



LEARNING ACROSS CITIES: INVEST HEALTH'S NETWORK

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Learning across cities: Invest Health's network

Since 2016, Invest Health, an initiative managed by Reinvestment Fund and supported by the Robert Wood Johnson Foundation (RWJF), has engaged 50 small and midsize cities nationwide to tackle some of their communities' most pressing health challenges. Emphasizing peer-to-peer learning, Invest Health sought to support cities focusing on their neighborhoods facing the most significant barriers to better health.

In the fall of 2023, the culmination of this multisite initiative unfolded in a bustling hotel ballroom, where stakeholders from across the nation greeted one another with palpable excitement. After seven years of collaboration, participants from the 50 cities were eager to reconnect in person and hear updates on each other's efforts. In fact, over the years, Invest Health has fostered strong relationships, with 61 percent of members continuing to communicate with colleagues from other cities outside of the initiative's events and 40 percent reporting having implemented a program, project, or policy as a result of learning from other Invest Health cities, according to the final evaluation survey. By creating a supportive network, Invest Health has empowered cities to learn from each other, adapt successful strategies, and implement meaningful changes.

This report, part of the final evaluation of Invest Health, delves into the initiative's cross-city network.¹ It examines the relationships built, the outcomes of these connections, and the essential elements required to create and sustain such a dynamic and impactful learning network.

Background

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

In early 2016, Reinvestment Fund, the intermediary RWJF chose to lead Invest Health, selected 50 cities to engage in an 18-month initiative. At the end of the 18 months, Reinvestment Fund and RWJF launched a second phase of Invest Health and then a third and

¹ See appendix for a description of all deep dive papers included in the final evaluation and our research methods.

fourth.² The program design and goals evolved over the four phases and eight years. However, several core components were consistent with their approach:

- **focusing on small and midsize cities** between 50,000 and 400,000 in population;
- **supporting cross-sector teams**, initially requiring representation from the public sector, an anchor institution, and a community development organization;
- **targeting the built environment and the community investment system**, recognizing its relationship to health; and
- **emphasizing community engagement, use of data, and equity.** There was no requirement for cities to adopt a specific model, but the expectation was that they would utilize these core concepts.

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

Developing cross-city connections: Invest Health interventions

From the beginning, RWJF envisioned Invest Health as a relatively light-touch intervention focusing on convening the cities in learning communities.³ This included a variety of opportunities for cities to learn from one another and connect throughout the initiative, such as:

National convenings

Invest Health hosted all 50 cities⁴ in in-person learning communities at various points in the initiative. The initiative asked each city to form a “travel team,” a group of five core leaders who would attend the convenings. These in-person events included plenary-style sessions and dedicated time for the city teams to plan their work. Generally, content focused on the core components of Invest Health and included site visits in the destination city. Notably, the final convening of Phase 1 included a showcase that allowed the 50 teams to highlight their work and strengthen connections with others in the Invest Health network.

² For a description of the evolution of the Invest Health initiative over the eight years, see the final evaluation.

³ This report defines “learning community” as an in-person cross-site convening or event for peer learning that is embedded within a larger place-based initiative, such as Invest Health.

⁴ Phase 2 focused on ten of the original 50 cities, so the national convenings during that time included ten cities.

Pod convenings

In Phase 1 of the initiative, Invest Health held five smaller convenings to provide intentional opportunities for learning across sites. Each of these convenings, called “pods,” included a subset of the 50 cities and focused on a specific theme (such as housing and health, public safety, and the role of anchor organizations in community development, among others). An Invest Health city hosted and co-designed each of the pods. Unlike the national convenings, cities could go beyond their travel team to invite other local stakeholders who might have relevant experience or interest in the topic of a specific pod.

Collaboration grants and site-designed small convenings

At the end of Phase 1, Invest Health announced its first “collaboration grants.” The grants encouraged teams to work together to design travel either to an Invest Health city for a peer exchange or to another destination to learn from promising practices, allowing cities to plan and customize their own in-person learning communities.

Invest Health awarded 12 collaboration grants of about \$15,000 in the first round. Twenty-three city teams participated in the travel, with a range of two to four cities collaborating in each grant and several cities participating in two of these opportunities.⁵ The teams focused their learning on what was most relevant to them, such as building the capacity of community development corporations, creating more equitable food systems, or looking at park design with a health equity and safety lens.

