

Rewiring How Power, Capital, and Community Work Together: Co-Designing for Healthy Communities

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This paper is not intended to serve as an evaluation or a formal assessment of the initiative. Rather, it represents the author's reflection on the program's development, implementation, and outcomes. Our aim is to share insights and learning that may benefit future practice.

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About Reinvestment Fund: Reinvestment Fund is a mission-driven financial institution committed to making communities work for all people. We bring financial and analytical tools to partnerships that work to ensure that people in communities across the country have the opportunities they strive for: affordable places to live, access to nutritious food and health care, schools where their children can flourish, and strong, local businesses that support jobs. We use data to understand markets and how transactions can have the most powerful impact, which has consistently earned us the top Aeris rating of AAA for financial strength and four stars for impact management. Our asset and risk management systems have also earned us an AA- rating from S&P. Since our inception in 1985, Reinvestment Fund has provided over $3.2 billion in financing to strengthen neighborhoods, scale social enterprises, and build resilient communities. Learn more at www.reinvestment.com.

About Invest Health and BHEC: Learn more about Invest Health at www.investhealth.org, including the program's guiding principles (see Appendix 1), and BHEC at www.bhecnj.org.

Executive Summary

Community development institutions are standing at an inflection point. Across the country, local leaders, residents, and practitioners know what they need to see in their neighborhoods to thrive. Yet, the systems that move capital and shape decisions are still too often organized around institutional priorities rather than community wisdom.

This report argues that co-design, a structured process of sharing power with those closest to the issues, is among the most effective tools for closing this gap.

Drawing on nearly ten years of experience with Invest Health, a national initiative in fifty small and mid-sized cities, and Building Healthier, More Equitable Communities (BHEC), a single state initiative in New Jersey, Reinvestment Fund's Healthy Communities team and local partners have learned how co-design can transform relationships, improve practice, and deepen impact. As one city participant reflected, "I feel like I am part of Invest Health, it is in my DNA at this point, in a way that is not typical of anything else I have been part of."

Co-design is a way of working that recognizes and addresses power imbalances between funders and communities, values lived expertise alongside professional credentials, and allocates time for iteration, reflection, and course correction. It treats community leaders as co-stewards of systems change, not simply as stakeholders to consult. An Invest Health team member put it plainly: "Other efforts tend to be 'tell us what your needs are' and then they go find the solution on your behalf. This felt different. We were actually shaping what happened next."

For CDFIs, philanthropy, and other intermediaries, the opportunity is clear. Embracing co-design can move the field from funding isolated projects to building the civic and institutional muscle communities need to thrive for the long term. This report offers a concise account of how co-design emerged and was applied with Invest Health and BHEC, a synthesis of the key benefits and challenges, and a set of practical lessons and principles that other funders and intermediaries can adapt.

Why Co-design, Why Now

Communities know what they need to thrive. Over the past decade, this reality has gained broader acceptance, and long-standing power imbalances are slowly shifting as institutions commit to learning from communities before, during, and after their investments. Yet financial institutions, including those with firm commitments to equity, still often exercise power in ways that dilute or redirect community priorities. Program

design, grant structures, and definitions of success can remain centralized inside institutions even when initiatives are framed as community-driven.

Co-design offers a path to realign intent and practice. In this report, co-design refers to a structured, collaborative process in which grantee organizations and key community development stakeholders work alongside Reinvestment Fund to shape Healthy Communities initiatives and program strategies. Unlike traditional community engagement, which too often relies on one-way input sessions, co-design engages cross-sector leaders whose perspectives are grounded in ongoing, trusted relationships with residents, and it shares absolute decision-making authority over program content, structures, and resource allocation.

Co-design aligns with participatory grantmaking by inviting those most affected to participate in decision-making rather than merely advising. It complements trust-based philanthropy by centering transparency, mutual accountability, and shared power. When practiced by intermediary funders such as CDFIs, co-design can reduce extractive tendencies and foster more collaborative, mutually beneficial approaches to community investment.

