Advancing the Anchor Mission of Healthcare

Hospitals and health systems aligning for healthy communities

In December 2016, leaders from 40 health systems gathered in Washington, DC to explore the potential to more fully harness their economic power to inclusively and sustainably benefit the long-term well-being of American communities. Together, they discussed best practices and strategies to advance the Anchor Mission of healthcare.

At the conclusion of the convening, the Healthcare Anchor Network was formed to support health systems collaborating nationally to accelerate learning and local implementation of economic inclusion strategies.

This report summarizes the events of that convening and next steps, inviting your hospital or health system to join the Network and help advance the Anchor Mission of healthcare in your institution, in your community, and nationally.

Healthcare Anchor Network

Health systems collaborating to improve community well-being by building inclusive and sustainable local economies.

DEMOCRACY COLLABORATIVE

Convening participants engaged in discussions about how to better align their institutional assets with community health and well-being.

About this report

This report reflects the voices of the healthcare leaders working to create the Healthcare Anchor Network. The founding members include representatives from the following health systems: Advocate Health Care, Catholic Health Initiatives, Dignity Health, Kaiser Permanente, ProMedica, Providence St. Joseph Health, Rush University Medical Center, RWJBarnabas Health, Trinity Health, and UMass Memorial Health Care. The report was written for the Healthcare Anchor Network by Nancy Martin with contributions from Russ Gaskin, Maren Maier, Katie Parker and David Zuckerman. It was produced by The Democracy Collaborative.

In December 2016, representatives from 40 health systems gathered in Washington, DC at the Kaiser Permanente Center for Total Health to share best practices and to strategize ways to advance the Anchor Mission of healthcare in the United States.* What was initially envisioned as a modest meeting of 20-30 participants quickly grew in interest to a convening of over 80 people from healthcare, numerous national nonprofits supporting health systems, and representatives from leading philanthropic organizations committed to equity, inclusion and community health.

Advancing the Anchor Mission of Healthcare was organized by The Democracy Collaborative with the support of CoCreative Consulting and sponsored by seven of the participating health systems—Catholic Health Initiatives, Dignity Health, Henry Ford Health System, Kaiser Permanente, ProMedica, RWJBarnabas Health, and Trinity Health—and the Robert Wood Johnson Foundation.

Foreword

Ted Howard
Co-founder and President, The Democracy Collaborative

Tyler Norris
Chief Executive, Institute for Mental Health and Wellness

In December 2016, leaders from 40 of our country's largest health systems gathered in Washington, DC for an unprecedented event in healthcare: to explore the potential to more fully harness their economic power to benefit the long-term well-being of American communities. At a time of considerable uncertainty about what the future holds for federal and state healthcare policy in America, these institutions are standing firm in their missions, commitments, and accountability to measurably increase the health and well-being of the communities they serve.

In fact, they are doubling down on their efforts by asking how healthcare institutions can explicitly embed community health improvement into their core business areas, such as hiring, purchasing, and investing practices. The sentiment among the health systems gathered in the nation's capital was clear: there is a strategic opportunity to align all their institutional assets to meaningfully impact the economic and social factors in their community that create health in the first place—good jobs and decent wages; safe and affordable housing; access to healthy food; and a healthy, clean, and safe environment.

The 40 institutions in the room that day represented significant economic power—the kind that can help transform and heal communities, particularly those in most need: $65 billion in annual purchases of goods and services, $200 billion in investment portfolios and endowments, and nearly 1.4 million employees, or almost 1 percent of the U.S. workforce.

The discussion centered on identifying how all of these economic assets, combined with the civic leadership and signif-

Over 80 participants, including representatives from 40 health systems across the country, attended *Advancing the Anchor Mission of Healthcare* on December 12-13 in Washington, DC.

icant human capital of these institutions, could be deployed to create inclusive, equitable, healthy, and environmentally sustainable communities. This is the "Anchor Mission."

The gathering represented more than just a one-day conversation in the country's debate on the future of health and healthcare. It included a collaborative session to define strategic opportunities to better leverage operational assets and activities to create healthier communities. By the end of the convening, virtually all of the participants committed themselves to launching and participating in a **Healthcare Anchor Network** dedicated to supporting them, and the entire healthcare sector, to advance their "Anchor Mission"—intentionally aligning all of their assets in partnership with their community to benefit the long-term well-being of the places in which these institutions are rooted. We hope your hospital or health system will also join them in advancing the Anchor Mission of healthcare.

For most of the leaders in the room, this step is viewed as both a natural and essential extension of their faith-based and secular missions—to be accountable for driving the health and vitality of the communities they serve.

Indeed, one year after the release of our publication, *Can Hospitals Heal America's Communities: "All in for Mission" is the Emerging Model for Impact*, it is inspiring to witness these leaders come together, setting the pace for the health sector.

They are taking a strong stand for three closely-related strategies that can measurably improve long-term health outcomes, reduce human suffering, and make care more affordable over time:

1. Increasingly employ the "all in" anchor model in operational decisions as essential to fulfilling their missions to improve health, while reducing preventable utilization as a driver of avoidable cost;

2. Make the assessment of, and referral, to basic human (social) needs a standard of care; and

3. Reduce the use of toxics and carbon-based energy and products, while increasing efficient use of other precious natural resources, such as water.

The report that follows presents insights from this gathering, and is informed by leaders in the room who shared innovative examples of healthcare anchor practices from across the country, as well as in-depth interviews with each of the more than 80 participants. It provides a glimpse at the extraordinary opportunity we have to harness healthcare's anchor power to realize improved health outcomes and more resilient communities; and it opens up possibilities for how the sector as a whole might move forward together, and partner with others, to create a culture of health throughout America—an opportunity we cannot afford to let pass by.