In Phase 2, the ten cities Invest Health funded at this time had another opportunity to plan smaller convenings. While these opportunities did not include a formal application phase for all 50 cities, as in Phase 1 with the collaboration grants, these convenings were similar in design and structure. Invest Health repeated the opportunity for collaboration grants in Phases 3 and 4. In the final round, the sites were able to collaborate with more cities to plan larger convenings, which capitalized on the energy the 50-city initiative convening in Nashville generated at around the same time.

Key characteristics of collaboration grants

Designed by the city teams

City teams identified their own learning priorities and wrote proposals for the grants with other aligned teams. They collaboratively planned their travel and learning agendas, often deepening relationships in the planning process.

Opportunity to travel together

In-person visits created value beyond learning from the host city. While traveling, the teams spent informal time together in buses, in airports, or at dinner, spurring conversation and ultimately strengthening relationships.

Frequency of convening

Many of the Invest Health teams participated in multiple collaboration grants—some collaborated with the same city several times. Participants had various opportunities to convene with other teams in the network.

⁵ See appendix for full list of site-designed Invest Health convenings.

Webinars and virtual convenings

While Invest Health always offered sites online resources and tools, the shift to virtual meetings due to the COVID-19 pandemic moved its learning communities to a primarily virtual format from 2020-2023. Several Phase 2 convenings shifted their focus to provide space for the sites to learn about and discuss COVID relief. In Phase 3, which reconvened all 50 cities in the network, the convenings were to be primarily virtual.

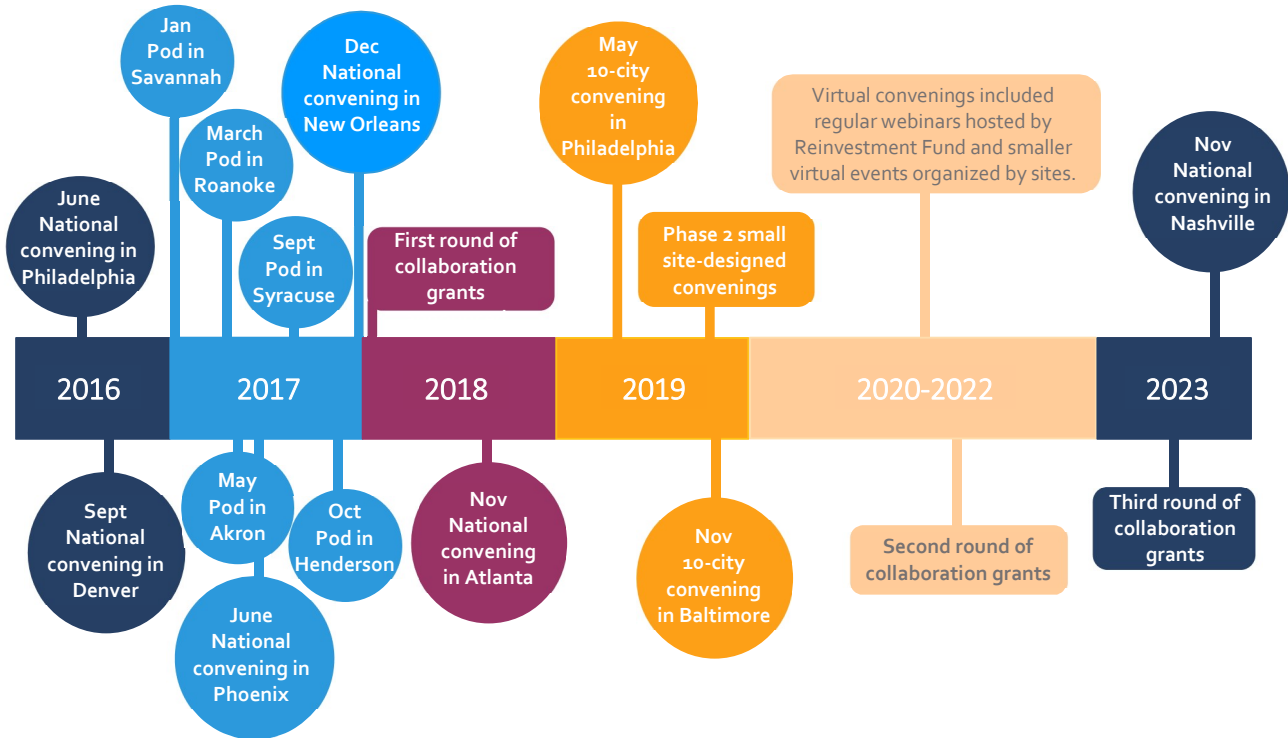


Figure 1. Timeline of Invest Health learning communities.

