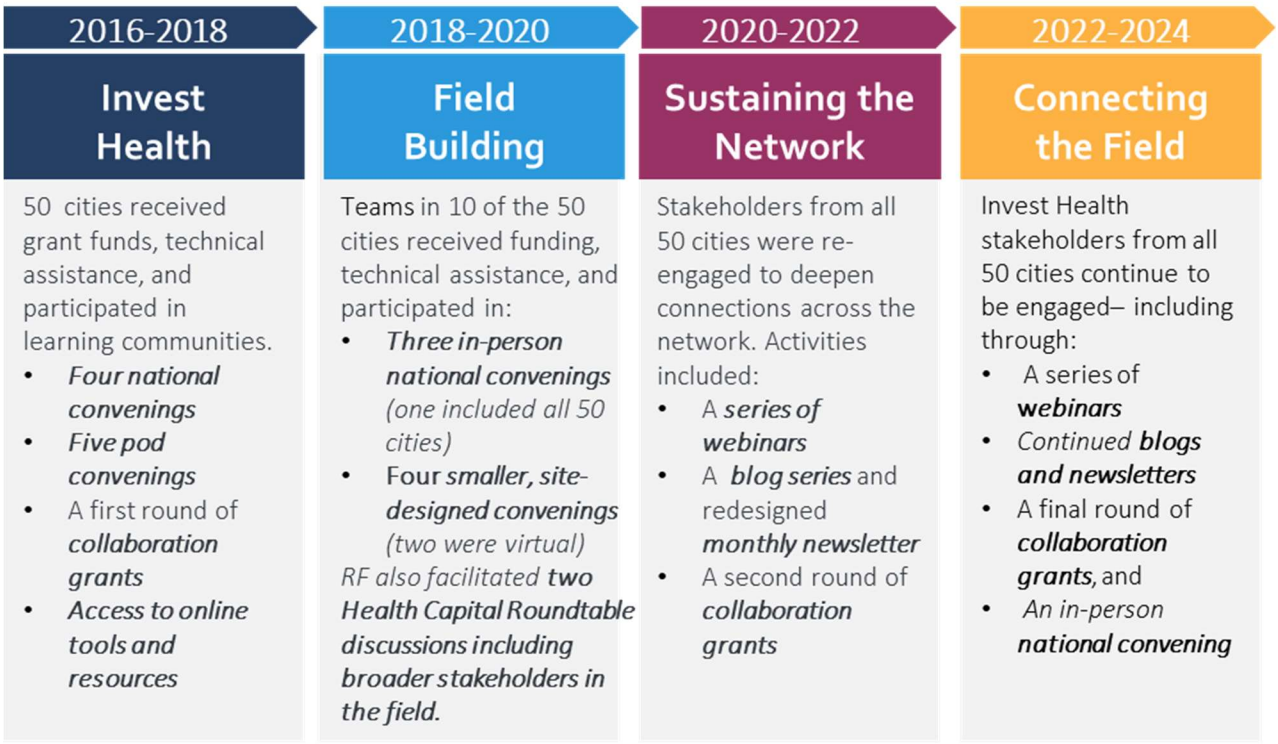


Figure 2. The four phases of Invest Health and the associated interventions.

Phase 1: Invest Health (2016-2018)

Phase 1 of Invest Health did not have a formal theory of change, and its goals evolved slightly throughout the initiative. Invest Health intended each site to develop a pipeline of financeable built environment projects, improve the community investment system, and prioritize community engagement, data, and equity in their work. Key elements of Invest Health in its first phase included:

- **Focusing on small and midsize cities:** Invest Health targeted cities that national philanthropic initiatives often overlooked. These cities showed potential in terms of developing or adopting new approaches. This initiative defined small and midsize cities as having a population between 50,000 and 400,000.
- **Targeting the built environment:** This initiative emphasized the relationship between the built environment and health. The intent was for teams to develop a pipeline of investable built environment projects related to an identified health outcome, such as asthma or obesity.
- **Improving the community investment system:** Invest Health aimed to support each site team in improving the enabling environment to drive health-focused community investment.
- **Building cross-sector teams:** Each site initially assembled a five-person "travel team" to lead the work and attend Invest Health convenings. RWJF was relatively prescriptive about composition, requiring sites to include an anchor institution (primarily hospitals and universities), a public sector representative, and a community development representative (such as a CDFI or Community Development Corporation). These requirements relaxed over time, allowing more flexibility while encouraging teams to work across sectors. Travel teams also engaged broader "home teams" of stakeholders over the course of the initiative.
- **Emphasizing community engagement, use of data, and equity:** While Invest Health did not require sites to adopt a specific model, there was an expectation that they would utilize some core concepts. The initiative encouraged sites to pursue community engagement, data-driven strategy development, and a strong equity frame in their work.

Reinvestment Fund supported sites with a flexible, grantee-centered approach. From the beginning, RWJF envisioned Invest Health as a relatively light-touch intervention, emphasizing cross-site learning through convenings or "learning communities." In Phase 1 of Invest Health, the initiative provided $60,000 of funding for each site, primarily to cover travel costs, and supported the site teams through:

- **Convenings:** Invest Health hosted four national convenings of all 50 cities in Denver, New Orleans, Philadelphia, and Phoenix. Additionally, it organized five smaller "pod" convenings in Akron, Henderson, Roanoke, Savannah, and Syracuse, co-hosted by the

corresponding site team. These pod convenings included a subset of the site teams, which invited stakeholders beyond their travel teams to involve those most relevant to the topic.

- **Coaching and support:** Reinvestment Fund engaged a consulting firm and a few independent consultants to support teams through office hours, workshops, and consulting. Team uptake of this support varied significantly, with some teams receiving direct support from technical assistance providers with deep community development experience while others primarily reported on their activities.
- **Web-based resources and data access:** Invest Health promoted learning through webinars and its website, which included blog posts and resources. Invest Health provided each site team a two-year subscription to PolicyMap, a mapping and analytics platform developed initially and incubated at Reinvestment Fund.
- **First set of collaboration grants:** At the end of Phase 1, Invest Health invited site teams to work together and submit joint applications for its collaboration grants. The grants allowed site teams to visit another Invest Health city or interesting site to enhance their learning. The initiative awarded 12 small grants, each up to $22,500. Twenty-three sites participated in the trips, with several site teams participating in two of these trips. Topics included building community development corporation capacity, food prescription programs, and parks and recreation with a health equity lens.

COLLABORATION GRANTS

Invest Health's collaboration grants enabled site teams to organize trips for peer learning. During Phase 1, Invest Health awarded 12 grants, and 23 teams participated. In subsequent phases, Invest Health continued this practice, allowing teams to strengthen connections and explore new strategies and approaches for their work. For example:

- **In Phase 1, the North Charleston and Richmond teams** visited each other's cities to share in learning as two cities experiencing rapid growth and new investment. The teams shared lessons on the role of community-based organizations in the built environment, community engagement strategies, and rapid bus transit initiatives.
- **In Phase 3 of Invest Health, the Grand Rapids team organized a convening in Providence, Rhode Island, in collaboration with the Gulfport, Missoula, Richmond, and Tallahassee site teams,** to learn from the Rhode Island Department of Health (RIDOH). During the convening, Invest Health teams learned about RI Health Equity Zones and how the RIDOH incorporated community engagement and community-based participatory research principles to address public health issues.
- **Also in Phase 3, the Missoula, Napa, Savannah, and Stamford site teams organized a convening in King County/Bellevue, Washington,** to explore approaches to diversity and equity work. During the convening, the teams met with key stakeholders and a consultant from Be Culture, a prominent organization specializing in equity and system change, to learn about their work, outcomes, and potential challenges.

Phase 2: Field Building (2018-2020)

Building on Phase 1, RWJF provided a second round of Invest Health funding for 10 of the 50 cities as part of its *Field Building* initiative. Reinvestment Fund announced this second iteration of Invest Health with a national convening of all 50 cities in Atlanta, Georgia, in the fall of 2018. Soon after, Reinvestment Fund invited all 50 cities to respond to a request for proposals (RFP) for a second round of support to continue building on the work of Phase 1.

Invest Health Field Building sites

- Akron, OH
- Grand Rapids, MI
- Greensboro, NC
- Hartford, CT
- Lansing, MI
- Missoula, MT
- Napa, CA
- Spokane, WA
- Riverside, CA
- Roseville, CA

Invest Health selected 10 sites that showed promising progress in Phase 1 to participate in *Field Building*. Most of these teams continued their work with similar stakeholders, though some experienced more significant shifts in team composition and focus. Initially planned for 12 months, Phase 2 was extended to 18 months due to the onset of the pandemic, which required teams to shift their attention to recovery efforts and adapt to a virtual work environment.

The interventions in this phase were similar to the original Invest Health, including peer-learning opportunities. However, a community development consultant delivered the technical assistance instead of the firm involved in Phase 1. In Phase 2, Reinvestment Fund engaged the sites in co-designing the initiative, such as by asking the sites to identify topics for learning communities and webinars. Early in the process, Mt. Auburn Associates collaborated with RWJF and Reinvestment Fund to develop a theory of change for Phase 2. The intended outcomes included:

- **Progress on the built environment:** The expectation was for each site team to advance a pipeline of built environment projects focused on increasing equity. While this was a goal in Phase 1, many teams focused on programmatic efforts or infrastructure improvements instead (e.g., sidewalks and street lighting).
- **Local system change:** System change goals were broad and included bringing in new actors, enhancing community voice and data capacity, deepening connections between healthcare and community investment actors, and influencing resource allocations to increase capital flow to built environment projects with high equity impact.
- **Field influence:** As its name suggests, Field Building intended to make an impact beyond the Invest Health teams. In addition to focusing at the city level, Phase 2 of Invest Health included efforts to share information and form relationships so that CDFIs and other financial institutions across the country could develop a deeper understanding of opportunities and challenges in small and midsize cities.

Interventions in Phase 2 included customized technical assistance, webinars and online resources, a monthly newsletter, and:

- **Grant funds:** Each team received $75,000, with $40,000 allocated for technical assistance and travel for convenings. The remaining funds supported administration, staffing, and other expenses. As COVID-19 restricted travel, site teams reallocated much of the travel funding for virtual experiences.
- **Convenings:** Phase 2 began with a national convening of all 50 cities in Atlanta. In the spring of 2019, the 10 selected site teams for Field Building convened in Philadelphia to co-design program activities. That fall, the cohort met again in Baltimore. Due to the pandemic, all subsequent convenings were virtual.
- **Site-designed convenings:** Building on the collaboration grants, Phase 2 of Invest Health allowed site teams to design their own small convenings. The sites hosted two in-person convenings and two with a virtual format. Site teams designed convenings around geography (one focused on Midwest cities) and shared focus areas, such as Accessory Dwelling Units (ADUs).
- **Health Capital Roundtables:** Targeted at the field more broadly, Reinvestment Fund also partnered with the Urban Institute to convene leaders from CDFIs, philanthropy, and healthcare as part of Phase 2. The roundtable forums covered case studies on community development projects in small cities and hosted guest speakers, including then-Mayor John Hamilton of Bloomington, Indiana, who was implementing a strategy to activate CDFIs in his city. The first iteration of the round table was a one-day event in Philadelphia, and the second was a two-day virtual event.

INVEST HEALTH AND COVID RESPONSE

The pandemic emerged during Phase 2 of Invest Health, diverting teams to focus on emergency response. However, many teams leveraged connections developed through the initiative during this time of crisis. For example:

- **The Asheville team leveraged relationships with the city and county** built during Invest Health to support small businesses affected by the pandemic. Recognizing a likely delay in federal aid, stakeholders on the team proposed a loan fund to help those businesses bridge the gap. This resulted in the One Buncombe Grant Fund, which the county extended to a second round after awarding funds to over 200 small businesses and contributing to the retention or hiring of 1,000 local employees during its first round.
- **In Flint, site team members used relationships** fostered during Invest Health to share resources and updates with community members during the COVID-19 pandemic. One team member reported that thanks to these relationships, it took their team just four days to organize a public webinar with the city and the schools to share information.
- **The Roseville team leveraged its food access work** to coordinate an emergency food delivery program. In collaboration with the city, local restaurants, and the transportation system, the team launched the Family Meal Roseville program, delivering meals five days a week to six low-income housing developments and four Tier-1 schools in the Roseville community.

Phases 3 and 4: The Invest Health learning network (2021-present)

Phase 2 ended in 2020 as the 50 cities and the country continued to face crises related to the pandemic and racial injustice. However, both Reinvestment Fund and the site teams demonstrated resilience and adaptability during that time. Many teams leveraged the relationships built or strengthened during Invest Health in their recovery efforts (see sidebar), and Reinvestment Fund hosted virtual convenings and webinars with high levels of participation that were responsive to the sites' needs.

For Phase 3, *Sustaining the Network*, RWJF, and Reinvestment Fund decided to build on the virtual connection developed in Phase 2 by formally re-engaging all 50 teams. In the years since the onset of Invest Health, and even more so since changes brought about by the events of 2020, the composition of the teams often shifted. At this point in the work, the Invest Health network included a much broader community of stakeholders touched by the interventions and affiliated with the work advanced at the Invest Health city level. In Sustaining the Network, Invest Health hoped to:

- **Deepen and foster the sustainability of collaborative connections** within and across the Invest Health cities.
- **Share learnings with other small and midsize cities** seeking to advance more equitable community investment systems.

Phase 3 did not include general operating funds for sites like Phases 1 and 2. *Sustaining the Network* offered the following interventions from 2021-2022:

INVEST HEALTH VIRTUAL CONVENINGS

While Phases 3 and 4 utilized a primarily virtual format, the virtual events were interactive and engaging, bringing together stakeholders beyond Invest Health. In 2022, the Reinvestment Fund hosted a two-day virtual convening on Operationalizing Equity-Promoting policies, inviting field experts and representatives from other cross-site initiatives addressing health equity. During the sessions, the sites heard promising practices and lessons from these initiatives.

For example, as part of the virtual convening, Reinvestment Fund facilitated a panel discussion that featured sites from Building Healthier, More Equitable Communities (BHEC), National League of Cities, and Working Cities Challenge, among others. Panelists shared lessons related to resident leadership, narrative change, and collaboration.

The webinar included several breakout sessions that allowed site teams to engage with the content and learn from each other interactively. The webinar also provided resources for teams to inform their work through discussions on equity in data, budgeting and expenditure, and community investment systems. The webinar had a strong turnout, with many participants choosing to keep their cameras on and actively participating during sessions, reflecting the high level of engagement throughout the webinar.

- **Webinars:** Invest Health offered webinars tailored to sites' needs, including topics related to COVID-19 recovery and the use of American Rescue Plan Act (ARPA) funds. Reinvestment Fund also hosted virtual events that invited other cities engaged in similar work to share promising practices and expand the learning network. The virtual convenings were interactive, encouraged discussion, and often offered time and space for smaller groups to share learning and plan for collaboration grants.
- **Enhanced communications:** Reinvestment Fund redesigned the Invest Health monthly newsletter to better share news, resources, and best practices with the network. The newsletter included a blog series featuring the work of Invest Health teams.
- **Collaboration grants:** Phase 3 included a second formal round of collaboration grants. Grants ranged from $25,000 to $33,000, and 16 cities participated. Each trip included two to four site teams, with some sites participating in multiple trips. From May to September 2022, stakeholders from these cities convened to focus on topics such as equity policy, food systems, and anchor institution engagement.

In 2023, RWJF and Reinvestment Fund launched Invest Health's fourth and final phase, *Connecting the Field*. This iteration shared the same overarching goals of Phase 3, continuing to engage the Invest Health network in webinars and regular communication. Interventions also included:

- **A national convening of all 50 cities:** For the first time since 2018, Reinvestment Fund invited stakeholders from all 50 cities to an in-person convening hosted in Nashville in November 2023. The two-day convening featured lessons from the evaluation, panel discussions by Invest Health participants and field experts, networking opportunities, a local Nashville neighborhood tour, a site visit to Fisk University, and more. Attendees represented 33 of the 50 original cities.
- **Final round of collaboration grants:** In Phase 4, sites collaborated with more cities to plan larger convenings, which capitalized on the energy of the 50-city convening in Nashville at around the same time. Invest Health awarded six grants, with two to 13 cities participating in each. Grantees traveled to Invest Health cities for topics such as housing, community development solutions to the climate crisis, reparative justice and economic opportunity, and more. With this final round, 30 of the 50 site teams participated in at least one collaboration grant over the course of the initiative. Many sites participated in more than one, and seven participated in five or more collaboration grants (Eau Claire, Grand Rapids, Richmond, Roanoke, Roseville, Missoula, and Napa). Some pairs of site teams partnered on collaboration grants several times.

3. Outcomes of Invest Health

While the goals of Invest Health evolved over time, the initiative consistently aimed to impact community development and the built environment to improve health and equity in the 50 cities. Reinvestment Fund and RWJF also articulated goals related to shifting mindsets, building collaborative infrastructure, creating a learning network, and influencing the broader field. In practice, the site teams worked on a variety of projects, programs, and system change strategies, with many site-level outcomes with many outcomes linked to the connections between community development and health.

This report offers an overview of the kinds of outcomes Invest Health contributed to, including outcomes within the 50 cities and beyond.

Outcomes of Invest Health in the 50 cities

Overview

Throughout the initiative, Invest Health's interventions have touched hundreds of stakeholders across the country. Reinvestment Fund adopted a flexible approach regarding the makeup of each Invest Health "team" and allowed a broad selection of stakeholders to participate in convenings, collaboration grants, and webinars. In fact, some cities have multiple groups of stakeholders advancing different streams of work related to Invest Health.

The evaluation survey received responses from 147 of these stakeholders. In addition, in final evaluation interviews, participants frequently shared stories of outcomes that the survey or other research did not capture. This suggests that many additional outcomes from Invest Health may exist beyond those documented in the report.

Given the wide array of ways stakeholders across the country that Invest Health touched and the length of the initiative, it was not possible to attribute most outcomes solely to Invest Health. Instead, the evaluation looked at Invest Health's *contribution* to outcomes—looking for evidence that the work of Invest Health site teams broadly and their individual stakeholders influenced these outcomes.

Despite the complexity of this research, it is clear that the 50 Invest Health site teams advanced many diverse projects, programs, and systems strategies. This section provides examples of each of these outcome types as well as outcomes related to mindset shifts, relationships, and new ways of working.

Outcomes in the built environment

In Phase 1, Invest Health asked each site team to advance a pipeline of investable built environment projects. The evaluation of Phase 1 found that, at that time, seven cities had closed on financing or were close to construction of a built environment project, and an additional six cities made significant progress on projects, primarily involving public infrastructure, which would require public funding or grants. At the time of this evaluation, at least 23 sites—about half those supported by Invest Health—have actualized built environment outcomes. These projects include residential and commercial developments, as well as the development of community and health facilities and physical infrastructure projects.

Housing projects

Invest Health stakeholders in at least seven of the 50 cities completed the rehabilitation or new development of a housing project, directly contributing to a combined total of at least 800 units of housing. (See Table 1.)

