ANCHORED BY HEALTH CARE: STRATEGIES FOR HEALTH SYSTEMS

A modeled approach to health care organizations' role in building equitable relationships that power community health, wealth, and climate resilience

May 2023

Health Care Without Harm

INTRODUCTION

Health systems serve at the front lines of today's most pressing crises – treating patients whose health is being harmed by social injustices and the climate crisis while bearing witness to how our nation's most vulnerable communities are being disproportionately impacted.

With healing at the core of its mission, the health care sector not only has a responsibility to address these issues but is uniquely positioned to do so.

Representing close to 20% of the U.S. Gross Domestic Product, health care has a tremendous opportunity to leverage its ethical, economic, and political influence to create ecologically sustainable, equitable, and healthy communities.

This guide will serve as a way to help you evaluate, strategize, and operationalize your approach – providing three models of engagement to help you on your journey.

Tackling underlying issues

Our global economy is failing on many fronts. For decades in the United States, we have established complex industrial supply chains that span the globe. We rely on non-renewable resources, toxic chemicals, and exploitative labor for manufacturing and fossil fuel-reliant transportation by ship, cargo plane, truck, and rail. We work within an extractive economy that is devastating our planet, intensifying climate change, and causing great harm.

These oppressive systems designed for corporate gain and defined by centuries of systemic and structural racism are driving inequitable results – including disproportionately bad health, wealth, and well-being outcomes for underserved communities. We have sacrificed the equity, inclusion, and health of our communities for the sake of the bottom line.

This has been magnified as pandemics like COVID-19 and climate change exacerbate these failings and multiply the racial injustices that underserved communities already experience. The COVID-19 pandemic allowed us all to experience how quickly the current global economic model will break down in the face of a worldwide public health disaster. It showed how financially inefficient and vulnerable this model is. The pandemic also had a dramatic impact on the nation's health sector in 2020, driving a 9.7% growth in total national health care spending, bringing spending to $4.1 trillion.

Transforming the model of care: Leading by listening

These complex issues require a transformation of our health care system – moving from our current "sick care" model to one focused on prevention and a community-centered approach to wellness.

A critical component of this transformation is the shift to an approach that views the health of individuals largely as a result of the health of the communities in which they live and work. The ability to succeed clinically entirely depends upon the health care sector's ability to succeed operationally. To weather the next storm on the horizon and contribute to increased community health and wealth, the sector must engage in creative partnerships with communities, other anchor institutions, and regional governments. In short – health systems must move beyond simply treating patients to helping heal communities.

> To be successful in this model, health care organizations must reimagine their role with thoughtful attention beyond the walls of their hospitals and health centers. They must take on the role of anchor institutions – cornerstones of the community that embrace partnerships, make long-term investments in the local economy, and seek solutions from within the community. By doing so, health care can help build communities more resilient to socioeconomic pressures and climate change, where prosperity and well-being are more evenly shared.

The industry is beginning to respond. A compelling body of research on the social determinants of health impacts on people's health and well-being shows a person's zip code can often accurately predict expected health outcomes throughout one's lifetime.

We require an expanded definition of health care that transcends business as usual including:

- the need for upstream investments into the root causes of downstream environmental and health impacts

- addressing systemic racism and the health inequities that exist as a result

- sharing power and decision-making with communities in strategic planning toward resilience, which is particularly critical in the face of climate disruptions

anchor institutions: nonprofit or public institutions firmly rooted in place, given their mission, invested capital, or customer relationships

Serving as anchor institutions

Anchor institutions are nonprofit or public place-based entities, such as universities, hospitals, county governments, and municipalities that are rooted in the local community by their mission. They are often among the largest employers and property holders in the communities they serve. With goals of addressing the social determinants of health and improving the root causes of health inequities and poor health outcomes, a growing number of anchor institutions are developing anchor mission strategies to leverage influence and economic power to improve the quality of life in their communities.