CDFIs, such as the Reinvestment Fund, are particularly well-positioned for this work. Because they bring both technical expertise and financial tools, they can influence a wide range of projects from housing and food systems to health, education, and small business development. When CDFIs adopt co-design, they can move from funding discrete deals to supporting whole-community transformational change rooted in community wisdom.

This report draws on two major initiatives that emerged at Reinvestment Fund, Invest Health, and BHEC, to illustrate how co-design has been implemented in practice and what it has made possible.

Using This Report in the Field

This report is intended as a tool for action. It can help practitioners, funders, and advocates sharpen their strategies, redesign their processes, and strengthen their relationships with communities.

For CDFIs and intermediary funders, the report can inform the redesign of programs, grantmaking, and convenings to make them more community-centered and power-aware. Staff can use the examples and quotations to prompt internal conversations about where power currently resides and how it might be shared more equitably. Program teams can draw on lessons from advisory groups, collaboration grants, and agenda design to embed concrete co-design structures into new and existing initiatives.

For practitioners and local coalitions, the report offers a roadmap for building internal capacity and strengthening multisector partnerships. City teams can use the stories and quotes to support their efforts to advocate for shared-ownership processes, resident leadership, and flexible funding. They can also borrow practices, such as mini convenings and shared ownership processes, that other cities have used to embed co-design beyond a single initiative.

For policymakers and advocates, the report provides evidence that community-driven approaches support more equitable and effective systems change. The experiences of Invest Health and BHEC show that co-design can change how institutions understand local conditions, deploy resources, and define success. It illustrates that small grants, structured for flexibility and collaboration, can catalyze significant ripple effects in local systems.

For researchers, evaluators, trainers, and technical assistance providers, the report provides materials for developing curricula, toolkits, and evaluation frameworks. Direct quotations and concrete examples can ground training materials in real-world experience. Evaluation teams can build on the lessons here to design studies that capture not only outcomes but also changes in relationships, power dynamics, and institutional practices.

The central message is that co-design is both possible and powerful. One city participant described the experience this way: “All of this started with a sixty-thousand-dollar grant. A small grant has had one of the largest impacts on our work to date. Things that do not have many strings attached can lead to impactful change because we are not tied to counting widgets. It becomes about co-designing and forcing your partners to think about the work in a different way.”

From Initiative to Partnership: Co-design in Invest Health and BHEC

Our Starting Point: Invest Health As Foundational

Invest Health began as a structured national initiative engaging fifty small and mid-sized cities over eighteen months. The early phase focused on building cross-sector coalitions, introducing a shared framework for equity and the social determinants of health, and providing data and analytical tools to make the case for healthier, more equitable community development investment. As one city team participant recalled, "Invest Health 1.0 was about the connection and investment in community health. It was all about learning, rather than sharing or co-designing."

Over time, Reinvestment Fund asked, and the city teams confirmed that they wanted more agency in shaping how the initiative evolved. They expressed a desire to move from being primarily recipients of content to being co-shapers of strategy. In response, Invest Health began to shift toward co-design. The initiative placed city team leaders in advisory groups, expanded the use of collaboration grants, and created more intentional feedback loops that enabled participants to shape grant opportunities, convenings, reporting, and technical assistance.

Advisory groups of city team leads were organized to inform convening planning, identify relevant topics, suggest experts, and contribute thought leadership to the broader program design. These advisors began as volunteers; later phases provided modest stipends, signaling that their expertise was valued. One advisor reflected that "it was brilliant for that advisory committee to be created and to be part of the process and part of the conversations that were being had. It changed the trajectory of our work. They know us differently now."

In late Phase I, Invest Health introduced a competitive collaboration grant opportunity that allowed teams to self-convene, conduct site visits, and share consultants with minimal administrative burden. Teams used these small grants to travel, convene peers, and test new ideas. A participant described the impact of this mechanism: "I have never had a situation where we were engaged with other cities and could see our problems in other places and see how we can do creative problem solving. Nothing we were dealing with was unique."