Table 1. Built environment outcome examples: housing

City	Example of housing outcome	Units
Akron	Middlebury Commons: mixed-use development completed in 2019.	41
Asheville	Maple Crest Apartments at Lee Walker Heights: affordable housing development completed in 2021.	212
Durham	At least two homes completed, with the rehabilitation of a historic YWCA building to include affordable housing in development.	2+
Grand Rapids	West Garfield Apartments: affordable housing development completed in 2020.	26
Grand Rapids	Demolition of a vacant church property for workforce housing as part of the Garfield Park Lofts project.	36
Grand Rapids	Eastern Lofts: affordable housing development completed in 2022.	70
Grand Rapids	Completed at least three affordable smart homes outfitted with tablets to access a network of service providers.	3+
Greensboro	Cottage Gardens: rehabilitation of a complex where residents had high asthma rates.	176
Missoula	Trinity Apartments: affordable housing development on two sites completed in 2022.	202
Spokane	Gonzaga Family Haven: supportive housing completed in 2021.	73
Spokane	Crosswalk 2.0: an emergency shelter serving youth experiencing homelessness set to open in fall 2025.	*Currently in development*
TOTAL		**841+**

For example, the Grand Rapids team has focused on aligning development along 17 census tracts in the city's southeast section since Phase 1 of Invest Health. The evaluation identified at least four housing projects that members of the site team completed, including Eastern Lofts. LINC UP, a member of the Invest Health team, partnered with a for-profit developer on the 70-unit project, which received a 10-year low-income housing tax credit (LIHTC) award valued at $1.3 million annually. The developers completed the project in May 2022 and reserved its units for residents who earn between 30 and 60 percent of the area median income. According to a survey respondent, the team "advocated and attracted financing to create over 500 affordable housing units in Grand Rapids." The team also contributed to housing-related system changes, including the city's development of an affordable housing fund, which currently has at least one Invest Health team member on its board.

Figure 3. Rendering of the completed Melrose Plaza, which opened in late 2024.

Commercial projects

At least eight Invest Health sites completed a commercial development project, including office space, food markets, grocery stores, business incubators, etc. (See Appendix C for list.)

For example, Roanoke's Invest Health site team members and their partners broke ground on Melrose Plaza in November 2023 and opened a year later. This development includes an anchor market to provide critical access to healthy, affordable food in a neighborhood previously classified as a food desert. It also has a bank, a health and fitness center, and an adult education provider. Invest Health partner Goodwill Industries of the Valleys owns and operates the grocery store.

Community and health facilities

At least six sites worked on improving or developing community centers, health facilities, or schools. (See Appendix C for list.) For example, the Savannah site team developed The Front Porch Multi-Agency Resource Center (MARC), which opened its doors in 2018 as a partnership among 11 agencies. MARC aims to prevent youth from entering the justice system through various services, including mental health services, educational support, mentoring, job assistance, and counseling.

Public infrastructure

At least 15 sites completed additions or improvements to their physical infrastructure, including parks and gardens, lighting, sidewalks, and more. (See Appendix C for list.) For example, the Roseville team contributed to improvements to neighborhood lighting, a local park, and sidewalk improvements, including curb cuts, and leveraged funding to complete

renovations to the oldest swimming pool in the city. Several cities, including Durham, Henderson, Paterson, and Pueblo, also worked to create or expand community gardens.

Programmatic outcomes

While Invest Health's intended outcomes focused on systems and investable built environment projects, most sites developed or improved programs related to health equity. Often, site teams developed these programs in response to needs that community engagement efforts surfaced. From health and safety programs to equitable food access, the following outcomes underscore how Invest Health has driven meaningful change by fostering partnerships and innovative solutions tailored to the unique needs of each community:

Health and safety programs

Survey responses from Invest Health stakeholders highlight the initiative's impact. Thirty-six percent of respondents, representing 24 sites, reported that Invest Health directly contributed to new and ongoing health and safety efforts. These contributions have enabled the sites to implement targeted programs addressing community safety and environmental health issues. The diversity of these initiatives reflects the range of approaches sites took to meet local needs and improve health equity.

Environmental health and safety: Cities like Bloomington, Grand Forks, and Missoula leveraged Invest Health support to address environmental hazards in their local housing supply, including lead and radon exposure.

Youth mental health and development: Invest Health helped spur critical youth-focused mental health programs, including suicide prevention and peer mentoring. Examples include Nampa's 2C Kids Succeed, New Britain's Youth Prevention, Roseville's youth peer mental health mentoring expansion at local high schools, and Stamford's Youth Mental Health Alliance.

Community safety and violence prevention: Cities such as Grand Rapids, Lansing, and New Britain prioritized violence reduction and community safety through initiatives like Cure Violence, Advance Peace, and neighborhood watch programs.

Physical health and fitness: Invest Health helped catalyze programs targeting physical health across diverse populations, from Parkinson's patients in Jackson to at-risk children in Iowa City.

Health services and access: Jackson and New Britain have expanded healthcare access and mental health counseling. Jackson now has mental health and substance abuse professionals in the local jail, providing treatment and counseling while offering more comprehensive information to judges during arraignments. Meanwhile, New Britain has

increased the involvement of Community Health Workers (CHWs) in local wellness initiatives and is working to expand CHW training opportunities for college and high school students.

Food access programs

Developing programs related to healthy food was a common focus of Invest Health site teams, with nearly half (48 percent) of respondents, representing 28 sites, reporting advancements in food access due to their involvement with Invest Health. The findings emphasize the initiative's crucial role in improving food access, particularly in communities grappling with systemic challenges like food deserts, economic hardship, and the impacts of the COVID-19 pandemic. Programmatic outcomes related to food access include:

Farmers' markets and food pantries: Several cities reported successes in creating or expanding farmers' markets and food pantries, often in response to the needs of underserved communities. For example, in Portland, the site team expanded food pantry services and supported community gardens that provide fresh produce to local residents. In Jackson, the site team expanded mobile farmers' markets that accept SNAP benefits to serve underserved areas of the community.

Food security and prescription programs: Invest Health cities also explored innovative approaches to address food insecurity, from food delivery programs to prescription initiatives. For example, Buffalo created a food pantry and faith-based community gardens while advancing plans for an indoor hydroponic food production system; Durham established the Eat Well produce

FOOD ACCESS IN TALLAHASSEE

Launched in 2019, the Fresh Fruit and Vegetable RX program built upon Tallahassee's prior farmers' market efforts. As part of this expansion, Tallahassee revitalized the Southside Farmers Market, transforming it into a hub for locally grown foods and community engagement.

Aimed at improving access to and consumption of healthy foods, the Fresh Fruit and Vegetable RX program provides nutrition education and support for Southside residents, especially those managing chronic health conditions. Key elements include:

1. Six-Session Curriculum: A six-week program guides participants in preparing healthy meals and making sustainable lifestyle changes.
2. Cooking Demonstrations: Each session provides tips on preparing traditional dishes in healthier ways.
3. Vouchers: At the end of each session, participants receive vouchers to purchase fresh fruits and vegetables at the farmers' market.
4. Collaborative Partnerships: The program works with local extension offices and food banks to offer cooking demonstrations and supply essential food items.
5. Complementary Food Assistance: After using their vouchers for fresh produce, participants receive a box of staple food items from the food bank.

Invest Health strongly influenced this initiative. Through a collaboration grant, Tallahassee site team members visited Dayton, Ohio, to learn about its Fruit and Vegetable RX program, including how it integrates healthcare systems with farmers' market stalls at bus stations. Inspired by this model, the team returned to Tallahassee to collaborate with local health partners, neighborhood associations, healthcare providers, and area universities.

prescription program, serving over 42,000 clients per month; and Tallahassee established its Fresh Fruit and Vegetable RX program to expand access and availability of healthy foods in its neighborhood of focus.

Emergency food response during the COVID-19 pandemic: The COVID-19 pandemic underscored the importance of food security, and many Invest Health cities leveraged their local network of Invest Health partners to provide emergency food relief. For example, Westminster partnered with a local nonprofit to distribute emergency food during the pandemic, establishing long-term resource relationships.

The programmatic categories outlined above showcase the breadth of initiatives Invest Health supports. Although initiatives are categorized individually, cities often tackle food insecurity through an integrated approach, blending overlapping and complementary efforts. Tallahassee's Fresh Fruit and Vegetable RX program exemplifies this holistic approach. (See sidebar on previous page.)

System change outcomes

As mentioned earlier, RWJF and Reinvestment Fund also intended for the initiative to have a more profound and long-lasting impact on systems through shifts in mental models, improved cross-sector relationships, changed organizational practices, and increased funding flows. This section provides an overview of the types of system outcomes resulting from the work of the Invest Health city teams.

Mental models

Interviews and survey responses indicate that many Invest Health stakeholders have adopted new mindsets since engaging in the initiative. Data reveal that these mindset shifts are occurring not only at the individual level but also are spreading more broadly among staff at the organizational level.[2]

Invest Health has had a strong influence on the way participants think about health equity and community development. Approximately 80 percent of survey respondents reported the initiative impacted their understanding of the connection between the built environment and health and the importance of the social determinants of health. The majority of survey respondents (65 percent) also reported that their organization's leadership has strengthened their commitment to addressing health equity as a result of Invest Health. One Nampa, Idaho, participant noted that the most powerful thing they got out of Invest Health was "talking about health and housing in the same conversation" and the understanding that "you can't separate the two."

[2] For more information about the organizational practices and relationships impacted by Invest Health, see the final evaluation deep dive report, *Lasting impacts of Invest Health: sustaining the work in the 50 cities.*

Many Invest Health participants reported shifts in their approach to using data. In Nampa, the site team leveraged the access to PolicyMap provided through Invest Health to share a clear breakdown of health outcomes at the local level with a senior staff member at St. Luke's Nampa Medical Center. This data sharing sparked a conversation about where stakeholders should focus and where community investment dollars are most needed. In other cities, like New Britain, data highlighting disparities on the East Side gave partners the information they needed to advocate for the community effectively. This advocacy has influenced the city's investment decisions, including a multi-million-dollar investment to renovate a park on the East Side featuring multiple sports fields.

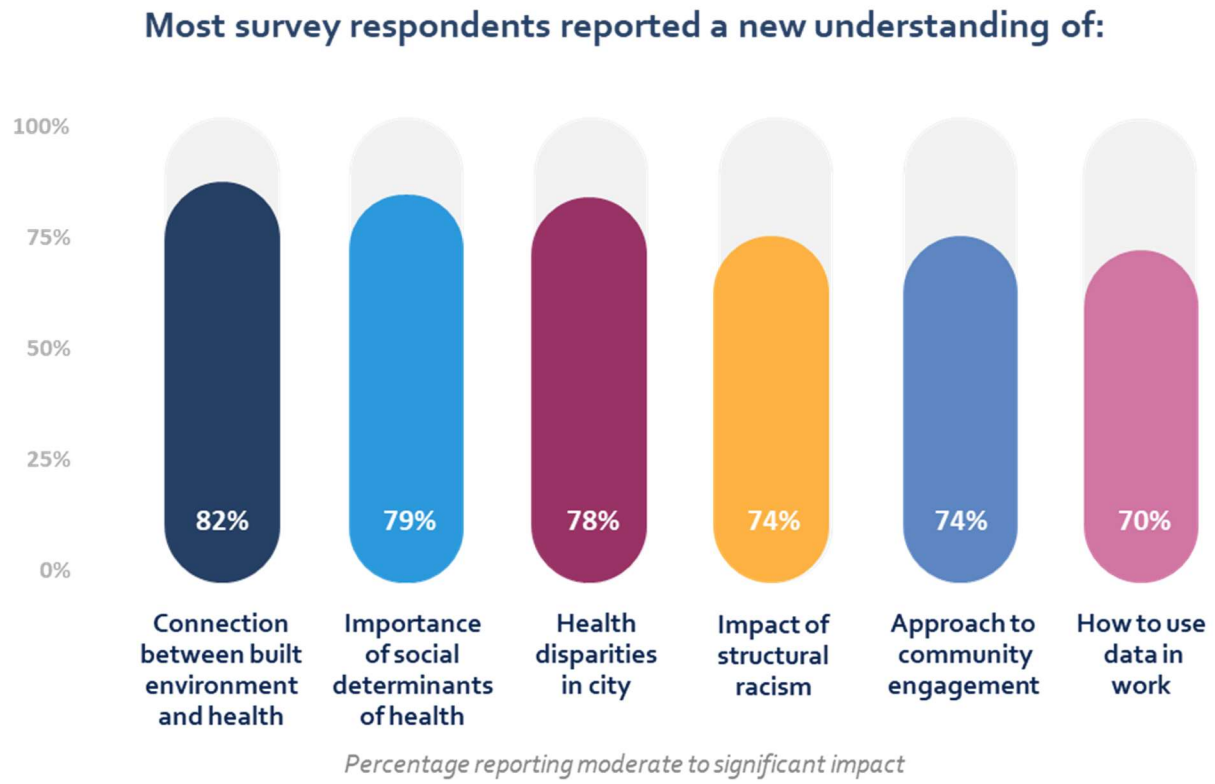


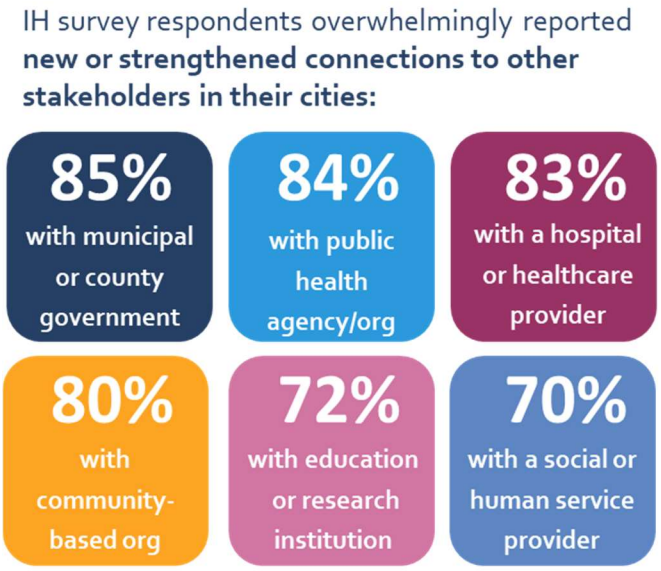
Figure 4. Survey Respondents' New Understandings of Key Health and Community Issues

Invest Health has also influenced participants' thinking and actions related to community engagement and diversity, equity, and inclusion (DEI). Over half (57 percent) of survey respondents reported that their organizations have changed community engagement practices. For example, the New Britain site team hosted a community engagement event that ultimately influenced its university partner to change its practices. Central Connecticut State University strengthened its engagement practices by 1) creating a community engagement advisory board where city executives provide monthly updates on city activities, 2) taking steps to be intentionally transparent about its work, 3) creating a Central Community Health Education Clinic and opening it to the community in October 2023, 4) reaching out to the community to offer support rather than requiring community members to come to campus, and 5) exploring mobile health vans to bring nursing students into

communities that may feel intimidated by the campus environment. This new approach to community engagement has also spread to other organizations in New Britain.

Relationships

Invest Health significantly contributed to new or strengthened relationships across organizations within the 50 cities. Survey respondents overwhelmingly reported these relationship outcomes across sectors, including key community development and health equity organizations such as municipal and county governments, public health departments or organizations, hospitals, healthcare providers, and more.



Beyond developing relationships, participants also built greater collaborative capacity through the initiative. Over 70 percent of survey respondents indicated that their engagement with the initiative led to new collaborations with other Invest Health stakeholders in their cities, and more than half reported that their team members now have increased influence on city, county, or state policies. For example, a Napa stakeholder shared that since working together for Invest Health, the city and the county have deepened their collaboration, creating joint underwriting guidelines for affordable housing investment and a joint powers agreement governing the homeless services system. She shared, "It's completely changed the mindset that team efforts are stronger than any one entity working on its own."

Policy and practices

Invest Health also contributed to many policy and practice change outcomes in the 50 cities, including:

Integrating health equity into city, county, and organizational policies and plans: Many Invest Health site teams influenced organizations and government agencies in their cities to explicitly incorporate language and guidelines related to health equity in their policies and plans. Examples include:

- **Creating funds and changing grant requirements.** In Dundalk, the Baltimore County Department of Health integrated addressing the social determinants of health into its grant requirements. In Richmond, city and county leaders collaborated with the Health District to establish a Health Equity Fund that supports community organizations working to address food access and other social determinants of health.

- **Integrating health equity into city and public agency plans.** In Greensboro, the city's affordable housing plan incorporated Invest Health as a partner in its 10-year affordable housing plan, which includes recommendations to improve housing quality and its impact on health outcomes. In Henderson, the city's comprehensive plan now contains policies that address health equity.

Creating or adjusting job positions dedicated to DEI: In several cities, Invest Health site teams influenced policy creation or a municipal or county job position related to DEI. In 2020, as in many places across the country, Flint's Genesee County Board of Commissioners declared racism a public health crisis and partnered with the county's health department to announce strategies to improve health for communities of color. In Missoula, the City-County Health Department has incorporated racial equity and justice as required principles in job descriptions.

At least four cities—Eau Claire, Missoula, Savannah, and Stamford—have created city or county positions dedicated to DEI. Three of these cities—Missoula, Savannah, and Stamford—participated in a collaboration grant trip to King County, Washington, which influenced these efforts. In Missoula, the county created a position for a Justice, Equity, Diversity, and Inclusion (JEDI) coordinator and a JEDI Advisory Board. The county's website acknowledges Invest Health as a key component of its equity work.

Changing zoning policies to be more inclusive of diverse housing options, including accessory dwelling units (ADUs): In Riverside, the city's planning commission and city council passed a zoning ordinance in 2020 to allow the development of tiny homes. In Missoula, the city council revised zoning regulations for ADUs, providing more flexibility and easing requirements for owner occupancy and required parking. Also, based on learning from a collaboration grant, Henderson added minimum housing type requirements to its zoning code to increase housing options, and Iowa City amended its zoning code to increase density.

Community investment outcomes

At least eight cities have implemented systems and practice changes to increase funding for built environment projects. In several cities, this includes creating funds or organizations to support housing development and ownership. Examples include:

- **Akron**. Western Reserve Community Fund, a site team member organization, received certification to become a CDFI. The team also contributed to creating the Summit County Affordable Housing Trust Fund, which offers loans of up to $500,000 with flexible terms to non-profit developers. The Akron site team also helped establish a Minority Contractor Capital Access Program, providing financial assistance and educational resources for construction contracts.
- **Des Moines.** The site team advocated for increased funding to address abandoned and boarded-up homes, resulting in a $7 million annual commitment from the Iowa Finance Authority to support 27 local housing trust funds.