We invite you to join us in advancing this essential work to profoundly improve health and well-being in your institution, your communities, and across the nation. As it becomes increasingly clear that by implementing this approach we can deliver results, it increasingly becomes an ethical and business imperative that we do so.

Advancing the Anchor Mission of Healthcare

Our Call to Action

Hospitals and health systems are critical local economic engines and mission-driven organizations inextricably linked to the long-term well-being of those we serve—because of this, we as healthcare leaders, are uniquely positioned and incentivized to play a more active role in supporting our local economies. We have an opportunity and obligation to improve health and well-being outcomes in the communities we serve and confront economic and social instability in our nation that remain obstacles to that goal.

We believe the Healthcare Anchor Network is a critical platform that will help us realize the healing mission of our organizations in the 21st century and help address these challenges. The time is now for an expansion and deepening of this work in our communities, and leaders in the field are rising to the occasion. We hope your hospital or health system will join us in advancing the Anchor Mission of healthcare.

"What if we had the vision, the resources...what if we could improve overall community health? It's not about having more of anything; it's about connecting everything."
—Diane Jones, Vice President, Healthy Communities, Catholic Health Initiatives[1]

The Moment of Opportunity

As healthcare institutions are striving to improve health and well-being in our communities, we have come to a powerful realization: We must look upstream to address the social, economic, and environmental factors that cause poor health outcomes, reduced life expectancy, and higher healthcare costs in the communities we serve. To do this, we must reclaim our core healing missions and expand our historical role as acute care providers to become active agents of change—linking our everyday practices to contribute to the economic well-being of community members. With nearly 50 million people living in poverty in the United States, it is impossible to bend the cost curve in healthcare and improve the health and well-being of communities without addressing the root causes of poor health and shortened life expectancy.

Clearly social, economic, and environmental factors affect health for all Americans, but clear inequities exist across demographic groups; racial and ethnic disparities must be named. Low-income populations, including many communities of color, are disproportionately affected by illness, disability, and premature death.[3] These disparities directly increase human suffering and indirectly cost the U.S. economy more than $300 billion annually.[4] Even as we work to improve the health of all,

"This strategy is about re-envisioning our mission from solely being best in patient care to being an anchor for community health and vitality. The ultimate goal of the anchor mission approach is to increase life expectancy, improve well being, and reduce hardship. These are very complex health outcomes that can't be fixed with just healthcare interventions. It requires a 'total healing' approach."

—David Ansell, Senior Vice President for Community Health Equity, Rush University Medical Center[2]

Mohsin Hashmi of Kaiser Permanente demonstrated the Center for Total Health's interactive "Total Health Across America" wall.

we know a focus on all residents as a monolithic group would ultimately exacerbate disparities. Instead, we must intentionally seek to prioritize those residents, families, neighborhoods, and communities that have been most disconnected from the resources required to be healthy and thrive.

This moral and economic imperative is reinforced by the realization that as mission-driven organizations inextricably linked to the long-term well-being of those we serve, and as leading employers in our communities, healthcare institutions are uniquely equipped for this role. This power to act compels us to reassess the full portfolio of resources and assets we can deploy to address these socially created determinants that deprive families, children, and communities from thriving.

This increasing priority on the conditions that create community well-being has many hospitals and healthcare systems thinking about how we can move beyond what has traditionally been a "community benefit" and "community outreach" strategy. Instead, it creates an opportunity to align all insti-

By adopting the Anchor Mission approach, an institution is making a commitment to intentionally apply its long-term, place-based economic power and human capital in partnership with its community to mutually benefit the long-term well-being of both.

tutional functions beyond traditional clinical practices, and de-silo important organizational priorities like community health, diversity and inclusion, and environmental sustainability to tackle the root cause of poor health.

A holistic approach to community health is referred to as the "Anchor Mission" because it involves a hospital or health system fully understanding its role as a critical economic engine, key local actor, and committed community partner. Alongside universities, local governments, and other large public and nonprofit actors not likely to pick up and leave their communities, hospitals and healthcare systems are anchor institutions in their communities. Connected with our missions, we are well-situated to support inclusive community revitalization, development, and environmental sustainability efforts.

This shift involves understanding how the full range of our institutional assets—such as hiring and workforce development, purchasing and investment—align to mutually benefit the long-term sustainability and the vitality of the community in which it is based. By adopting the "Anchor Mission," an institution is making a commitment to intentionally apply this long-term, place-

Frame and Focus

Health System Assets and the Anchor Mission of Healthcare

Functional Assets	• Community Planning & Leadership • Business & Financing Expertise • Partnering Capacity • Communications • Government Rel./Public Policy • Reputation • Healthcare Services • Research/Data/Technology • Training • Diversity & Inclusion • Labor-Management Relations
Discretionary Assets	• Community Benefit Grants • Community Health Initiatives • Social & Economic Support Services • Foundations
Economic Assets	• HR/Hiring Capacity • Procurement/Purchasing Capacity • Treasury/Investment Capacity • Construction • Real Estate Dev./Facilities

based economic power and human capital in partnership with its community to mutually benefit the long-term well-being of both.

Through this approach, we can benefit those families and communities most in need and make healthcare more affordable for all in the process. Sarah Lechner, associate vice president of government relations with RWJBarnabas Health captures the power of this approach:

> Using an anchor mission framework to guide community goals and outcomes is necessary if you are going to become a health system that meaningfully improves community health and well-being. Our traditional model of healthcare is changing and we want it to be dramatically different going forward.[5]

The potential impact of targeting health institutions' economic power more intentionally to improve the health of individuals and communities is nearly unparalleled. Together, hospitals and health systems nationwide spend more than $782 billion in goods and services annually, maintain investment portfolios of $400 billion, and employ more

"Using an anchor mission framework to guide community goals and outcomes is necessary if you are going to become a health system that meaningfully improves community health and well-being. Our traditional model of healthcare is changing and we want it to be dramatically different going forward."