Within the health care sector, the concept of developing anchor strategies is gaining traction, with the recognition that health care organizations can and should assist in developing equitable, community-centered economies that enable everyone to experience improved health and well-being. The challenge ahead is how to develop institutional anchor strategies that are truly equitable and inclusive of the community.

community anchor: community-based organizations led by local leadership with long histories of serving their communities and cultivating strong networks

A growing number of community-based organizations are identifying as community anchors and must be partners in this work. Understanding the value of how these community anchors succeed in trust building with local communities, place-based social enterprises or small businesses, and economic development is critical to achieving the systems transformation we are all seeking.

"Beyond culturally sensitive and culturally relevant, there is cultural congruency. When you have grassroots organizations that are located where the community lives, they know they can trust these organizations. Cultural congruency says, 'not only do they talk like me and know what I eat, they look like me, I see myself in them'. That has always lent to the credibility of being an organization that identifies as a community anchor."

– Jamaica Sowell, Director of Programs and Policy
Roots Community Health Center

anchor mission: a commitment to intentionally apply an institution's long-term, place-based, economic power and human capital in partnership with the community to mutually benefit long-term well-being.

Modeling change through our own journey

In 2019, Health Care Without Harm committed to uncovering how all pillars of our work help achieve our vision of "healthy people living in equitable and safe communities on a thriving planet." We focused on developing an internal theory of change to support health care's journ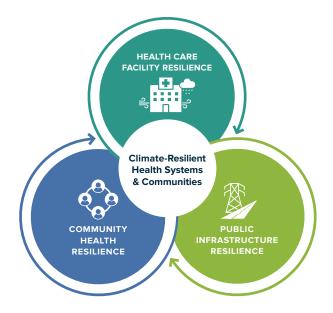ey to understand the relationship between environmental factors, social determinants of health, climate change, and health equity alongside the essential need to shift power to communities to effect lasting change.

The road toward healthier, equitable partnerships can be bumpy, and requires us all to maintain our shared commitment, be willing to take some risks, and endure some failures along the way.

Health Care Without Harm developed two valuable resources for the health care sector focused on climate and community resilience:

- Climate resilience for health care and communities

- Partnering for resilience: A practical guide to community-based disaster planning for health care

HEALTH CARE FACILITY RESILIENCE

Climate-Resilient Health Systems & Communities

COMMUNITY HEALTH RESILIENCE

PUBLIC INFRASTRUCTURE RESILIENCE

▲ **Our vision**
Health Care Without Harm envisions hospitals serving as anchors for community health and equity, building resilience together through the process of adapting existing infrastructure and community planning to be able to respond to a changing climate reality.

Strengthening communities through improved engagement: A modeled approach

Throughout decades of working with health care organizations, Health Care Without Harm has seen distinct tiers of community-centered approaches emerge, represented by three models of health care anchor engagement.

Health care anchor engagement models

1. Health care organizations create their own separate and independent anchor mission which is then operationalized, bringing in community partners and other anchor institutions as needed.

2. Health care organizations collaborate around anchor tables to determine and operationalize strategies that have individual or collective impact. Equity and power-sharing are newly integrated into an existing framework.

3. Health care organizations, in partnership with other anchor institutions and community stakeholders, convene an equitable table to move toward investment and procurement shifts to reach shared community health, wealth, and climate resilience. Equity and power-sharing are centered from the outset.

Each model represents varying degrees of engagement with the community, which is important to recognize in terms of the challenges and benefits of achieving equity, power sharing, and collective decision-making. Each model also brings value to a continuum of community involvement, ensuring anchor institutions truly engage with and are accountable to the communities they serve.

This guide defines each model of engagement, provides examples, and shares recommendations and insights on how health systems can achieve goals of equity and resilience. Take a look, see where your own system's work falls in this spectrum of equitable strategic planning with community partners and anchor institutions, and commit to doing more. Radical reimagination of our health care system requires transformative action.

These models can be considered alongside the spectrum of community engagement to ownership which categorizes the range of engagement activities, the corresponding messages they send to the community, and the impact they

have. This is a useful tool to aid in thinking critically about a specific project or initiative and how to shift its various components to deepen engagement toward more systemic change.

