

NOVEMBER 2019

Culture of Health  
Sentinel Community Insights

# Anchor Institutions



Robert Wood Johnson  
Foundation

# Table of Contents

<b>Introduction</b>	<b>1</b>
<b>About This Report</b>	<b>2</b>
<b>Lessons From Prior Research About Anchors and Community Benefits</b>	<b>3</b>
<b>Anchors Are Promoting Health and Well-Being in New Ways</b>	<b>4</b>
ACTING AS ECONOMIC ENGINES TO IMPROVE COMMUNITY WELL-BEING	
INVESTING IN COMMUNITY DEVELOPMENT TO ADDRESS SOCIAL DETERMINANTS OF HEALTH	
INFLUENCING THE MINDSET AND NARRATIVE AROUND HEALTH IN THE COMMUNITY	
EMPOWERING COMMUNITIES WITH DATA, RESEARCH, AND SCIENCE TO INFORM DECISIONS	
<b>Barriers and Facilitators to Anchor Institutions' Future Impact on Health and Well-Being</b>	<b>8</b>
SUSTAINABLE FINANCIAL RESOURCES ARE NEEDED	
ASSUMING A NEW ROLE REQUIRES STAFF CAPACITY AND LEADERSHIP SUPPORT	
COMMUNITY ENGAGEMENT IS DIFFICULT AND CAN HAVE UNINTENDED CONSEQUENCES	
WELL-FUNCTIONING SYSTEMS WITH ADEQUATE CAPACITY MAXIMIZE BENEFITS	
IMPACT MEASUREMENT IS CRITICAL TO SUSTAIN ANCHOR WORK	
<b>Conclusions and Insights</b>	<b>11</b>
MOVING FORWARD	
<b>References</b>	<b>13</b>
<b>Appendix</b>	<b>15</b>

Cover photos: William Widmer (Person with walker); Ed Kashi (Teacher/students in library); Tyrone Turner (1. Man riding bike; 2. Downtown Miami; 3. Capitol building, Washington); Robert Wood Johnson Foundation/Craig Fritz (Church in New Mexico); Melissa Golden (HEALing Clinic, Atlanta); Annabel Clark (Woman in front of building, Kansas); Josh Kohanek (Tipi building, Sinte Gleska University, S.D.)

## Introduction

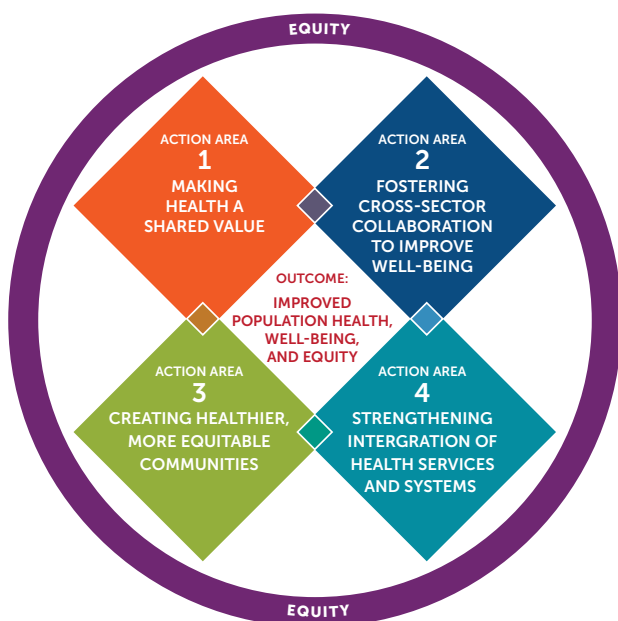
The purpose of this *Sentinel Community Insights Report: Anchor Institutions* is to stimulate discussion about how anchor institutions influence a community's journey toward a Culture of Health. **We define an anchor institution as one that has roots in the local community (i.e., unlikely to move); an impact on economic growth; and a shared investment in the community (as demonstrated by its mission or activities it engages in or supports).**<sup>1-3</sup> Examples of anchor institutions that may fit this definition include universities, hospitals, businesses, large nonprofits, and influential religious organizations. We use data collected from the Sentinel Communities Surveillance Project to describe how anchor institutions exert influence in each of the four Culture of Health Action Areas (see Fig. 1). The literature on anchor institutions provides context for our findings.

The Sentinel Communities Surveillance Project, which began in 2016, monitors activities related to how a **Culture of Health** is developing in each of 30 diverse communities around the country. In the Snapshot and Community Portrait reports for each community, developed between 2017 and 2018, we described Sentinel Community efforts to promote the health and well-being of their residents.

This report on *anchor institutions* is one in a set of three reports that provide insights and themes drawn from all Sentinel Communities. The collection focuses on key topics that may be of value to stakeholders working to build a Culture of Health in their own communities. The other reports focus on *health equity* and the unique experiences of *small communities*.