—Sarah Lechner,
Associate Vice President
of Government Relations,
RWJBarnabas Health

Frank Robinson, vice president of public health & community relations at Baystate Health, shares his perspective on the priorities for this work during a large group discussion.

than 5.6 million people (4 percent of the nation's workforce).[6] But at present, few of our organizational purchases, living wage job opportunities, or institutional investments reach the lower-income communities and communities of color facing the most pressing health disparities.

While our discussion and implementation of these anchor mission strategies have increased, their potential is still far from realized. Indeed, our current practices and incentive structures tend to make these strategies difficult to implement, despite the positive business impacts. As Ed Gerardo, director of community commitments and social investments at Bon Secours Health System notes: "More would be accomplished more quickly if financial incentives and health policies were aligned with population health."[7]

Therein lies the challenge: As healthcare institutions seeking to embrace our anchor missions to address the broader needs

of our communities, we ourselves need tools, resources, and a community of peers to foster our own learning and adoption of anchor strategies. We are entering new territory and, by joining together, we believe that we will advance this work faster, and more powerfully.

Emergence of the Healthcare Anchor Network

The seeds for our Healthcare Anchor Network began when representatives of Dignity Health, Kaiser Permanente, and Trinity Health met in Spring 2016. These individuals recognized a collective interest in expanding their impact on community health and well-being through addressing the social determinants of health. They also noted that each of them were implementing early starts, and so there were opportunities to learn from one another, and apply each others' successes as proof points.

From this early conversation, the group developed the idea for a national convening to bring together a variety of healthcare institutions to learn from and support the innovative strategies each of our systems are implementing locally to address social,

"We have focused on improving the health of the individual and family. Now we are shifting to focus on the overall health of the community. The change in values-based care goes hand-in-hand with that shift and makes this work mission critical. Financial alignment is a compelling dynamic that changes our behavior. You quickly realize that many of the kids in your NICU wouldn't need to be there if you could focus on community health."

—Amy Freeman,
President of Community Health,
Ascension Health[8]

environmental, and economic factors through creatively leveraging our many assets. The group engaged the assistance of The Democracy Collaborative, a national nonprofit advancing strategies to create more sustainable, inclusive local economies, which has been tracking best practices of health systems integrating anchor mission strategies, to organize the convening. [For examples of some of these best practices, see the *Hospitals Aligned for Healthy Communities* toolkit series at **hospitaltoolkits.org**.]

Together, the more than 40 hospitals and health systems represented at our convening purchase more than $65 billion annually in goods and services, have investment portfolios and endowments totaling $200 billion, and employ more than 1.4

Advancing the Anchor Mission of Healthcare
40 Health Systems representing

WORKFORCE
1.4 million employees

PURCHASING
$65 billion in annual spending on goods and services

INVESTMENT
$200 billion in investment assets

million people, or nearly 1 percent of the U.S. workforce. Although a snapshot of the total resources of the healthcare industry, our gathering showed the potential power of a small percentage of healthcare could wield when acting in a coordinated and intentional way to achieve their Anchor Mission.

Healthcare Anchor Network Working Goal:

U.S. health systems adopt as an institutional priority to improve community health and well-being through leveraging all of their institutional assets, including intentionally integrating local economic inclusion strategies in areas such as hiring, purchasing, and investing.

This realization and our near unified commitment to continuing this important work led to the formalization of an ongoing Healthcare Anchor Network. The aim of our network is to accelerate learning and implement innovative initiatives that support U.S. health systems in intentionally integrating local economic inclusion strategies for the development of vibrant and healthy communities.

All in for the Healthcare Anchor Mission

The convening provided rich ground for participating health systems to share various efforts in transforming their roles in the communities we serve. Whether by strengthening functional assets such as continuum of care delivery or local partnership capacity, by expanding discretionary assets such as coordinated local public health and environmental stewardship initiatives, or by driving economic assets toward inclusive local hiring, purchasing, and place-based investment, we are actively seeking opportunities to learn and support one another to more effectively engage in the work. Still, extensive interviews with participants leading up to the convening identified these latter economic asset strategies as least familiar and perhaps most underleveraged by health systems in advancing the Anchor Mission.

To address this, we began our group learning by hearing from leading voices engaged in work in these three areas:

Purchasing
Healthcare institutions are asking how we can use our considerable purchasing power to create opportunities at scale for our local and diverse communities.

Workforce
Healthcare institutions are asking how we can create good jobs and clear career paths for members of our local communities.

Investment
Healthcare institutions are asking how we can leverage our financial investments to lift up our communities and tackle key social determinants of health like affordable housing and access to healthy food.

Purchasing

Steven Standley, chief administrative officer at University Hospitals (UH) in Cleveland, Ohio explained how UH leverages purchasing and supply chains to address upstream economic and environmental conditions and build wealth in the community. Understanding that a thriving local economy is the basis of a healthy community and that UH itself is one of the largest purchasers in Cleveland, UH has worked to align the sourcing of goods and services with their mission.

The health system's supplier diversity program employs many strategies to facilitate inclusive, local sourcing, including the

"Not charity, a business strategy"
—Steven Standley,
Chief Administrative Officer,
University Hospitals

STEVE STANDLEY
CLEVELAND, OH

UH:
- RISK of MILLIONS JUST IN 2017
- BUDGET CUTS

THE POWER of THIS MOVEMENT IS IN YOUR HANDS!