Through Phase I, two factors drove a shift in power and design:

- **Time and trust.** As relationships strengthened, cities made it clear that success looked different across communities. Some emphasized stabilizing housing

conditions; others prioritized building partnerships with hospital systems or addressing food insecurity. The desire for flexible definitions of "success" required a departure from a rigid built-environment project mindset.

- **Evolving team composition.** Many 5-member cross-sector city teams adjusted their membership as the work shifted toward community-driven projects. Although initially challenging for the program team, this evolution broadened ownership of Invest Health principles and deepened their integration into local institutions.

As relationships strengthened, it became clear that a deeper pivot was needed. Following a national convening to disseminate the evaluation learnings from Phase I, Phase II began with a multi-day co-design retreat in Philadelphia. Rather than arriving with a fully predetermined agenda, the program team provided structure without prescribing content. Staff listened as city teams identified what had worked in Phase I and what needed to be different in Phase II. Each team defined success in its own context and developed a work plan through a facilitated process.

The retreat and subsequent work yielded essential changes. Coalitions highlighted the importance of having a dedicated coordinator, so Invest Health introduced capacity-building grants that allowed city teams to allocate resources to that role. Participants expressed a preference for greater discussion, reflection, and peer-to-peer exchange; therefore, the convenings were redesigned to include fewer one-way presentations and more interactive sessions. Systems change concepts became more accessible as the program highlighted specific local examples of policy and practice changes. After one convening removed site visits, advisors shared that these visits were essential for learning and relationship-building, and they were quickly reinstated.

Participants noticed the difference. One city representative noted, "There was a transition from 'what do we need to know to advance the work' to raising questions and then designing those learning opportunities together." Another reflected, "Coming back after collaboration grants and doing a larger conference in a normal way would have felt wrong. We wanted convenings that reflected the spirit of those collaborations."

Over time, co-design became less a single method and more a way of working, anchored in shared ownership, mutual learning, and trust. One participant summarized this shift: "Reinvestment Fund was not a traditional funder, even in how you handled deliverables and deadlines. It felt like a partnership, not just about compliance."

Through this process, several lessons emerged that evolved this work:

- Designated coordinators build coalition capacity.

- Convenings center the participants as experts and active learners.
- Local examples and site visits provide context for systems change concepts.
- Stipends for advisory roles signal that time is valued.

BHEC: A State-Focused Adaptation in a Time of Crisis

By the end of 2018, the Invest Health network and equity-centered framework were solidifying. The Robert Wood Johnson Foundation invited a New Jersey-specific adaptation that could leverage lessons from the national initiative while focusing more deeply on state strategies. This became Building Healthier, More Equitable Communities, or BHEC.

Early co-design in BHEC began with a listening tour across New Jersey. The program team engaged leaders from community and economic development, advocacy networks, health systems, public health agencies, philanthropy, finance, municipal government, and nonprofit organizations. These conversations helped identify gaps and opportunities at both the state and local levels and informed the program concept and proposal.

Once funded, BHEC launched into a dramatically shifting environment. As the COVID pandemic began, the initiative was selecting its city teams. The program responded by hosting additional listening sessions to understand how the crisis was reshaping local needs and capacities. After four city teams were selected, a co-design session was held to explore how the pandemic was altering priorities and to refine how resources and technical assistance could add value.

A state-level advisory committee and city representatives joined a regular steering group. They provided guidance on program components and ensured that state-level strategies stayed grounded in the realities of local implementation. A city participant observed, “It was brilliant for that advisory committee to be created and be part of the process and part of the conversations that were being had. It opened up our ability to connect with all the alphabet soups. It changed the trajectory of most of our work.”

This inquiry-driven approach, in which the program team consistently asked what was needed rather than assuming, helped BHEC remain flexible and responsive. Resources were adjusted to reflect evolving needs, and the initiative added value at a time when both systems and communities were under enormous stress.

