



## **Navigating Change: Sustaining the Anchor Mission Amidst Leadership Transition at UMass Memorial Health**

As Doug Brown neared retirement from UMass Memorial Health (UMMH) after 20 years, he reflected, “What did we accomplish over the last five years, and what could we have done differently with our Anchor Mission?” The Anchor Mission was a groundbreaking initiative focused on leveraging UMMH’s economic power to improve community health and well-being through local sourcing, local hiring, and investment in place. More importantly, Doug questioned how the institution should ensure the future success of the Anchor Mission in conjunction with ongoing efforts regarding health and healthcare equity, DEIB (Diversity, Equity, Inclusion, and Belonging), and community benefits.

Doug Brown, President of Community Hospitals and Chief Administrative Officer at UMMH, and Rick Siegrist, a faculty member at the Harvard T.H. Chan School of Public Health and former Board Chair of UMMH, led the efforts to adopt an Anchor Mission at the health system. At Doug’s retirement party, Rick commented:

Working closely with Doug for the last ten years has been a special pleasure, personally and professionally. I trust his judgment completely and am in awe of his ability to make people feel listened to and supported. His level-headed approach to innumerable, significant challenges has served UMass Memorial well. His efforts in getting UMass Memorial to adopt and then deliver on an Anchor Mission are groundbreaking and his most important legacy.

Rick shared Doug’s interest in seeing the Anchor Mission evolve and wondered how he should best work with his board colleagues and senior leadership in that endeavor. He was also concerned about what might happen when the biggest champion of the Anchor Mission was no longer at UMMH. What strategies would be needed to ensure sustained impact and engagement from all stakeholders?

## **UMass Memorial Health Background**

UMMH is a \$4 billion non-profit healthcare system based in Worcester, Massachusetts, comprising an academic medical center, three community hospitals, a multi-specialty group practice, and several affiliated entities. It employs 17,000 individuals, including 1,700 physicians and 3,000 registered nurses, making it the largest health system in Central Massachusetts. UMMH's strong affiliation with the University of Massachusetts Chan Medical School enhanced its academic and clinical reputation.

Worcester County, where UMMH operates, has a diverse population with significant socioeconomic challenges. Despite improvements in unemployment rates and median household incomes, the area still grapples with issues such as poverty, food insecurity, housing instability, and health disparities.

UMass Memorial is the safety net health system for Central Massachusetts. Its mix is 24% Medicaid (Mass Health), 44% Medicare, 30% private pay, and 2% other. Because of profitable joint ventures and proactive management efforts, UMMH successfully exited COVID financially despite experiencing continued operating losses.

Dr. Lynda Young, a retired Worcester pediatrician, is the current Chair of the Board of Trustees for UMMH. Elvira Guardiola, attorney and Parking Commissioner for the City of Worcester, is the Board Vice-Chair and Chair of the Community Benefits Committee. Both are strong supporters of UMass Memorial's Community Benefits and Anchor Mission efforts.

## **Germination of the Anchor Mission at UMass Memorial Health**

The initial idea for an Anchor Mission came from a governance conference that Doug Brown and Rick Siegrist attended in 2016. After hearing about what CEO Randy Oostra was doing at ProMedica in Toledo, Ohio, addressing food insecurity through an Anchor Mission, Doug and Rick asked themselves, "Why can't we do something similar at UMass Memorial?"

The Anchor Mission at UMass Memorial Health (UMMH) was inspired by The Democracy Collaborative, which advocated for leveraging healthcare institutions' economic power to address social determinants of health. The idea was to move beyond traditional clinical care and use the institution's resources to promote social and economic equity in the community.

Eric Coles and Ahmad Alkasir, then Harvard School of Public Health DrPH students, conducted an in-depth study of the feasibility of an Anchor Mission early in 2018 and recommended that UMMH seriously consider moving ahead with a pilot. David Zuckerman, then from The Democracy Collaborative and current President and Founder of Healthcare Anchor Network (HAN), was instrumental in helping UMMH think through what would be involved in adopting an Anchor Mission.

The initial steps involved forming a steering committee that included representatives from various departments across UMMH, including finance, human resources, and community

benefits. The committee aimed to ensure that the Anchor Mission would be integrated into the broader organizational strategy and not viewed as an add-on to existing community benefits programs.

Doug Brown invited Randy Oostra, CEO of ProMedica, to share insights from their successful Anchor Mission during an offsite Board meeting in June 2018. This presentation reinforced the viability of UMMH's pilot plan. The Steering Committee then held a retreat in August 2018 to identify and prioritize specific projects within each pillar of the Anchor Mission for later presentation to the Board.

The Steering Committee selected three key projects:

1. Allocate 1% of UMMH's investment portfolio to community investments.
2. Provide targeted technical training for entry-level positions, focusing on individuals from specific neighborhoods.
3. Build a system for local purchasing and support local organizations to increase their capacity.

In September 2018, Doug Brown presented the Anchor Mission concept to the Board of Trustees, including the proposed local sourcing, local hiring, and community investment initiatives. The Board unanimously approved adopting the Anchor Mission and fully supported those initiatives.

## **Leadership and Vision**

Doug Brown's leadership was pivotal in championing the Anchor Mission. His background in public service and law (former General Counsel and Acting Commissioner of Massachusetts Medicaid) and his passion for community health helped drive the initiative forward. Brown recognized that sustaining the Anchor Mission would require not only tangible achievements but also a cultural shift within the organization.

UMMH's Anchor Mission was designed to be more than just a series of projects; it was envisioned as a paradigm shift in how the organization approached its role in the community. By embedding the principles of the Anchor Mission into the organizational culture, UMMH aimed to create lasting change that would improve health outcomes and promote economic equity in Central Massachusetts.

Doug offered his view on what an Anchor Mission really meant:

There can be confusion about what an Anchor Mission truly is. It is not really a program or an initiative. Rather, it is a philosophy, an ethos, a way of life, an intentional decision/belief that we should use resources not just for healthcare but for equity outside our own four walls. It involves a willingness to serve any and all needs.

From the very beginning, I knew we had to move beyond traditional healthcare and address the root causes of health disparities in our community. The Anchor Mission was our way to leverage UMMH's resources to create lasting change.

**Exhibit 1** shows the organizational structure of the Anchor Mission during its first five years.

## **Community Investment Pillar – Accomplishments and Challenges**

Community investment was a crucial pillar of the Anchor Mission. For UMMH, community investment was an impact investment approach advocated for by the Healthcare Anchor Network that targeted both social and financial returns in specific communities and geographies of need while achieving a modest financial return or, at a minimum, preserving the principle.