- **Grand Rapids.** A core leader of the Invest Health work helped start a community land trust with significant financial support from the hospital partner.
- **Greensboro.** The Invest Health site team contributed some of the technical assistance funding the initiative provided to support the design of a housing fund. In early 2024, the city officially launched a $32.5 million Housing Loan Fund for new development and rehabilitation.
- **Jackson.** The site team collaborated with the Jackson Community Redevelopment Agency (CRA) to establish a PILOT (Payment-in-Lieu-of-Tax) program, providing incentives to encourage the rehabilitation of underutilized or vacant commercial and residential properties in the city's downtown.
- **Missoula.** In 2020, Missoula established its Affordable Housing Trust Fund to fund projects that create and preserve affordable housing in the city. Funding levels vary each year based on the annual budget process, with $100,000 allocated to the fund for the fiscal year 2025 budget.
- **Napa.** The county established an Affordable ADU Program that provides forgivable loan opportunities for the production of ADUs. The fund and other housing work by the Napa site team helped Napa secure the California Department of Housing and Community Development's Prohousing designation, enhancing the county's influence in the state.
- **Spokane.** Several Invest Health stakeholders in Spokane contributed to establishing the Spokane Regional Land Bank, which provides access to low-cost land for affordable housing development. The Spokane Low Income Housing Consortium manages the Land Bank.

Beyond the 50 cities: Invest Health's field influence

While Invest Health primarily focused its core goals and activities on the cities, over the past eight years, the initiative extended its reach to many stakeholders beyond the participants from the 50 cities, with explicit efforts to share learning with the broader field. In Phase 2, RWJF and Reinvestment Fund enhanced this focus on field influence, which they called *Invest Health Field Building.* Throughout Phase 2, the initiative aimed to influence "Community Development Financial Institutions (CDFIs) and other finance institutions [to] develop deeper understanding of opportunities in small and midsize cities and take early steps to test approaches intended to increase access to capital." 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.[3]

[3] For a more in-depth exploration of Invest Health's influence beyond the cities, refer to the final evaluation deep dive report, *Beyond the 50 Cities: The Influence of Invest Health*.

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

- **Engagement of national stakeholders in Invest Health activities:** Reinvestment Fund invited other CDFIs, national health-related organizations, and leaders in the community development field to engage in Invest Health through multiple means, including a national advisory committee in the first phase, convening 42 national leaders in two Health Capital Roundtables in the second phase, and consistently inviting guests to the Invest Health convenings.
- **Participation in national conferences:** Reinvestment Fund staff and participants from the 50 cities participated in numerous national convenings, sharing the Invest Health experience and lessons learned with a broader audience.
- **Strategic communications:** Reinvestment Fund produced a monthly Invest Health newsletter with 903 subscribers and sponsored specialized publications, including *Making Community Development Capital Work in Small and Midsize Cities,* authored by Brett Theodos of the Urban Institute, based on discussions at the Health Capital Roundtables.

While it was not possible to estimate the exact number of practitioners in other cities that these tools touched or the degree to which Invest Health's learning and experiences influenced others, interviews with Reinvestment Fund and RWJF staff, as well as participants in the Health Capital Roundtables in Phase 2 and eight individuals who engaged with Invest Health through the advisory committee or other interactions, provided evidence of the following outcomes that reached beyond the 50 cities:

Influencing other health equity initiatives

Leaders involved in other cross-site initiatives focused on health and wellbeing reported that their knowledge of the Invest Health initiative has informed their work. Another way Invest Health has influenced other national initiatives is through the participation of Invest Health site teams.

Establishing a network of networks

One of the more significant "leave-behinds" of Invest Health is the Intermediary Learning Network (ILN), catalyzed by Reinvestment Fund staff leading Invest Health. The ILN includes many intermediaries who have led health equity initiatives nationwide over the last decade. The network hosts regular virtual meetings, with its current priorities to share learning not only across these initiatives but also across the broader field and to inform future funding of this work.

Increasing understanding of the specific opportunities and challenges of small and midsize cities

At the time of Invest Health Phase 1, RWJF's decision to focus on small and midsize cities was a relatively uncommon choice in philanthropy. After four phases of Invest Health, evidence suggests that the initiative contributed to increased interest in and understanding of these cities. In some instances, according to interviewees, the Invest Health experience and learning reinforced their interest in focusing on small and midsize cities. For others, Invest Health either validated their interest in focusing on smaller cities or "was part of that intellectual journey."

Applying learning to other RWJF grantmaking

Finally, in many ways, Invest Health marked the beginning of RWJF's own journey to focus on health equity, community development, and small and midsize cities. The Invest Health initiative served as the model for designing the Building Healthier, More Equitable Communities (BHEC) initiative, which is part of the foundation's New Jersey portfolio and involves four smaller cities in New Jersey. Additionally, the RWJF Healthy Communities team now manages a specific portfolio for small and midsize cities, funding numerous research projects and initiatives, such as the New Growth Innovation Network (NGIN). Learnings related to the Invest Health Collaboration Grants' design are already being implemented in other multisite initiatives and within RWJF.

4. Key learnings and implications

Lessons learned about initiative design and interventions

Mt. Auburn Associates, in partnership with RWJF and Reinvestment Fund, identified the learning questions that guided this evaluation research based on the elements of Invest Health that distinguish the initiative in the field, primarily:

1. a large cohort of sites;
2. focus on small and midsize cities;
3. a flexible, grantee-centered approach;
4. its duration; and
5. learning communities as the primary intervention.

In addition, Mt. Auburn Associates has completed various evaluations and other research related to Invest Health over the last eight years. (See Appendix B for summaries of previous evaluation products). This evaluation builds on the learning from our previous work and also offers three deep dive reports. Rather than reviewing all of the evaluation findings related to Invest Health, this summary focuses on the evaluation questions related to the design elements that differentiated Invest Health in the field.

The inclusion of 50 cities

When RWJF and Reinvestment Fund designed Invest Health, there was considerable skepticism about launching an initiative with a fixed cohort of 50 cities. While other philanthropic efforts often engage large numbers of participants, these typically consist of fluid groups that voluntarily join networks to attend webinars, conferences, or workshops. In contrast, Invest Health selected its sites through a competitive process, expecting that the chosen site teams would stay actively engaged over an extended period.

Invest Health evolved over four phases, yet a majority of the 50 cities continued to feel some sense of "belonging" within the network. This connection persisted even in Phase 2 when the initiative extended funding and convening opportunities to only 10 of the original 50 cities. The Reinvestment Fund team maintained outreach with the remaining 40 cities during this period. By Phases 3 and 4, the Reinvestment Fund team again formally invited all 50 cities to participate.

This evaluation identified how selecting a large cohort contributed to achieving the outcomes:

- **Achieving scale:** The evaluation revealed significant outcomes related to Invest Health in many of the 50 participating cities. While only a limited number of sites successfully developed financeable built environment projects, the total number of realized projects was remarkably high. This finding underscores that even when measurable progress occurs in only a portion of cities, the cumulative impact of the initiative remains significant. In essence, the initiative's broad reach ensured that incremental successes across multiple cities generated meaningful, collective outcomes.
- **Finding common ground:** Commonalities across cities fostered greater opportunities for learning and replicating successful strategies. With such a large cohort, nearly every site team could identify cities with some similarities. The deep dive into cross-city learning found three important commonalities: similar focus areas, shared city characteristics, and stakeholders from similar organizations. This enabled participants to find "peers" who shared commonalities in these areas and to learn from them.
- **Creating touchpoints for influence:** More touchpoints provided potential for influence in and beyond the 50 cities. With numerous participants from each city involved, it was likely that individuals were also engaged in other initiatives or networks. For example, many hospitals involved in Invest Health participate in national healthcare organizations. At the same time, city staff from Invest Health cities are also members of national associations like the National League of Cities. In other words, with so many "tentacles" related to Invest Health, the potential for sharing learning and models and influencing the approach to health equity expands dramatically.

While supporting a large cohort of sites contributed to outcomes, this approach also presented Invest Health with the following challenges:

- **Providing customized support and technical assistance:** With the large number of cities engaged in the initiative, it became much more challenging to provide coaching or technical assistance specific to each site team's unique needs.
- **Incurring high costs:** A larger cohort significantly raised expenses, including travel, grants to all sites, and convening costs.
- **Tracking results:** Identifying and confirming the initiative's outcomes in a large number of cities was considerably more challenging than tracking results in smaller multisite cohorts.
- **Designing curriculum customized to participant needs:** With a wide range of experience and interests among participating cities, creating a curriculum that served each site team's needs was more difficult in a larger cohort.

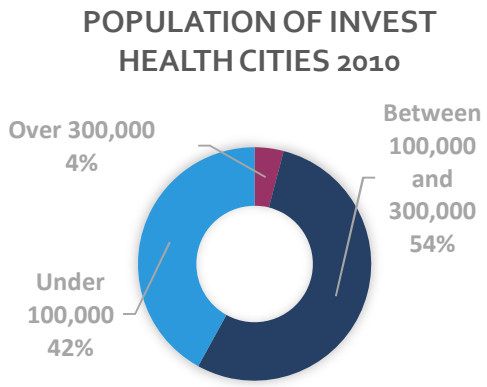
The following table identifies how Invest Health tried to address these challenges.

Table 2. Key learning: Supporting a large cohort

Considerations	Invest Health Response
Providing customized support and technical assistance	Reinvestment Fund pivoted to a role as a referral partner and focused on cross-city learning: • The initial design envisioned "tailored intensive coaching." As the first phase unfolded, this took the form of check-ins and office hours with consultants, and only a handful of sites received intensive coaching. • In Phase 2, with fewer sites involved, Reinvestment Fund and consultants offered more customized technical assistance. Reinvestment Fund played a role in referring sites to relevant resources that continued through Phases 3 and 4. • Cross-city learning and collaboration grants were a more efficient and effective way to provide support. This approach recognized and amplified the strengths of the sites.
Resourcing travel and convenings	Due to the large number of cities participating, travel and convenings required significant resources. Invest Health did not provide significant grant funding other than travel. • Invest Health only provided sites with direct funding in Phases 1 and 2. Phase 2 funded only the 10 selected cities, with most of this dedicated to travel costs and technical assistance. In later phases, the most significant expense was travel for collaboration grants.
Tracking results	Invest Health engaged a consistent evaluation partner with multiple touchpoints with cities: • RWJF engaged a single evaluation partner who developed a deep understanding of each city over time. This fostered a trusted learning relationship with the sites and provided a long-term lens to the research. • Cities were tracked through two surveys administered to all 50 cities (during the first evaluation and at the final) and selective interviews for each evaluation touchpoint.
Tailoring curriculum to diverse needs	Eventually, Reinvestment Fund created an Advisory Group of grantees to help shape the curriculum: • In Phase 1, participants reported that the large convenings often followed a "one-size-fits-all" approach, which was less effective than the smaller, more focused pod convenings that site teams hosted. • In later phases, Reinvestment Fund became more responsive to the grantees' expressed interests and designed webinars and in-person convenings in partnership with participants.

The focus on small and midsize cities

When Invest Health began, it was one of relatively few philanthropic initiatives that limited engagement to small and midsize cities, defined as cities with populations between 50,000 and 400,000. The largest city in the cohort was St. Louis, Missouri, with about 320,000 in population; most cities were considerably smaller. This focus contributed to the outcomes that site teams achieved in the following ways:



- **The increased opportunity to build broader and deeper networks in small and midsize cities contributed to the sustainability of work:** The evaluation's deep-dive research on sustaining change[4] found that the small size of the cities impacted their ability to build strong networks across the range of organizations involved in efforts to address health equity. In small cities, people are often more likely to know each other, communicate more easily, and remain connected even after individuals change jobs or organizations. Invest Health participants frequently shared that these conditions contributed to the initiative's outcomes.
- **National attention facilitated engagement:** Many philanthropic and federal initiatives have historically not focused on smaller cities. Invest Health participants reported that being selected for a national initiative and being able to participate in national convenings was an important factor motivating their continued engagement over the eight years.
- **The commonalities related to city size contributed to cross-city networking:** The deep-dive research on Invest Health's cross-city network found that the shared experience of being a small or midsize city fostered a sense of community and facilitated peer learning. The sharing of promising models or approaches across cities directly contributed to outcomes at the city level.

Working within small and midsize cities also posed several challenges. Based on the Health Capital Roundtables in Phase 2, the Urban Institute paper[5] identified a range of challenges related to community capacity, such as underdeveloped community development ecosystems, limited government capacity, and federal incentives that encourage capital flow to large cities. As part of the evaluation, Mt. Auburn identified three specific community

[4] See the final evaluation deep dive report, *Lasting impacts of Invest Health: sustaining the work in the 50 cities.*

[5] https://www.urban.org/research/publication/making-community-development-capital-work-small-and-midsize-cities

capacity challenges that impacted cities' progress, particularly regarding built environment projects and the community investment system:

- **Staffing capacity:** Municipal governments in small and midsize cities often have smaller staffs, with one position covering multiple roles. Additionally, the above-mentioned Urban Institute paper found that city staff were not deeply familiar with the community development industry and its needs and did not understand blended finance vehicles. Staff at local community-based organizations may also have limited experience in development, particularly projects involving more complex financing.
- **Ecosystem capacity:** Small and midsize cities, particularly outside larger metropolitan areas, are less likely to have sources of community development finance through CDFIs and other entities. Many Invest Health cities lacked mission-driven nonprofit developers or CDCs with significant development experience.
- **Access to financial resources:** Beyond access to community development finance, small and midsize cities also have less access to philanthropic resources than large cities in the United States.

The following table identifies how Invest Health tried to address these challenges.

Table 3. Key learning: Focusing on small and midsize cities

Considerations	Invest Health Response
Capacity: staffing	Convenings and webinars reached a large number of staff members at different levels and across various sectors. • Invest Health's flexible approach to participation in convenings and webinars extended the initiative's reach far beyond the original "travel teams," engaging many different organizations across each city.
Capacity: financial resources	Limited resources remained a challenge throughout Invest Health. • The limited grants did not fully address small and midsize cities' barriers to implementing built environment projects. Early evaluation research found that cities hoped Invest Health would more directly connect them to financing or philanthropic resources. • However, the introduction of the American Rescue Plan Act (ARPA) funding made a significant difference for many cities. Invest Health shared information about ARPA funds through webinars.
Capacity: Ecosystem actors	Attention to engaging or creating new CDCs or CDFIs. • A few Invest Health cities focused on creating new CDCs, CDFIs, or other financing resources. • For many cities, this continued to be a challenge.

A grantee-centered approach

Invest Health applied a strong ethos of meeting each city where they were and ensuring the initiative was responsive to their needs. This approach became more explicit after Phase 1, when Reinvestment Fund embraced the principle of having the site teams inform and, in some cases, lead in designing the interventions. Reinvestment Fund convened a relatively fluid advisory group of participants as part of this approach, engaging them to provide input into the convenings' subject matter and design.

The Invest Health experience suggests that allowing the site teams to pursue their own paths toward greater health equity, involving them in the design of the learning agenda, and imposing few reporting and accountability requirements was a factor in some of the positive outcomes the cities achieved. The evaluation found that this approach:

- **Deepened engagement over a longer timeframe:** Interviews with participants provided evidence that Invest Health's flexible approach made them feel respected and valued throughout the initiative, contributing to their sustained engagement over time. Participants also felt motivated to remain committed to the work on the ground.
- **Allowed for more emergent outcomes:** While Invest Health initially intended to focus on financeable built environment projects, many site teams identified needs involving physical infrastructure or programs as the work evolved.
- **Resulted in activities more customized to city needs:** Reinvestment Fund engaged the site teams in co-design in various ways, including an advisory group of participants. This resulted in learning content and convenings that were most relevant to the sites.
- **Led to multiple areas of focus in some cities:** The flexibility of Reinvestment Fund in determining who attended convenings or participated in the collaboration grants allowed more individuals from the cities to participate. This led to multiple avenues of work in many places, thereby increasing the opportunities for progress on health equity.

There are also some challenges associated with a robust grantee-centered approach, some of which impacted Invest Health's ability to meet the original goals of RWJF in the initiative's design.

- **Achieving the funder's initial goals:** From the beginning, there was tension between the RWJF goals, which centered on financeable built environment projects, and the community development finance system, and what the site teams wanted to work on. In some cases, when the site teams engaged their communities, they discovered interest in projects like park improvements or community gardens. Being grantee-focused, Reinvestment Fund supported the site teams in pursuing their individual approaches.
- **Embracing flexibility around expectations:** Allowing cities to pursue their own path and address their internal dynamics meant that some cities might struggle and fail to make progress.

The following table discusses how Invest Health addressed these considerations:

Table 4. Key learning: Using a grantee-centered approach

Considerations	Invest Health Response
Achieving the funder's initial goals	Over time, Reinvestment Fund adjusted its expectations about site team approaches and turned its attention to a broader vision around health equity and community development. • Many city teams shifted their focus away from financeable built environment projects, primarily in response to community-identified priorities or due to capacity challenges. • However, about 20 of the site teams contributed to the development of financeable built environment projects.
Embracing flexibility around expectations	Partially as a result of the grantee-driven approach, Reinvestment Fund did not significantly interfere in the site team dynamics or the direction they were going. • During Phase 1, Reinvestment Fund adopted a hands-off approach with cities that struggled with site team dynamics or were not advancing built environment strategies. A number of cities were unable to realize any outcomes. • However, the flexible approach allowed new city stakeholders to engage in later phases, providing additional opportunities for progress.

Sustaining the initiative over an extended timeframe

Invest Health did not start as an eight-year initiative. However, toward the end of Phase 1, the momentum and growing interest from the cities led to the continuation of the work in a deeper way in 10 selected cities. The desire to share learning with the broader field inspired the creation of the Health Capital Roundtables. Invest Health was then extended into 2025 through two additional phases.

During this time, a somewhat consistent team at Reinvestment Fund got to know the 50 site teams very well. Within the cities, there was time to make progress on some of the efforts that site teams started early on and to implement new projects, programs, and policies to further the vision they had established early in the work.

- **Sufficient time for progress on city goals:** The longer-term support offered site teams a consistent platform for learning and access to resources that helped them advance their work. The evaluation found that several cities that had struggled to gain momentum in the first phase grew or re-engaged in later phases and ultimately achieved outcomes.

- **More time to assess outcomes:** Evaluations typically align with the timeframe of philanthropic investments. Particularly for initiatives that intend to impact system change, this limits evaluation research to early outcomes and assumptions about success or potential without enough time to understand longer-term outcomes. The extension of Invest Health offered a unique opportunity to continue learning after projects were completed and system change outcomes began to materialize.

There are also some challenges associated with an extended timeframe for an initiative:

- **Maintaining grantee engagement:** Sustaining momentum within and across cities over an extended period can be challenging, especially when tackling complex, difficult-to-address issues.
- **Addressing transitions:** Staff and political transitions are common challenges in community efforts involving cross-sector collaboration. The longer an initiative lasts, the more likely teams will face leadership changes, political shifts, and staff turnover.

The following table shows how Invest Health responded to these challenges:

Table 5. Key learning: Sustaining the initiative over an extended timeframe

Considerations	Invest Health Response
Maintaining engagement	Invest Health continued to provide value to participants by creating a learning network among the 50 cities, fostering a sense of belonging and keeping participants engaged. • Reinvestment Fund facilitated smaller in-person convenings throughout the initiative, and even in webinars, where participants typically listened with their cameras off, they actively engaged. • Over half of survey respondents (56 percent) reported that the information and resources shared during Invest Health activities kept them engaged. • Participants appreciated being part of a defined network of small and midsize cities.
Addressing staff and political transitions	Reinvestment Fund allowed flexibility in team composition and participation in Invest Health activities. • In many cases, multiple individuals from an organization engaged with Invest Health over the course of the initiative, deepening engagement and helping mitigate the impacts of staff turnover. • Site teams were mostly cross-sector, so a significant shift in political leadership did not necessarily deter a site team from continuing to its agenda.