RWJF's vision is to work alongside others to build a Culture of Health that provides everyone a fair and just opportunity for health and well-being. This vision is represented in the Culture of Health Action Framework, which conveys a holistic, integrated perspective on what it takes to achieve population-level health, well-being, and equity. The Culture of Health Action Framework was designed around four Action Areas. These include: 1) *Making Health a Shared Value*; 2) *Fostering Cross-Sector Collaboration to Improve Well-Being*; 3) *Creating Healthier, More Equitable Communities*; and 4) *Strengthening Integration of Health Services and Systems*.

FIGURE 1: CULTURE OF HEALTH ACTION FRAMEWORK



## About This Report

Anchor institutions play a role in all Action Areas of the Framework. For example, anchor institutions may be influential in framing the values and narrative in a community to help prioritize health and well-being (Action Area 1). Anchors work with other organizations and act as conveners or leaders of collaboratives and coalitions dedicated to well-being issues (Action Area 2). Anchors are central to creating healthier, more equitable communities given their historical role in creating the social, economic, and physical conditions that have promoted or impeded community health (Action Area 3). Many anchors provide access to health care and social services; influence consumer experience with health care; and can contribute to balanced resource allocation across prevention, social services, and health care (Action Area 4).

This report aims to answer the following questions:

1. What do we know about the role of anchor institutions in building healthy and equitable communities?
2. What are new ways that anchor institutions are building healthy and equitable communities?
3. What are factors that affect the ability of anchor institutions to impact the health and well-being of a community?
4. How does the work of anchor institutions align with the Culture of Health Action Framework?

To answer these questions, we relied on information gathered on anchor institutions operating in a subset of communities that are part of the [Sentinel Communities Surveillance Project](#), augmented by a systematic review of published literature on anchor institutions.

For each of the 30 Sentinel Communities, project staff conducted an environmental scan of online and published community-specific materials; reviewed existing population surveillance and monitoring data; and collected local data or resources provided by community contacts. An initial set of phone interviews were conducted with individuals representing organizations working in a variety of sectors (i.e., health, business, education, human services, youth development, and environment) in the community. In addition to the initial phone interviews, follow-up interviews were conducted specifically with institutions taking innovative approaches to their work as anchor institutions or coming from sectors less represented in the literature about anchors: a major corporation, three nonprofit organizations, and two innovative health care systems.

Information on anchor institutions from eight Sentinel Communities informed this report. These communities were

identified as places within the 30 Sentinel Communities where anchor institutions have had a significant impact on community narrative, investment, and/or measurement around health and well-being—or where anchors are operating in new and innovative ways. All interview notes were reviewed to identify the mechanisms by which anchors may achieve community impact and how efforts aligned with the Culture of Health Framework and principles.

### SENTINEL COMMUNITIES INTERVIEWED FOR THIS REPORT

Baltimore, Md.	Rexburg, Idaho
Butte, Mont.	Toledo, Ohio
Milwaukee, Wis.	Vermont
New Haven, Conn.	White Plains, N.Y.

We also supplemented Sentinel Communities surveillance activities with a review of the published literature on anchor institutions. We identified themes related to the roles of anchors; the benefits conferred to both communities and anchors themselves; and barriers and facilitators to organizations adopting and fulfilling anchor missions. This information was used to contextualize findings from within the Sentinel Communities and is summarized in a table in the [Appendix](#).

This report begins with a summary of what is known from the literature about how anchor institutions contribute to health. It summarizes what we know about how anchors operate in communities; the unique benefits they bring; and communities' responses to anchors' activities. From the Sentinel Communities, we highlight new and innovative activities that anchors are now doing to improve the health and well-being of their communities. We conclude with a discussion of the barriers and facilitators to anchor institutions' impact and the alignment between their work and that of the Culture of Health Action Framework.

This report is not intended to provide an exhaustive research study on anchor institutions; rather, its intention is to provide information on how some anchors are having impact in novel ways in communities. Researchers, policymakers, and community leaders and practitioners can use the lessons learned in this report to continue improving health and health equity in their communities with the support of anchor institutions. Readers can try to adapt some of the examples (more information is available in the [Community Portraits](#) for each of the Sentinel Communities) and use the facilitators to help avoid or address common pitfalls.

## Lessons From Prior Research About Anchors and Community Benefits

The community benefits of anchor institutions (particularly universities and hospitals) are well-documented in the literature. The core missions of many anchor institutions have long been aligned with serving the public good. Academic institutions pursue these missions through education and research, and hospitals pursue these missions through the provision of health care services. Many anchors are large employers, investors in real estate, and technological innovators and therefore contribute to the economic prosperity of a community. However, meeting the definition of an anchor institution—as described in this report—requires that these organizations expand beyond the roles they traditionally play to contribute significantly to community health, well-being, and equity.

In addition to providing economic benefits to the community, anchor institutions can simultaneously reap benefits from their mission. Improvements in community outcomes provide evidence of the positive impacts of the work that anchor institutions conduct while also improving the brand and perception of the institution itself.<sup>4</sup> The ongoing interest in the role of anchors can motivate institutions to collaborate and keep up with one another<sup>5, 6</sup> in the quest to best serve the local community.