The evaluation approach was structured as follows:

1. *Implement an investment policy* that outlines the criteria for evaluating potential investments, including:
  - Repayment likelihood/risk level
  - Alignment with CHIP (Community Health Improvement Plan) and CHNA (Community Health Needs Assessment)
  - Preference for projects leveraging other partners/resources,
  - Target 3 to 5-year investment period
  - Preference when other indirect benefits to UMMH and affiliates
2. *Collect pitches from community partners*, selection and approval by the Anchor Mission Committee, vetting by the legal/finance office, and final approval by the UMMH Investment and Pension Committee
3. *Expand our impacts* by building a collective impact with other businesses, anchors, and investors.

The overall philosophy was that community investments needed to demonstrate a modest return on investment and ultimately sustain funding.

Following the above process, UMMH's commitment to community investments expanded from \$4 million at the start in 2018 to \$10 million in 2024, reflecting the organization's dedication to social equity. Project areas included:

- Investing in affordable housing, a significant social determinant of health, to address homelessness and to encourage first-time home ownership
- Supporting innovative local arts initiatives to help in neighborhood revitalization, employment, and engagement

- Promoting non-traditional services such as adult day care, assistance for vulnerable young women, and minority-owned business leasing support.

**Exhibit 2** provides more specifics about the early investments made.

One of the biggest challenges in community investment was aligning social impact goals with financial self-sufficiency. Upstream constraints, such as the local economy and vendor base, and downstream factors, such as community partnerships, would affect the success of these investments.

To overcome these challenges, UMMH needed to develop a comprehensive measurement system that tracked both intermediate and final outcomes. Engaging external evaluators and establishing leadership succession plans were also critical for sustaining the initiative.

Jeanne Shirshac, Vice President of Health Policy and Public Programs, emphasized the need for flexible metrics that aligned with the Anchor Mission’s goals and demonstrated clear social impacts. “Aligning social impact with financial sustainability is a complex but necessary task,” Shirshac noted. “We need metrics that can capture both immediate and long-term benefits to our community.”

There was some questioning in the community about how investment decisions were being identified and prioritized and why the community was not more involved upfront. In response to this feedback, Doug related:

In hindsight, I regret not doing a better job of this, and I think it was a clear misstep that I take responsibility for. But it might also be useful to understand that, however unfortunate this appears, it was indeed an intentional decision we wrestled with at the time. We consulted other organizations ahead of us and were told NOT to do so before we got our own house in order first because if we reached out to the community too early, the advice was that expectations would become too great. The program could topple of its own weight.

Dave Zuckerman, President of the Health Anchor Network, offered the following insights: “UMMH has truly funded many community-rooted projects. I totally understand seeking to be more intentional, but in many ways, I think UMMH has had one of the most organic processes for surfacing ideas of any HAN members.”

## **Local Hiring/Workforce Development – Accomplishments and Challenges**

Workforce development had been one of the most successful pillars of the Anchor Mission. Kelly Aiken, Director of Workforce Development and Planning, understood the critical need to incorporate local hiring into UMMH’s annual strategic plans. By investing in professional development and training opportunities for existing employees and promoting local hires, UMMH aimed to enhance the community’s economic condition.

Aiken established a coordinating committee to align local hiring goals with the broader objectives of the Anchor Mission, health equity, and DEIB initiatives. This holistic integration was intended to ensure that the Anchor Mission's impact was both significant and sustainable. This effort built upon earlier work led by Alan Weston, VP of Human Resources, and Suzanne Stinson, VP of Strategic Planning and Business Development, that focused on certain job categories and coordinated with local agencies to try to fill them in ways the health system had never done before.

“Our local hiring initiatives have not only provided job opportunities but have also strengthened our community's economic health,” said Aiken. “Investing in our workforce is critical to our Anchor Mission's success.”

A successful example of local hiring at UMMH was the partnership with community colleges to create tailored training programs that prepared local residents for entry-level positions within the healthcare system. These programs not only provide valuable job opportunities for community members but also help address staffing shortages within UMMH. By investing in the professional development of its workforce, UMMH desired to enhance employee retention and job satisfaction, contributing to the overall success of the Anchor Mission.

However, translating HR's work into more significant strategic guidance required unified leadership. The departure of a leader like Doug Brown, who could unite the vision and action, presented a critical challenge. To address this gap, UMMH sought to foster strong leadership and collaboration across departments to ensure local hiring remained a strategic priority.

## **Local Sourcing and Procurement – Accomplishments and Challenges**

UMMH focused on three goals for its Anchor Mission purchasing:

- Purchase more from minority and women-owned businesses to help close the racial and gender wealth gap
- Purchase more from local businesses that create jobs and build wealth in the communities it serves
- Take better care of the environment for future generations through its purchasing decisions.

UMMH expanded the scope of local procurement from women and minority-owned businesses (MWBE) to include all addressable spend categories (i.e., the portion of the budget that can be influenced or managed by the purchasing or procurement team) and committed to developing local vendor capacity through skills development and relationship building.

One innovative approach UMMH took was partnering with local business incubators to support the growth of minority and women-owned businesses. These incubators provided entrepreneurs the training, resources, and networking opportunities needed to scale their operations and meet

UMMH's procurement standards. By fostering a more diverse vendor base, UMMH could not only support local economic development but also strengthen its supply chain resilience.

**Exhibit 3** highlights progress over time regarding local MWBE sourcing, from \$3.5 historical spend in 2020 to \$8 million in 2023.

Local sourcing and procurement have been among the most challenging aspects of the Anchor Mission. UMMH outsourced its procurement via Vizient, a group purchasing organization, which made it difficult to align local procurement with the Anchor Mission's goals. Ed Bonetti, Vice President of Supply Chain, highlighted the difficulty of aligning Anchor Mission priorities with core supply chain operations. Despite efforts to focus on minority and women-owned businesses, the limited number of such vendors in Central Massachusetts posed a significant challenge. "One of our biggest hurdles has been finding local vendors that meet our operational and quality needs," explained Bonetti. "We need to invest in developing these businesses to build a more resilient and diverse supply chain."

Stephanie Doan-Soares, Senior Director of Health Policy and Equity, wrote her Harvard doctoral thesis, "Like Turning a Ship in a Channel: Reframing Complexities and Solutions for Supplier Diversity and Local Purchasing in Healthcare,"<sup>1</sup> on these challenges. She concluded: "Leaders should empower and incentivize staff at multiple levels (within the supply chain and the departments making purchasing decisions) to make changes. Senior leaders must link supplier diversity to business strategy, and leaders at all levels should negotiate with vendors and others to create innovative solutions and multiply impact."