An emphasis on learning communities

The initial design of Invest Health was based on a hypothesis at the Robert Wood Johnson Foundation that using learning communities as the primary intervention—rather than providing significant direct funding—would be a relatively low-cost and effective way to make an impact in many cities. The initiative provided direct funding to participating teams in the first two phases, with most of it dedicated to travel costs and technical assistance.

Invest Health included various types of learning communities, such as smaller convenings dedicated to specific topics and collaboration grant trips that groups of site teams planned. Unfortunately, the COVID-19 pandemic temporarily halted in-person gatherings in 2020. Despite this challenge, Reinvestment Fund hosted virtual convenings and webinars that attracted significant participation from the site teams.

The initiative's emphasis on learning communities contributed to outcomes in the following ways:

- **Traveling together helped cement relationships at the city level:** Throughout the initiative, participants consistently reported that dedicated time away to collaborate with site team members strengthened their relationships and led to new ways of working together back home.
- **Cross-site convening created a platform for cities to learn from each other:** Invest Health convenings contributed to the creation of a 50-city learning network, where participants took insights from other cities and applied them at home to drive tangible outcomes.
- **High-quality convenings provided value and kept participants engaged:** Participants reported that the learning communities' content was relevant and inspiring for their work back home, and the opportunity to convene and learn together kept them engaged in Invest Health even after the initiative stopped providing direct grant funding.

Potential considerations for prioritizing learning communities as the primary intervention include:

- **Lack of resources for implementation:** Without funding for project financing or program support, grantees may invest considerable time in efforts that cannot progress to implementation.
- **Challenges in sustaining the team:** The lack of resources to sustain team activities may result in limited incentives for individuals to continue engaging.
- **Need for numerous in-person events**: Maintaining engagement, relationships, and learning through convenings requires consistent, high-quality touchpoints that demand significant labor and resources.

The following table shows how Invest Health responded to these challenges:

Table 6. Key learning: Learning communities as a primary intervention

Considerations	Invest Health Response
Lack of resources for implementation	**While most Invest Health funding did not go directly to site teams' projects or programmatic efforts, the initiative offered a platform for learning through convenings and referrals to technical assistance and other resources.** • It is not possible to determine if the 50 site teams would have realized more outcomes with more direct funding instead of the learning communities. However, evaluation findings suggest that the majority of participants strengthened their mental models regarding the connection between the built environment and health, the impacts of structural racism, and more. • Despite the lack of direct funding, the project, programmatic, and systems outcomes of Invest Health are impressive, and many are likely to be sustained.
Challenges in sustaining the team	**Site teams utilized a more informal structure, and Invest Health contributed to organizational changes and new ways of working that will contribute to sustaining the work without a formal team.** • Many cross-sector initiatives supported by philanthropy rely on formal teams and often provide temporary funding for a staff member to manage the initiative's work at the site level. • For most of Invest Health's duration, grant funding did not support significant staff time, and the city stakeholders communicated and collaborated efficiently without a formal team or staff member leading the work.
Need for numerous in-person events	**Reinvestment Fund consistently hosted and supported high-quality, engaging convenings.** • While the learning communities required a significant investment of time and resources, Reinvestment Fund tailored the events to the sites' needs. They effectively provided a platform for learning that significantly contributed to the outcomes of Invest Health.

Insights and recommendations

For funders and intermediaries

1 Engaging a large cohort with a light touch can yield scale and impact.

Engaging a large cohort of cities with a "light-touch" approach can effectively achieve scale. Invest Health's design of supporting 50 cities primarily through a learning network resulted in impressive outcomes. While not every site team realized built environment projects or system changes related to community investment, Invest Health contributed to constructing over 800 housing units, numerous commercial properties, and community facilities. The initiative also contributed to practice and system changes with great potential to shift investment toward built environment projects in many of the cities, with millions of dollars committed to funds to support affordable housing development. The sheer number of cities made it more likely to achieve outcomes, but the Invest Health story demonstrates that it is more than probability. The size of the network amplified opportunities for learning and influencing stakeholders in and beyond the 50 cities.

2 Letting sites plan small convenings can enhance cross-site learning.

Providing site teams with opportunities to plan their own small convenings can enhance cross-site learning and lead to tangible outcomes. The evaluation research reveals a clear difference in cross-site learning for Invest Health cities that participated in at least one collaboration grant opportunity and those that did not. The participating cities were about twice as likely to think of other Invest Health cities for learning, catalyze new relationships with other cities, and ultimately implement a new project, program, or policy as a result of learning from another Invest Health city. In interviews, participants lauded the collaboration grants as resulting in relevant, actionable learning and relationships they will likely sustain even after Invest Health ends. Invest Health's collaboration grants present a promising model for the field because they 1) allowed for the sites to identify their own learning priorities, 2) included the opportunity to travel together to strengthen bonds, and 3) were offered frequently to provide many opportunities for sites to learn from each other.

3 Allowing for broad stakeholder engagement amplifies system outcomes.

Involving stakeholders beyond the "teams" in learning opportunities increases opportunities for impacting mental models and emergent system outcomes. In Phase 1 of Invest Health, each site identified a "travel team" to attend convenings and lead the work and a broader

home team of aligned stakeholders. Over time, the initiative brought stakeholders beyond these teams into Invest Health learning opportunities, including convenings, collaboration grants, and webinars. Many of these stakeholders adopted Invest Health's principles and became active members of the network. This inclusive approach also deepened organizational engagement, with multiple stakeholders within the same organizations becoming familiar with their city's Invest Health work.

4 Co-designing initiatives can enhance engagement and results.

Designing an initiative's interventions in partnership with participating sites may enhance engagement over time and contribute to better outcomes. Reinvestment Fund leaned into co-designing Invest Health with participants years before trust-based philanthropy became a trend in the field. Evaluation interviews and observations revealed that participants felt a strong connection to the initiative, even after funding ended. They reported feeling as if they were *part of something,* and the sense of being respected and valued in the initiative's design contributed to their sustained engagement. The grantees' involvement in initiative design also resulted in learning content that was appropriately customized to the cities' specific needs and allowed for flexibility in site team composition, which led some site teams to advance multiple streams of work related to Invest Health.

5 Providing longer-term support leads to tangible outcomes.

Supporting sites over an extended timeframe can provide sufficient time to realize outcomes. Most philanthropic multisite initiatives last two to three years but aim to impact large-scale change over a much longer timeframe. Evaluations of these initiatives consistently conclude that these ambitious intended outcomes require more time. Invest Health provided the unique opportunity to track outcomes in cities over eight years. With sites engaging over a longer period, the evaluation found that the number of sites making significant progress on a built environment project increased from seven to 19. Additionally, at the end of Phase 1, only two sites had succeeded in tapping new funding sources or creating new community investment capacity in their cities. Now, at least eight sites have created new funds or programs to increase capital flow to built environment projects. Participants reported that their continued engagement with partners in their cities and learning across the cities has been crucial in advancing their progress on their city's vision around health equity.

For small and midsize cities

1 Sustaining broad cross-sector relationships helps to build a network of health equity leaders.

Being deliberate about sustaining broad, cross-sector relationships can help build a strong network of leaders committed to health equity. Rather than relying on narrowly defined, formal teams, many Invest Health site teams engaged diverse and expansive networks of aligned leaders. In these cities, relationships have endured through regular communication and a mix of formal and informal meetings, even in the face of staff transitions—often challenging for collaborative work. This persistence highlights the value of maintaining informal networks. However, these relationships require intentional nurturing. Regular, informal meetings or other connections, supported by dedicated time and effort, are essential to sustaining them.

2 Leveraging multiple initiatives in small and midsize can amplify impact.

Leveraging and aligning multiple initiatives in small and midsize cities can amplify the impact on community capacity and system change. Examples from Invest Health cities show promising evidence of the power of aligning multiple streams of work within a city. The confluence of support from other coalitions or initiatives can create a pathway for building buy-in across a broad set of stakeholders, embedding change within organizations, and ultimately advancing a site team's work. Stakeholders struggled to find momentum and resources in Invest Health cities that attempted to add another collaborative table to an already crowded landscape. Particularly in small and midsize cities, finding opportunities to collaborate or build on existing efforts can be a more effective way of maximizing limited resources and securing buy-in among key leaders. And, when new opportunities arise, building upon past work and progress is important.

3 Engaging anchor institutions can strengthen community development efforts in small and midsize cities.

Engaging anchor institutions is particularly important in small and midsize cities where the capacity to implement community development policies, programs, and projects is more limited. Each Invest Health team included an anchor institution—often a healthcare institution or university. These organizations varied in their commitment to health equity and the built environment, but examples from Invest Health cities demonstrate the powerful impact anchor organizations can make in this work. Healthcare institutions and universities

involved in the Invest Health work contributed data analysis and research (including community needs assessment data), funding for team activities, and in-kind support such as staff time and meeting space. Additionally, Invest Health influenced many anchor institutions to improve their community engagement practices, work more closely with local government, and adopt a more robust "anchor mission" to prioritize their influential role in their local economies. In some cases, the collaboration of anchor institutions played a significant role in built environment outcomes, such as the grocery store development in Roanoke, and outcomes related to the flow of capital to built environment projects, such as Corewell Health's (previously Spectrum Health) support of the development a community land trust in Grand Rapids.

4 Building community development finance capacity remains a priority to advance built environment projects.

Even incrementally, building community development finance capacity can increase the success of built environment projects in small and midsize cities. Attracting investment is particularly challenging for small and midsize cities, which continued to be true throughout the evolution of Invest Health. Many of the 50 cities do not have established ecosystems of partners with significant development experience or access to capital. Invest Health highlights the importance of building the capacity of existing organizations, such as CDCs, other mission-oriented developers, and CDFIs, and attracting the attention of national actors. Additionally, Invest Health cities demonstrate examples of other efforts to increase the flow of capital toward built environment projects with equity impacts, such as creating capital funds and amending zoning codes.

5 Maintaining cross-city relationships can foster learning and innovation.

Maintaining relationships with other small and midsize cities promotes continued learning and innovation in community development practices. Invest Health established a cross-city learning network that directly contributed to many of the initiative's outcomes. Participants benefitted from a community of site teams operating in similar contexts and addressing similar challenges. This often led to cross-city relationships where stakeholders collaborated to solve complex problems in implementing new projects, programs, or policies. The great value of the Invest Health network highlights the importance of sustaining these relationships as the 50 cities continue to advance health equity in an evolving context. Small and midsize cities without access to a cross-city network may benefit from supporting public sector staff and other leaders in attending conferences or webinars or identifying other ways to tap into existing networks focused on small and midsize cities.

APPENDIX

Appendix A: Final evaluation survey results

Context

The final evaluation survey, fielded in June 2023, sought to capture initiative outcomes, relationships among and between Invest Health cities, and feedback on interventions, among other topics. Given the multiple iterations of Invest Health over the years, stakeholder involvement in each of the 50 cities changed over time. To identify survey participants, Mt. Auburn:

- conducted an extensive document review, including team and collaboration grant applications, previous evaluation research and interview notes, attendance lists for both in-person and virtual events; and
- compiled a contact list of all known participants across all phases of Invest Health, and then contacted stakeholders from each of the 50 cities to confirm team lists and update contact information.

Mt. Auburn invited 402 stakeholders engaged in Invest Health over the course of the initiative to respond to the final evaluation survey. Of these, 147 respondents, representing 45 of the 50 cities, completed the survey, yielding a 37 percent response rate overall. The survey included questions about respondents' level of engagement in Invest Health to assess their level of exposure to its activities and their depth of participation in related work within their city, providing insights to inform the analysis of the results.

Response rate by city

Table 1. Response rate by city – highest to lowest

City	Response rate	City	Response rate	City	Response rate	City	Response rate
Eau Claire	73%	Framingham	50%	Iowa City	38%	Kansas City	20%
New Britain	71%	Henderson	50%	Riverside	38%	Little Rock	20%
Des Moines	67%	Jackson	50%	Roseville	36%	Missoula	20%
Syracuse	67%	La Habra	50%	Grand Forks	33%	Richmond	20%
Gulfport	60%	Napa	50%	Westminster	31%	Paterson	14%
Nampa	56%	Pueblo	50%	Dundalk	29%	Rochester	14%
Portland	56%	St. Paul	50%	Pontiac	29%	Peoria	13%
Stamford	56%	Roanoke	44%	Providence	29%	Savannah	9%
Bloomington	55%	Spokane	44%	Tallahassee	29%	Asheville	0%
Akron	50%	Lansing	42%	Youngstown	29%	Canton	0%
Buffalo	50%	Grand Rapids	41%	Greensboro	25%	Knoxville	0%
Flint	50%	Durham	40%	North Charleston	25%	St. Louis	0%
				Hartford	24%	Tuscaloosa	0%

TOTAL RESPONSE RATE: 37%

Table 2. Response rate by city - detailed							
City	Total responses	Total invited	Response rate	City	Total responses	Total invited	Response rate
Akron	5	10	50%	Nampa	5	9	56%
Asheville	0	3	0%	Napa	6	12	50%
Bloomington	6	11	55%	New Britain	5	7	71%
Buffalo	2	4	50%	North Charleston	2	8	25%
Canton	0	4	0%	Paterson	1	7	14%
Des Moines	4	6	67%	Peoria	1	8	13%
Dundalk	2	7	29%	Pontiac	2	7	29%
Durham	2	5	40%	Portland	5	9	56%
Eau Claire	8	11	73%	Providence	2	7	29%
Flint	2	4	50%	Pueblo	2	4	50%
Framingham	2	4	50%	Richmond	1	5	20%
Grand Forks	2	6	33%	Riverside	3	8	38%
Grand Rapids	11	27	41%	Roanoke	4	9	44%
Greensboro	2	8	25%	Rochester	1	7	14%
Gulfport	3	5	60%	Roseville	4	11	36%
Hartford	8	34	24%	Savannah	1	11	9%
Henderson	5	10	50%	Spokane	4	9	44%
Iowa City	3	8	38%	St. Louis	0	4	0%
Jackson	3	6	50%	St. Paul	1	2	50%
Kansas City	1	5	20%	Stamford	5	9	56%
Knoxville	0	3	0%	Syracuse	4	6	67%
La Habra	1	2	50%	Tuscaloosa	0	6	0%
Lansing	5	12	42%	Tallahassee	2	7	29%
Little Rock	1	5	20%	Westminster	4	13	31%
Missoula	2	10	20%	Youngstown	2	7	29%
TOTAL	**147**	**402**	**37%**				