The Invest Health Network

Invest Health facilitated the creation of a robust cross-city network that extends beyond the initiative itself. Over time, the network has engaged more than 500 participants, encompassing former and current city team members and numerous stakeholders outside the teams.

Participants have benefited from sharing their skills, resources, and connections through this network. Mt. Auburn’s evaluation survey reveals that 59 percent of respondents have learned new practices or approaches from other cities, and nearly half (45 percent) consider Invest Health a valuable resource when addressing work-related challenges. Following is an overview of the functions the network provided:

Functions of the network

Peer support



Invest Health created a sense of community among network members who often referred to each other as friends and colleagues and who coached each other to navigate professional challenges. For example, one Invest Health member shared receiving significant support from more experienced colleagues from other teams on improving communication with senior team members.

Network weaving for expanded purposeful connections



Participants extended their connections beyond their own city teams, engaging in network weaving by linking Invest Health stakeholders in other cities to relevant stakeholders at home. For example, one stakeholder described this process: “Someone in our planning department mentioned a project they were working on, and I said, 'I just met someone from Stamford, Connecticut, who is working on the same thing. Would you like me to connect you?' There were lots of tethers and tangents.”

Source of inspiration



The connections with other Invest Health cities have helped participants reformulate their own ideas of what is possible, encouraging them to think bigger. As one stakeholder shared, “We often have a preconceived, almost subconscious notion of what we know we can or can't do, right? Until we see things happening in other places... This has helped break through the barriers we have in our minds ... We got past that by actually seeing something done.”

A sounding board for complex problems



Finally, cross-city interactions provided a platform for Invest Health members to work through significant challenges. For instance, the teams from Hartford, Connecticut, and Roanoke, Virginia, aiming to advance grocery store development in underserved communities, collaborated on a presentation for a National Institute of Health convening. The presentation shared both cities’ approaches to grocery development and what they learned along the way, with a particular focus on the financial obstacles, including overlooked factors such as workforce costs. One stakeholder described the experience as identifying a “missing link” in overcoming the challenges to the financials of their project.

Outcomes of cross-city connections

Beyond creating relationships, network members brought their lessons home to work toward tangible outcomes. The connections across cities contributed to enabling policy and practice changes and enhancing project and program implementation. The following section provides examples of Invest Health cities implementing cross-site learning.

Zoning changes to increase diverse housing options

Based on learning during a collaboration grant trip to Fort Collins, Colorado, members from Henderson, Nevada, and Iowa City, Iowa, were able to advance fundamental zoning changes to encourage greater housing options in their cities.

Amid affordability challenges, the Henderson team and teams from Iowa City and Eau Claire, Wisconsin, identified the need to address the diverse housing needs of students and families. The teams focused their learning agenda on zoning changes that could facilitate the transition of downtowns from single-family neighborhoods by including duplexes, townhomes, and smaller-scale residential developments, often referred to as “missing middle” housing.

This experience encouraged Henderson to add minimum housing type requirements to its zoning code to strengthen the city’s ability to increase housing choice. Similarly, Iowa City already had proposals in place but faced political opposition. Members of this team brought home pictures of the diverse housing options in Fort Collins to share with the planning and zoning department and with other key stakeholders in the public review process, which helped change stakeholders’ perspectives and gather support for the proposal.

A free public transit pilot program

During a visit to Iowa City as part of a collaboration grant that included Missoula, Montana, and Eau Claire, Wisconsin, Missoula team members discussed the city’s fare-free transit program. This conversation intrigued Iowa City’s city manager due to the similarities between the cities. Inspired by the discussion, the city manager engaged the transit department in implementing a fare-free system. With funds from the American Rescue Plan Act (ARPA), Iowa City launched a two-year pilot project for fare-free transit on August 1, 2023. In the first month, bus ridership increased by 53 percent. The city plans to continue monitoring ridership and exploring ways to maintain the service after it depletes ARPA funds.

Expanded, more direct community voice in public agencies' efforts

After learning from other Invest Health cities during the pod convening in Henderson, the Iowa City Department of Neighborhood and Development Services significantly changed its community engagement approach to rely less on surveys and more on getting direct feedback from impacted residents. Inspired by other cities’ approaches in the network, the Department of Neighborhood and Development Services director and her team members

walked through priority neighborhoods to talk to residents about their housing preferences. During their walk, they asked residents how they would prefer the city to invest in housing—whether through homeownership programs or rentals.