The question we continue to challenge ourselves with as we gather experiences and information across all of these models is: Are the anchor strategies that health care systems and hospitals are committing to the right pathways toward greater equity and community resilience?

In the end, we believe that communities know what is best for their community, and the involvement of the local stakeholders and partners from the start is critical to equitable and lasting progress.

> **resilience:** the capacity of a community, business, or natural environment to prevent, withstand, respond to, and recover from a disruption.

CASE STUDIES

Model 1: Health care organizations create their own separate and independent anchor mission which is then operationalized, bringing in community partners and other anchor institutions as needed.

Intermountain Healthcare gets intentional about their assets

Summary

Intermountain Healthcare's mission is helping people live the healthiest lives possible. They see their anchor work as being intentional about all of their assets in service to their mission. Its Community Health team convenes leaders for anchor work in four pillars — sourcing, investing, hiring, and sustainability — creating a continuum of care that moves across operations into the community.

- The Community Health team convenes the anchor work with leaders from departments that focus on each of the four pillars, engaging resources across the organization and maintaining a connection to the health needs identified in the Community Health Needs Assessment (CHNA).

- Intermountain uses an operating model to measure performance, using vetted, leadership-supported key performance indicators (KPIs), which they cite as crucial to the success and adoption of the organization-wide anchor work.

Inspiration and goals

Intermountain is made up of more than 60,000 caregivers who serve the health care needs of people across the Intermountain West, primarily in Utah, Idaho, Nevada, Colorado, Montana, Wyoming, and Kansas. The organization has been on a six-year journey to challenge the scope of what health systems can do. The inspiration to solidify Intermountain's anchor work came from its Community Health team, which centers its work on the needs of its communities and the assets that Intermountain can bring to support.

As momentum around anchor work was developing internally at Intermountain, so was the work of the Healthcare Anchor Network (HAN). HAN is a network of over 70 leading health care systems across the United States that have committed to tackling the underlying economic and racial disparities that drive unequal health outcomes in our communities. At a HAN meeting, members of the Community Health team gained support for framing their work around the anchor mission. Once Intermountain's Community Health team had the tools, they moved quickly. They met with executive leaders of their key pillars and shared their vision. C-suite

leadership wholeheartedly adopted this effort, especially when the team made the case that the system was already doing this work and demonstrated how the anchor concept aligned clearly with Intermountain's mission. The Chief Community Health Officer is on the executive leadership team which facilitated buy-in, but what helped accelerate the anchor work is the operating model.

"Honestly, we were already doing anchor work. We just weren't intentional about it, so it wasn't as powerful and meaningful as it could be – and still can be. And we were not telling the story."

— Lisa Nichols, Assistant Vice President of Community Health, Intermountain Healthcare

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Within the model, each pillar has a set of KPIs which are vetted across the system and agreed upon by leadership. These KPIs are known and reported on regularly to leadership, which maintains continued exposure to the successes of the work as well as the barriers faced along the way.

The solutions and structure

The Community Health team took the lead at the start of the anchor program development, connecting with executive leaders of each pillar and asking them to assign resources to the anchor team. Together they had retreats, defined their anchor mission, used the HAN checklist to rank themselves, and talked about their strengths and opportunities.

The Community Health team convenes, sponsors, and offers program management support and accelerates resources to achieve goals in each of the four anchor pillars. The four pillars are still managed by their corresponding departments, but the team guides them to ensure alignment with Community Health priorities identified through the CHNA process.

Intermountain also focused on bringing in external partners to bolster the anchor mission. They invited the University of Utah to join a collective anchor mission. The two entities serve approximately 95% of the state of Utah and recognized a unique opportunity for impact if they worked together. Intermountain also successfully engaged the business community, collaborating with local Chambers of Commerce including the LGBTQ and the Black Chamber. They held supplier fairs and worked to help small businesses be more competitive in bidding processes. Even large suppliers are collaborators in this work – Intermountain engaged Utah's BD, which manufactures 80% of catheters used worldwide, to commit to impact hiring.