VERTICALS:
- EVERGREEN CO-OPS → LOCAL → CREATE STRATEGY

YOU HAVE LEVERAGE → CREATE ✓ ENHANCE ✓ REPLACE ✓

NOT LOWEST PRICE ONLY... ...BUT COMMUNITY INCLUSION

RETRAIN VENDOR COMMUNITY

THEY ONLY TALK ABOUT THEIR PRODUCT... NOT HOW THEY HELP OR WHO THEY ARE.

SERVICES THEN PRODUCTS

YARIELA KERR-DONOVAN
HOPKINS

- COACHING ENTRY-LEVEL
- ASSISTANCE

COMMUNITY ADULT
- UNDEREMPLOYED
- UNEMPLOYED

WE ARE LITTLE CITIES... ...WE CAN BRING PEOPLE IN.

HR HAS JUDICIAL TRAINING TO ASSESS THE RISK OF HIRING FORMERLY INCARCERATED CITIZENS.

THIS ISN'T CHARITY BUT BUSINESS STRATEGY

SKILLED AUTISTIC EMPLOYEES

STAY AWAY FROM BRAND
BE BRAND NEUTRAL

PABLO BRAVO
DIGNITY HEALTH

- COMMUNITY INVESTMENT
- SHAREHOLDER ADVOCACY

COMMUNITY HEALTH UMBRELLA

HOUSING   JOBS
COMMUNITY

CALIFORNIA
- BUDGET LATE?
- LINE of CREDIT for INSTITUTIONS

COMMUNITY HEALTH MANAGEMENT PARTNERS

PARTNERSHIPS

HELP OUR LOCAL PEOPLE + BUSINESSES RISE

EVERYTHING BEGINS with JOBS
POPULATION HEALTH

STEPHANIE CIHON
TOLEDO - PROMEDICA

HUNGER AS A HEALTH ISSUE

WE OPENED A GROCERY STORE

HEALTHY MARKET   TRAINING SITE

COMMUNITY MEETINGS

500 RESIDENTS IN ATTENDANCE!   GREEN SPACES?

INVESTING IN LOCAL BANKS

TRUST   CONVERSATION

the sketch effect
VISUAL COMMUNICATION SOLUTIONS

development of a robust tier-two supplier program. With a goal of spending 80 percent of the institution's construction budget on local firms and increasing spending on local goods and services by 15 percent each year, UH understands local sourcing as a new way of doing business rather than as an add-on project. The health system goes beyond holding its own staff accountable for meeting local and diverse spending goals; UH holds its supply chain leadership accountable for the same.

"You have to get this shifted so it is seen as a business strategy and track it to document the impact," argued Standley. "I've said to our team, 'You look at what I'm doing here and think of it as charity, but this is all business strategy.' You must focus on wellness and risk, you must create jobs. If you don't shift the strategy, you're just reacting, with the same people coming in with chronic diseases."[9]

Impact

2015 Procurement figures

- Total spend: $832 million in goods and services
- Total spend with minority or women-owned business (MWBE) vendors: $62 million
- Total spend with vendors in Cleveland: $199 million
- Total spend with vendors in Ohio: $363 million

Workforce

Human Resources Director Yariela Kerr-Donovan described how Johns Hopkins University and Health System uses local, inclusive hiring to invest in the success of Baltimore, Maryland, creating career pathways for low-income people, people of color, and those who are hard-to-employ to help begin to transform the community and improve financial security—a key social determinant. "We are little cities," said Kerr-Donovan, "and we can have a large impact on unemployment and under-employment in the larger community."[10]

"We are little cities."
—Yariela Kerr-Donovan
Human Resources Director,
Johns Hopkins University
and Health System

Through its HopkinsLocal initiative, it developed a strategy to increase the number of local and diverse residents hired to work at its facilities. It has set goals for 40 percent of new hires for targeted front-line positions from seven selected Baltimore zip codes by 2018 and partnered with local faith-based and community workforce organizations to meet them. Rather than ending when a candidate is hired, job support continues through the first year of employment with the help of career coaches.

Equally important, Hopkins is also committed to supporting the career growth of those who enter through its local hiring pipeline. They provide paid training opportunities for critical skill shortage areas and career coaching to support employees advance within the Hopkins system. Hopkins also stands out in that 10 percent of hires each year have criminal backgrounds, which is on par with the reentry population percentage of the surrounding community. A number of institutional changes have made this possible including a "ban-the-box" policy, partnering with community-based organizations that work

with reentry populations, and having a background security screener help evaluate where someone could still have an opportunity.

"Because we prioritize internal hiring, we continually check in with our recruiters and hiring managers to keep on top of our workforce needs and make sure we are training internally for positions that will be available in the future. This allows us to address gaps in our internal pipeline," explained Kerr-Donovan. Echoing Standley, Kerr-Donovan stressed that "this work is part of our strategic plan. It's not charity. We are committed to ensuring that community members who are a good fit for Hopkins can work here."

Investment

Pablo Bravo, Dignity Health's vice president of community health and **Stephanie Cihon, associate vice president of community relations, advocacy, and grants at ProMedica** described how their institutions have utilized a place-based investment strategy to direct their assets towards improving their communities' overall health and well-being.

Dignity Health's Community Investment Program helps Dignity realize its mission and enhances the advocacy, social justice, and healthier communities' efforts of its hospitals and religious and community sponsors in California, Arizona, and Nevada. Dignity investments are to be used by nonprofit organizations for community economic development benefitting low-income underserved populations, including: women and children, communities of color, mentally or physically disabled individuals, veterans, and/or other disenfranchised populations.