Based on resident feedback, the city purchased 11 duplexes (22 homes) in the neighborhood. The city rehabilitates the homes and sells them when they become vacant, acting as landlords until then. So far, the city has completed three duplexes. The rehabilitation process involves thorough renovations, leveraging federal HOME funds to provide down-payment assistance. Additionally, the city offers a \$50,000 grant, which is forgiven if the resident stays for over ten years. This support allows residents to finance homes for \$80,000 to \$90,000 despite the median housing price in Iowa City being around \$270,000.

Informed roles and responsibilities for new Diversity, Equity, and Inclusion (DEI) positions at public agencies

Invest Health cross-city learning opportunities directly enabled or strengthened the creation of municipal DEI roles and initiatives in participating cities. After participating in a collaboration grant trip to King County, Washington, the city hired a DEI officer in Savannah, Georgia. This experience helped Savannah staff learn how to engage leadership to get buy-in and build a strategic DEI plan, ultimately providing insights on supporting the creation of the new DEI officer role. In Missoula, Invest Health funding helped create a new coordinator for health equity position at the health department, while the collaboration grant helped shape the position's role and responsibilities. City and county funds have since sustained this position. Missoula's participation in Invest Health led to the city and county hiring full-time equity coordinators, which was also informed by the collaboration with other Invest Health cities. In Stamford, Connecticut, learnings from the trip informed the city's new DEI director's strategic implementation of DEI initiatives.

Informed feasibility of grocery store development

Through the collaboration between Hartford and Roanoke mentioned above, the Roanoke team identified workforce expenses as a critical barrier previously overlooked in developing a grocery store. They discovered that by partnering with an organization capable of accessing subsidized funds for the workforce, building a grocery store in their targeted neighborhood could finally become feasible.

In November 2023, Roanoke Invest Health team members and other partners broke ground on Melrose Plaza and its anchor market, which will provide critical access to healthy, affordable food to Northwest Roanoke, an area currently classified as a food desert.⁶ After opening in November 2024, Goodwill Industries of the Valleys owns and operates the

⁶ <https://melroseplazaroanoke.com/facilities/market-on-melrose/>

grocery store. This example highlights how cross-city interactions within Invest Health can lead to innovative solutions for challenging issues.

Encouraged advocacy for small healthy food businesses in new development

At the Syracuse pod convening, attendees got a look at local businesses partnering to increase food access in communities that would otherwise be food deserts. In 2014, an earthquake wiped out a grocery store and created a food desert in a neighborhood in Napa, California, with a high concentration of low-income older adults and Hispanic families. A developer bought the parcel with plans to renovate and install high-end restaurants. After returning from Syracuse, Napa team members organized a group to meet with the developer. Under the Invest Health banner, they expressed support for the project but emphasized the need to retain a small corner store. They advocated for the inclusion of fresh fruits and vegetables in

the market, presenting statistics to highlight the neighborhood's needs. The developer agreed to their request in return for their support during the planning approval process.

A few months later, the former corner store moved into its new space, offering fresh fruits and vegetables for the first time. This change has allowed local residents to walk to get fresh produce, benefiting around 200 families. Inspired by the Syracuse model, this project highlighted how Invest Health members use learning from another city to make local change and the role of Invest Health in helping catalyze that action.

A more sustainable, integrated, and accessible Food RX program

During a collaboration grant trip to Dayton, Ohio, Invest Health city team members learned about the host city's diabetes prevention and incentive program, which included a food prescription program as part of its prevention efforts. This inspired team members from Roanoke to integrate their food prescription program into existing initiatives.

Previously, Roanoke's prescription program was short-term, grant-funded, and managed by a single entity, with all data held and services delivered at a single site. In the redesign inspired by the collaboration grant trip, the Roanoke team conducted a systems-mapping exercise to identify stakeholders, potential impacts, and desired outcomes. The program now adopts a collaborative approach, including shared data collection and cooperation among the health department, clinics, nonprofits, the food bank, and the original organization that administered the program, Local Environmental Agriculture Project (LEAP). It also expanded redemption sites for greater community access and leveraged existing

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The cross-city collaborations that come up are just amazing... it's like a petri dish. I think **we learned so much from the other cities, because now we have the relationship.** We've built relationships with people and different practices across the nation. **It's been really kind of cool to see it evolve ... I can call Napa up and ask them about a resolution that's coming up**

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Invest Health city team member

community-based resources, including Medicaid waivers. This shift led Roanoke stakeholders to adopt a more transparent and inclusive approach to addressing food insecurity, resulting in a sustainable program.