Improving air quality has been part of the anchor mission under the sustainability pillar. This has included philanthropic contributions for planting trees, joining in public-private collaboratives to improve awareness of air quality concerns, and reducing Intermountain's contribution to poor air quality through emissions reduction and remote work.

This expansive view of their role as anchors has led Intermountain to evaluate its real estate. They've donated land for soccer fields, overpasses, fire departments, and behavioral health treatment centers. Continuing to spread the anchor mission, they've partnered with a statewide bank and a foundation to approach municipalities with the idea that the land they are holding could also be used for public good.

Intermountain acknowledges that the anchor work is different depending on the community. They recently merged with another organization bringing additional communities that are newer to them.

The impact and results

Intermountain uses an operating model to measure performance, using vetted, leadership-supported KPIs, which they cite as crucial to the success and adoption of the anchor work throughout the organization.

In 2021, Intermountain celebrated the following anchor institution milestones in the four pillars.

- Local and diverse purchasing increased their diverse supplier spend by .52% toward the HAN goal of at least 2.5% diverse supplier spending by 2025.

- Environmental sustainability increased their renewable electricity to 25% and replaced single-use disposable OR products with reusable products.

- Impact investing supported the construction / preservation of 2,000 units of affordable housing.

- Inclusive hiring added 20 new remote positions in rural counties and achieved a work-from-home rate of 25% for their caregivers. They also created jobs in rural communities, creating 10 career pathways within populations that have barriers to employment, including refugee communities and justice-involved community members.

Lessons learned

Intermountain shared the following advice as they reflect on their progress:

- Connect the work to the organization's mission.

- Engage your C-suite.

- Explore how to build from work you already have underway.

- Have mechanisms for reporting, overcoming barriers, and celebration.

- Collaboration is key. This work has to be done throughout the organization. It should not reside in only one department.

On the horizon

This program is continuous and has no end date since its mission addresses issues that take decades to solve.

Intermountain is relocating a hospital and is planning to deepen community engagement there to ensure the building benefits the community. They are engaging with community leaders and residents to understand how the space can add value beyond health care delivery. They are also considering including housing, grocery stores, and public convening spaces.

> "One question we are grappling with in the purchasing space, especially with our expanded footprint, is how to stay local and still expand across seven states? That's a current challenge that everybody's going through and I'm not sure anybody has a good answer. But to me the important part is that they're thinking about it like that."
>
> — Heidi Hall, Senior Advisor to Chief Community Health Officer, Intermountain Healthcare

When asked if there are community members on the anchor steering committee, Intermountain acknowledged they currently did not have any and appreciated the suggestion – indicating humility and a willingness to deepen their engagement with community partners as their anchor mission evolves.

Model 2: Health care organizations collaborate around anchor tables to determine and operationalize strategies that have individual or collective impact. Equity and power-sharing are newly integrated into an existing framework.

> **anchor table:** a group of anchor institutions working on shared goals

Boston Green Ribbon Commission shifts toward inclusive climate action

Summary

"It was not enough for these elite institutions to decide themselves how they would serve their communities – those institutions needed to build deep and meaningful partnerships with community leaders."

– John Cleveland, Strategic Advisor,
Boston Green Ribbon Commission

- The Boston Green Ribbon Commission works to welcome community voices to the table by developing the Organizational Climate Justice Network.

- Overcoming traditional power inequities takes time, and identifying those inequities is the first step.

Inspiration and goals

The Boston Green Ribbon Commission (GRC) was founded in 2010 by former Mayor Tom Menino and Amos Hostetter, founder of the Barr Foundation. The GRC consists of prominent leaders from powerful Boston companies and institutions spanning the commercial real estate, health care, higher education, cultural, and philanthropy sectors. And it exists to build support for the city's ambitious climate goals. The GRC was modeled after blue ribbon commissions, which are typically ad-hoc committees made up of outside experts and well-known citizens to inform important policy decisions, with the added dimension that the GRC's mission is not just to inform policy decisions but also to use its influence to "accelerate implementation of the Boston's Climate Action Plan by convening, organizing, and enabling leaders from Boston's key sectors."