Initiated in the early 1990s, Dignity's community investment fund has grown to more than $100 million today, with $90 million placed in dedicated investments. This amount

represents about 1 percent of investable assets. Dignity's long-term goal is that 5 percent of investable assets be allocated for community investments. Over the life of the program, Dignity has invested more than $180 million in loans and equity. Explained Bravo, "shifting even a small portion of investments to communities can have a significant impact in the overall health and well-being of a community."[11]

Cihon told participants the story of ProMedica's deep involvement in the economic development and revitalization of Toledo, Ohio. Driven to improve the health and well-being of the communities it serves, ProMedica began exploring non-clinical solutions for the high rates of obesity locally and in December 2015 they partnered with a local philanthropist to improve access to healthy food, deliver nutritional education, and provide job training.

The cornerstone of the initiative is a 6,500 square foot, full-service grocery store that offers access to healthy, affordable food to low-income neighborhoods in Toledo. The store, owned and operated by ProMedica, prioritizes sourcing from local vendors and hires hard-to-employ residents. The Institute also has plans to house a Financial Opportunity Center jointly operated with local community-based organizations. Cihon explained, "It is important to have trust and investment in the communities in which we operate, and ProMedica employs multiple economic development strategies to ensure this is the case."

Shifting the Field and Beginning Our Work

Having heard from key leaders about their experiences implementing anchor mission strategies in the field, we turned to a discussion of challenges and barriers to successfully leveraging the Anchor Mission in our institutions, communities,
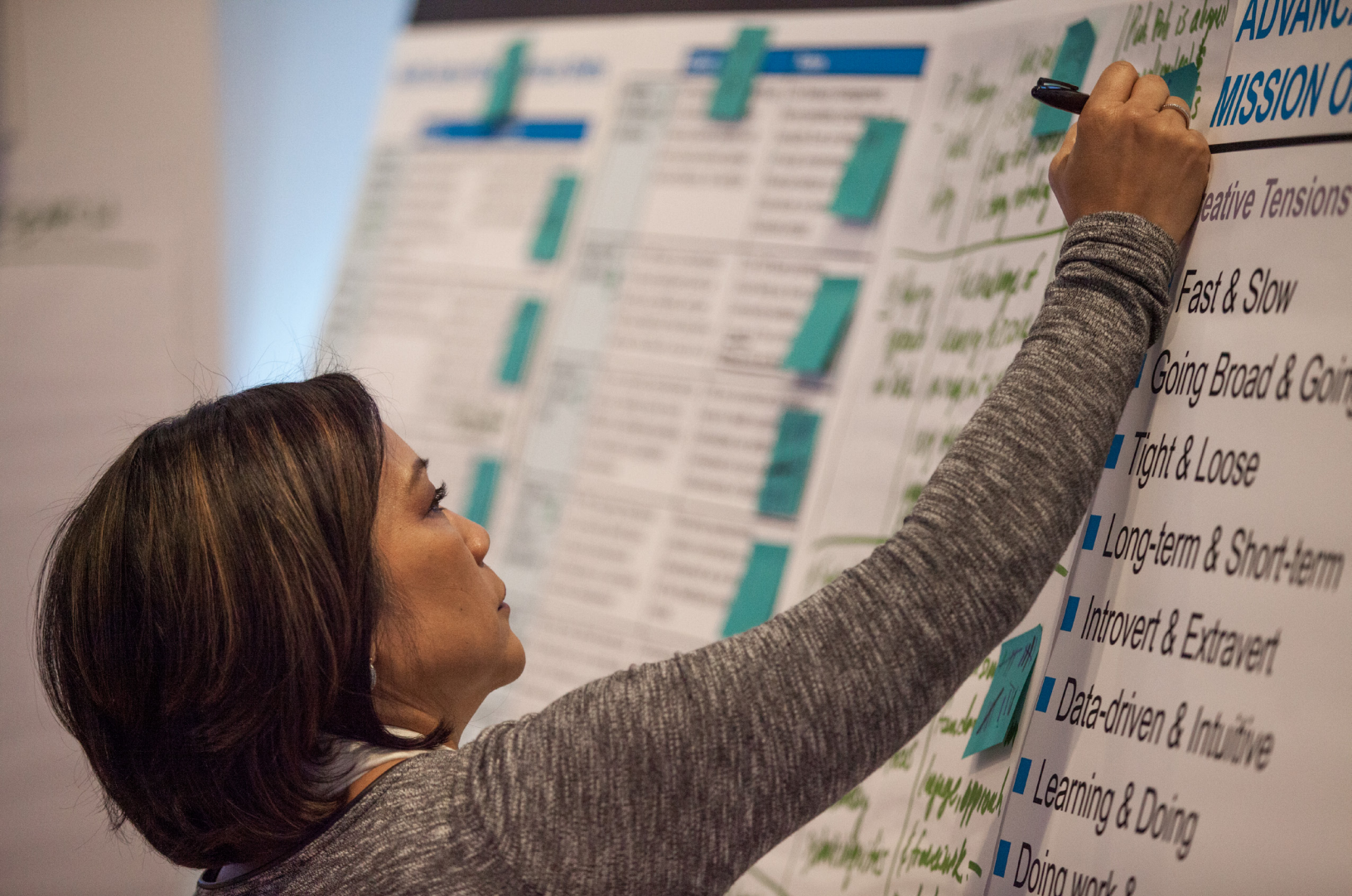
Dignity Health's Board Chair Tessie Guillermo participates in the voting process to identify the top "critical shifts" needed to advance the Anchor Mission approach. The top shifts formed the basis for the break out groups. For a full list of critical shifts, see Appendix B.

and across the healthcare sector nationwide. Drawing from nearly 80 interviews, including leaders from 40 health systems, we developed a shared analysis of critical shifts needed to scale the adoption of anchor mission strategies. Through a voting process, we consolidated these shifts and identified six priority areas for the work we would advance together.