She continued, "By continuously telling stories, leaders can position local and diverse supplier efforts as an important symbol of the organization's commitment to diversity, equity, and inclusion, likely increasing the interest of local and diverse vendors in doing business with the system."

Kathleen Hylka, VP of Facilities and Support Services, proactively included local sourcing and hiring in the requirements for UMass Memorial vendors with demonstrable results:

- National food supplier Sodexo now reports % of their food spend from local vendors, new local vendors added, the dollars spent on impact purchases from diverse, sustainable local suppliers, and the pounds of food kept out of the landfill. Due to UMMH's influence, Sodexo has undertaken similar initiatives with other anchor institutions.
- The general contractor for UMass Memorial's new inpatient building now routinely reports information on local contract awards, dollars invested to date, and local workforce participation.

**Exhibit 4** shows the quantified results of these two initiatives.

According to Kate Behan, Senior Director of Corporate Partnerships, “As a result of our “lens” change on this work due to the adoption of the Anchor Mission, and several impressive leaders’ understanding and application of its principles, we have done some amazing work in this space.”

## **Volunteering – Accomplishments and Challenges**

UMass Memorial added Volunteering as the fourth pillar of the Anchor Mission based on the groundswell of support and interest in participating across all levels of the organization, from housekeeping to finance to clinical operations.

The approach focused on connecting UMMH employees to volunteer opportunities with community partners and organizations throughout Central Massachusetts, organizing multiple opportunities throughout the year, and providing rewards and recognition through shout-outs, donations to the Employee Assistance Fund, and employee wellness portal points.

Many employees who volunteered felt it helped enhance their sense of purpose in working at the institution and lessened some of the frustration of “fixing people up” health-wise just to return them to the social determinant challenges that contributed to their ill health. One employee commented, “Of course, it is a nice thing to do, but it will get me outside for some mental health therapy!”

UMass Memorial adopted a specific policy regarding volunteering called the Anchor Mission Caregiver Community Volunteering Program. The policy states: “As part of our commitment to addressing the social drivers of health as an Anchor Mission Institution, UMass Memorial encourages our caregivers to volunteer with local non-profit organizations to improve the overall health of the communities we serve. In addition, research demonstrates that volunteering can be a key contributor to an employee’s sense of meaning and well-being, thus furthering our goal of supporting our caregivers to become the best place to give care.”

## **Unanticipated Benefits of the Anchor Mission Efforts**

### ***Recruitment:***

Tricia Pistone, one of the co-leaders of Community Health Equity, described how she became involved. “As a result of UMMH’s commitment to Anchor Mission efforts in our region, I accepted the position of Senior Director of External Affairs for UMMH – HealthAlliance-Clinton Hospital. Through the support of the system, I am having a direct impact on the upstream public health, health equity, and social determinants of health in our region.”

### ***Partnership:***

Will Erickson from the UMass Memorial/SHARE Union Labor Management Partnership Office commented on his union’s engagement. “Partnering with our hospital system around Anchor Mission work has enabled our union’s leaders to widen our lens to include the communities our members come from and live in. And it’s given us a shared vocabulary and set of data to talk



with the hospital about things like career ladders and removing the barriers that make it harder for people from some places to be more successful at work than others.”

### ***Merger Receptivity and Regulatory Approval:***

One of the critical reasons Harrington Hospital, a 119-bed community hospital located in Central Massachusetts, chose to merge with UMMH instead of another system was UMMH’s commitment to invest \$4 million over ten years in the Harrington service area through the Anchor Mission. The Anchor Mission investment also smoothed the needed regulatory approval from the Massachusetts Attorney General’s Office, Health Policy Commission, and Department of Public Health. Multiple representatives from these agencies commented favorably on these efforts. It is believed to be the first and only known hospital acquisition to date to include an anchor mission element in the agreement.

The Staff Report to the Massachusetts Public Health Council for a Determination of Need for the merger of Milford Regional Medical Center, a 148-bed community hospital in Central Massachusetts, into UMass Memorial prominently referenced the Anchor Mission in the Public Health Value – Health Equity report section. It stated, “The Project will expand upon MRMC’s community-based efforts to support the improved health of the Milford community and further UMMHC’s Anchor Mission...The Anchor Mission commitments will be reflected in key terms of the affiliation as they were with Harrington.”<sup>2</sup>

### ***Local and National Recognition:***

UMass Memorial is a co-founding member of the Healthcare Anchor Network (HAN), a national collaboration of over 75 health systems focused on building more inclusive and sustainable local economies. HAN’s members collectively had 2 million employees, purchased \$100 billion annually, and held \$200 billion in investment assets. HAN provides a data dashboard that includes members’ anchor mission data for nearly 50 indicators in the areas of human resources, supply chain, treasury, and sustainability.

UMass Memorial was one of the first health systems to commit to investing 1% of its investment assets in local projects by signing into the HAN Place-based Investment Commitment as well as the Impact Purchasing Commitment to purchase from local, diverse, sustainable, or high-impact (e.g., worker cooperatives, social enterprises) business. As a result, it was viewed as a national leader regarding its Anchor Mission. UMMH board member Richard Siegrist became a member of the HAN board in 2024.

**Exhibit 5** shows the institutions that initially signed on to the Anchor Mission Leadership Commitment at a national convening in 2020. **Exhibit 6** provides a sampling of the health system members of HAN.

A national podcast and interview between John Hauptert, the Chair of the American Hospital Association, and Doug Brown in 2023 featured UMMH’s Anchor Mission. According to John, “We discuss the many ways that hospitals, health systems and care providers support their

communities beyond offering great medical care. While UMass Memorial has always been focused on programs to support their community, Doug shares how it reimagined its role as an anchor organization to lift up the community. We also talk about how strong community support has the added advantage of boosting employee morale as they are proud of the mission.”<sup>3</sup>

The Anchor Mission involvement also improved UMMH’s reputation in the community. Sergio Melgar, EVP and CFO at UMass Memorial Health, said, “Our standing in the community has risen. They see that we’re really about furthering the health care and the well-being of the community as a whole.”

## **Other Planned Anchor Mission-Related Initiatives**

The Anchor Mission team undertook several other initiatives that were not as successful as hoped. The team tried to engage leading local private employers and educational institutions to join the Anchor Mission initiatives but did not get much traction. They also raised the idea of establishing an Anchor District in an underserved area of Worcester to address the social determinants of health more directly, which has not yet come to fruition.