The GRC convenes multiple working groups to facilitate its mission. The Health Care Working Group, which includes 18 health systems in the Boston and wider Massachusetts area, is facilitated by Health Care Without Harm. By bringing elite businesses and institutions with longstanding political power into climate action, the GRC has turned potential opponents into allies and helped Boston achieve the

broad consensus needed to commit to its bold climate policy agenda. In the summer of 2020, Boston and the nation grappled with a racial reckoning – simultaneously the COVID-19 pandemic and climate impacts starkly revealed the extent to which racial inequities and economic disparities have left some individuals and communities far more vulnerable than others to the impacts of these intersecting crises. Many GRC members realized a new approach to equitable climate action was needed.

Like typical blue ribbon commissions, the GRC was not originally established to be anchor-oriented. The commission realized reimagining power dynamics and transitioning to a more equitable table would be more beneficial for the community, which led them to develop a multi-year plan for transformation.

The solutions and structure

To support member institutions on their journey, the GRC is working to build a cross-sector anchor collaboration Climate Justice Network in areas like health care, education, and real estate. The purpose of this new network is to better serve the Boston community by supporting GRC members in finding and implementing creative ways to incorporate climate goals into their anchor strategies. This network will allow members to document and share best practices, scale solutions through collaboration, and build capacity for members and community partners.

The GRC Climate Justice Network is in the early stages of development. To support this initiative, the commission partnered with Embrace Boston to develop a background analysis to determine how racism shaped the city's development and how climate investments can help reverse those historical harms. In addition, the GRC working group staff developed a framing document for the network, researched promising practices, and identified leadership for organizing the network. The expectation is for the Climate Justice Network to have its launch meeting in early 2023.

Several Boston health systems, some of which are GRC members, have already publicly embraced their role as anchor institutions – Boston Medical Center, Mass General Brigham, Boston Children's Hospital in Boston and Baystate Health in Springfield have joined the Healthcare Anchor Network.

Read "Climate resilience for health care and communities: Strategies and case studies" to learn about how Boston Medical Center is leveraging its investment dollars, purchasing power, supply chain expertise, and even its roof, in partnership with community organizations to address inequalities in food access in Boston.

The impact and results

Integrating community anchor relationships into the structure of the GRC will build upon and strengthen the commission and its member's historical successes:

- This model allowed the group to build a consensus, supporting climate action among its members, which include many of the largest energy consumers in the city. This elite consensus behind climate action, combined with strong grassroots pressure from environmental activists and environmental justice communities, has pushed the city to set robust goals for carbon reduction and climate resilience and develop detailed plans and policies to achieve those goals.

- Since 2010, the GRC has played a critical role in shaping and helping to implement the city's climate strategy, which commits Boston to long-term climate impact resilience and achieving net-zero emissions by 2050, and doing so in ways that help advance equity and that protect populations most vulnerable to climate impacts.

- GRC member Boston Medical Center pioneered a process to gather information on prospective policy priorities from both internal experts on the connection between climate and health (i.e., clinical practitioners), as well as from external community-based groups. First launched for the 2021-2022 legislative session, this resulted in a public policy agenda that supported local transit electrification and promoted green jobs and benefits for environmental justice communities. The GRC strives to elevate and share best practices associated with integrating environmental justice into hospitals and other institutional government affairs advocacy priorities around climate policy.

Lessons learned

Through its emerging Climate Justice Network the GRC is seeking to ensure that climate progress and outcomes, especially for frontline communities, are an integral part of the broader anchor institution strategy. The commission is in a position to advance this mission because so many of its members are anchor institutions, compounded by the GRC's expertise in climate action.

However, the commission identified several core challenges:

1. The concept of an anchor mission strategy may not be broadly understood within the community. Building support for this organizational practice area should be a goal of the initiative.

2. Applications of anchor strategies that advance climate goals are not as well developed as those relating to more general economic and community development aims. Efforts should be made to connect the dots between economic and community development goals with climate goals. Borrow learnings from other scenarios, but innovation will also be key.