In breakout sessions for each of the six priority areas, we then developed initial ideas and action plans for making these critical shifts happen. Each breakout group presented their top idea to the room, and there was broad consensus agreed on the need for coordination and continued action to advance this work. Priority areas identified at the convening to be advanced and refined in the coming months have the poten-

tial to serve as the key initiatives for our Healthcare Anchor Network moving forward. The priority areas and possible implementation strategies include:

Defining the Organizational Imperative

Hospital and health system leaders must be able to powerfully articulate the moral, business, and community imperative for aligning all assets, including core business practices, to prioritize equity, inclusion, sustainability, and community. We suggest that the Network could focus on developing common language within the context of values, heritage, and missions; a shared pledge including goals, measures, and resources; a platform for reporting; and a communications strategy.

Collaborating with Community Stakeholders

There is a strongly recognized need for communities to be equal partners as health systems seek a broader role working outside their four walls. To be successful, our systems must reaffirm that in all of our work, we are taking an asset-based approach rather than just a needs-based one and developing authentic partnerships "with" community members and stakeholders, not strategies "to" or "for" them. We suggest that the Network continue to elevate existing best practices around community engagement in and out of healthcare, and work to develop and strengthen collaborative structures and participatory processes to inform local implementation strategies already underway.

Getting the Incentives Right

Part of defining the organizational imperative will be creating the right incentives to encourage alignment of institutional resources and motivate key actors within the health system, such as senior leadership and management. Many current incentive structures do not directly encourage this work, and even shift practices away from improving the health and well-being of the community. Payment systems still focus

primarily on the quantity of care, not the quality, and business practices focused on short-term cost savings rather than long-term health creation are still the norm. We suggest working to accelerate this realignment through furthering the adoption of value-based payment models, including developing new ones based on social well-being indicators and outcomes.

Aligning Approaches for Scale

There is significantly more transformative power through harnessing the knowledge, energy, and expertise of champions and leaders across institutions than through individual institutions acting alone. We suggest the need for adaptive infrastructure to allow for rapid learning to share best practices and lessons learned, and to decrease variation in implementation practices across anchor institutions. Forming our Healthcare Anchor Network is step one in that process toward aligning approaches for scale, addressing the problem that this work is often 'siloed' and implementation practices are reinvented each time.

Building the Evidence Base

To accelerate the adoption of these strategies, health systems must be able to tell the story of why these anchor mission strategies matter. Since many of the health outcomes from upstream anchor strategies may take years to materialize, our network could help develop more convincing process outcomes and common measures frameworks that institutions can look to as they seek to implement strategies over longer time horizons. In addition, we suggest the network could identify gaps in the social determinants of health or anchor strategy evidence base that would need to be gathered, to better inform the organizational imperative or need of this work.

Aligning Our Work to Advance Policy

Historically, healthcare's collective policy agenda has been acute-care focused. An Anchor Mission framework expands

Wylie Liu, director of university community partnerships at UCSF and Colleen Groll, sustainability program manager at Seattle Children's Hospital brainstorm about how to advance anchor mission strategies.

the discourse about priority advocacy areas and challenges us to promote a public policy agenda that is informed by the systematic root causes of poor health in vulnerable communities. Working with advocacy partners, such as The Root Cause Coalition, our network can define the policy agenda at the local, state, and national level for a newly aligned healthcare sector focused on enhancing health and well-being broadly.

As we work together over the months ahead, these key priority areas will be further developed and refined into concrete and actionable programs, policies, products, or services to help our institutions advance the anchor mission. We will look closely at existing efforts in the field to ensure our work will not only coordinate with but also strategically leverage and enhance the work of our allies and partners.

The Path Forward

We know that access to excellent healthcare alone cannot eliminate health disparities in our communities. As healthcare

leaders, we need to examine how the non-clinical aspects of our organizations can advance equity and inclusion, environmental sustainability, and community health improvement. We are launching the Healthcare Anchor Network so we can more effectively work to scale these practices and help all our organizations achieve their Anchor Mission.

Through our work as a health system-led network, we hope to help each other more rapidly and effectively advance anchor missions within our institutions, the communities we serve, and across the healthcare sector by effectively and efficiently sharing best practices, aligning priorities, establishing strategic partnerships, and designing and implementing solutions to shared challenges. As Michellene Davis, executive vice president and chief corporate affairs officer of RWJBarnabas Health in New Jersey said, "Many hospitals, while well-intentioned, have been doing this anchor work somewhat haphazardly; now, more than ever, we need to learn best practices from one another and develop strategy and execution with a laser focus."

Our founding network members will build off of the critical shifts identified at the convening, and start the work of making those shifts happen. We will share lessons learned in trying to implement this work locally while creating an envi-

"10 years out, if this approach takes off in cities across America, you'll have hospitals and health systems helping create healthier and more sustainable communities as a core part of their healing mission. They will be partnering with school systems and universities to strengthen local food systems and investing in healthy housing as a vaccine against illness. They will be supporting community-based renewable energy systems as both a climate and health measure. And health systems will be using their economic power to catalyze equitable and sustainable local economies that improve the health of all."

—Gary Cohen, President, Health Care Without Harm[12]

ronment for scaling it nationally, through documenting best practices, building the evidence base, and identifying more effective incentives.