Engagement in Invest Health

Figure 1. Respondents' participation in Invest Health by phase

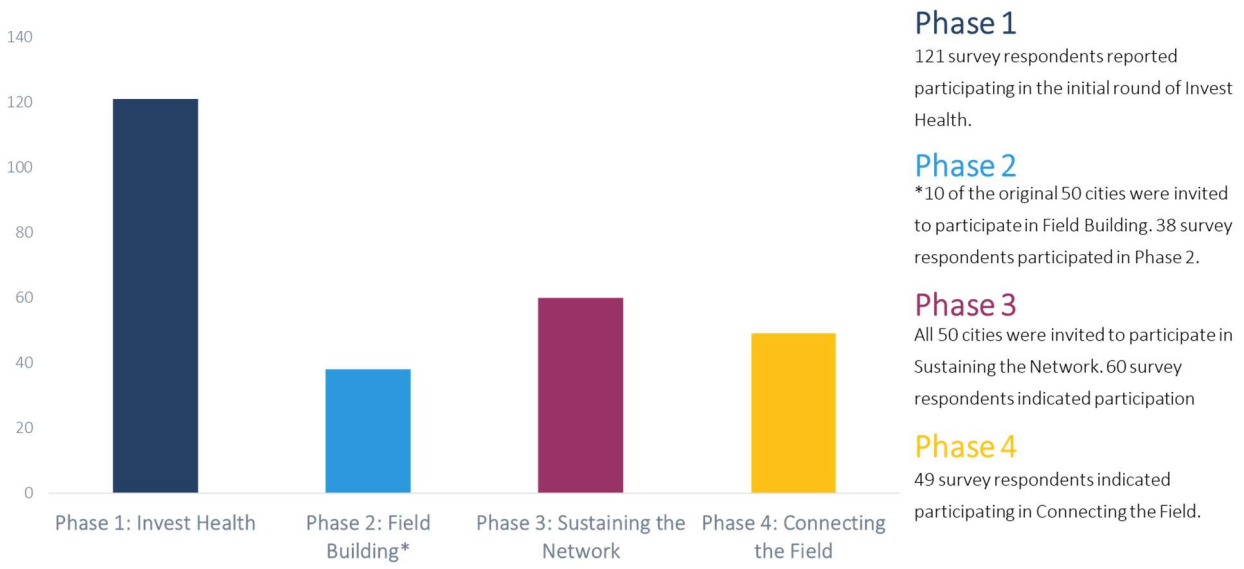


Figure 2. Respondents' engagement in Invest Health work and activities

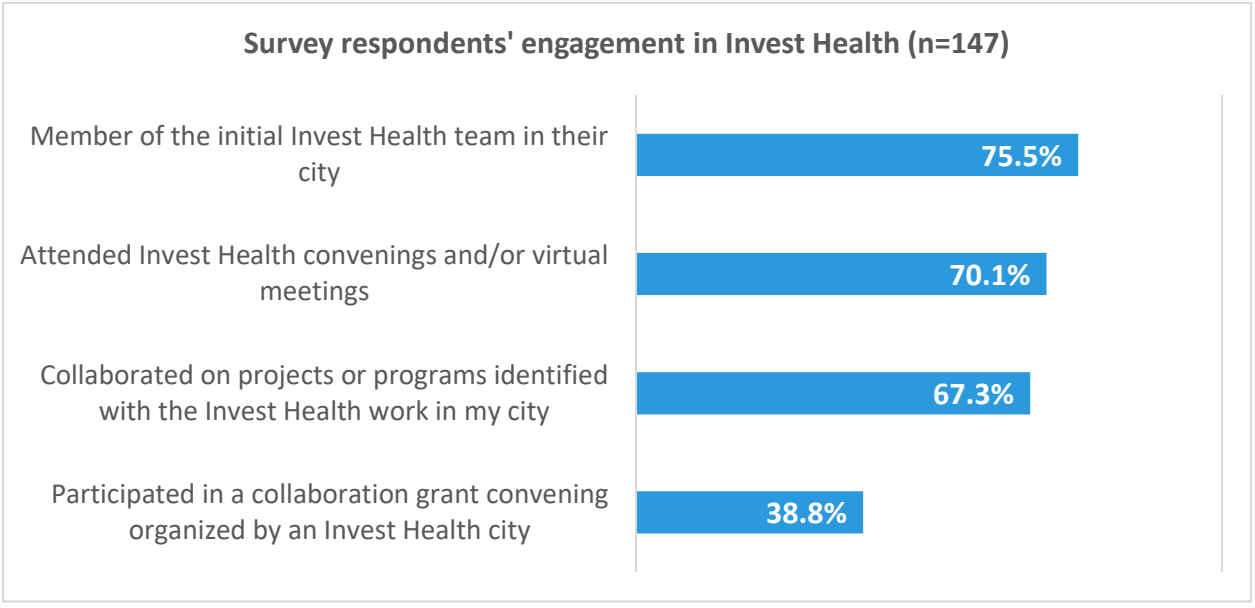


Figure 3. Recent participation in Invest Health interventions

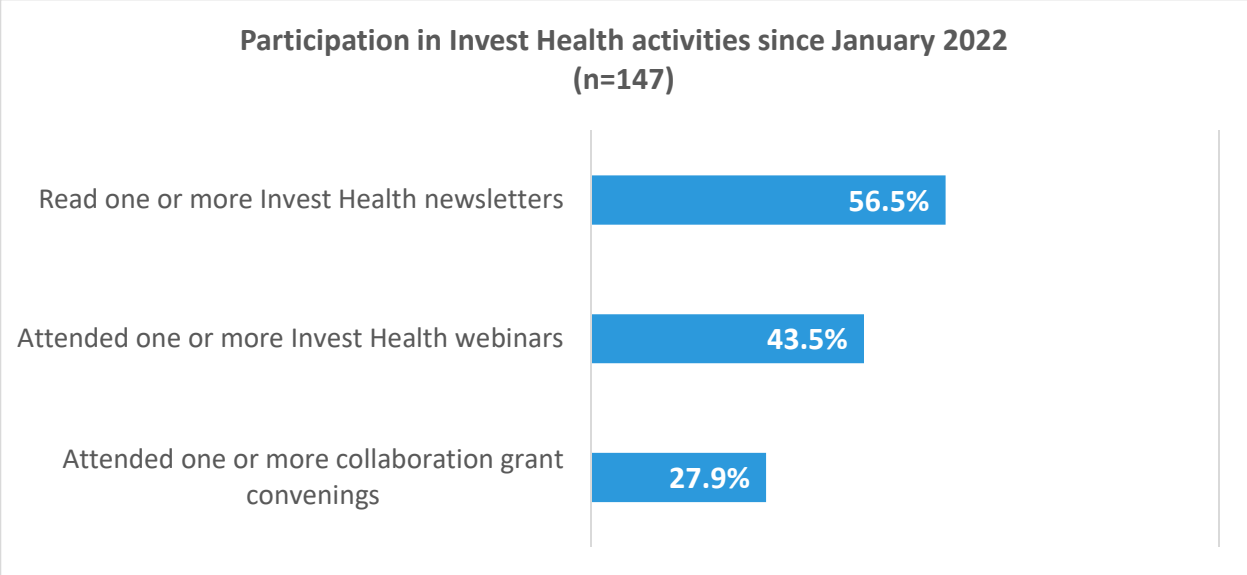
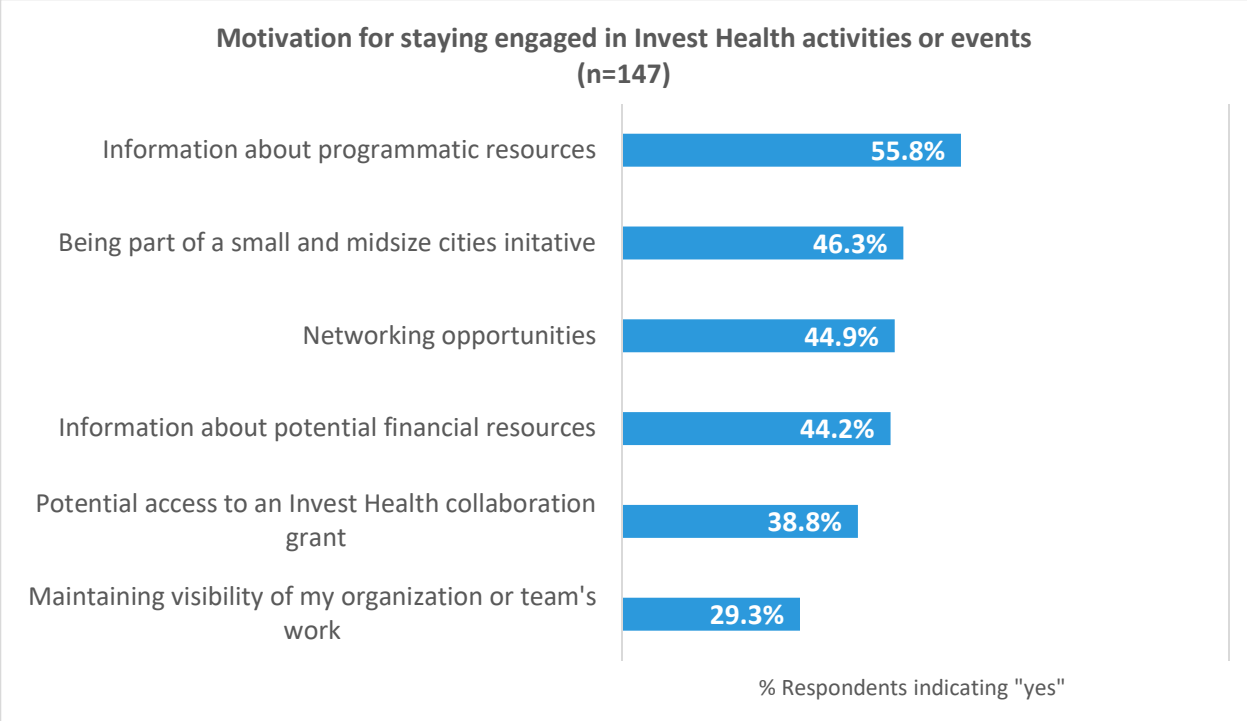


Figure 4. Motivations for engagement



Relationships *within* Invest Health cities

Figure 5. Invest Health team status

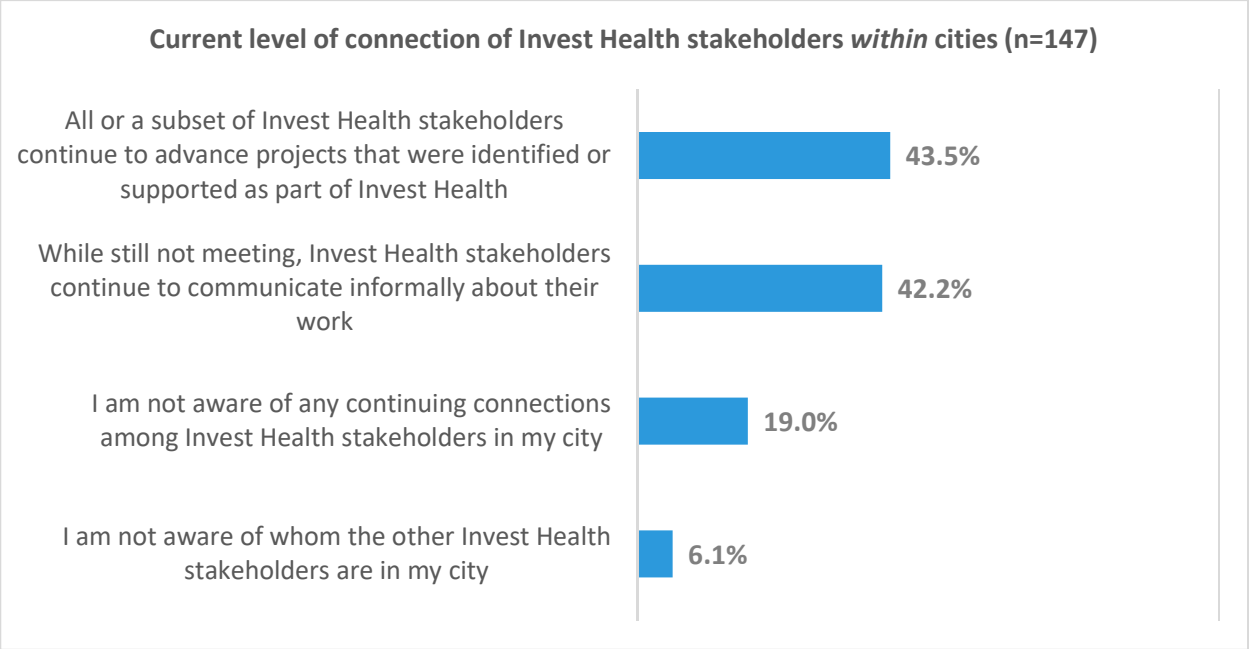


Figure 6. Invest Health team status – Phase 2 cities vs. other 40 cities

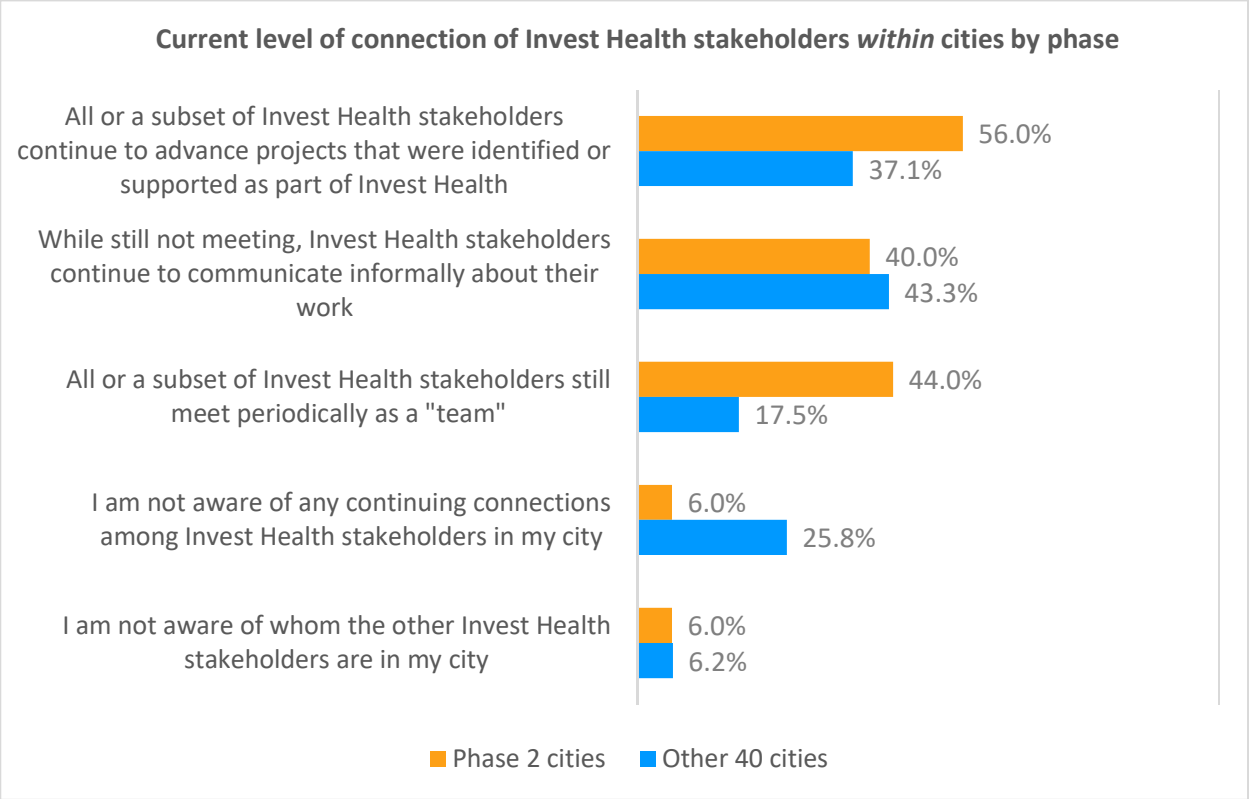


Figure 7. Frequency of communication with Invest Health stakeholders within their city

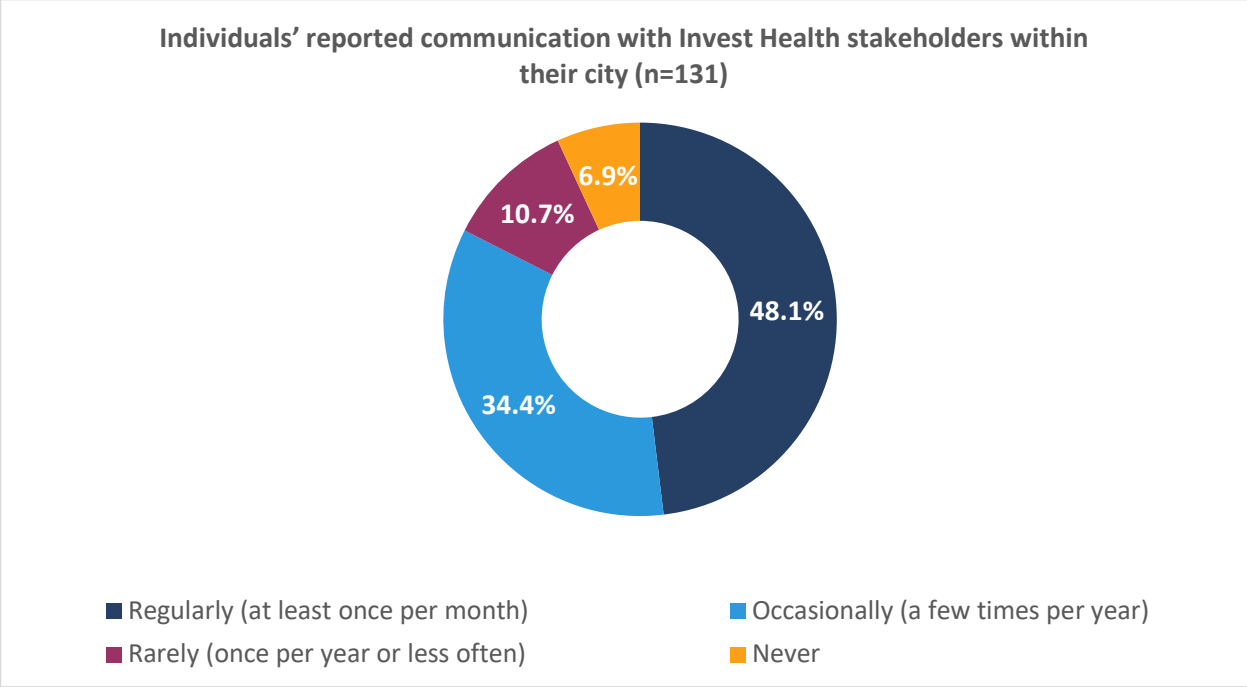


Figure 8. New or deeper connections within cities by sector

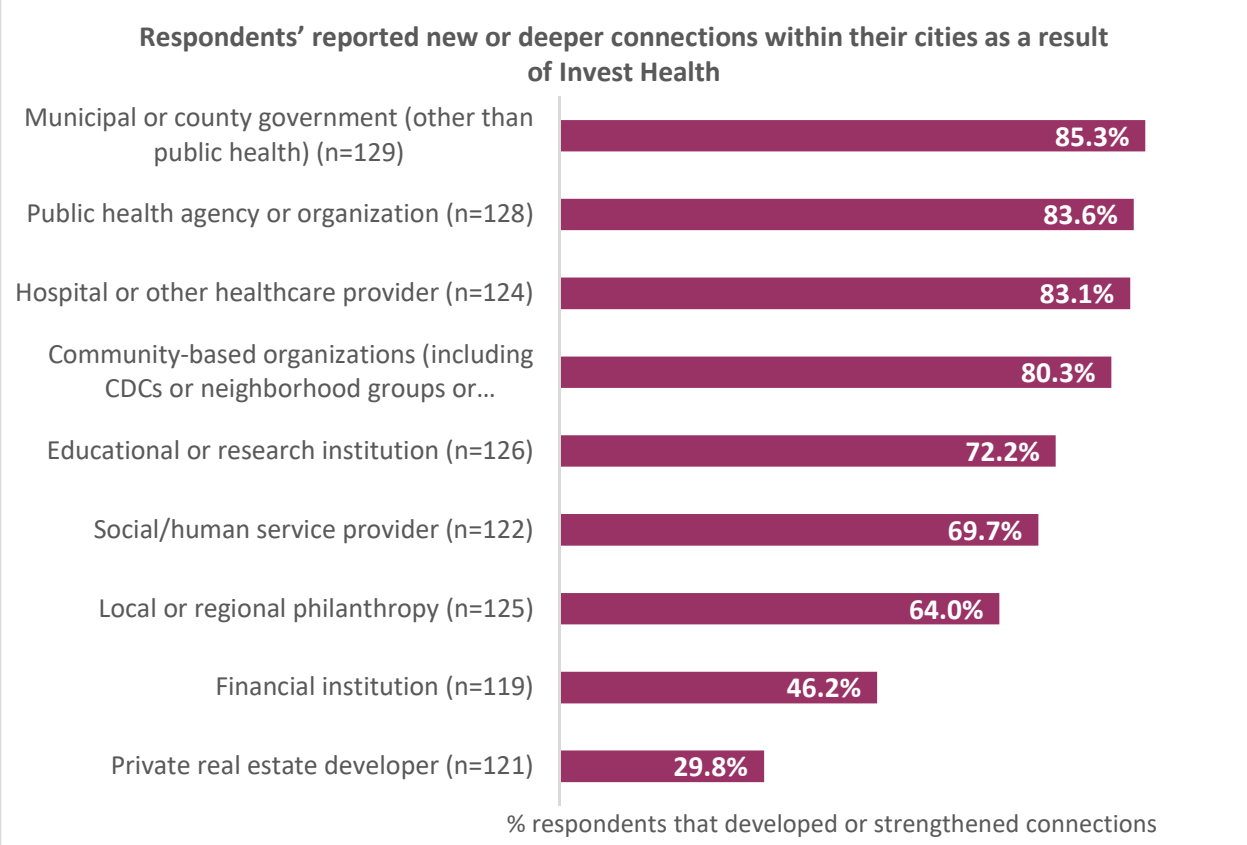
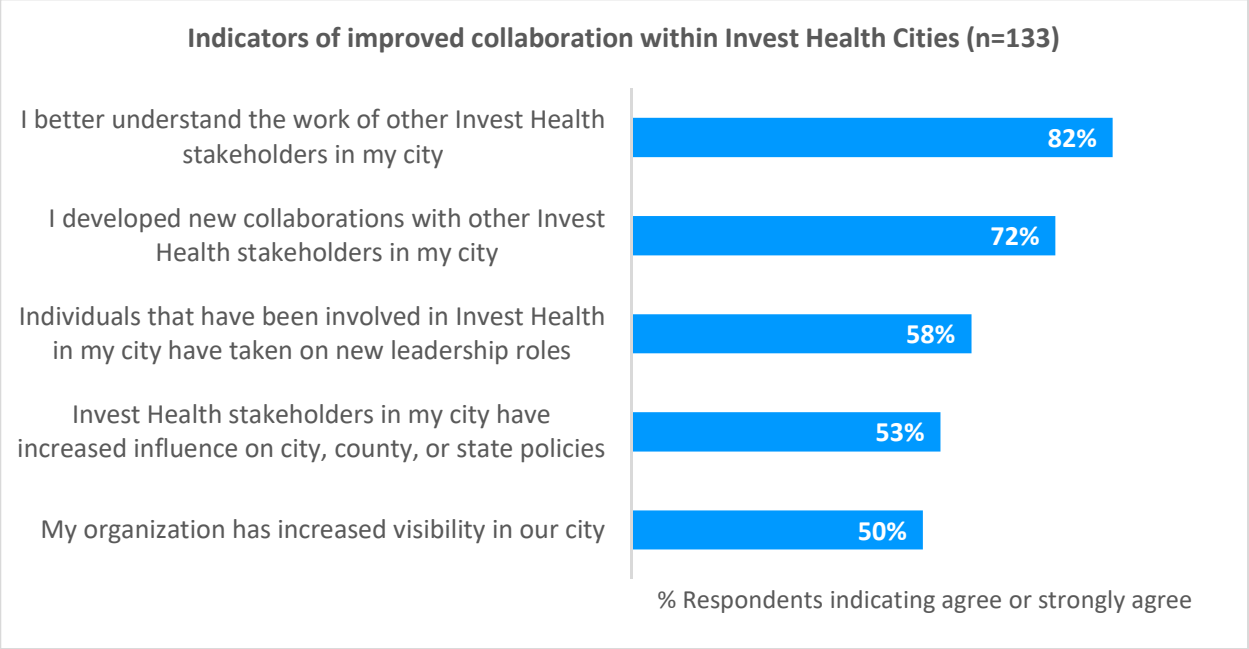