Financial incentives also encourage nonprofits to perform community benefits work, though the design of incentives programs may limit their impacts. For example, hospitals that provide low-cost clinical care to marginalized communities can accrue tax exemptions. The Affordable Care Act (ACA) incentivizes hospitals to invest in population health and community-centered activities through changes to payment schemes (from fee-for-service to pay-for-performance) that focus more on the social determinants of health.<sup>7-11</sup> Federal and/or state tax exemption for nonprofits providing community benefits may also act as a financial incentive.<sup>9, 12-15</sup> However, none of these incentive policies are clear about what constitutes a community benefit, nor do they specify a minimum level of nonprofit effort to qualify for a tax exemption.<sup>9, 12</sup> As a result, many hospitals and nonprofits end up tracking mainly their spending on benefit activities as opposed to their impact.

Despite well-intentioned efforts, over time, anchor institutions' attempts to improve the community around them have had mixed results. In the late 20th century, many institutions weakened their connection to local communities, particularly in urban areas, except when they were looking to

expand their real estate holdings; increase their patient pool; recruit research participants; or in some other way serve their own needs. Simultaneously, during this time, de-industrialization and intensifying poverty-ravaged surrounding communities, particularly in urban areas, which led to strained relationships between these institutions and the community.<sup>16</sup> To disrupt this historical legacy, **the current anchor movement envisions institutions as empowering and serving communities, rather than serving their own needs. Nowadays, anchors act as community leaders that catalyze social change; convene partners and offer space for community idea exchange; use their power as purchasers and employers to uplift local residents; and support local priorities through funding, in-kind services, and technical assistance.**<sup>16-19</sup>

## Anchors Are Promoting Health and Well-Being in New Ways

While a wealth of information on hospitals and universities exists in the published literature, data collected as part of the Sentinel Communities Surveillance Project revealed that the literature has not yet captured some of the new approaches anchors are using to improve community health. Businesses, nonprofits, and agencies focused on community development can have significant impact on community health and well-being. Some of these institutions can be more agile and, therefore, responsive to community needs, such as economic development and affordable housing.

In this section, we highlight some approaches that are being used by anchors in the Sentinel Communities to positively impact their communities. Findings based on what we know from the literature are briefly summarized first as context, then we follow with new examples from the Sentinel Communities.

### ACTING AS ECONOMIC ENGINES TO IMPROVE COMMUNITY WELL-BEING

Large businesses, due to size and capital, can constitute a significant proportion of the tax base and serve as leading employers in communities. Their hiring and personnel policies, as well as salaries paid, can have an impact on work-life balance and the financial well-being of community members. Anchor institutions can also spend significant funds on local goods and services as part of typical purchasing for an organization, which may significantly impact community economic well-being if the anchor is large. Examples from the Sentinel Communities illustrate some of these more novel approaches to increasing economic well-being and equity.

- **Using hiring and procurement processes to build community wealth in Toledo, Ohio.** One health care anchor institution recognized the role it played in the community as an employer:

**“[BEING] AN ANCHOR INSTITUTION IS REALLY FOR US HOW WE USE OUR RESOURCES, OUR ENERGY, OUR HIRING POWER, INVESTMENT POWER, TO DRIVE CHANGE AND IMPROVE THE HEALTH OF OUR COMMUNITY ... WE HAVE ABOUT 60,000 EMPLOYEES, SO HOW DO WE PROVIDE OPPORTUNITIES FOR JOBS FOR FOLKS WHO MAY HAVE NOT PREVIOUSLY HAD ACCESS TO EMPLOYMENT?”**

- By rethinking both the way anchors recruit employees and the policies that may negatively impact employees from the local community (e.g., direct deposit requirements that exclude employees without formal bank accounts), institutions can significantly affect community equity and well-being through employment.

That same anchor recognized that their procurement choices could build community wealth, noting, *“how are we evaluating contractors and vendors as it relates to driving change ... how do we start to align that in a way that drives change in the community?”* Making decisions this way aligns with a “community-in-all-policies” thought process, which helps make their choices more intentional.

- **Buying local and cleaning up the environment in Butte, Mont.** A private sector organization in Butte, noted, “We have a policy that whenever possible, we buy locally. If we can’t buy it locally, we try to buy it in-state and then only if we can’t get in-state or locally will we go out of state for purchases.”

This same anchor made an investment in environmentally sustainable practices in the community when the need arose.

“... the state’s doing some clean up pretty close to our site ... They had about 300,000 yards of contaminated material and we said bring it over to us, we’ll find a place for it over here ... It was a really good fit. We’re going to spend a few bucks to get it done but it’s a good investment on this very important issue for the community.”

This decision to allocate resources in meeting a community need emphasized the agility and responsiveness exhibited by some anchors in the Sentinel Communities.