What brought cities together

A combination of internal and external factors encouraged connections among Invest Health cities. At the city (or site) level, participants sought relationships with other network members working on a similar topic or from another small or midsize city with a similar context or organization. At the initiative level, Reinvestment Fund planned interventions that intentionally convened sites for learning opportunities and utilized a hands-on approach for connecting stakeholders.

Site-level factors

Similar focus area or shared interest

A shared focus area was an essential driver of cross-city relationships and learning. Cities interested in learning and addressing similar challenges (e.g., encouraging affordable housing supply through zoning, addressing food insecurity, etc.) were more likely to collaborate. For teams in different cities tackling the same issues, many stakeholders found value in hearing about others' lessons and challenges.

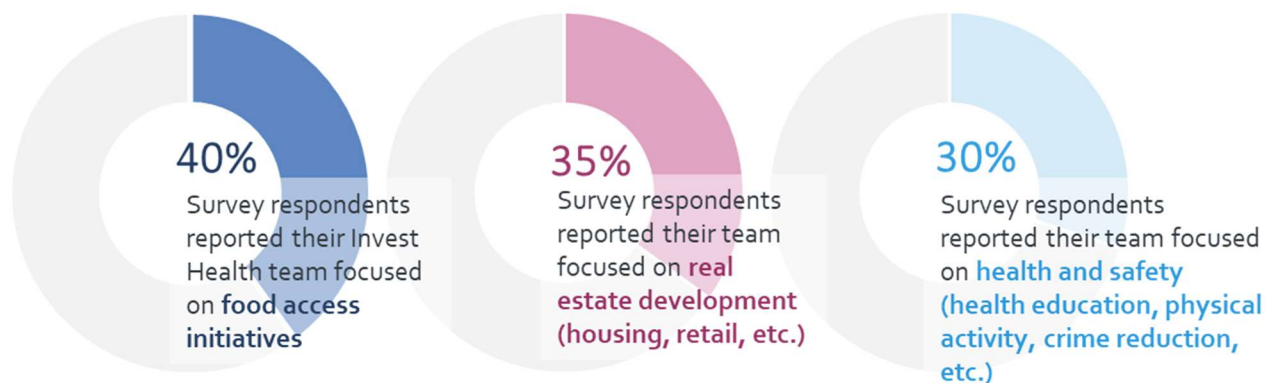


Figure 1. Final evaluation survey data depicting the most common focus areas of respondents' Invest Health teams.

Shared city characteristics

While cities with different contexts did collaborate, sites were also interested in learning from cities with similar characteristics, including population size, economic and/or political contexts, and geographic region or state, among others. For example, Invest Health stakeholders from Eau Claire, Iowa City, and Missoula developed strong relationships partly because they are all from college towns with similar demographics. In an interview, one participant shared, "We naturally gravitated towards college towns and smaller cities

because we don't have the resources like towns like that have 300,000 or 500,000 [people] ... it's much more relevant to us to have cities of the same size.”

The key shared characteristic across all sites is that they are small and midsize cities, a crucial feature for creating cross-site relationships and learning.

Existing research and evidence on community development practices often focus on larger cities, making it challenging for small and midsize cities to apply that knowledge due to differences in local infrastructure, administrative scale, resource levels, and political contexts.

Interacting with practitioners from other small and midsize cities made it easier for participants to find commonalities and connect. This interaction allowed them to fill significant knowledge gaps for project and program development and implementation. It offered direct examples relevant to participants’ local contexts, made lessons more transferable, and facilitated problem-solving with others knowledgeable about similar settings.

Stakeholders from similar organizations

While less common than shared focus area or city characteristics, some Invest Health network members shared that they were eager to connect with participants in other cities working in similar organizations. In interviews, stakeholders shared the value of “speaking the same” language with folks doing similar work.