## **Anchor Mission Goals and Bonus**

The top 400 executives and managers at UMass Memorial had 7.5% of their annual bonus tied to meeting Anchor Mission goals. The remaining bonus was typically tied to quality (40%), patient experience/caregiver engagement (22.5%), and operating margin (30%).

Those goals and progress against those goals (miss, threshold, target, and stretch) are indicated in **Exhibit 7** for 2021 through 2024. **Exhibit 8** provides more detail for the 2023 and 2024 goals.

## **Community Benefit, Engagement, and Organizational Structure**

UMass Memorial has a long-standing and passionate commitment to the community. Apart from being the safety-net hospital for Central Massachusetts, it was a national finalist for three years for the prestigious Foster G. McGaw Prize in 2017, 2019, and 2022. The American Hospital Association sponsored award honored hospitals and health systems for their exceptional commitment to community service. In addition, UMMH earned the inaugural Bernard J. Tyson National Award for Excellence in Pursuit of Healthcare Equity in 2021.

Broader community engagement had been a persistent challenge for the Anchor Mission. The lack of proactive outreach from UMMH to community leaders had hindered the Anchor Mission’s progress. “Building trust with our community is essential for the success of the Anchor Mission,” stated a Worcester community leader. “We must ensure that our goals align with the community’s needs and priorities.”

One effective strategy for improving community engagement under consideration was establishing advisory boards that included community leaders, patients, and other stakeholders. These boards would provide a platform for open dialogue, allowing UMMH to better understand community needs and priorities. UMMH could build trust and foster a sense of shared ownership in the Anchor Mission's initiatives by involving the community in decision-making processes.

An additional challenge was the executive leadership's failure to differentiate the goals of the Anchor Mission from the Community Benefits department, which caused some internal confusion and alienation among staff.

Doug pondered this disconnect and commented, "We shouldn't conflate Anchor Mission and Community Benefits as they are very different. Both are critically important. However, Anchor Mission is a choice, choosing to be more. Community Benefits is something all hospitals have to do for federal and state regulatory purposes related to the IRS and the state attorney general's office."

To address these issues, UMMH identified the need to improve communication and foster a shared understanding of the Anchor Mission's objectives. Education and communication efforts were needed to demonstrate the Anchor Mission's long-term benefits for the organization and the community. Clear role definitions, accountability measures, and change management strategies would be crucial to align efforts and avoid silos.

## **Health Equity, Healthcare Equity, and DEIB**

When the Anchor Mission was adopted five years ago, it coexisted with the traditional Community Benefits Department that had existed since UMass Memorial was formed. The UMass Memorial Health Community Benefits Department enjoyed an excellent reputation in the community and has been widely recognized for that excellence. Over the last several years, the organization's community impact landscape has become more complex, with the emergence of health equity, healthcare equity, and DEIB as critical components of UMass Memorial's internal and external strategy. This evolution further complicated how the Anchor Mission fits into the overall equity picture.

Dr. Arvin Garg, Associate Chief Quality Officer, Health Equity, and Professor of Pediatrics, led health equity. It focused on reducing health disparities and ensuring everyone had an equal opportunity to achieve optimal health outcomes. The goal was to address social determinants of health, such as socioeconomic status, race, and access to care, to create more equitable healthcare access and improve health outcomes for underserved populations.

Healthcare equity emphasizes providing equitable access to healthcare services to eliminate barriers to care, such as language barriers, transportation issues, and financial constraints, to ensure that all individuals receive high-quality healthcare regardless of their background or circumstances. It was co-led by John Greenwood, SVP and President of the ACO, and Dr. Eric Alper, Vice President and Chief Quality and Chief Informatics Officer.

Dr. Brian Gibbs, Vice President & Chief Diversity, Equity, and Inclusion Officer, led DEIB (Diversity, Equity, Inclusion, and Belonging). It employed a comprehensive framework that guided efforts to create a diverse, inclusive, and equitable work environment, fostering an organizational culture where everyone felt valued, respected, and empowered. By promoting diversity, equity, inclusion, and belonging, UMMH aimed to create a supportive environment that enhanced employee well-being and drove innovation.

## **Anchor Mission Leadership Transition and Strategic Shifts**

Doug Brown's imminent departure created a critical inflection point for the Anchor Mission. Health system CEO Dr. Eric Dickson acknowledged the need for a renewed focus on outcomes over tactics and process. To navigate this transition, UMMH invited a health equity consultant, Dr. Somava Saha, president and CEO of Well-being and Equity in the World, to help refine the vision and priorities of the Anchor Mission, ensuring alignment with health equity, community benefits, and DEIB objectives. Dr. Saha is also a current member of the Healthcare Anchor Network board. This strategic alignment aimed to enhance the Anchor Mission's impact while fostering an inclusive and supportive organizational culture.

"Now is the time for us to evolve the Anchor Mission, focusing on measurable outcomes that truly make a difference," said Dr. Dickson. "We must build on the foundation laid by Doug and move towards a more integrated approach."

Kate Behan and Stephanie Doan-Soares, who had been leading the active implementation of the Anchor Mission for much of the last five years, recognized the importance of embedding its principles into UMMH's organizational culture. They emphasized that the Anchor Mission's sustainability depended on making it an integral part of how employees approached their work.

This cultural shift was essential to maintaining momentum and ensuring the Anchor Mission's long-term success. Kate Behan described the progress of the last five years as "We are in the middle of the river. At this point, it will be just as hard to go backwards as it will be to continue to move forward, so we should continue moving forward and working toward achieving more significant results." She continued, "The key to the Anchor Mission's longevity is making it part of our everyday operations. We must ensure that every employee understands and embraces these values."

## **Consulting Sessions and Strategic Planning**

In early 2024, UMMH held a series of internal meetings and interviews with UMMH and community stakeholders led by consultant Dr. Somava Saha to refine the positioning of the Anchor Mission and ensure alignment with community benefits, health equity, and DEIB objectives.

CEO Dr. Eric Dickson, reflecting on the five-year journey of the Anchor Mission, acknowledged the need to evolve the mission to be more outcome-oriented. "The consulting initiative was a

pivotal moment for us to re-evaluate our strategies and focus on achieving tangible outcomes,” said Dickson. “We are committed to refining our approach to maximize our impact.”

Dr. Saha identified three important findings coming from those meetings:

- *Collaboration Disconnect*: A disconnect between the day-to-day operational teams and the Anchor Mission leadership team led to frustration regarding overlapping responsibilities. There was not an internal mechanism to address this disconnect.
- *Anchor Mission Engagement*: The anchor mission ethos had broad engagement. However, some efforts failed to achieve sustained change at the population or community level, partly due to the lack of a coordinated plan or sufficient accountability.
- *Community Governance Gap*: The anchor work lacked sufficient community governance and decision-making input, leading to mistrust and missed opportunities at the community level in certain instances.