### INVESTING IN COMMUNITY DEVELOPMENT TO ADDRESS SOCIAL DETERMINANTS OF HEALTH

Anchor institutions can meet the needs of the community (e.g., services, housing, resources), by supplementing their typical set of activities and becoming involved in community development work. Going beyond their typical services can serve the dual purpose of benefitting the community while simultaneously

helping the anchor to achieve its own goals. New pathways to address social determinants of health were exemplified by several cases in the Sentinel Communities.

- **Making sports more accessible in Baltimore.** A business partnered with Baltimore's public school system to support youth development through athletics programming. To address the resource barriers faced by youth that prevented them from participating, the business provided additional funding. "We know young people can't be successful if they can't show up for their game, or don't have the right clothes, or show up hungry ... It becomes a part of how we think of our funding strategy and our strategy when we invite others to join us."
- **Rehabilitating housing to revitalize neighborhood health in Toledo, Ohio.** A major medical center wanted to help revitalize its surrounding neighborhood and developed a program to acquire and rehabilitate housing by using community development funds. The program's goal was to remove blight from the neighborhood and attract stable new homeowners, even though the institution acknowledged they would be unable to recoup construction costs through the sale. This example demonstrates the extent of a current-day anchor's commitment to mission, where profitability can be decoupled from community well-being impact.

**"WE FUNDED THE BUILDING OF [A COMMUNITY FACILITY] AS A PLACE WHERE NONPROFITS COULD GO AND DELIVER THEIR MISSION ... [THIS] ALLOWED US TO STRETCH THE CAPITAL INVESTMENT TO MANY ORGANIZATIONS AND REMOVE THE BARRIER OF TRANSPORTATION FOR THE COMMUNITY RESIDENTS."**

A related method of anchor investment is to build capacity and infrastructure to support organizations that directly serve residents in their work on health and well-being.

- **Providing a free space for community providers to come together and address community needs in Baltimore.** A business was interested in directly supporting nonprofits in their community to grow and thrive, so the anchor built a facility for them, and then trusted the nonprofits to use it as they saw fit. The anchor noted, "We funded the building of [a community facility] as a place where nonprofits could go and deliver their mission ... They don't have to worry about operating a facility and funding a location—the things nonprofits don't have expertise in. ...

[This] allowed us to stretch the capital investment to many organizations and remove the barrier of transportation for the community residents."

There are a number of instances in which the initial investments in community development by one anchor triggered or leveraged additional investment from other entities in the communities. Collaboration with trusted investors through the combining of resources is an important method of engagement used by anchors. The anchor institutions highlighted here spent many years building infrastructure and partnerships to keep their community development work sustainable, but these approaches may not be feasible for other anchors, depending on local resources.

- **Investing through public-private partners to drive development in Milwaukee.** Five business and civic anchor institutions representing the private, university, and health care sectors in one community formed a partnership to invest more than \$250 million in developing housing and commercial properties in once-neglected areas neighboring downtown. Planned investments include the development of 708 new mixed-income housing options; improving retail options; revitalizing parks and other neighborhood amenities; and development in early childhood education, health, and employment services. Stakeholders involved in the partnership reported that members are working to attract small businesses and entrepreneurs to the area to help to implement the community's plan.

## **INFLUENCING THE MINDSET AND NARRATIVE AROUND HEALTH IN THE COMMUNITY**

Anchor institutions can also parlay their influence to direct the ways stakeholders think about and prioritize health.

**Some anchor institutions that have a strong grasp of the major drivers of population health employ messaging to demonstrate their commitment to addressing the social determinants of health.** As described by respondents from the Sentinel Communities, this understanding becomes part of the institution's mission and communications strategy and may influence community-wide mindset about the value and drivers of health and well-being. Other anchors with strong roots in specific value systems, religious or otherwise, similarly contribute a strong voice to the community narrative around health. Under both models, based on the investments they make, impacts they measure, and messages they convey, anchors are able to influence the way stakeholders in other sectors talk about and

prioritize health. Examples in the Sentinel Communities describe how this is now being done in practice:

- **Using data to give voice to marginalized groups in New Haven, Conn.** Residents were concerned about the social and economic impacts of immigration on their community's well-being. In response, a nonprofit worked with several organizations to collect data from immigrant/undocumented populations and then wrote reports about their needs, including access to health care. The reports were used by the state to shape public perceptions and policies affecting undocumented populations, such as whether or not to give them driver's licenses.
- **Funding grants to create a ripple effect in Baltimore. A private sector anchor sought to support youth through community grants and programs based on the principle that "funding could help shift mindsets or find opportunities that allow young people to reach their highest potentials. It has a ripple effect on the surrounding communities."** The idea was that if they funded programming on how best to nurture youth across the life course—rather than a typical approach to corporate giving—this approach would ripple to influence the ways other community leaders approach their work and change the orientation to youth development.

Another way anchors can influence mindset is to offer explanations on what is driving health and well-being.