What Co-design Changed: Benefits and Tensions

Co-design created tangible benefits for city teams, state partners, and the Reinvestment Fund, while also surfacing real tensions and constraints. The most powerful benefits were relational and structural.

The Benefits

Shaped cross-city networks and deepened relationships. It allowed participants to be more directly involved in shaping initiative activities, thereby building relationships within and across cities and among grantees, technical assistance providers, and funders. Across Invest Health and BHEC, participants noted that the most valuable outcome was the depth of connection. One city leader reflected that "cross-pollinating across sectors has been the number one gift that has made Invest Health sustainable in our city, the value of that connection is showing the value of interconnectedness." Another described how "we meet with community partners every six months at little mini Invest Health like convenings in our city, and we use a shared ownership process." In New Jersey, a BHEC participant stated, "Because of the way BHEC was structured, it benefited us with funding and messaging, and it also helped Reinvestment Fund understand the challenges up close. That would have been missing without co-design."

Decentralized power and diversified perspectives. The right messenger of an idea could come from anywhere, and sessions were designed to allow participants to contribute in ways that felt comfortable and authentic. One advisor explained that "event planning with co-design was such a good model. It seemed very natural and reassured us that we are giving people what they want. Our organization now does surveys upfront and builds events and agendas from that." Another participant noted that "when I first got to the foundation, my only goal was to get organizations the money they needed. The further we stepped back, the more self-organized they were."

Made programs more engaging and relevant. At convenings, the shift to co-design was evident in participants' engagement. A city participant remarked, "It showed when people stayed for conference sessions instead of going out to explore the city." Another recalled, "I think I was the reason we went to Nashville. I felt heard when it was time to suggest locations. I am more reserved than most people, but I felt like you really wanted people's advice and input." Reporting processes were also adjusted through co-design. A participant observed, "When it comes to reporting, you did it the right way. Now it is neither cumbersome nor time-consuming. The co-design of reporting is good, and we would like to implement that."

Built local capacity. Over time, practicing co-design built capacity in cities. Initiatives that engaged in frequent co-design helped democratize decision-making, moving it from what one participant called "the ivory tower" to the community. One city leader described how "we can co-design in our city to increase the capacity of other organizations. Players were grounded and discussed in depth from the beginning, so they are now integrated into our work. The principles are the core of the Center for Community Health Innovation, and they are also in the city's comprehensive plan."

Changed careers and institutions. Another leader reflected on the personal and institutional impact: "Invest Health allowed me to grow so much. I went from a tiny nook in public health to generating collaboration around the community. It created a trajectory for my career. It allowed me to approach work differently, and now this work has carved out its own unit that is getting awards."

The Tensions

Aligning priorities and goals is difficult. At the same time, the work surfaced challenges. Aligning priorities and identifying shared goals proved difficult, especially in systems-change work, where aspirations are high, and timelines and resources are finite. BHEC's early visioning sessions sometimes stretched beyond what a four-year program could reasonably influence.

Different starting points create uneven needs. For Invest Health, partners in cities entered the cohort with varying levels of knowledge about community development and health, so programming needed to meet them where they were in their learning journey. One participant remarked that "back in the day, we did not know much, so the learning curve was so steep trying to catch up," highlighting how differences in starting points made it hard to satisfy the needs of both beginner and advanced teams.

For Invest Health cities, the pivot to co-designed opportunities entailed the absence of a more structured set of activities, necessitating that self-accountability emerge more quickly. A participant reflected, "Looking back now, there would be a day of great panels and social time afterwards, and that was the magic time. We wanted more of that time and requested it. In 1.0, you forced us as a team to keep problem-solving, and that got harder when we did not have a funder holding us to a set of activities."