Dr. Somava Saha commented, “UMass Memorial is an example of strong employee engagement in the Anchor Mission with 180 people attending a recent internal meeting. The ongoing challenge is how to best engage with the community. The organization needs to clarify overlapping internal responsibilities and welcome community members to the table. UMass Memorial must see itself as a community partner, not a community savior.”

The sessions raised the broader question of how all the equity initiatives, including the Anchor Mission, could be encompassed into a more comprehensive and coherent framework for “Community Health Equity for Central Massachusetts.” As shown in **Exhibit 9**, the group tried to make sense of the overlap and siloes of the different organizational groups that focused on equity by adopting a framework for “Coming Together.”

A key recommendation from the consulting sessions was to develop a comprehensive, balanced strategy to achieve impact over the short, medium, and long term. This balanced strategy would incorporate a dashboard that integrated the Anchor Mission’s pillars’ contribution into a broader community health equity dashboard, thus allowing UMMH to monitor its community impact and make more informed, data-driven decisions. Additionally, Dr. Saha recommended a process called a Well-being and Equity Action Lab that built in community co-design and governance to leverage existing community assets, priorities, and investment opportunities. Dr. Dickson challenged the team to find one area of focus to operationalize the impact strategy. After looking at assets and initiatives across the institution, the vision of building a just food system emerged.

This strategic process also included pursuing a new organizational approach, indicated in **Exhibit 10**, that brought everyone together in a Community Health Equity Strategy Team. Victoria McCandless, SVP, Chief of Staff, and Systems CEO Communication Officer, was the executive sponsor. The co-leads were Mario Florez, Senior Director of Community Benefits, and Tricia Pistone. They aimed to align resources and assets to drive community impact with

sustainable metrics, focusing initially on addressing food access and insecurity in Central Massachusetts.

This new approach was further defined for each of the key equity areas. **Exhibit 11** shows the revised structure for the Anchor Mission area to align Community Benefits and Anchor Mission work under the Community Health Equity infrastructure to meet the strategic goal of addressing Food Access/Insecurity.

## The Future

UMMH's Anchor Mission stood at a crossroads with the departure of its pioneering leader, Doug Brown. The initiative's future success depends on the new leadership's ability to maintain momentum, foster organizational buy-in, and internally align the Anchor Mission with broader health equity and community development goals. As UMMH navigates this transition, the commitment to creating a healthier and more equitable community remains paramount.

The health system and its communities await the next chapter, hopeful that the new leadership will build on the foundation laid by Brown, Siegrist, and many others over the last five years, ensuring the Anchor Mission's enduring legacy in the context of Community Health Equity in Central Massachusetts.

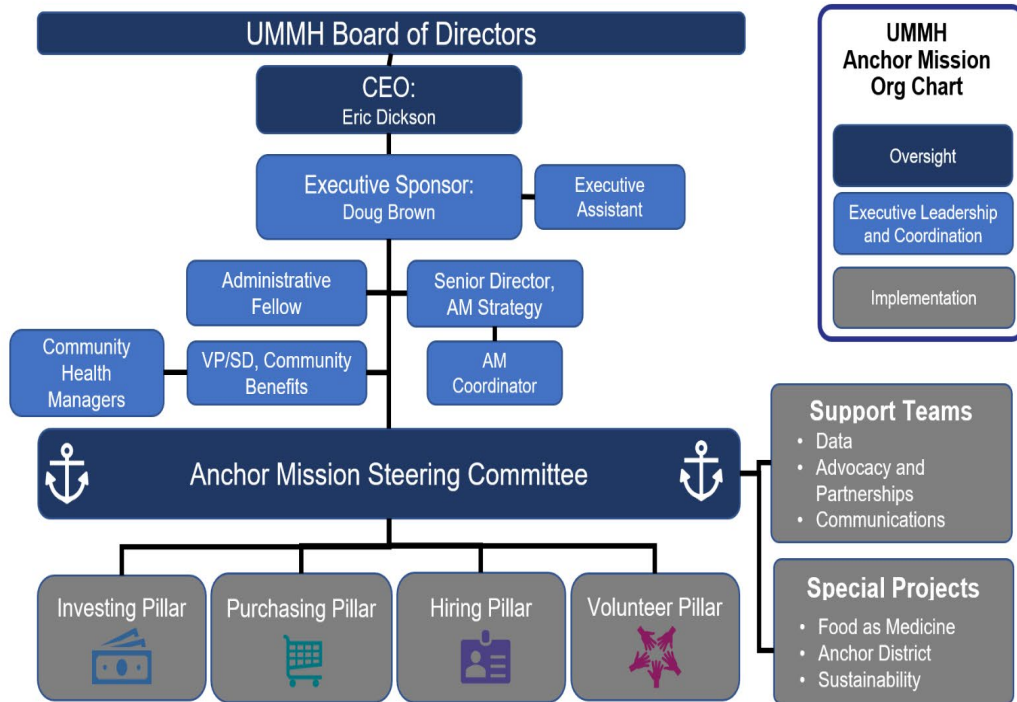
## Questions for Discussion:

1. How can UMass Memorial Health (UMMH) ensure the continuity of the Anchor Mission following Doug Brown's retirement?
2. Where are the greatest challenges – community investment, local hiring, local sourcing, or volunteering?
3. What steps can UMMH take to enhance its engagement with local communities and ensure their voices are heard and their needs are met through the Anchor Mission?
4. Reflecting on the consulting sessions and strategic planning, how should UMMH refine the vision and priorities of the Anchor Mission to align with community benefits, health equity, and DEIB objectives?
5. How can UMMH's Board of Trustees ensure accountability and transparency regarding the Anchor Mission? What metrics should be of most importance?

**Exhibit 1: Organizational Structure & Anchor Mission Pillars**

UMMH ANCHOR MISSION TACTICS

**CHALLENGE 1: HOW DO WE ORGANIZE OURSELVES?**



All exhibits sourced from UMass Memorial Health and used with permission unless otherwise noted.

**Exhibit 2: Example Community Investments**



**Finally Home Loan Fund (\$500,000):** Guarantee Pool - chronically homeless project in Worcester.

**Creative Hub Community Arts Center (\$500,000):** Redevelop vacant building as community center

**Fitchburg Arts Community (\$750,000):** Pre-development financing for mixed income apartments that will be preferentially available to local artists.

**Worcester Common Ground (\$400,000):** Quick-turnaround financing to support purchase affordable properties for first-time homeowners.