- **Linking health to broader economic stability in Toledo, Ohio.** A health care anchor worked to explain how social and economic drivers, such as predatory lending, can affect health. They integrated this messaging into statements expressing institutional support for changes to policies around predatory lending, affordable housing, early childhood education, and more: "Locally, we've really ... started to position health as much broader than what happens inside our four walls. So when we advocate for things like 'we need to address the housing stock of our community,' or 'we need to reduce predatory lending,' or 'we need to tackle and ensure high-quality preschool for all of our children,' the message that we're weaving in is that's a health issue ... Whether someone has the ability to pay their bills and be financially independent and stable is a health issue."

A third way anchors influence mindset is to link morality, religion, and health together, in essence, setting the values basis for health.

- **Making health a part of religion in Rexburg, Idaho.** A faith-based anchor institution in a relatively homogeneous religious community supports a strong foundation of shared health values and community among its members. Students, faculty, and members of the religious community are encouraged via a "law of health" to abstain from the use of alcohol, tobacco, caffeine, and illegal drugs (or misuse of prescription drugs). The teachings of the church and programs sponsored by the university also encourage charitable giving for community members in need. A drawback in this approach is that those who are not active members of the church may not see their values or priorities reflected in the community.

**"LOCALLY, WE'VE REALLY ... STARTED TO POSITION HEALTH AS MUCH BROADER THAN WHAT HAPPENS INSIDE OUR FOUR WALLS. ... WHETHER SOMEONE HAS THE ABILITY TO PAY THEIR BILLS AND BE FINANCIALLY INDEPENDENT AND STABLE IS A HEALTH ISSUE."**

Anchors can also share important lessons learned and best practices with partner organizations.

- **Co-locating supports to make health more accessible in White Plains, N.Y.** A social service provider oversees the property in which they are located. They have a policy of inviting other organizations or programs to collocate in their building in order to centralize and coordinate services for their target populations. In particular, when they identified gaps in services for their target populations, the provider went into the community to recruit organizations to move into the building and fulfill the service needs.

#### **EMPOWERING COMMUNITIES WITH DATA, RESEARCH, AND SCIENCE TO INFORM DECISIONS**

Some anchor institutions with data and research capacity serve a unique function because they position themselves as data aggregators to help their communities make more informed decisions. Making data more accessible to communities in order to promote public good and well-being is increasingly becoming an equity issue. Examples in the Sentinel Communities illustrate these approaches:

- **Identifying and addressing inequities by integrating data in New Haven, Conn.** One nonprofit anchor's mission is to "democratize data" by collecting, integrating, analyzing, and distributing data to organizations, communities, cities, and at the state level. One of their goals is to try to level the



playing field for organizations or jurisdictions seeking grants who can be out-competed by more experienced entities, like research organizations or academic centers. **For example, by using high-quality, neighborhood-level data, communities served by this anchor identified a variety of system-wide, avoidable, and unjust social and economic policies that may create unequal opportunities for residents in cities across the state.** This information was then used to inform local policymaking in cities—such as increasing mixed-income housing and community-building efforts like improving health care access and health insurance coverage to address conditions that perpetuate health inequities.

- **Bringing together health care and community-based organizations to collaboratively address health in Vermont.** An anchor with a mandate for health care reform uses data to make decisions about how to integrate care across an entire state and to ensure that along with traditional health care entities, community resources are also integrated into the process. Using research also helped this anchor carefully direct a small amount of funds available to interventions that had a strong evidence base for impact. For example, to reduce unintended pregnancies, this anchor organization was able to hire women's health experts to provide evidence-based pregnancy prevention programs for reproductive-aged women.

## Barriers and Facilitators to Anchor Institutions' Future Impact on Health and Well-Being

In this section, we describe some of the factors that promote or impede the ability of anchors to realize benefits in the community. We present information on barriers and facilitators across the Sentinel Communities and also draw on both the earlier literature review and the community analysis to inform the discussion of these factors.

### SUSTAINABLE FINANCIAL RESOURCES ARE NEEDED

Several of the anchor institutions working in the Sentinel Communities were able to “use their balance sheets” to contribute to community health and well-being—meaning that they have re-oriented existing spending to invest in new ways. Some anchors in both private and nonprofit sectors had funding available to expand their missions. Some examples are supporting investments in community infrastructure and amenities; offering financial assistance to other organizations; contributing to environmental clean-up efforts; and more.

But according to the literature, a general lack of public funding for anchor institutions means they often have to stretch what little funding they have to achieve their core mission, which may or may not include efforts to promote health, health equity, and well-being. For example, universities must provide higher education before they can invest in community revitalization.<sup>20</sup> Businesses must first turn a profit if they are to have the resources to support broader community development efforts. Additionally, the “wrong pocket” problem can prevent some anchor institutions from reaping all of the benefits of the investments they make (e.g., hospitals investing in community prevention efforts produces fewer hospital visits and thus fewer payments). However, in some instances, for-profit anchor institutions build good will and positive sentiment toward their brand, which could help their bottom line.<sup>21</sup>

To address financial barriers, anchors from Sentinel Communities:

- **Braid funding and actively plan for sustainability of efforts.** Many anchor institutions work to secure diverse sources of public and private funding and actively plan for the sustainability of community-oriented efforts, since leaders acknowledge that initial institutional support will not fund the efforts in perpetuity given competing priorities.