Figure 9. Collaborative capacity within Invest Health cities



Connections *across* Invest Health cities

Figure 10. Respondents' frequency of communication with stakeholders from other Invest Health cities outside of Invest Health activities

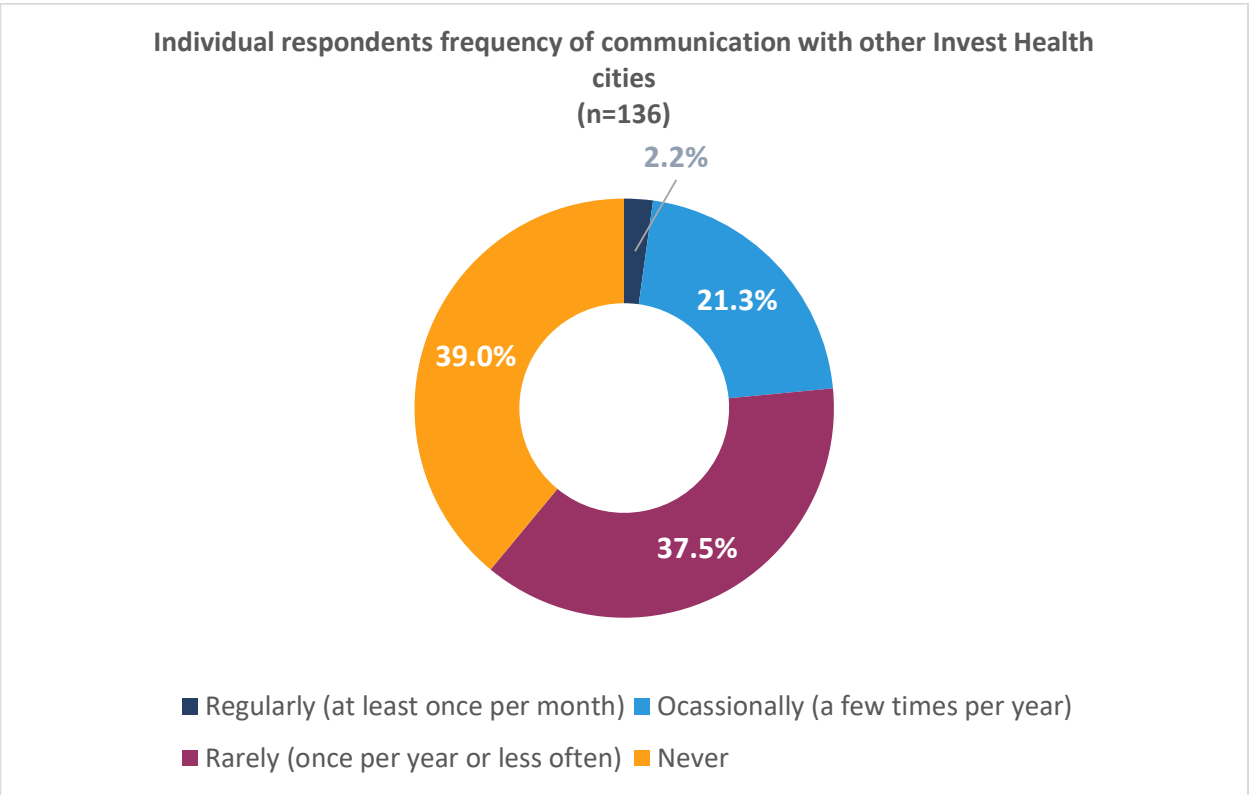


Figure 11. Cross-site communication by participation in a collaboration grant

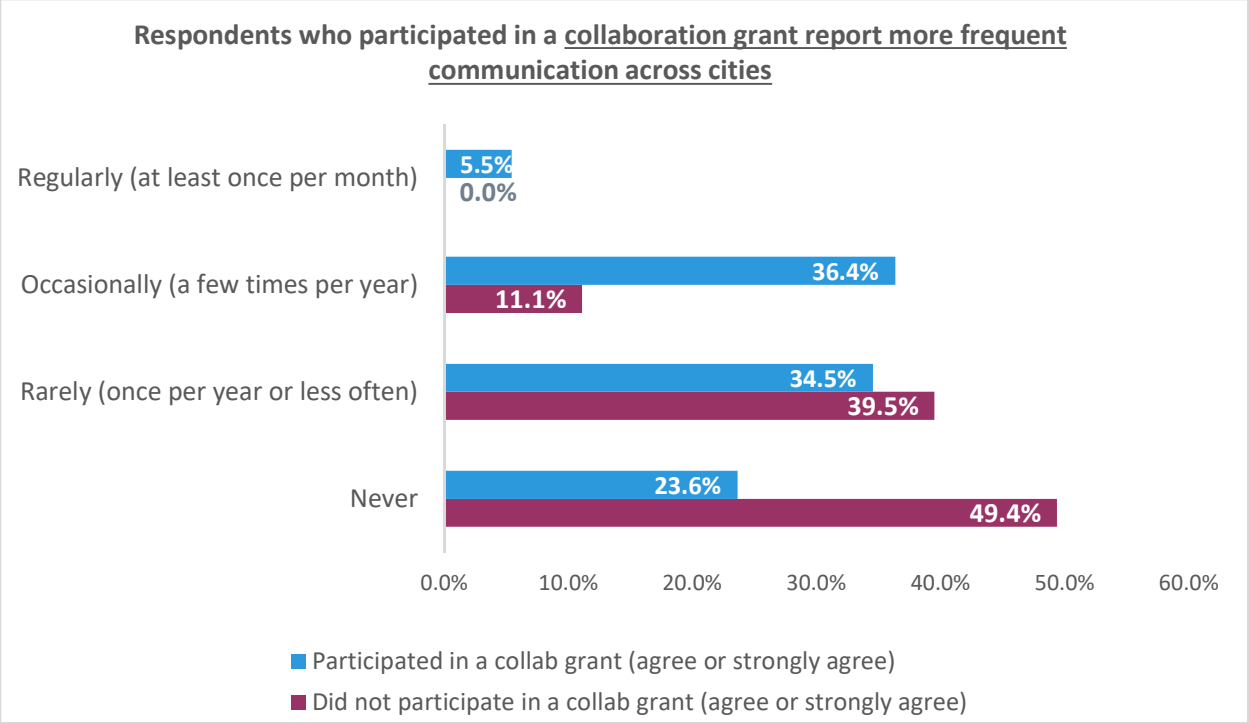


Figure 12. Cross-site interaction and learning

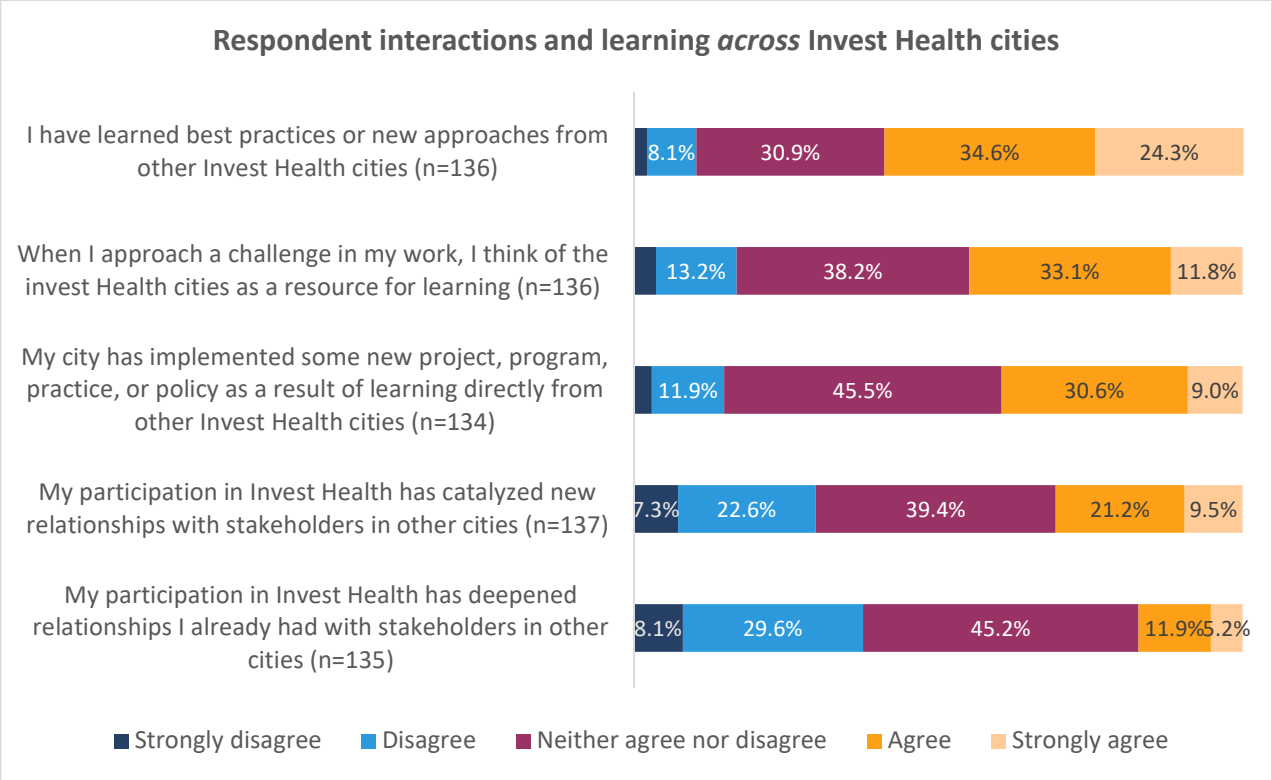
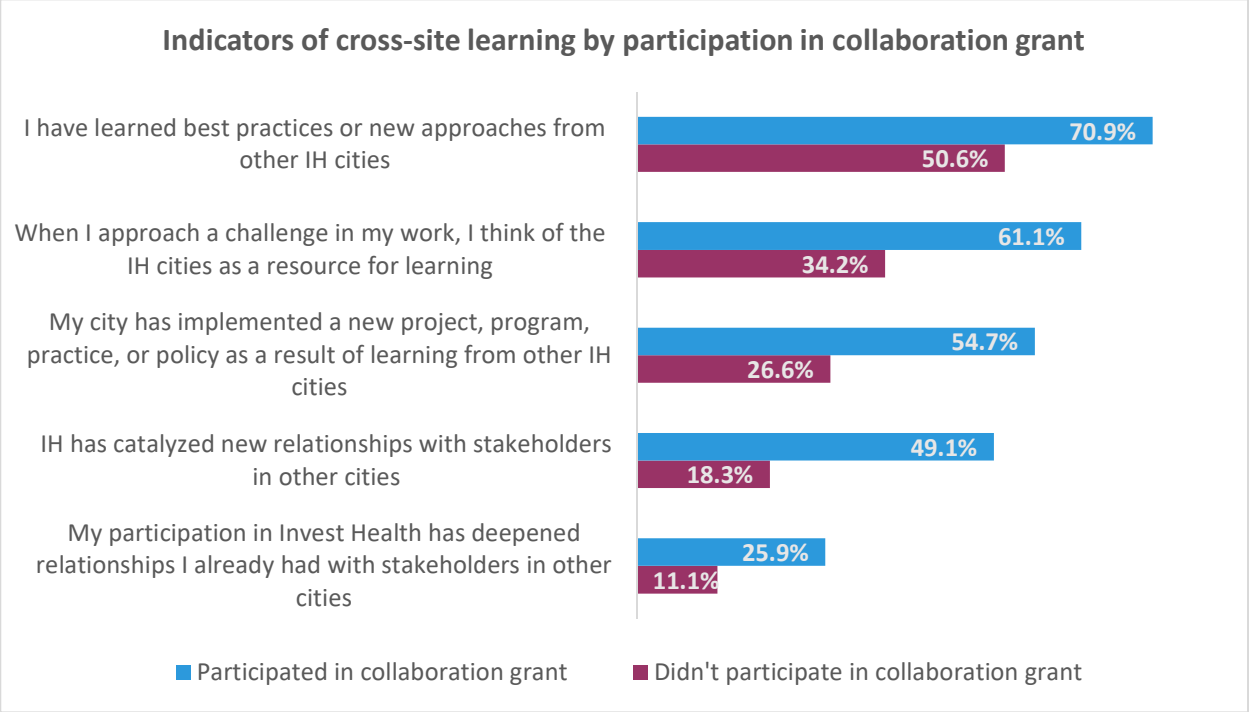