3. Most institutions are at the early stages of building authentic community partnerships, so making sure community voices are part of the network design from the very early stages may be challenging – but imperative.

"This idea of embracing their anchor mission by building deep relationships with community partners to advance decarbonization and resilience has come to be seen by many Green Ribbon Commission members as both a more equitable, and a more practical, path to achieving decarbonization and climate resilience."

– John Cleveland, Strategic Advisor,
Boston Green Ribbon Commission

On the horizon

While the formation of this network is in its very early stages, it represents a promising model. By collaborating with one another to embrace and uplift the communities they serve, the GRC Climate Justice Network hopes to build the deep, lasting, and collaborative institutional and community partnerships necessary to create a sustainable, equitable, and climate-resilient future for Boston and beyond.

Model 3: Health care organizations, in partnership with other anchor institutions and community stakeholders, convene an equitable table to strategize together toward investment and procurement shifts to reach shared community health, wealth, and climate resilience. Equity and power-sharing are centered from the outset.

> **equitable table:** the convening of a long-term, relationship-building, conversation with equal representation from anchor institutions and community partners or stakeholders.

Health care systems in northern California foster community-anchor innovations

Summary

The Anchors in Resilient Communities (ARC) initiative is a multisector partnership supported by Health Care Without Harm and Emerald Cities Collaborative (ECC).

- ARC is focused on community-rooted innovations and partnerships between anchor institutions and community to accelerate collaborative approaches to community health, wealth, and climate resilience through market transformation.

- ARC focuses on shared decision-making and building a stakeholder table that is committed to working together to increase institutional investments and procurement contracts to the local community.

"Our job is to bend systems toward the solutions that the community wants."

– Hilary Bass, Executive Director,
Alameda County Deputy Sheriffs' Activities League

Inspiration and goals

The ARC project began in 2016 in the East Bay of the San Francisco Bay Area to build an equitable table among community stakeholders and institutional anchors interested in establishing a trust-based partnership, aligning policies and investments to prioritize community health, wealth, and climate resilience.

- ARC participants were inspired by the development of the Evergreen Cooperative in Ohio.

- In collaboration with The Democracy Collaborative, ARC began to conduct

an [assessment of anchor and community assets and needs](#), which articulated the collective need of East Bay anchors for goods, products, and services and existing community capacity to meet some of that demand.

■ A healthy regional food system and growing institutional demand for local, sustainable, and equitably-produced food were top priorities identified in the assessment and became the first project focus for the ARC table.

community wealth building: a system-changing approach to community economic development to produce broadly shared economic prosperity, racial equity, and ecological sustainability through the reconfiguration of institutions and local economies on the basis of greater democratic ownership, participation, and control.

The solutions and structure

Regionally focused in the San Francisco Bay Area, ARC builds inclusive tables, tests shared power decision-making structures, and pilots new business models to demonstrate the potential of collective investment power.

ARC's approach to systems change is built on a belief that multiple sectors need to work together to achieve transformative community economies and health ecosystems through strong community-institutional partnerships that evolve and deepen over time. ARC consists of a steering committee of anchors and community-based organizations, backbone support jointly coordinated by Health Care Without Harm and ECC, and working groups for specific projects. Since its inception ARC has focused on operationalizing a shared power structure to create a pipeline of locally driven social enterprises and health projects ripe for anchor institutions' investments.

Anchor institutions and community partners have a dual focus on action and learning. By working collaboratively, ARC pilots projects that center innovations spearheaded by leaders from communities of color in the Bay Area and discover new possibilities by sharing ideas across participant organizations. ARC's work falls into four key activities: facilitating partnerships, creating co-learning opportunities, mobilizing projects, and scaling the model.

The impact and results

The first five years proved successful. Anchor institutions and community-based organizations worked together to shape an inclusive vision for transformative community change, launching impactful and sustainable initiatives. ARC's steering committee and working groups have been enriched by cross-sector perspectives and the range of lived experiences among ARC members.