- **Invest in community wealth-building.** As mentioned above, a few anchors in the Sentinel Communities have established strategies that allow them to meet or exceed their regular investment goals via efforts that prioritize community wealth-building.<sup>22</sup>
- **Demonstrate return on investment.** For publicly funded anchors, showing that evidence of the return on public investment in anchor institution activities has helped them to secure funding in otherwise lean budgetary periods.<sup>23</sup>

### ASSUMING A NEW ROLE REQUIRES STAFF CAPACITY AND LEADERSHIP SUPPORT

There are diverse examples of how anchor institutions from the Sentinel Communities are taking on new roles. Some of their anchors leveraged the perception that their anchor work is “off mission” to begin to direct the narrative around health. For example, a health care organization that invests in housing and financial empowerment explains these activities with messaging that social and economic conditions impact health more than the clinical care they traditionally provide.

The literature confirms the idea that **anchor institutions may need to revise their core missions when they are motivated by the needs of their communities to move outside of their traditional roles and work outside their core set of services.**<sup>24, 25</sup> However, moving into new areas of focus may also require new skills for anchor institution leaders and coordinator positions.<sup>8, 24–27</sup>

To maximize staff capacity and illustrate leadership support, anchors from Sentinel Communities:

- **Join a collaborative or hire skilled staff.** Some, like a large health care center, have formally embraced the moniker of “anchor institution” by joining national collaboratives and hiring staff specifically to oversee community investments, changes to hiring and procurement, and other elements of their anchor mission.
- **Leverage corporate social responsibility.** Others, such as a private sector organization, have housed anchor institution work under the purview of corporate social responsibility.
- **Concretely express commitment and leadership support.** Almost all of the anchor representatives interviewed had

leadership that were committed to the anchor organization mission and had staff to support community goals, such as through volunteer and paid time.

### COMMUNITY ENGAGEMENT IS DIFFICULT AND CAN HAVE UNINTENDED CONSEQUENCES

Many anchor institutions in the Sentinel Communities attempted to engage community members in health promotion efforts but echoed the challenges described in the literature of promoting engagement opportunities to diverse groups of residents.

Findings from the literature describe these and a number of additional challenges. Anchors may be uncoordinated and inconsistent in their community engagement efforts, undermining credibility and trust within already tenuous relationships. Even when communities are engaged regularly, there may still be a perceived lack of ownership over projects and data, and due to poor communication or transparency, there may be mutual misunderstanding about roles and responsibilities.<sup>8, 28</sup>

In order to engage community members, anchors:

- **Offer a variety of ways for community members to make their voices heard.** These can include at meetings like town halls and digitally via surveys to inform needs assessments.
- **Make their role and responsibility clear, recognizing the challenge of clarifying roles.** One anchor institution from the private sector noted it has been strategic about its participation in community collaboratives, clearly identifying responsibilities and accountabilities from the outset.

### WELL-FUNCTIONING SYSTEMS WITH ADEQUATE CAPACITY MAXIMIZE BENEFITS

Anchor institutions exist within and alongside larger systems, including economic systems;<sup>11</sup> systems of collaborators or other committed actors; public funding structures; and cultural and historical contexts<sup>29</sup>—all of which may provide barriers to anchors achieving positive impacts. Many anchor institutions in Sentinel Communities were able to rely on high-capacity local systems and their partnerships with strong collaborators to help them move their work forward. A few described hardships associated with being located in an “emerging market” where real estate investments made with the goal of community benefit did not always funnel into fruitful development pipelines. In fact, one anchor discussed some of the financial risks they assumed in order to invest in real estate in their community.

**Finally, some anchor institutions examined in this report were able to use their roles as economic engines to bring about the economic change needed to create capacity in their**

**communities. They did so both through their traditional roles as employers, but also through their anchor missions that supplemented collaborators’ capacity through investments in infrastructure, policy advocacy, or technical assistance.** One private sector anchor chose to fund facilities that could serve as community gathering spaces for multiple beneficiaries rather than directly funding individual nonprofit partners.

Findings from the literature and the Sentinel Communities suggest that the roles of anchors have evolved over time. **Since anchor institutions by definition are rooted in the communities they are located within, their success is tied to the success of the communities of which they are a part.**<sup>30</sup> However, benefits to be conferred on the community often depend on the capacity of the community to absorb them. A destabilized community is also bad for the success of its anchors. For anchors in communities experiencing economic downturn during a period of de-industrialization in the late 20th century, for example, this spurred action to step in to employ and educate local populations in order to secure the anchor’s future workforce.<sup>16</sup>

However, even when anchor institutions attempt to invest in their surrounding communities, unintended and unmanaged consequences of “successful” neighborhood revitalization efforts may leave vulnerable communities behind and worse off than before the investment.<sup>19, 24, 26, 27, 31</sup> To help avoid these pitfalls, anchors:

- **Invest in bettering their surrounding community systems.** Realizing the mutual benefits that can be achieved from inclusive investment strategies can facilitate community growth.