Figure 13. Cross-site learning by participation in collaboration grant



Outcomes of Invest Health

Figure 14. Mental models

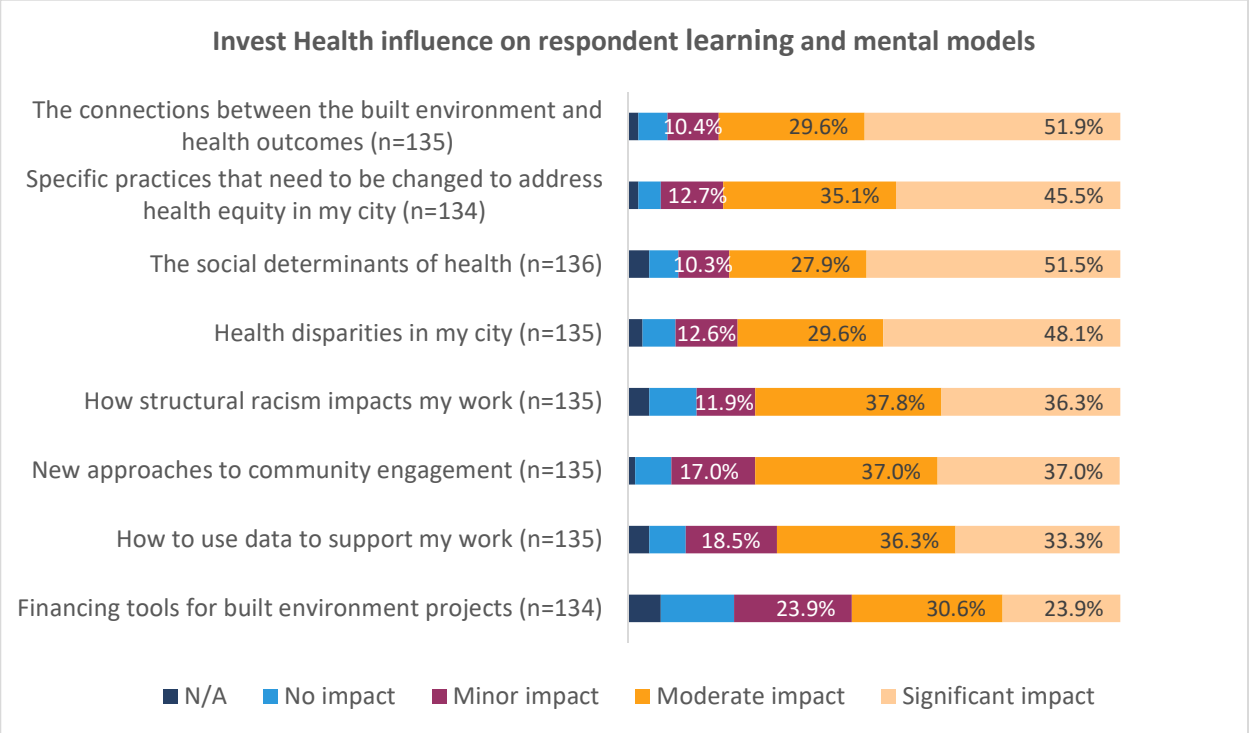


Figure 15. New ways of working

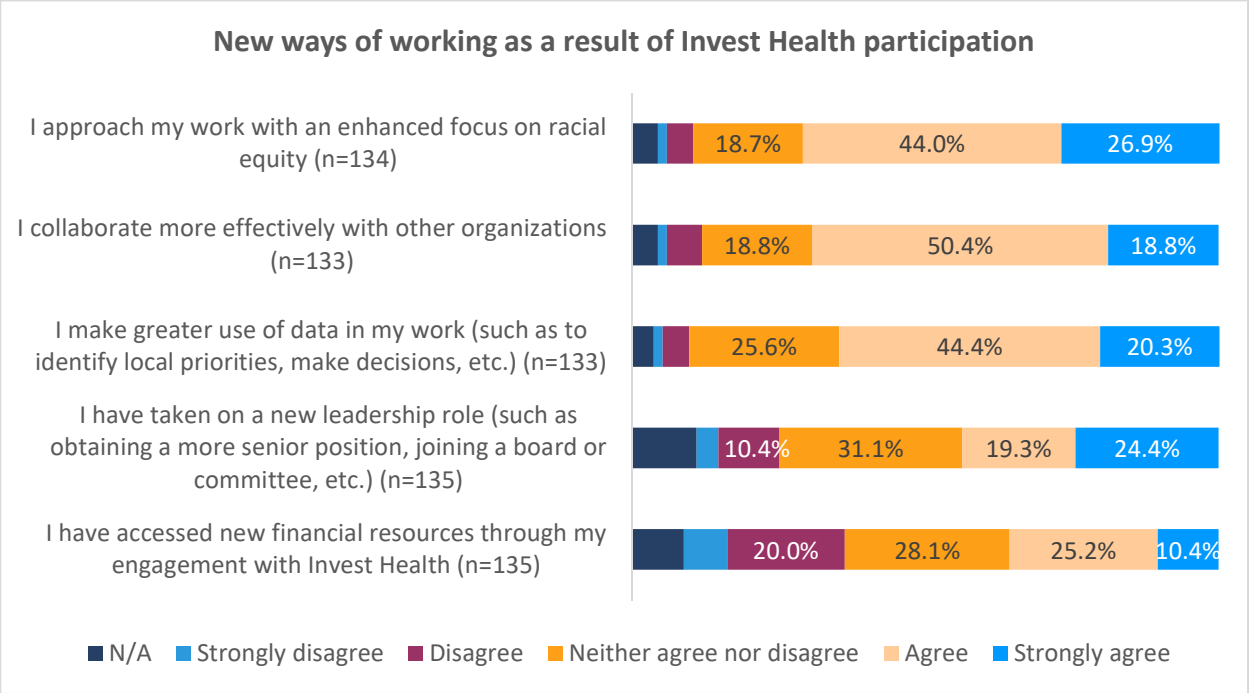


Figure 16. Changes in organizational practices

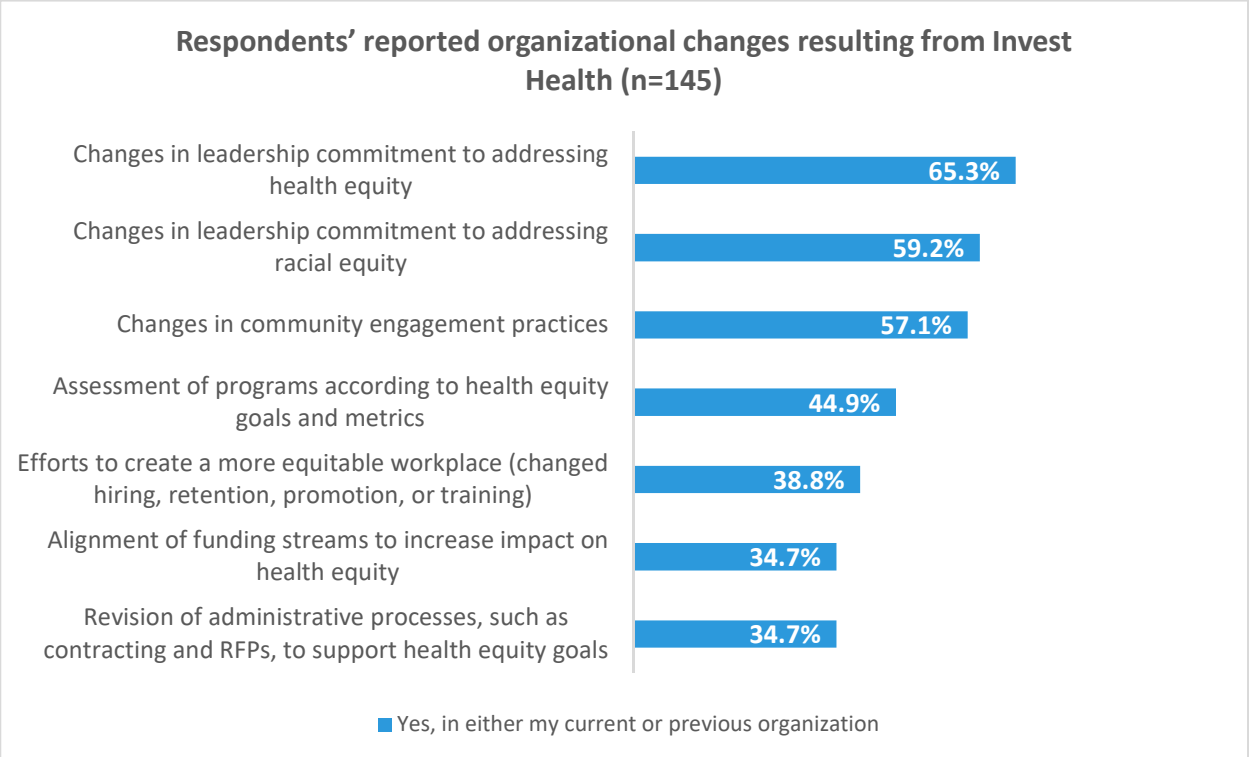
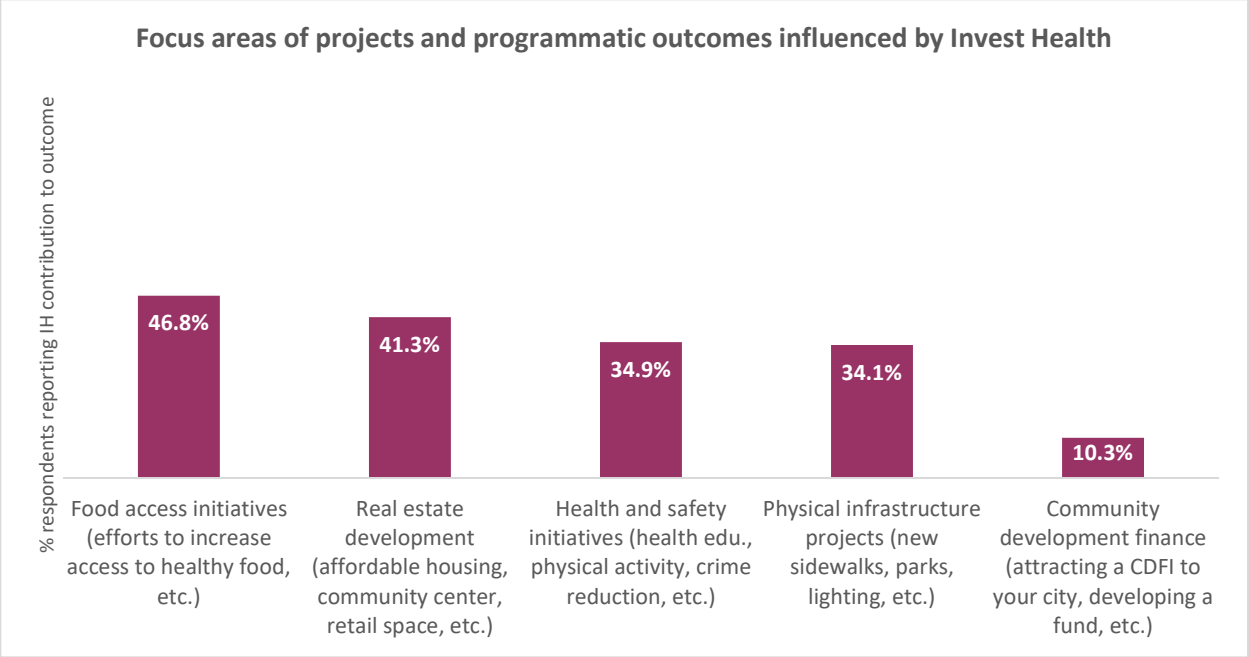
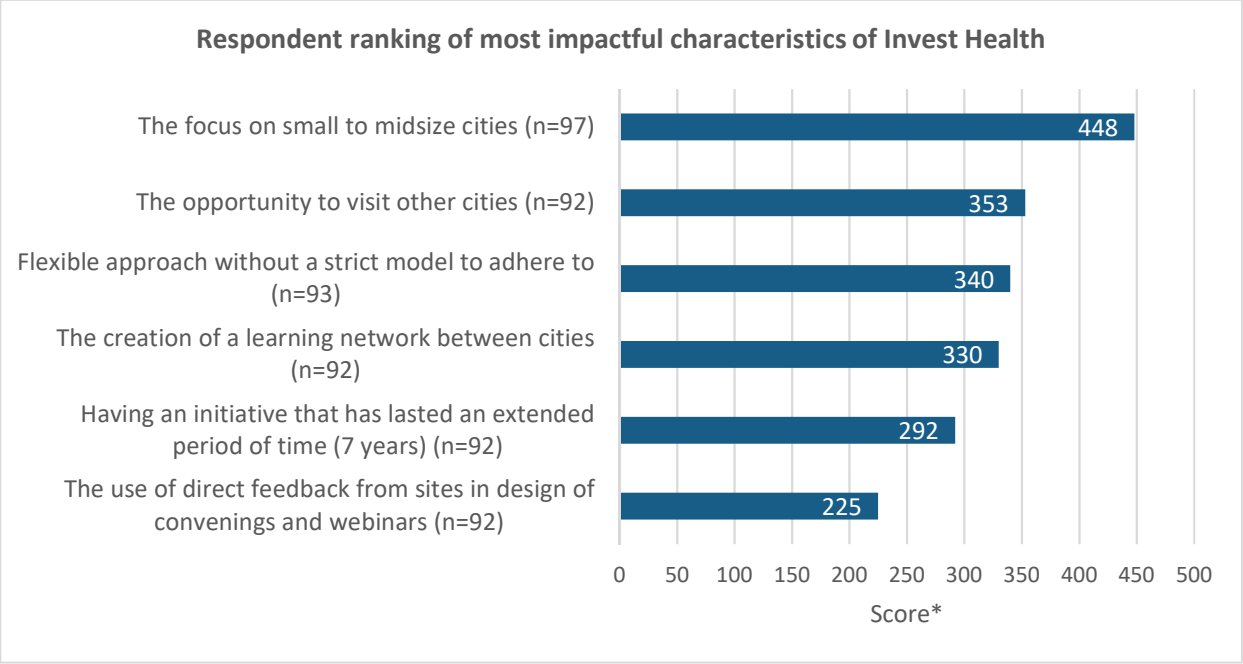


Figure 17. Focus area of outcomes



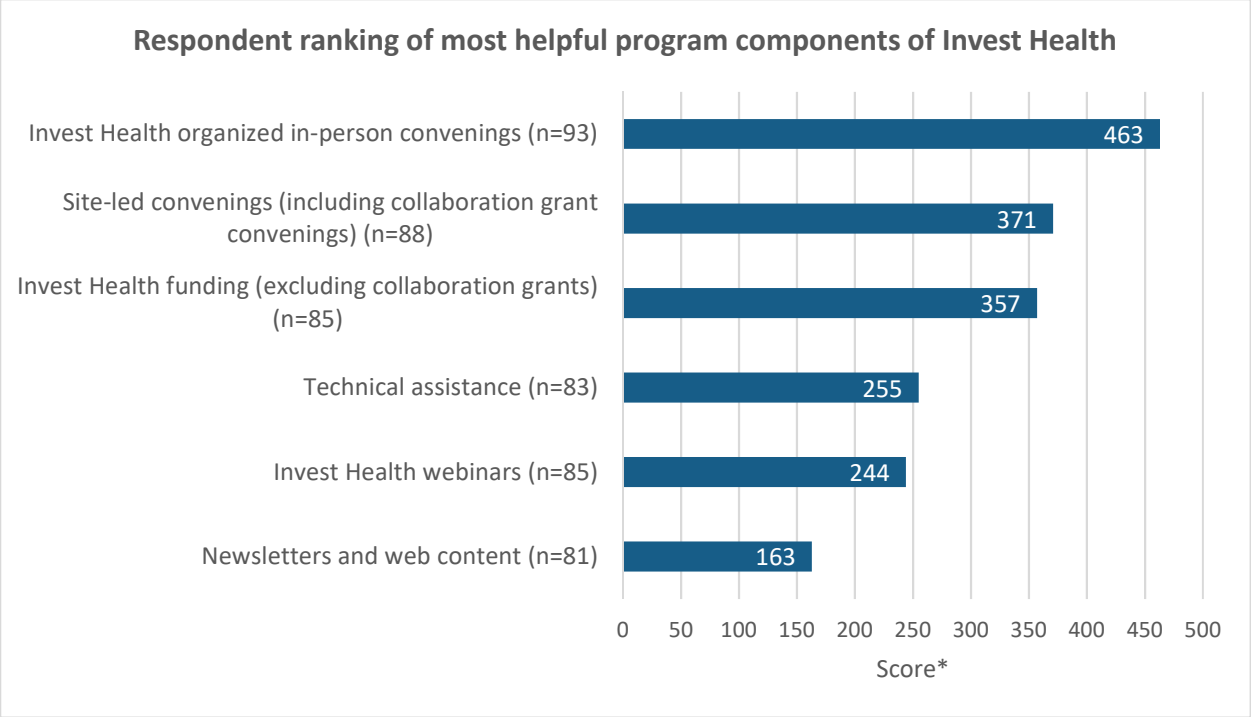
Feedback on Invest Health

Figure 18. Most impactful characteristics of Invest Health



*Survey respondents were asked to rank the above characteristics from 1 (most impactful) to 6 (least impactful). The weighted scores were calculated by assigning more weight to the higher-ranked responses (a number one ranking gets multiplied by six, a two ranking gets multiplied by five, etc.) and totaling the sum for each characteristic.

Figure 19. Most helpful program components of Invest Health



*Survey respondents were asked to rank the above program components from 1 (most helpful) to 6 (least helpful). The weighted scores were calculated by assigning more weight to the higher-ranked responses (a number one ranking gets multiplied by six, a two ranking gets multiplied by five, etc.), and totaling the sum for each program component.

Appendix B:
Past evaluations of Invest Health

Overview

Since Phase 1 of Invest Health, Mt. Auburn has played an important role in the developmental evaluation of the initiative. This appendix provides links and references to publicly available research products and highlights key insights from Mt. Auburn's previous evaluations and related research, including:

Evaluation of Invest Health: Findings Final Report[6]

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 in addressing equity, understanding social determinants of health, strengthening their cross-sector teams, and planning or implementing a built environment project.

Fifteen Invest Health cities are 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 made only limited progress on the Invest Health goals.

Progress on specific goals

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

Participants generally reported an 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 reporting thinking 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). Interviews suggest that Invest Health nurtured a deeper understanding of how the built environment interacts with health or its social determinants.

Close to half of the Invest Health teams have built strong collaboratives and are in a position to advance the work they began as part of Invest Health.

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 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 needed to achieve the visions they developed through Invest Health. Most of these teams are well-positioned to advance the built environment projects or pipelines they identified.

[6] 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/

Learning from the most successful teams

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

1. **Leveraged prior work**. Cities with a foundation of existing, aligned initiatives, or plans had the advantage of a strategic roadmap and community-vetted ideas to build upon. In other cases, Invest Health teams built on the work of other collaboratives with similar visions.
2. **Established a clear vision.** Many successful teams established a clear, shared vision for how they wanted to improve health or social factors related to health. This clarity helped them prioritize work and focus on the areas they believed would have the greatest 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 initiative's focus on the built environment, including individuals who understood the development process and the steps required to move built environment projects forward was essential.
5. **Broadened support by reaching out to stakeholders beyond the core Invest Health collaborative.** Many successful teams engaged community residents, decision-makers, and other key constituencies in their city to gain buy-in on the Invest Health work and build coalitions to carry the project forward.

Lessons for funders and the field

1. **Support communities in building on what is there rather than overburdening the collaborative ecosystem.** Communities being considered for a multisite initiative should be asked to identify previous or existing collaboratives that may overlap with their focus. Funders should be aware of these other efforts and consider when a new initiative could overwhelm the existing ecosystem.
2. **Recognize the importance communities see in upgrading public amenities and physical infrastructure.** While Invest Health encouraged teams to explore financeable built environment projects, teams often saw more direct connections between health disparities and substandard infrastructure and amenities.
3. **Address capacity gaps that can impede built environment strategies.** For some teams, the lack of a local mission-oriented developer and local sources of capital prevented progress. Funders may want to be more deliberate in assessing and addressing missing capacity.
4. **Take the time to hash out a theory of change for a complex multisite initiative.** Develop a clear and grounded articulation of what an initiative intends to achieve and ensure all stakeholders share that vision. Ensure that initiative components align with the theory of change.
5. **Develop a common "lexicon" for key terms to ensure that cities and program staff have a shared understanding.** Clearly define terms like "enabling environment" and "pipeline," as participants in a multisite initiative may interpret them differently.
6. **Build teams' competency in applying a systems lens to their work.** This concept can be challenging to grasp, especially for stakeholders with a transactional or program-focused background. It is essential to build the capacity of teams to apply a systems lens and understand the levers for system change.
7. **Ensure that a champion exists within each team.** Teams seemed to perform best when there was a leader able to think strategically about composition and stakeholder engagement, identify opportunities for collaboration, and take on a sense of ownership for team progress.

Phase 1 deep dive reports: A look at the role of different stakeholders in Invest Health

Community development corporations (CDCs)

CDCs were an important contributing stakeholder group for many Invest Health cities. CDCs' expertise was particularly helpful in supporting teams to engage their communities and, for several cities, make significant progress in implementing built environment projects identified through Invest Health.

Invest Health has expanded CDCs' understanding of the connection between their community development work and health outcomes. This new understanding reinforced and provided new frames and funding options for existing work by several CDCs. It also contributed to several CDCs undertaking new health-related activities within the program's short 18-month period.

However, some CDFIs reported seeking a future financing role in implementing Invest Health projects and agendas.

The cross-sector tables Invest Health established led to new relationships for almost all of the interviewed CDFI/financial institution team members, particularly for healthcare institutions and public health organizations. Invest Health also made an important contribution to understanding the social determinants of health and related health issues for just over half of the interviewed CDFIs. Not surprisingly, given the short Invest Health timeframe, only a few CDFIs have changed policies or practices or engaged in projects or activities because of the new relationships, learnings, or mindset gained through Invest Health.

Hospitals

Healthcare institution representatives involved with Invest Health teams valued the opportunity to build new relationships and learn across institutional, industry, and sectoral boundaries. Many of these representatives contributed significantly to their teams' work, such as by providing data analysis and, in some cases, resources or staff time. They also built or strengthened relationships with community development stakeholders in their community and deepened their understanding of community development systems and how the public sector functions. Cities that involved a health provider on their team performed better across the Invest Health goals. While 54 percent of all Invest Health teams included a hospital, 80 percent of cities with above-average assessments had a hospital on their team.

However, overall, the work did not lead to any significant shifts in the hospitals' institutional priorities or their commitment to investing in built environment projects. Many healthcare institutions did not see this work as related to the community development investment system or, more specifically, the built environment.

The cross-sector tables Invest Health established led to new relationships for almost all of the interviewed CDCs, particularly with healthcare sector organizations.

Community Development Financial Institutions (CDFIs)

While some cities benefitted from the knowledge, relationships, and skills of CDFI team members, most Invest Health cities did not realize the promise of CDFI/financial institution team members as financial institution and system participants during the initiative. Slow progress toward identifying and advancing built environment projects, the absence of an agenda around improving the finance system, and weak CDFI participation contributed to this outcome.

Senior public sector leadership

Only 12 cities directly engaged an elected leader or city manager on their travel team. The evaluation found that half of these cities were some of the highest-performing sites in the entire Invest Health cohort of 50 cities. Senior public sector leaders' engagement helped accelerate progress by bringing in partners, providing staff support, and streamlining public processes. It is also important to note, however, that there were some cases where having a political leader involved was a barrier to success, and some cities engaged the mayor, city manager, or city councilors without having them officially on the travel team.

There is some evidence that public sector leaders' engagement in Invest Health helped embed new practices at the city level. For example, some high-level city leaders expressed a deeper commitment to the team's target neighborhood, a greater focus on health equity, and increased collaboration with community development and healthcare stakeholders.

Invest Health 2.0: Evaluation Findings

Invest Health Phase 2 sites:

Akron, OH | Grand Rapids, MI | Greensboro, NC | Hartford, CT | Lansing, MI | Missoula, MT | Napa, CA | Riverside, CA | Roseville, CA | Spokane, WA

Outcomes

All ten Invest Health teams influenced city or county policies and practices that could lead to advancing equity in their communities.