The moment is unparalleled in the opportunity that healthcare has to demonstrate leadership in its local communities. The challenges are equally stark as economic and social instability create daunting obstacles to community health improvement in the communities we serve. We believe this collaboration is a critical step toward realizing the healing mission of our organizations in the 21st century. The time is now for an expansion and deepening of this work in our communities, and leaders in the field are rising to the occasion. We hope your hospital or health system will join us in advancing the Anchor Mission of healthcare.

Michellene Davis, executive vice president and chief corporate affairs officer of RWJBarnabas Health participates in break out group discussion on how to scale anchor mission approaches.

Appendix A

Advancing the Anchor Mission of Healthcare Convening December 12-13, 2016, Washington, DC

List of Participants

Advocate Health Care

Mary Larsen
Director, Sustainability and Supplier Diversity

America's Essential Hospitals

Bruce Siegel
President & CEO

American Hospital Association

Marie Cleary-Fishman
Vice President, Clinical Quality

Annie E. Casey Foundation

Charles Rutheiser
Senior Associate

Ascension Health

Maria Mupanomunda
Director, Community Health

BALLE

Michelle Long
Executive Director

Baptist Health

Bill Duquette
CEO

Baystate Health

Frank Robinson
Vice President, Public Health & Community Relations

Bon Secours Health System

Ed Gerardo
Director, Community Commitment and Social Investment

Boston Medical Center

Megan Sandel
Associate Director, GROW Clinic, Principal Investigator

Brigham and Women's Hospital

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Vice President, Community Health and Health Equity

Build Healthy Places Network

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Tim Moran
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ChangeLab Solutions

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Christiana Care Health System

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Kristen Morris
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Vice President, Community Health

The Democracy Collaborative

Ted Howard
President and Co-Founder

David Zuckerman
Manager, Healthcare Engagement

Katie Parker
Research Associate

Dignity Health

Pablo Bravo
Vice President, Community Health

Tessie Guillermo
Board Chair

Gundersen Health System

Mark Platt
Sr. Vice President, Business Services

Jeff Thompson
Executive Advisor and former CEO

Health Care Without Harm

Gary Cohen
President

Health Leads USA

Damon Francis
Chief Medical Officer

Henry Ford Health System

Thomas Habitz
Urban Planning Specialist

Johns Hopkins University and Health System

Yariela Kerr-Donovan
Human Resource Director

Senior Vice President of Business Services at Gundersen Health System Mark Platt reports back on the brainstorm from the Collaborating with Community Stakeholders break out group. The group developed a plan to accelerate high functioning community advisory councils.

Affan Sheikh
Associate for Strategic Initiatives

Kaiser Permanente

Bechara Choucair
Chief Community Health Officer and Senior Vice President, Community Health and Benefit

Racheal Meiers
Project Manager-Lead, Total Health, Community Benefit

Tyler Norris
Vice President, Total Health Partnerships (Effective January 2017, Chief Executive, Institute for Mental Health and Wellness)

Robert Phillips
Senior Director, Communications, Community Benefit

John Vu
Vice President, Strategy, Community Benefit

Kresge Foundation

David Fukuzawa
Senior Program Officer

Robin Hacke
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Massachusetts General Hospital

Joan Quinlan
Vice President, Community Health

Medical University of South Carolina

Anton Gunn
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Mercy Health

Denyse Adams Ferguson
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Mission Health System

Marc Malloy
Sr. Vice President, Health Plan Solutions

Laurie Stradley
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Mt. Sinai Health System

Prabhjot Singh
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Jeff Hornstein
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Our Lady of the Lake Regional Medical Center

Terrie Sterling
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Coletta C Barrett
Vice President of Mission

Presbyterian Healthcare Services

Kathleen Davis
Sr. Vice President and Chief Experience Officer

ProMedica

Stephanie Cihon
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RWJBarnabas Health

Michellene Davis
Executive Vice President, Chief Corporate
Affairs Officer

Sarah Lechner
Vice President, Policy and Government Affairs

Coletta C Barrett, vice president of mission at Our Lady of the Lake Regional Medical Center and Diane Jones, vice president of healthy communities at Catholic Health Initiatives participate in a paired discussion on the critical shifts needed to advance this work.

Barbara Mintz
Vice President, Healthy Living and Community Engagement

Seattle Children's Hospital

Colleen Groll
Sustainability Program Manager

Lara Sim
Manager, Community Benefit

The Funders' Network

Katherine Pease
Coordinator, Anchor Institution Funders Group

The Root Cause Coalition

Jason Gromley
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Trinity Health

Jaime Dircksen
Director, Community Health Institute

Tonya Wells
Vice President, Public Policy & Federal Advocacy

Trinity Health - New England

Marcus McKinney
Vice President

UCSF

Wylie Liu
Director, University Community Partnerships

UMass Memorial Health Alliance Hospital

Deborah Weymouth
President and CEO

University Hospitals

Steven Standley
Chief Administrative Officer

UW Health

Jonathan Jaffery
Chief Population Health Officer

Wake Forest Baptist Health

Gary Gunderson
Vice President, FaithHealth

World Business Chicago

Kathryn Yaros
Anchor Relationship Manager

Appendix B

Critical Shifts

During the convening, participants selected six priority areas from a list of over 30 critical shifts that were identified in the stakeholder interviews conducted with participants. A critical shift describes one part of that current strategic picture that is not working right now, and how that part of the picture should look in the future. The Healthcare Anchor Network will work to generate and implement actionable programs, products, services or policies that encourage these shifts to happen. Together, the shifts make up the initial system change strategy.