Invest Health program factors

Convenings

Learning communities were crucial in bringing cities together and fostering cross-city learning. They allowed teams from different cities to meet face-to-face and learn about each other’s work in an immersive way. The convenings included structured sessions like city tours and presentations to facilitate cross-city learning on topics including affordable housing, food systems, and community engagement. This enabled teams to see projects and initiatives in action, learn from the host city's experiences firsthand, have in-depth discussions, and learn from each other. One Invest Health member shared:

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In small and midsize cities, the way we deal with problems is very different from big cities. If you're in a small or midsize city and working on any kind of problem, you're likely involved in all aspects of that problem. You don't just have a narrow slice of it. For example, in Los Angeles County, their housing department has 400 people, each working on a tiny slice of the issue. In contrast, our housing department has 10 people, and we work on every single part of it, wearing all the hats all the time.

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Invest Health city team member

We hosted a convening here [in our city], and I led one of the tours... and, just the questions I was getting from the folks from other cities were eye-opening. Because they were seeing things for the first time, but I'd seen something 1,000 times ... This made me see things differently and showed me what I could learn.

Additionally, the social time during convenings, such as during meals or traveling, provided informal opportunities for teams to connect and have organic conversations. One Invest Health member emphasized the importance of this informal time together:

There's also been all this great social time where we'd go to dinner and have a happy hour on the first night. ... You start thinking about your own problems at home and how they relate to what you've learned. These conversations often lead to someone saying, "This was really interesting, and it makes me think of this issue we're having at home." Invariably, someone else in the conversation would respond with, "Oh my gosh, we're working on the same thing. Here's what we did." It was really fluid how it happened.

Collaboration grants

Invest Health allowed sites to design their own learning communities—working together with other city teams to craft their learning agendas, identify exemplary places addressing those issues, and coordinate trips to those locations. As described above, these opportunities translated to outcomes realized by Invest Health teams across the country. During their trips, sites dove into the topics most relevant to them, worked through challenges together, and observed promising practices to take home. Survey results confirm that Invest Health members who participated in collaboration grants report higher rates of

Participants in collaboration grants reported more cross-site learning

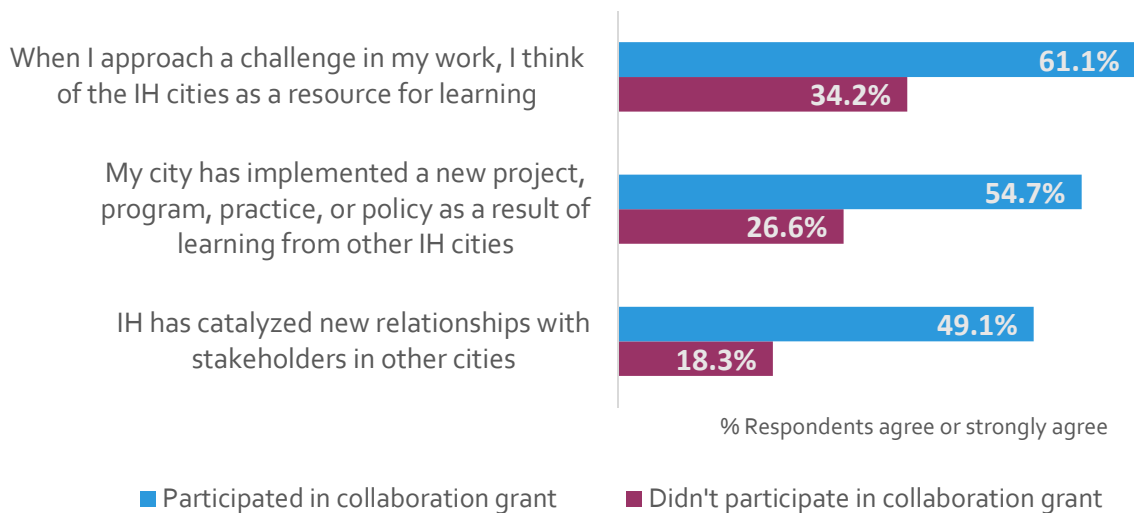


Figure 2. Final evaluation survey data on participation in collaboration grants and cross-site learning.

learning new approaches and best practices, as well as higher rates of implementing concrete changes in a new project, program, or practice compared to participants who did not.

Additionally, Invest Health provided repeated opportunities for collaboration. As of fall 2024, 30 of the 50 Invest Health cities participated in at least one collaboration grant. In fact, many cities participated in more than one. Seven cities participated in five or more collaboration grants (Eau Claire, Grand Rapids, Richmond, Roanoke, Roseville, Missoula, and Napa), and some pairs of cities partnered on collaboration grants several times. For example, Grand Rapids and Napa participated in collaboration grants five times, and Eau Claire and Missoula partnered three times.