These outcomes included changes in regulations, permitting or zoning, the inclusion of health equity language in plans and policies, and the creation of affordable housing trust funds.

Healthcare institutions in half of the cities further deepened their engagement in community development activities.

This deepening role was most evident in Greensboro, where the hospital began to take an active part in efforts to build a healthy community, and Grand Rapids, where Spectrum Health intensified its support for community development by making a considerable financial commitment to affordable housing land trusts with a strong racial equity focus.

While many of the sites did not focus on specific built environment projects during this phase of the work, Grand Rapids and Spokane stood out as building a project pipeline and taking steps to accelerate the progress of associated projects.

In both cities, strong teams identified and prioritized several projects that would contribute to equitable outcomes in their community. As part of this work, they identified some system changes necessary to yield significant progress on a pipeline.

Key factors influencing progress

Baseline conditions, such as the capacity of the cities' community investment system, the team's strength, and a strong shared vision, affected the teams' progress. In Grand Rapids and Spokane, the two cities with the most prominent outcomes in terms of the pipeline, the team included financing entities and mission-oriented developers. Moreover, both teams had a clear sense of what they were hoping to achieve as a team. Teams with weak community investment systems did not make much progress in attracting funding or engaging developers in their work.

Reinvestment Fund interventions, particularly its flexibility as this phase of the work unfolded during the onset of the COVID-19 pandemic, played a vital role in building individual and team capacity. Invest Health's in-person convenings before the pandemic facilitated learning, team building, and cross-site relationships that contributed to outcomes. When the initiative shifted to the virtual environment, Reinvestment Fund continued to provide value to the teams.

Takeaways

Adopting new mental models and, ultimately, new ways of working takes time.

The learning and relationships forged during Invest Health Phase 1 had long tentacles and were the foundation for any progress made in the next stage of the work. Interviews provided compelling evidence that learning leads to changes in the perspectives of many participants, and these shifts in thinking over time can lead to system change.

Developing a flexible network over time is more potent than sustaining a specific cross-sector team.

Looking at how the Invest Health teams have evolved over a longer-term timeframe provides increasing evidence that the strength of the approach is solidifying relationships across multiple sectors, enhancing the understanding of the larger regional ecosystem, and drawing in relevant stakeholders as work progresses. Over time, this network building and its impact on civic infrastructure will probably be the most important long-term outcome of the Invest Health work.

Aligning with other initiatives and collaboratives is particularly important in small and midsize cities.

During Invest Health 2.0, a number of the cities leveraged other activities that were taking place in the city to contribute to their Invest Health goals. Given the overlapping involvement of key leadership in a smaller city, looking for ways to coordinate and leverage the work of multiple efforts can create meaningful synergies.

Co-designing the interventions and empowering sites to own their learning is very impactful.

Although the pandemic resulted in the cancellation of some site visits and learning activities the Invest Health cities planned, the in-person events that did take place were particularly impactful for those who participated. Also, participants reported that virtual events in collaboration with Reinvestment Fund were engaging and influenced the teams' work. The cities that organized these meetings found them very empowering. The relationships built among the participating cities seem particularly robust, and the takeaways and learning appear exceptionally impactful.

Evaluation of the Health Capital Roundtables

Design of the roundtables

Reinvestment Fund hosted two health capital roundtables as part of its Invest Health Field Building initiative (Phase 2), bringing together national stakeholders from the community development and health fields and some local stakeholders from small and midsize cities. These convenings aimed to support CDFIs and other stakeholders in developing a deeper understanding of opportunities and challenges in community development investment in small to midsize cities and taking early steps to test approaches to increase access to capital in these cities.

The roundtables intended to discuss the challenges and opportunities associated with community investment in small and midsize cities through a social determinants of health lens. Reinvestment Fund partnered with the Urban Institute on these events. Brett Theodos from Urban Institute facilitated both meetings and led the authoring of the report based on the roundtable learnings.

In the first roundtable, a one-day forum in Philadelphia in November 2019, participants presented and discussed case studies on specific community development projects in small cities. Mayor John Hamilton of Bloomington, Indiana, was the keynote speaker. Mayor Hamilton drew upon his experience as the leader of two CDFIs and the city of Bloomington and promoted the "CDFI Friendly" model, where nonprofit intermediaries can help to increase how much capital is available locally by reducing the risk of potential investments CDFIs make.

Due to the COVID-19 pandemic, the second convening was a two-day virtual event. It presented a panel from Paterson, New Jersey, to discuss a partnership that local actors forged with St. Joseph's University Medical Center to develop affordable housing for vulnerable residents. The second key component of the virtual roundtable involved having leaders from four Invest Health teams lead breakout group discussions on their efforts as part of the Invest Health initiative

Participant takeaways

There was a limited increase in understanding the community investment challenges and opportunities in small and midsize cities.

Most participants reported having significant experience working in small and midsize cities through their current or past positions. Whether they were CDFIs lending in smaller places or health systems located there, many roundtable participants reported that they, or at least their organization, had firsthand knowledge of the community investment system in small and midsize cities and were well aware of the many challenges.

A few participants came away with concrete ideas related to policy, practice, and investment changes, but most were eager for more opportunities to brainstorm solutions.

The health capital roundtables inspired some participants to reconsider their efforts and think about new ways to influence the community investment system in their respective markets. The CDFI Friendly model that Mayor John Hamilton of Bloomington presented at the first roundtable was an innovative approach that participants frequently mentioned. One participant, for instance, is attempting to replicate the model to court and engage other CDFIs in his city. Other participants thought about new strategies to broaden the boundaries of the community investment system for philanthropic institutions and health systems, such as creating a comprehensive fund to gather capital and ease institutions into investment.

While some interviewees did offer possible actions to address some of the challenges that participants raised, there was a general sentiment that they wished the roundtable discussions had gone a little further and had explicitly focused on policies or initiatives that could actually lead to increasing the flow of capital to small and midsize cities.

Revisiting Invest Health: Longer-term outcomes in Round 1 cities

An evaluation product of Phase 2 focused on the 40 cities not funded during that phase of Invest Health.

In Phase 2 of the Invest Health Initiative, ten cities were invited to continue the work they did in Phase 1. The remaining 40 cities received no additional technical or financial support from this initiative. In the spring of 2020, Mt. Auburn revisited the Invest Health teams that did not progress to Phase 2 of the initiative to gauge the long-term impacts of the initiative post-intervention.

The evaluation sought to understand whether teams sustained relationships and built environment projects developed during Phase 1, as well as to identify evidence of system change within local practices, policies, and actions. The Mt. Auburn research team conducted 38 interviews (95 percent response rate) with members from former Invest Health teams. Mt. Auburn was able to schedule interviews with a stakeholder in every city except for Nampa and St. Louis.

Key Findings

Continuing engagement post-intervention.

The evaluation found that 34 percent of Invest Health teams interviewed still meet, albeit in varying capacities. Additionally, most teams are under new ownership, with only one team maintaining ownership of the project.

Maintaining progress on built environment projects.

Around a third of sites made further progress on a built environment project. In some cases, previous Invest Health efforts morphed into another collaborative sustaining the progress of prior work. In 12 out of 38 sites, teams continued to make progress on their built environment projects, with over half of the sites (56 percent) reporting moderate to significant progress.

Integrating Community Engagement Practices.

In 20 out of 38 sites, stakeholders reported that Invest Health had a lasting impact on their community engagement practices. For example, several sites, such as Gulfport and Pueblo, have sustained resident engagement practices, such as developing workshops targeting residents' interests and creating spaces for residents to convene.

Making limited progress on the community investment system.

Few teams were able to make progress on impacting their community investment system. Teams noted that a lack of CDFIs, philanthropic funding, and state financial support stifled their attempts to attract investments within their communities. Even in the cities with connections to a CDFI or developer, teams reported that these relationships seemed superficial.

Takeaways

Relationships and connections developed during cross-sector collaborations can create lasting impacts long after an intervention ends. Maintaining a formal team is not essential to achieving sustained impact.

Mindset shifts can create long-lasting impacts in the form of policy and practice changes that, over time, result in longer-term system change.

Understanding the trajectory of system change strategies requires long-term tracking.

Community resilience: cross-sector collaboratives and their role in responding to crisis[7]

In 2021, with support from the Robert Wood Johnson Foundation, Mt. Auburn Associates completed a report examining how cross-sector groups help position communities to adapt and respond effectively to acute community crises. To explore this question, Mt. Auburn Associates set out to understand how sites participating in various RWJF initiatives, including Invest Health, responded to COVID-19 and demands for racial justice during 2020. As part of this research, the evaluation team interviewed stakeholders from ten Invest Health teams (Akron, Grand Rapids, Greensboro, Hartford, Lansing, Missoula, Napa, Riverside, Roseville, and Spokane). The research team focused on three questions:

1. how the collaborative tables established or supported by the funded initiatives shaped responses to COVID-19 and the call for racial justice;
2. how the pandemic and efforts to address it in these communities affected the work of local collaboratives; and
3. how participation in a funded initiative contributed to local resilience and effective community responses across U.S. communities, cities, and regions.

Key findings

Cross-sector collaboratives help to build community resilience.

Resilience builds over time, shaped by experience, relationships, leadership, mindsets, credibility, and confidence. In interviews, trust and credibility were recurring themes, with trust built through familiarity and joint action, and credibility derived from sources such as accurate and valuable data, empowerment of resident voice, deployment of staff and financial resources to address local needs and goals, and competence in meeting specific commitments. Over time, collaboratives developed capabilities and strategic alliances, enabling them to act effectively and decisively when the pandemic hit. They had been in training and knew how to exert leadership, respond nimbly, and balance immediate service delivery with longer-term strategic action.

A strong, trusted convening entity is essential to resilience.

This organization does not necessarily have all of the functions of a "backbone organization," as defined in the collective impact literature. Many stories from the sites included in this research did not necessarily involve the formal collaboratives convened as part of each initiative. In fact, in response to the crisis, the regularly convened tables in some communities became less important as the vehicle for response, replaced by a single, well-led, and trusted organization that had strong network connections and knew whom to bring together for what purpose. New combinations emerged, including dyads and triads, large organizations working with their peers, and large organizations reaching out to small community groups representing residents.

Establishing equity as a critical core principle improves collaborative response and credibility during a crisis.

Each initiative in this study focused considerable attention on equity. For some, the focus began with understanding how a person's zip code can influence their health outcomes, while others started with a specific emphasis on racial equity. The pandemic and a summer of racial unrest put a spotlight on these issues. The collaborative teams built upon their own experience and priorities and played a role in ensuring that acute and longstanding disparities became a focal point in their community's response.

Cross-sector approaches open up the potential to do things differently and more boldly—a key element in community resilience.

Collaborative efforts can move quickly at certain moments of need. Successful execution of complicated service delivery or policy change contributes to confidence and willingness to be bold, move quickly, and take risks. Adaptive leadership is critical at these moments. It is also essential to strike the right balance between transactional activities

[7] This is a summary of a longer report available at: https://www.mtauburnassociates.com/docs/Community-Resilience.pdf

like direct service delivery and systemic strategies designed to generate policies and procedures that change the routine operation of key essential service systems in a community. While boldness has risks, interviewees cited numerous examples where bold actions resulted in larger-scale impacts, including repositioning the collaborative or lead organization to take on new roles and responsibilities, elevate their credibility, and operate at a different scale of ambition and impact going forward.

An underlying system frame can increase the potential for long-term, transformational change following a crisis.

All the studied initiatives emphasized the importance of focusing not on programs but on the underlying systems responsible for the poor outcomes for communities and their residents. In response to the crisis, however, many became more transactional, designing and implementing programmatic responses and delivering short-term emergency services. While focusing on emergency needs, the foundational mindset about the need to challenge and change systems is helping collaboratives to learn from the past year and pivot back to addressing challenges and opportunities related to longer-term changes in policy and practice. The past year's crisis has helped some of the collaboratives have more clarity around how short- and long-term goals can interact and how responding nimbly to a crisis can change the playing field for longer-term systemic work.

Recommendations

As funders consider how their grantmaking can contribute to communities that are better prepared to take on emerging challenges, they might consider the following recommendations:

Provide some flexible funding.

During the pandemic, the initiatives Mt. Auburn studied relaxed their guidelines on spending grant funds and encouraged sites to take risks and act with authority to maximize opportunities for short-term successes and long-term impact. The flexible funding and support proved effective in helping ongoing collaboratives pivot to address emergency needs and sustain their work. Having some form of flexible funding stream as part of a longer-term initiative could help sites in ordinary times and position them to respond when challenges emerge.

Increase attention and funding for local convening entities.

The organizations that played a key convening role in some of the most successful communities Mt. Auburn studied included local foundations and United Ways, regional health hubs, large nonprofit organizations, CDFIs, and anchor institutions. These organizations were often part of the cross-sector collaborative but not necessarily the lead or backbone supporting the collaborative. They were, however, trusted partners with networked relationships with the public sector, local community-based organizations, and other key organizations in their community. In addition to supporting cross-sector collaboratives, funders can directly support these convening entities with resources and additional technical assistance.

Lengthen the timeframe for supporting system change efforts led by cross-sector collaboratives.

There is no shortcut to establishing relationships and trust. As evaluation after evaluation has documented, it takes a long time to make progress on system change and build a more aligned network of cross-sector stakeholders. Yet, all of the initiatives reviewed in this research provided only up to three years of support, with some extending beyond three years due to the pandemic (Connect Capital), through short-term sustainability funding (Working Cities Challenge), or a second round of funding (SPARCC). If funders are serious about changing systems through cross-sector approaches, they should extend the funding cycle to at least five years.

Provide support for building collaborative capacity and adaptive leadership skills and strengthening racial equity frameworks.

Interviewees cited the training, coaching, and technical assistance that most of the initiatives provided to sites as an essential foundation for effective planning and action as leaders responded to the COVID-19 crisis. So, too, were opportunities to learn with and from peers. Funders can separately support intermediaries that provide ongoing coaching and leadership training for cross-sector collaboratives to enhance the capacity to work with local leaders.

Appendix C:

Other outcomes of Invest Health

Commercial development outcomes

City	Examples of commercial development outcome
Akron	Project with a café, the Well CDC's office, and Akron Food works completed in November 2019
Buffalo	Project Rainfall was conceived as a major food hub, including a hydroponics farm and other food-related activities. Some limited activities, such as a community garden, have been implemented, and efforts to develop a more comprehensive food project are underway. The city received Build Back Better funds to further the progress.
Durham	Reinvestment Partners purchased and developed two commercial properties on a targeted street. One of the properties is leased to nonprofit organizations in the neighborhood.
Hartford	After years of work, the Grocery on Broad, a community-focused store operated by Forge City Works in partnership with Connecticut Foodshare, opened in May 2024. Its mission includes providing affordable, high-quality food options through a sliding-scale pricing model, benefiting Hartford residents who may face barriers to accessing healthy food.
Lansing	1910 Market extension and façade improvements.
North Charleston	Ten Mile on River St., a business incubator, was established and has housed local nonprofits in the area.
Roanoke	Melrose Plaza, a $30 million project that repurposed Goodwill's Roanoke Jobs Campus headquarters into a 79,000-square-foot plaza that houses a grocery store and Goodwill's Excel Center, a tuition-free adult high school offering certifications and high school diplomas. Plaza tenants include a public library branch, a holistic community wellness center, and a Bank of Botetourt center that provides retail banking and financial coaching.
Syracuse	The Salt City Market, a market with fresh food retail and a food hall, was created to address the food desert in downtown Syracuse. The team did much of the groundwork, engaging with stakeholders and the community, and reported findings to philanthropic agencies.

Community and health facility development outcomes

City	Examples of community centers, health facilities, and schools
Eau Claire	Development of the Sonnentag Complex, a recreation and event complex that houses a wellness/fitness center, courts, and a major event facility.
Iowa City	The team helped establish the Abbe Center for Community Mental Health, which includes the Iowa City Free Mental Health Clinic.
Jackson	Built two new public schools in the target central hospital area of the city and East Jackson.
New Britain	Established a neighborhood community center (YWCA Community Center) and teen center that opened in 2018.
North Charleston	Construction is taking place for a community recreation center in the Chicora-Cherokee neighborhood. This was a project the team envisioned in Phase 1.
Savannah	The team's project, The Front Porch Multi-Agency Resource Center, opened its doors in December 2018. The center offers a range of youth services, including mental health services, educational support, mentoring, job assistance, and counseling services.

Public infrastructure outcomes

City	Example of public infrastructure outcomes
Akron	Rubber City Heritage Trail on the abandoned railroad. The first phase opened in July 2024.
Durham	The community garden, apiary, and pollinator garden along priority corridor.
Des Moines	Brought lights to a basketball court that the community of focus identified as a need.
Eau Claire	Wintermission, a four-mile section of trail in the heart of Eau Claire plowed with the highest priority of any city trail to allow people to continue their outdoor recreation habits all winter, was influenced by Invest Health.
Greensboro	Parks and Recs and Engineering and Inspections Departments increased their emphasis on access to outdoor spaces and accessibility through greater pedestrian and bicycle infrastructure. This work appears to be ongoing.
Henderson	The team's focus on healthy food contributed to the development of Pumpkin Park, the city of Henderson's first community garden, which was established in 2023, and a garden in a local elementary school.
Jackson	Assisted with the expansion of sidewalks and streetlights to connect neighborhoods.
Lansing	(1) Beacon Southwest Soccer Field, a public soccer field for local youth, was established in 2019. (2) The team's work included the expansion of a community center garden and walking/physical recreation trail. (3) The team has been engaged in improvements to Town Square.
Missoula	The Missoula team had early success in securing CDBG funds to build sidewalks in the target neighborhoods.
New Britain	The team influenced city investment, leading to the repair and replacement of sidewalks in the neighborhood. The team focused on rebuilding a community park on the east side.
North Charleston	The team prioritized the development of Park Circle, which opened in 2023 and is a major new community center in the city, including the "largest inclusive playground in the world," a new community building with an art/rehearsal studio, flexible event space, a history and archives repository, an artist in residence studio and meeting room, an inclusive baseball field, a farmer's market pavilion, nature garden, open green space, and walking trails.
Paterson	(1) Established a one-acre community garden (Green Acre Community Garden) and greenhouse. The garden grows a wide array of fresh vegetables and herbs with an expanding number of fruit trees. Produce is distributed at a biweekly farm stand or for mutual aid efforts such as donating to neighborhood partners working with under-resourced residents. (2) Opened up Martin Luther King Jr. Pocket Park, a small neighborhood park in Paterson's 4th Ward.
Portland	Created a community garden in Sagamore Village, a 350-unit public housing project, with funds from a healthcare institution.
Roseville	(1) Weber Park renovations. As of January 2024, renovations are still in progress. (2) Leveraged funding to complete renovations to the oldest swimming pool in the city, which provided the opportunity to run a summer swimming program for the children in the neighborhood.
Syracuse	The Syracuse team used some grant funding for a landscape study under a railroad bridge, an area that "bridges" the gap between the Rescue Mission and the new Salt City Market. The team secured $2 million for bridge-area public space improvements to positively build out and program this space.