	Current State	Future State
Getting the incentives right	We are primarily incentivized by volume, making it even more difficult to rationalize spending our resources on upstream interventions.	We are incentivized to deliver value in health outcomes, which rationalizes our additional investment in non-clinical determinants of health.
Collaborating with community stakeholders	I'm challenged in collaborating effectively with other community stakeholder groups on placed-based anchor strategies.	Leaders have an effective framework and participatory process for working productively with community stakeholder groups, and including a diversity of voices in the work.
Defining the organizational imperative	I struggle to articulate a relevant and clear organizational imperative for leveraging our institutional assets toward community economic development.	I can clearly articulate a powerful organizational imperative for advancing the anchor mission across my organization.
Aligning our work to advance policy	Public policy is disjointed in our community and nationally, and our Government Affairs officer is doing everything alone.	Collaboratives are aligned around shared community and national policy priorities and goals.
Building the evidence base	My lack of evidence-based practices for anchor mission strategies is holding back more widespread support for those strategies.	I can readily point to anchor mission strategies that have a strong evidence base, including specific metrics on community health impact.
Aligning approaches for scale	The challenges of advancing this work are tremendous, but we are using disparate language, approaches, and frameworks which can be confusing to people.	We have common language, approaches, and frameworks to to build momentum for the anchor movement in our communities and across the sector.
To be addressed in all shifts above		
Prioritizing a systemic focus on equity and inclusion	Equity and inclusion are implicit in our work, but we are not building awareness and focus on addressing systemic inequities.	Equity and inclusion are foundational and explicitly named in our language, approaches, frameworks, and values.

Appendix C

Beginning to Integrate Economic Inclusion Strategies

As more healthcare institutions join the effort to reorient the business of healthcare in communities and integrate economic inclusion strategies in their central mission, hospitals and health system administrators need actionable approaches to shifting workforce, purchasing, and investment practices. Such approaches are detailed at length in **Hospitals Aligned for Healthy Communities**, a series of toolkits designed by The Democracy Collaborative with the support of The Robert Wood Johnson Foundation.

These toolkits provide tools for health systems to integrate community health principles into business functions often thought of as distinct from improving health: 1) workforce development and hiring, 2) procurement, and 3) investment. The series presents best practices of leading healthcare institutions across these functions and includes tools, templates, and other interactive resources to help healthcare institutions shift internal practices to improve health outcomes in the communities they serve. To access the full toolkits, please visit **hospitaltoolkits.org**.

Inclusive, Local Hiring — Building the Pipeline to a Healthy Community — The *Hospitals Aligned for Healthy Communities* toolkit series

Inclusive, Local Sourcing — Purchasing for People and Place — The *Hospitals Aligned for Healthy Communities* toolkit series

Place-based Investing — Creating Sustainable Returns and Strong Communities — The *Hospitals Aligned for Healthy Communities* toolkit series

The Democracy Collaborative

The Democracy Collaborative, a nonprofit founded in 2000, is a national leader in equitable, inclusive, and sustainable development. Our work in community wealth building encompasses a range of advisory, research, policy development, and field-building activities aiding on-the-ground practitioners. Our mission is to help shift the prevailing paradigm of economic development, and of the economy as a whole, toward a new system that is place-based, inclusive, collaborative, and ecologically sustainable. A particular focus of our program is assisting universities, hospitals, and other community-rooted institutions to design and implement an anchor mission in which all of the institution's diverse assets are harmonized and leveraged for community impact.

Learn more:

http://democracycollaborative.org
http://community-wealth.org

Notes

1. Diane Jones, comments at Advancing the Anchor Mission of Healthcare convening, Washington, DC, December 13, 2016.
2. David Ansell, interview by Russ Gaskin and David Zuckerman, October 4, 2016.
3. U.S. Department of Health and Human Services, *HHS Action Plan to Reduce Racial and Ethnic Health Disparities: A Nation Free of Disparities in Health and Health Care* (Washington, DC: U.S. Department of Health and Human Services, Office of Minority Health, 2011), https://minorityhealth.hhs.gov/npa/files/plans/hhs/hhs_plan_complete.pdf.
4. LaVeist, T. A., D. Gaskin, and P. Richard, "Estimating the economic burden of racial health inequalities in the United States," *International Journal of Health Services* (2011) 4(12).
5. Sarah Lechner, interview by David Zuckerman, December 2, 2016..
6. American Hospital Association, *Economic Contribution Often Overlooked* (Chicago, IL: American Hospital Association, 2014), http://www.aha.org/content/14/econcontribution.pdf; Tyler Norris and Ted Howard, *Can Hospitals Heal America's Communities? All in for Mission is the Emerging Model for Impact* (Washington, DC: Democracy Collaborative, 2015), http://democracycollaborative.org/content/can-hospitals-heal-americas-communities-0.
7. Ed Gerardo, interview by Katie Parker, November 7, 2016.
8. Amy Freeman, interview by David Zuckerman, November 21, 2016.
9. Steven Standley, comments at Advancing the Anchor Mission of Healthcare convening, Washington, DC, December 13, 2016.
10. Yariela Kerr-Donovan, comments at Advancing the Anchor Mission of Healthcare convening, Washington, DC, December 13, 2016.
11. Pablo Bravo, comments at Advancing the Anchor Mission of Healthcare convening, Washington, DC, December 13, 2016.
12. Gary Cohen, interview by Maren Maier, September 27, 2016.
13. David Zuckerman and Katie Parker, *Hospitals Aligned for Healthy Communities* (Washington, DC: Democracy Collaborative, 2016), http://hospitaltoolkits.org/.