**Tiny Home Village (\$300,000):** Predevelopment costs for the \$4.6M joint venture by East Side CDC and Civico to create village of 16 tiny homes for chronically homeless

**Habitat for Humanity (\$400,000):** Line of credit for upfront property purchases to be developed for first-time homeowners.

**YWCA of central MA(\$500,000):** Pre-capital campaign financing to renovate the Salem Square facility that will provide program for vulnerable young women.

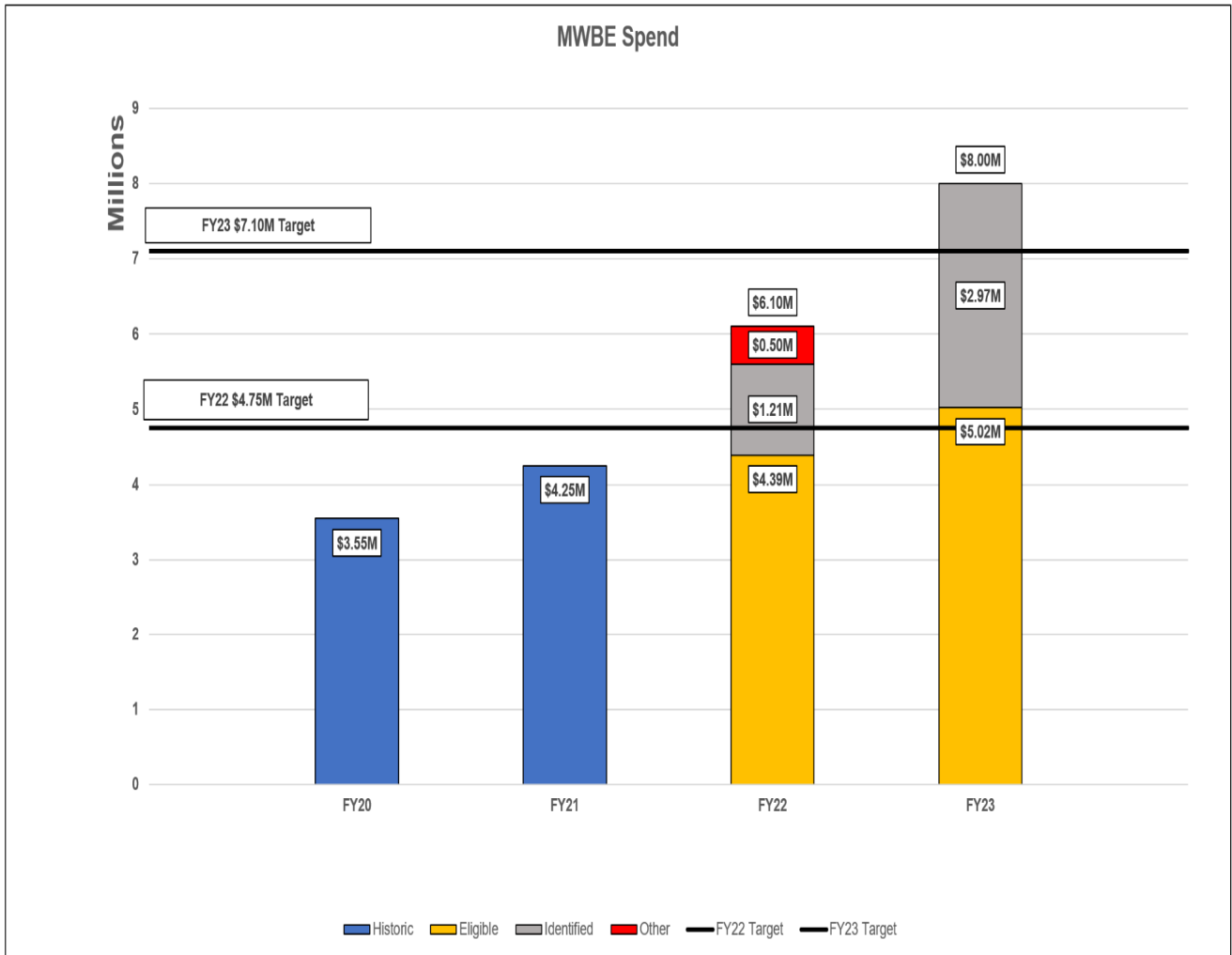
**Center of Hope, Inc (\$149,000):** Social business creation loan for an ice cream shop that will employ people living with disabilities in Southbridge

**Renaissance Medical Group (\$750,000):** Expansion of Adult Day Care Center with wraparound services for the Puerto Rican population in Southbridge

**Main South Commercial Condo Development (\$600,000):** Development of seven affordable, lease-to-own commercial units for local, minority-owned businesses in Main South.