A top priority was identified to mobilize around a regional food system initiative in the Bay Area. ARC members wanted to create market opportunities and increase

institutional demand for local, sustainable food products linked to community-based businesses owned by people of color. The collaborative developed a comprehensive Regional Food System strategic plan to guide policy, pricing, and procurement to align institutions and community-based efforts.

Over the last five years, ARC's Regional Food System initiative achieved the following impacts:

- Creating jobs, leading creative community safety efforts, and supplying locally produced food for institutional purchasing by Dig Deep Farms, which is run by Alameda County Sheriff's Office.

- Developing a pricing model that addresses key institutional barriers that have stalled past shifts in procurement practices, such as limited food service budgets without increases over time to support local and sustainable sourcing goals.

- Increasing opportunities for a more equitable supply chain which has expanded produce and value-added products from local farms owned and operated by people of color for institutional purchasing.

- Helping to develop a model for a community-owned and -operated food production and processing center.

- Increasing awareness of the co-benefits of collaboration across community-based efforts and anchor institutions to develop market value for locally produced goods and services in the region.

Lessons learned

1. Participating anchor institutions expressed interest in expanding the range of staff representation to increase the diversity of expertise and to break down silos within institutions.

2. While individual projects have garnered significant support for local community-rooted investments, a multi-pronged, multi-anchor investment strategy would create opportunities for a fully realized circular food economy.

3. The importance of centering social enterprises, partnerships, and initiatives led by people of color has been reinforced by anchors and community leaders. This commitment is the foundation of ARC's vision of co-owned priority setting and governance.

4. Risk-taking and failure of certain aspects of the model need to be understood as part of the innovation process. Systems transformation requires long-term commitment to the process.

On the horizon

To realize the vision of a regional economy that reflects the values of equitable health, wealth, and responsiveness to climate change, ARC's community-anchor networks will focus on operationalizing co-design processes with community

partners and providing resources for co-ownership models. ARC is currently exploring anchor strategies such as a co-investment fund and participatory grantmaking models that use a capital vehicle to support collective anchor commitments and center community decision-making governance.

Community-led decision-making and priority setting is the cornerstone of ARC's vision. To prioritize community perspectives in all stages of the work, the ARC 5-10 year vision will evaluate the collaborative model through the lens of community leaders, diverse anchor institution voices, and other lived experiences of participants. A five-year evaluation rubric that emphasizes feedback from community leaders and ARC participants will guide an assessment of processes and outcomes. The model has infinite potential to be scaled in new geographies, with two new regional projects in the works.

BEST PRACTICES FOR IMPLEMENTATION

Health Care Without Harm is committed to partnering with health systems to strengthen health care anchor engagement in multisector community health, wealth-building, and climate resiliency efforts. In the spirit of foundational anchor engagement beginning with institutional commitments to co-leadership with community-based partners, we offer the following set of recommendations:

Deepen systemic and accountable anchor engagement.

- **Build with, not for.** Ensure stakeholders from participating anchor institutions are at the table and have full institutional support for the work, including power sharing and decision-making with community partners, not for community partners.

- **Incorporate environmental health and justice mapping tools into decision-making.** Hospitals can use tools like the Toxic Release Inventory, National Risk Index, and Kaiser Permanente's Community Health Needs Dashboard to identify harmful pollutants and industries impacting health in the hospital service area or assess the climate vulnerability of the population the hospital serves. These environmental factors often amplify the risk of any one social determinant of health and provide an essential lens for understanding the health needs of a community. These maps also illustrate the inequitable distribution of environmental stressors in neighborhoods resulting from redlining and systemic racism.

- **Commit to anti-racist practices and policies.** Racism at all levels (structural, institutional, interpersonal, and internalized) is responsible for health disparities in the United States. Addressing racism internally within health systems is a complex and deep-reaching process that is imperative to effectively address social and environmental determinants of health. Doing the work internally to acknowledge the harm caused by racism in medical experimentation, disparities in quality of care, and lack of diversity in health care leadership, while centering the experiences of people of color in the organization will support healing and health that will translate to building more equitable, sustaining relationships with communities outside the hospital.