The planning process for the collaboration grant trips also contributed to cross-city connections. Representatives from the participating Invest Health teams for each collaboration grant worked together to design their trip and iron out the logistics. The planning process provided an additional opportunity to interact, learn from one another, and collaborate toward a shared goal. In interviews, Invest Health stakeholders who helped organize their team's trips shared how Zoom meetings meant to plan their convenings often also included sharing updates and lessons from their work across sites.

Initiative staff facilitation of connections

Reinvestment Fund staff intentionally incorporated opportunities for cross-city connections in each convening they organized and in many webinars. Even more, staff members took a hands-on approach to directly connecting stakeholders doing similar work across cities. As “connectors” in the Invest Health network, Reinvestment Fund staff pointed out potential connections during webinars, shared information about city teams' work with the network, and sometimes connected via emails to sites with similar focus areas.

Reinvestment Fund staff have also invited a group of Invest Health stakeholders from different city teams to present their efforts as part of a panel for the national Opportunity Finance Network conference. After building relationships in preparation for and during that event, stakeholders from the Grand Rapids and Napa teams remained in contact and worked together on several collaboration grant opportunities.

Longevity of the initiative

RWJF sustained Invest Health for four phases of the work. The longevity of Invest Health played a crucial role in strengthening cross-city connections and learning in several ways:

It allowed for sustained engagement and relationship-building over time. The multi-year nature of the initiative enabled teams from different cities to interact repeatedly through the various learning communities, webinars, and Invest Health activities. This extended timeframe facilitated deeper connections and trust-building among participants.

It provided opportunities for the cross-pollination of ideas and learnings. By convening regularly over several years, city teams could share their progress, challenges, and best practices with each other. This cross-city learning helped teams gain new perspectives and insights from their peers.

It fostered a sense of community and shared purpose. The longevity of Invest Health allowed participants to develop a shared identity over time and to see each other as part of a movement working toward similar goals.

Key Learnings and implications

1 Putting sites in the driver's seat is critical to active engagement and learning.

In some ways, the most impactful Invest Health convenings had the lightest influence from its funder and intermediary. While initiative staff provided funding and infrastructure for collaboration grants, the participating sites identified their own learning priorities, planned their trips in collaboration with other cities, and ultimately organized deeply engaging convenings. These efforts substantially contributed to cross-site learning and site-level outcomes.

Beyond the collaboration grants, Reinvestment Fund tapped sites in co-designing aspects of other convenings, including pod convenings and webinars. Throughout the initiative, Reinvestment Fund invited participants from various cities to form an advisory committee that contributed to the planning of learning community activities. Reinvestment Fund responded to the sites' interests even in webinars, creating an interactive format where Invest Health team members actively participated with their cameras on. By encouraging sites to collaborate on their own terms and providing multiple opportunities for such collaboration, Invest Health fostered a fertile environment for cross-site connections.

2 Focusing on small and midsize cities in Invest Health contributed to an engaged community of sites.

From the outset, Invest Health focused on municipalities with populations between 50,000 and 400,000 people—places that historically have not received much philanthropic support or investment. This focus was crucial for creating and strengthening relationships across these cities. The shared experience of being a small or midsize city fostered a sense of community and facilitated peer learning.

Equally important was including around 50 diverse yet similar cities, providing enough options for meaningful connections. This variety ensured cities could find commonalities

with others of comparable size, region, interests, or other characteristics. This scale and balance made the initiative conducive to cross-city connections.

3 Convening smaller groups in large multisite initiatives adds significant value.

RWJF envisioned Invest Health as providing light-touch interventions to a large number of cities, using city team convenings to facilitate learning. Casting a wide net created a network of sites with numerous opportunities for varied and rich learning. In practice, the initiative found significant value in convening smaller learning groups across the 50 participating cities. These smaller groups enabled more focused and in-depth discussions tailored to the needs of the diverse small and midsize cities. The intimate setting allowed for candid conversations about sensitive issues like racial inequities, fostering meaningful connections that participants could leverage for guidance and co-learning even after the formal convenings ended.

4 Sustaining engagement and flexibility in Invest Health fostered trusting connections and continuous participation among cities.