**Exhibit 3: MWBE Spend over Time**



**Exhibit 4: Local Sourcing/Hiring Progress Reports**

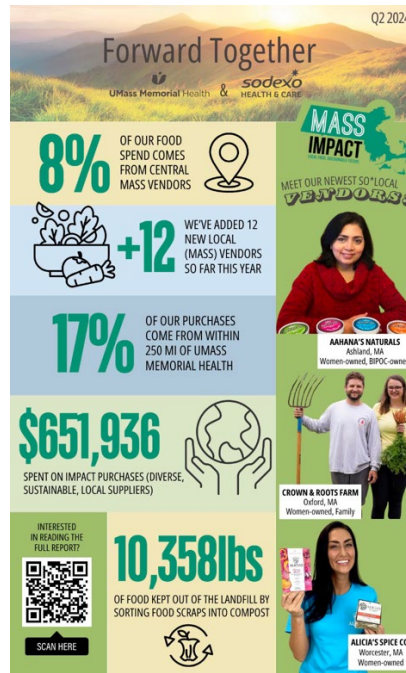


Exhibit 5: Early Anchor Mission Commitment

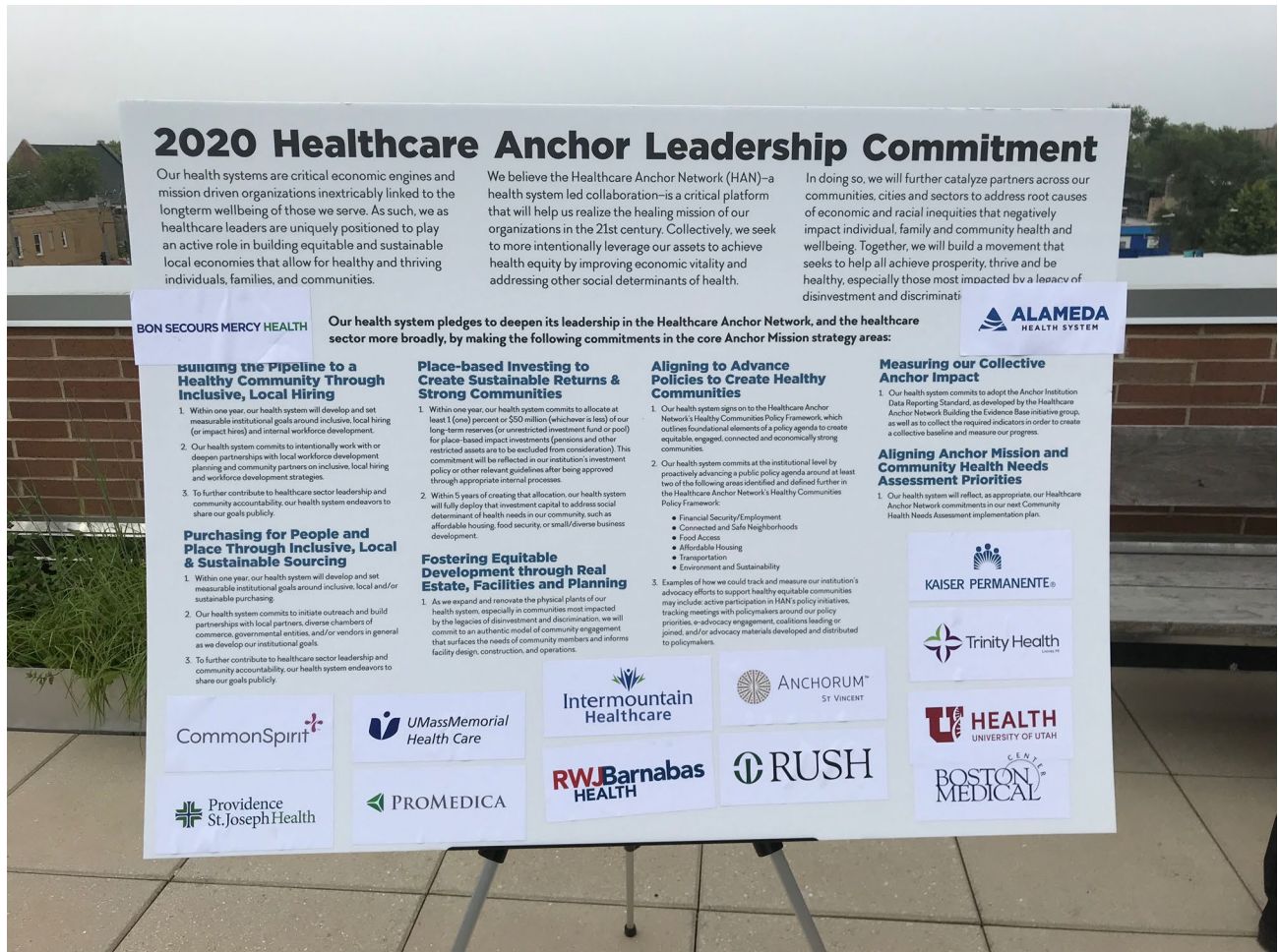


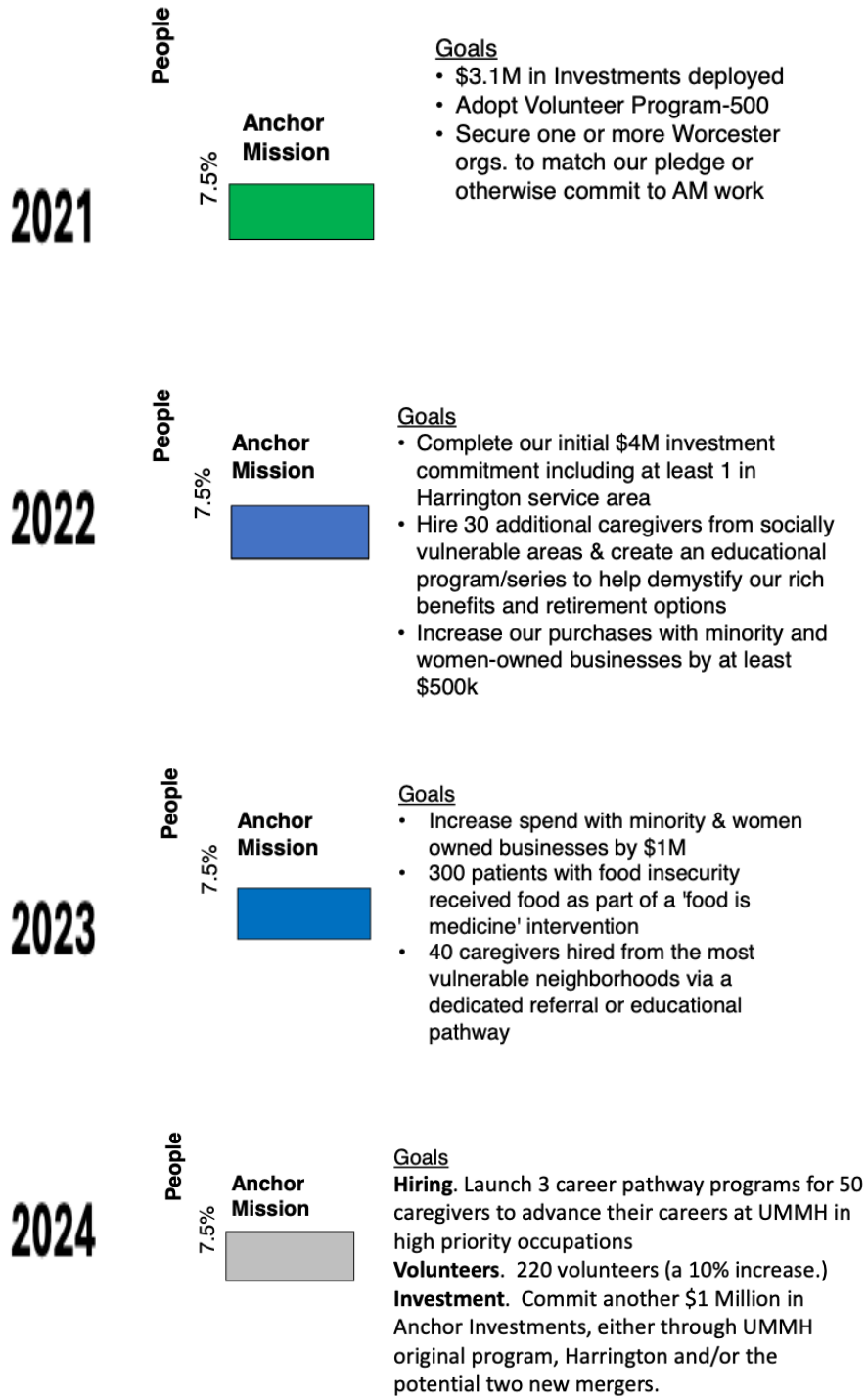
Photo by Richard Siegrist

**Exhibit 6: Example Healthcare Anchor Network Members**



Exhibit source: Healthcare Anchor Network, <https://healthcareanchor.network/>

**Exhibit 7: UMMH Goals re Anchor Mission Bonus**



**Exhibit 8: Anchor Mission Goals for 2023 and 2024**

**FY 2023 GOALS**

Goals	Met All Three!
(Updated Goal) Hire at least 10 additional caregivers (compared to FY 2022) from the most vulnerable neighborhoods (75%+ SVI) into quality jobs paying a living local wage.	<b>Hired 190</b> (9.4% of new hires) residents of SVI 75%+ census tracts into positions earning above the living local wage.
Spend \$7.1M with Minority and Women owned businesses (Increase by \$1M from FY 2022 baseline)	Project spending <b>\$7.72 M</b> (\$4.99M with certified MWBEs; \$2.73 M with self-identified MWBEs) <b>with minority and women owned businesses</b> based on 11 month spending data, in addition to significant spending with MWBEs through the New North Pavilion Project and in food service
Provide 300 food-insecure patients with food as part of the 'Food is Medicine' Program	Provided <b>355 patients and their families with food</b> (187 via CMC's Fresh Connect Program, 107 through the Med Center's Cancer Fresh Connect Program, 28 through the North County Growing Places Program and 33 through the Benedict Family Medicine CSA Program with Community Harvest)