### IMPACT MEASUREMENT IS CRITICAL TO SUSTAIN ANCHOR WORK

Effectively measuring the value and impact of anchor institutions is critical to sustaining the continued work and benefits in the community. Many of the anchor institutions located in the Sentinel Communities realize the value of data for evaluating and reporting on their impact. Some anchors, like a large health system, are formally engaged with efforts such as the “Anchor Mission Dashboard,” which reports on impacts related to job creation; equity; housing; business development; arts/culture development; community building; education; health; safety; and environment. For-profit anchor institutions in the Sentinel Communities reported a commitment to evaluating their efforts to improve community well-being (e.g., mentorship programs and their impact on academic success and positive health behaviors). Some anchors in the Sentinel Communities reported being data

stewards for the larger community, offering access to information on outcomes and conditions related to community well-being, as well as training for community groups and residents to use that information to inform or evaluate their work.

From the literature, we found a variety of ways in which universities and hospitals make meaningful and measurable contributions when conducting their work in ways that explicitly improve the lives of low-income children, families, and communities that are often proximate to the campuses of these institutions in major urban areas.<sup>5, 19, 20, 27, 29, 30, 32, 33</sup> **These organizations have prioritized impact measurement in order to justify investments, enhance their reputations, and in general contribute to the body of research on the impacts that anchor institutions are able to have.**

Measuring the impact of anchor institutions presents a number of challenges. The literature enumerates several facilitators and areas for future research. Anchors must:

- **Strive to develop institution-wide frameworks for community impact.** These frameworks can help discern the collective impact of anchor institutions, which goes beyond that of a single entity.
- **Pursue both quantitative and qualitative data.** Measuring impact is often captured quantitatively; however, qualitative work is equally important for gaining insight into the effectiveness of a community intervention and its impact.
- **Look over the long-term.** Monitoring and measuring community outcomes requires long-term commitment of at least 10 years.

## Conclusions and Insights

Insights from anchor institutions in the Sentinel Communities provided important information about how anchors can support community health and well-being in new and innovative ways. One important theme that emerged in alignment with Culture of Health principles was the role of mindset within the organizations. A number of respondents referred to how thinking within the organization first had to evolve with respect to the factors that influence health and well-being. **Once the organizational mindset shifted from meeting their traditional goals (e.g., providing only health care), anchors were able to consider decisions and actions about their broader role and influence in the community (e.g., investing in the social determinants of health).** Some anchors in particular, were able to make the connections between health and such factors as affordable housing; the advancement of youth; stronger community infrastructure and resources; and with the use of data, were able to target funds and activities to places where their communities needed them most. The kinds of activities reported include but are not limited to: purchasing goods and services in a way that creates economic opportunities for residents and

vulnerable communities; responsibly using property acquisition to develop local business districts and enhance community amenities; funding local efforts or providing capital to support community development; providing opportunities for community leadership on boards and advisory councils; and providing access to public services and free infrastructure such as technology, transportation, and gathering places for community groups.

Although not all anchors that contributed to this report can show outcomes yet for their work, there are a number of them that have been systematically collecting and reviewing data. For example, several anchors reported using dashboards to monitor their ongoing work. Some examples of types of outcome measures used by anchors include: equitable local and minority hiring; equitable local and minority business procurement; investments in the creation of affordable housing; and student progress into higher education.

Findings from prior literature and new insights from the Sentinel Communities revealed possible roles for anchor institutions in building a Culture of Health, aligned with the Action Areas of the Framework.

**Making Health a Shared Value.** Anchor institutions that have improving health and well-being as part of their mission are able to use their influence in communities to shift the narrative around health and its influences. Examples from the Sentinel Communities include explicitly linking anchors' community revitalization investments in housing, education, and financial empowerment to health outcomes.

**Fostering Cross-Sector Collaboration to Improve Well-Being.** Anchor institutions often lead, or are lynchpin members of coalitions working toward enhancing health in the community. There are examples of anchors facilitating collaboration by providing subject-matter expertise, infrastructure, data and analysis capacity, or encouraging collaboration on the part of entities seeking their support.

**Building Healthier, More Equitable Communities.** A prominent criticism of many large institutions is their historic neglect or mistreatment of surrounding communities as they sought to expand their geographic footprint and meet their bottom line. The mission of *current* anchor institutions is rooted in equitable development and building stronger communities, a sentiment that was echoed by all of the respondents we spoke to in the Sentinel Communities. Examples of efforts that respondents described in this area include investments; commitments to hiring and procurement practices that support social and economic equity; and environmental sustainability and clean-up efforts.

**Strengthening the Integration of Health Services and Systems.** Health systems can engage nonprofit organizations, such as social service providers and community members to work toward integration of health care; prevention; patient support; and social determinants for better coordination. Examples include efforts to integrate data across multiple social determinants of health and to ensure that both traditional health entities and community resources are better integrated to support a holistic approach to building healthy communities.