Power and feasibility still matter. Differences in strategy for influencing power also created tension. In some instances, local convenings aimed to attract state-level power brokers but failed because the relationships did not yet exist. Teams pivoted to more project-oriented goals, which still advanced meaningful conversations but were perceived as missed opportunities.

Time and trust are non-negotiable. Systems change is one of the hardest needles to move. Co-design took longer than traditional program design, especially for large convenings that required 9–12 months of joint planning. Participants learned that establishing early clarity about what is possible can support more constructive collaboration and improve understanding of how long change will take and what resources are required.

These tensions did not negate the value of co-design. Instead, they clarified the conditions under which co-design can be most effective, including realistic scope, explicit expectations, and support that meets participants where they are.

What We Learned: Eight Practical Strategies for Funders and CDFIs

Over ten years, Invest Health and BHEC developed a set of practical strategies to guide funders and CDFIs seeking to integrate co-design into their work.

- **Strategy 1: Treating local contributors as essential partners rather than optional advisors.** Centering the expertise of city teams, resident leaders, and practitioners in advisory roles is both a tactical and a moral choice. When individuals see their ideas reflected in decisions and activities, they are more willing to invest their time and creativity. One participant described this feeling powerfully: "I feel like I am part of Invest Health, not even as a grantee. Invest Health has let us personalize and see ourselves in the evolution. Our feedback is always desired."

  This commitment to valuing individual contributions requires attention to who is invited to the table and to how they are supported in participating. Programs benefited most when there was a balance between decision-makers and implementers, and when meetings were well facilitated and included multiple modes of input. Including resident leaders and practitioners without formal titles, while recognizing their deep knowledge of neighborhood conditions, was a critical part of this practice.

- **Strategy 2: Co-design itself must be designed.** It cannot be a vague commitment. Contributors are usually juggling demanding roles, so clarity about how often and in what ways they will be asked to engage is essential. Regular and predictable meetings, with clear agendas and explicit goals, demonstrate respect for participants' time and facilitate their preparation and contributions. Participants repeatedly emphasized the value of seeing visible progress from one session to the next. As one city team member put it, "Co-design meetings should feel full and productive. We want to see that what we said last time changed what we are doing this time."

- **Strategy 3: Contributors must be compensated.** Valuing contributors' time and expertise requires thoughtful decisions about stipends, honoraria, or other forms of acknowledgement. Financial compensation can help create buy-in and shared ownership. At the same time, decisions about who receives compensation and in what amounts carry equity implications. The opportunity cost of participation

differs substantially for a salaried executive compared with an independent consultant, a resident leader, or a small business owner. Participants appreciated efforts to provide consistent compensation where possible and recognized that public-sector partners sometimes could not accept financial honoraria due to policy restrictions. In those cases, program staff worked to ensure that participation continued to provide meaningful nonfinancial value, including visibility, networks, and influence.

- **Strategy 4: Trust building must precede co-building.** Co-design depends on relationships. Trust grows over time through consistent, reliable behavior, over dinner conversations, impromptu phone calls, responsive emails, and showing up when it matters. A city participant remarked, “Before diving into what was happening in each city and organization, you took time to know the people and faces before we knew the places.” Another emphasized that “the convener matters. Having a neutral convener is really helpful.” Participants also noted that their contributions shaped decisions rather than being treated as one-off inputs. One city leader observed that the absence of additional funding at the end of each phase of Invest Health created space to focus on learning rather than competition for resources.

- **Strategy 5: Recognize and manage funder power.** In traditional philanthropy, funders control the opportunities, the process, the money, and the criteria for success. Co-design does not erase that reality. Many organizations are understandably cautious about being fully candid with funders, especially early in a relationship. Co-design requires funders to acknowledge this imbalance and to be transparent about what can and cannot change. One participant reflected on Reinvestment Fund’s approach: “I know that Reinvestment Fund knows more than you say in meetings. You do not show up as an expert, even though we know you have the network and expertise. You lead with humility.” Sharing last rather than first, and inviting participants to speak freely, proved to be a concrete way to support more honest dialogue.