The longevity of Invest Health allowed for sustained engagement and relationship-building over time, facilitating connections and trust among participants. However, it was not just the duration but also the continuous focus on the same groups of cities, ongoing communication, resource sharing, and the program's flexibility. Invest Health allowed participants to be more or less active at different times and enabled city teams to send different partners or colleagues to attend learning communities and other initiative activities. This combination of sustained focus, resource accessibility, and flexibility was crucial in keeping cities engaged and connected in the Invest Health network. It ensured that enough participants from each locality felt part of the network and could engage according to their needs over time.

Appendix A: In-person convenings

Table 1. In-person convenings designed by Invest Health sites

Topic	Participating cities	Convening type	Intervention	IH Round
Equitable growth	North Charleston, Richmond	Peer exchange	Collaboration grant	Phase 1
Food retail models	Peoria, Portland, Richmond, Roanoke	Non-IH site visit: New Orleans, LA	Collaboration grant	Phase 1
Food RX programs	Nampa, Roanoke, Tallahassee	Non-IH site visit: Ohio	Collaboration grant	Phase 1
Food systems	Syracuse, Westminster	Non-IH site visit: Minneapolis, MN	Collaboration grant	Phase 1
Food systems	Eau Claire, Grand Rapids, St. Paul	Peer exchange	Collaboration grant	Phase 1
Housing and food system innovation	Grand Rapids, Napa, Spokane	Peer exchange	Collaboration grant	Phase 1
Investments in housing and health	Eau Claire, Iowa City, Missoula	Peer exchange	Collaboration grant	Phase 1
Investments in housing and health	Greensboro, Richmond	Peer exchange	Collaboration grant	Phase 1
Neighborhood revitalization and affordable housing	Des Moines, Iowa City, Roseville	Non-IH site visit: San Antonio, TX	Collaboration grant	Phase 1
Parks and recreation, safety, and health equity	Henderson, Roseville	Peer exchange	Collaboration grant	Phase 1
Youth justice system involvement and use of data	Savannah, Stamford	Peer exchange	Collaboration grant	Phase 1
Building CDC capacity in Illinois	Bloomington, Peoria	Peer exchange	Collaboration grant	Phase 1
Affordable home ownership and anchor strategies	Akron, Grand Rapids, Lansing	Peer exchange	Small site-designed convening	Phase 2
Affordable housing and community health	Grand Rapids, Greensboro, Spokane	Peer exchange	Small site-designed convening	Phase 2
Accessory Dwelling Unit (ADU) financing	Grand Rapids, Napa	Non-IH site visit: Portland, OR	Collaboration grant	Phase 3
Anchor institution engagement	Hartford, Roseville	Non-IH site visit: Lake County, CA	Collaboration grant	Phase 3
Diversity, equity, and inclusion	Missoula, Napa, Savannah, Stamford	Non-IH site visit: Bellevue, WA	Collaboration grant	Phase 3
Equitable food systems	Buffalo, Grand Rapids, Riverside, St. Paul, Tallahassee	Peer exchange	Collaboration grant	Phase 3
Health equity policy	Grand Rapids, Gulfport, Missoula, Richmond, Tallahassee	Non-IH site visit: Rhode Island	Collaboration grant	Phase 3
Housing policy	Eau Claire, Henderson, Iowa City	Non-IH site visit: Ft. Collins, CO	Collaboration grant	Phase 3
Citizen-engaged decision-making and data	Eau Claire, Hartford, Missoula, Roanoke, Roseville	Peer exchange	Collaboration grant	Phase 4
Climate crisis and community development solutions	Eau Claire, Framingham, Grand Rapids, Lansing, Missoula, Napa, Roanoke, Stamford	Peer exchange	Collaboration grant	Phase 4
Equitable workforce development	Henderson, Roseville, Savannah	Peer exchange	Collaboration grant	Phase 4
Healthcare anchors funding food security	Grand Rapids, St. Paul	Peer exchange	Collaboration grant	Phase 4
Housing for all	Bloomington, Eau Claire, Framingham, Grand Rapids, Gulfport, Iowa City, Lansing, Missoula, Napa, Peoria, Providence, Roanoke, Roseville	Peer exchange	Collaboration grant	Phase 4
Reparative justice and economic opportunity	Greensboro, Richmond	Peer exchange and non-IH site visit to Chicago, IL	Collaboration grant	Phase 4

Appendix B: Evaluation methods

Deep dives into Invest Health

Approach

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



Networks
among
cities

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



Networks
across
cities

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



Networks
of
networks

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

Methods

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



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



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



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