- **Build on existing community activities** and understand who is leading efforts to organize local tables. Stakeholder mapping is a powerful tool to identify sector representatives, discover community initiatives underway, and assess commitments to equitable processes such as co-ownership. Provide support to staff to deepen their community engagement skills, including DEIB (diversity, equity, inclusion, and belonging) training, understanding intersectionality and how it influences community needs, and foundations of community-based participatory practices.

- **Co-create values.** Develop a shared set of values and commitments with community stakeholders and communicate those values and commitments broadly within the institution during program ideation and design. During this process, begin defining a framework for concrete actions, co-investments, and joint commitments to health, wealth, and climate resiliency.

- **Commit publicly.** Organizations that publicly announce their goals are more likely to dedicate resources to successfully achieve those goals. For example, several hundred hospitals signed the Health and Human Services Health Sector Climate Pledge in 2022. As part of the pledge, hospitals commit to "develop[ing] and releas[ing] a climate resilience plan … anticipating the needs of groups in their community that experience a disproportionate risk of climate-related harm" in addition to measuring and reducing greenhouse gases and designating an executive leader for the work.

  If you aren't ready to go public, prepare for climate risks by drafting a climate resilience plan that centers on the needs of disproportionately impacted community members and includes community partners in the planning process.

- **Break down silos.** Develop a cross-cutting institutional change strategy to mitigate silos within anchor institutions, expand engagement opportunities, and bridge work across community benefit, contracts, DEIB, procurement, food service, finance, real estate, leadership, and other institutional functions.

- **Spread the word.** Create and deploy internal education and communications around equity and resilience, both conceptually and at a local level.

Co-create a definition of success – and share it.

- **Make it measurable.** Define and operationalize accountability mechanisms for organizational change including decision-making input and governance for cross-functional roles, commitments to community co-ownership, and feedback mechanisms for institutional commitments to the shared set of values.

- **Build a process for all partners**, including community leaders, diverse anchor institution voices, and others to evaluate the work throughout the program at agreed-upon intervals.

- **Lift up learning** from institutional innovation to advance the field of anchor community partnerships, promote replication of working models, and advance our collective efforts toward equity and resilience.

Increase diversity in planning beyond community partners.

- **Include community-based organizations**, which hold the trust of communities and have the ability to meaningfully engage, understand needs, and convene stakeholders within communities as key structural components of an anchor role.

- **Include private businesses** rooted in communities as anchor businesses,

including large corporate entities with corporate social responsibility, impact investing, procurement, and other related functions. Anchor businesses can also include small community-owned businesses like food hubs, market cooperatives, and social enterprises that uniquely contribute to wealth-building, social equity, and circular economies.

Build capacity and advocate for supportive policy changes that open opportunities for deeper anchor investments through hiring, purchasing, and investing.

- **Map the landscape.** Identify relevant local, regional, state, and federal policy levers positioned to support anchor institution commitments to healthy communities, wealth-building, climate resiliency, and community engagement and ownership. This could include policies focused on expanding community-building activities of community benefit, increasing institutional commitments to energy efficiency, and opportunities to utilize land and real estate for community priorities and economic development. Seek to understand the policy priorities of the local community and community-based organizations as it relates to their health.

- **Include intentional efforts** to build capacity for advancing local, regional, state, and federal policies that support healthy communities and community ownership.

- **Embed it in strategy.** Incorporate policy advancement into ongoing strategy and project design.

Test innovative solutions for co-ownership of anchor and community strategies and community-led and owned efforts. We are all learning in this space and transformation cannot happen without innovation – be bold and put your money where your commitments are. Some ideas include:

- **Use capital creatively**, such as community benefit grants, investment capital, loans, pooled funding, or others to realize anchor commitments to health, wealth, and climate resilience. Anchors can collaborate to establish a wellness fund for collective priorities and can further commitments to community governance through testing participatory grantmaking and participatory investing.

- **Design a fund or funding processes** to center community priorities, decisions, and ownership of resources dedicated to local purchasing, investments, and community support.

- **Try participatory processes** for crafting solutions and resource solutions modeling co-ownership.

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