- **Strategy 6: Co-design requires more time.** Relationship-building, joint agenda development, and iterative feedback loops extend timelines beyond business-as-usual. For large convenings, designing the agenda with an internal team may take several months. A co-designed convening required nine to twelve months, beginning with the formation of a committee, followed by visioning, drafting, and refinement. As one city team participant said, “Building relationships. You always

gave us the time and space for that, which is so important. We could not work across cities without that."

- **Strategy 7: Matching co-design methods to context.** In a national initiative such as Invest Health, where cities operate in very different policy environments, co-design is often necessary to operate at the thematic level. In BHEC, with a single state context, co-design could be more tactical and place-based. The level and type of support from the intermediary also needed to shift with scale. Larger multi-city collaborations required clearer expectations up front and lighter touch support later. Smaller collaborations of two or three cities often required more hands-on assistance with event design and logistics. Participants identified the need for clearer tools and guidance. One city team member noted, "If you are going to use language like co-design, it can be challenging to really explain what you mean. Maybe build a resource, a checklist of key elements, or guidelines."

- **Strategy 8: Hold tension and help to resolve conflict.** Collaboration across sectors and organizations inevitably brings disagreement. At times, collaborations lost momentum or struggled with partners who were not fully engaged. In those situations, Reinvestment Fund leaned in as a listener and coach, and sometimes as a tiebreaker. One participant reflected, "People interpret collaboration and co-design in different ways. In one instance, our key partner collaborates very differently in their community, and that is how they acted with us. Having the Reinvestment Fund come and participate in the collaboration helped us hold cities accountable." Over time, the program learned that setting clear expectations early, through shared goals and explicit roles, reduced confusion and made it easier to intervene constructively when tensions surfaced.

Taken together, these principles show that co-design is not simply a matter of inviting input. It is a disciplined practice of sharing power, aligning expectations, resourcing participation, and building trust over time.

Conclusion: Co-design as Long-Term Infrastructure

The experiences of Invest Health and BHEC reinforce a simple but powerful insight. When institutions share power with communities, they build stronger programs and stronger relationships. Co-design is not a single tool or a one-time intervention. It is a commitment to centering local community wisdom, sharing decision-making authority, and building solutions that last because they are built with people, not for them.

As CDFIs, funders, and community partners navigate a period of rapid social, economic, and political change, the lessons in this report offer a blueprint for strengthening relationships, improving practice, and deepening impact. By embracing co-design, funders can move from simply resourcing individual projects in communities to instead supporting the comprehensive set of neighborhood conditions that all communities, and the institutions that serve them, need to thrive together over time.

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Appendix 1: Principles of Invest Health

The principles underpinning Invest Health provided an essential foundation for understanding how co-design was integrated into the initiative. Each principle supported a more holistic neighborhood development approach and encouraged city coalitions to see their own needs, goals, and priorities reflected in the work.

- **Promoting Equity and Addressing Social Determinants of Health:** Positioning equity and the social determinants of health as central to community development.
- **Channeling Capital in Small to Mid-Sized Cities:** Increasing the capacity of smaller cities to access, absorb, and deploy capital effectively.
- **Engaging Communities Authentically:** Prioritizing relationships and trust as core competencies.
- **Building Cross-Sector Collaboration:** Engaging leaders across sectors to design shared solutions.
- **Using Data as a Driver:** Grounding decisions in evidence and strengthening the action case.
- **Developing System-Focused Strategies:** Supporting the shifts in mindset, policy, and practice needed for long-term change.

At the heart of systems change is an understanding that community leaders do not simply inform the work—they drive it. Even when missteps occur, trust between institutions and those most directly affected becomes the basis for recalibrating and moving forward.

For intermediary funders, these principles serve as a reminder that we are not the center of the work; our partners and their communities are. When we center their insights and lived expertise, we design tools, resources, and pathways that more effectively meet their needs.