**FY 2024 GOALS**



**Hiring:** Launch 3 career pathway programs for 50 caregivers to advance their careers at UMMH in high priority occupations



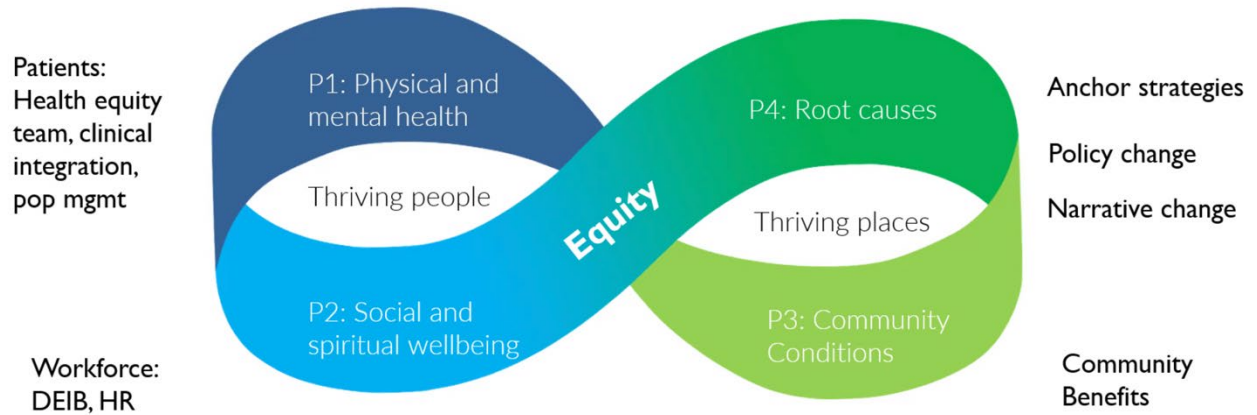
**Volunteers:** 220 volunteers (a 10% increase.)



**Investment:** Commit another \$1 Million in Anchor Investments, either through UMMH original program, Harrington and/or the potential two new mergers.

**Exhibit 9**

# COMING TOGETHER



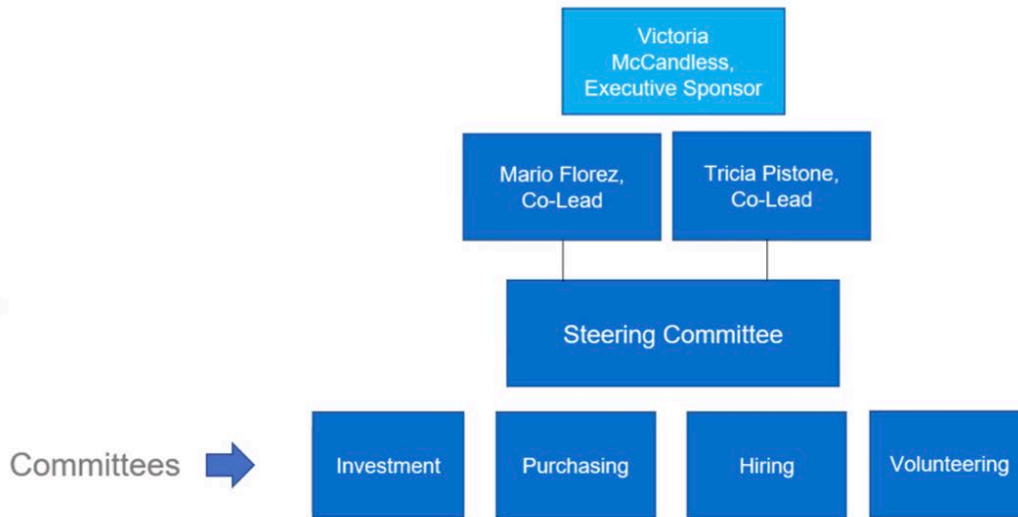
**Exhibit 10:** Community Health Equity Organizational Structure



**Purpose:** To flesh out strategic goal of addressing food access and insecurity, aligning resources and assets to meet sustainable metrics to drive greater community impact



**Exhibit 11: New Anchor Mission Organizational Structure**



**Transition Period:** Align Community Benefits and Anchor Mission work under the Community Health Equity infrastructure to meet the strategic goal to address Food Access/Insecurity

<sup>1</sup> This thesis can be accessed at <https://dash.harvard.edu/handle/1/37373317>

<sup>2</sup> <https://www.mass.gov/doc/amended-staff-report-pdf-umass-memorial-health-care-inc-transfer/download>, p. 15.

<sup>3</sup> <https://www.aha.org/news/chairpersons-file/2023-06-26-chair-file-leadership-dialogue-providing-community-benefits-and-anchor-mission-hospitals-doug>