## MOVING FORWARD

This *Community Insights Report* is a first step in summarizing insights from early analyses of Sentinel Communities. This analysis highlights several avenues for further investigation into the roles and benefits of anchor institutions, particularly how they are re-imagining and reshaping their roles:

- **Better understand the process that successful anchor institutions undergo to evolve their thinking about factors that influence community health and well-being and how that guides their actions.** In this analysis, it is clear that many anchor institutions are currently considering how their missions are more tied to health and well-being. It is important to now explore how those thought processes change at the leadership levels of anchors and how communication is packaged to diffuse those values within the organization and into the broader community. In this analysis, it may be useful to explore why some institutions that would meet criteria for an anchor institution do not pursue an anchor mission.
  - **Explore how small anchors can scale up to directly meet the needs of their communities.** It is important not to underestimate the role of small anchors, who may have stronger and closer relationships to their communities and more ears to the ground with regard to community needs. Their ability to act quickly and with specificity to address the problem can be as impactful on community well-being as a larger and better funded, but slower-moving organization.
  - **Create typologies of the ways anchor institutions across sectors exert influence in communities with regard to health (narrative, funding, etc.).** This report briefly outlines some of the key ways that anchor institutions are influencing health and well-being. A useful next step is to assess and/or more clearly define these categories of influence. This may also include identifying the community factors necessary for anchor success across community types (e.g., rural vs. urban, communities with a single anchor vs. multiple anchors).
  - **Examine the success and facilitators of anchors in pursuing health equity promotion given historical legacies that have perpetuated inequity.** A focus on successes is key since a lot is already known about barriers and challenges and the missteps made by anchors. Going forward, a better understanding how anchors can help to address structural and systemic drivers of health equity/ inequity is needed.
- **Measure impact over time and learn from existing impact metrics across different sectors.** Similar to the role of Culture of Health measures, which highlight underexamined influencers of health and well-being, the mechanisms of anchors outside of hospitals and universities are less evaluated but could have critical impact. For these anchors, it is particularly important to establish evaluation and metrics for their approaches and to build evidence so that more organizations can feel comfortable adopting these mechanisms.

This *Sentinel Community Insights Report* covers key topics that may be of value to stakeholders working to build a Culture of Health in their own communities. This report on anchor institutions highlights what is known from the robust literature on this topic, as well as examples of new ways that anchors in the Sentinel Communities are approaching their work now. We hope that these themes may be of use to communities and institutions looking for ways to enhance their capacity for promoting health and well-being.

## References

1. Democracy Collaborative. *Anchor Institutions*. Community-wealth.org [cited 2019 July 29, 2019]. <https://community-wealth.org/strategies/panel/anchors/index.html>.
2. Democracy Collaborative. *Building Community Wealth*. Community-wealth.org [cited 2019 July 29, 2019]. <https://democracycollaborative.org/democracycollaborative/anchorinstitutions/Anchor%20Institutions>.
3. Rutheiser, C. *The Promise and Prospects of Anchor Institutions: Some thoughts on an emerging field*. Unknown [cited 2019 July 29, 2019]. [www.huduser.gov/portal/pdredge/pdr\\_edge\\_hudpartprt\\_062211.html](http://www.huduser.gov/portal/pdredge/pdr_edge_hudpartprt_062211.html).
4. Komes, Z. Catalyzing an Anchored Economy in DC, in *An Agenda to Connect Universities and Hospitals with Local Businesses*, 2016, Roosevelt Institute: Washington, DC.
5. Standley, S.D. *A Hospital, Reaching out and Helping Heal Communities*, 2016, Pro Rhetoric, LLC. p. 149–152.
6. Roosevelt Institute. *Bank on DC, in GW Investment in Community Development Banks Will Revitalize DC*, 2014. The George Washington University: Washington, DC. <https://rooseveltinstitute.org/wp-content/uploads/2015/10/BankonDCProposal.pdf>
7. Rubin, D.B., S.R. Singh, and P.D. Jacobson. *Evaluating Hospitals' Provision of Community Benefit: An Argument for an Outcome-Based Approach to Nonprofit Hospital Tax Exemption*. *American Journal of Public Health*, 2013. 103(4): p. 612–616.
8. Dubb, S., S. McKinley, and T. Howard, *Achieving the Anchor Promise: Improving Outcomes for Low-Income Children, Families and Communities*, 2013: Democracy Collaborative, at the University of Maryland.
9. Beatty, K.E., K.D. Wilson, A. Ciecior, and L. Stringer. *Collaboration Among Missouri Nonprofit Hospitals and Local Health Departments: Content Analysis of Community Health Needs Assessments*. *American Journal of Public Health*, 2015. 105: p. S337-S344.
10. Prybil, L.D., F.D. Scutchfield, and R.E. Dixon. *The Evolution of Public Health-Hospital Collaboration in the United States*. *Public Health Reports*, 2016. 131(4): p. 522–525.
11. Ross, T. Eds, *Meds, and the Feds: How the Federal Government Can Foster the Role of Anchor Institutions in Community Revitalization*. Center for American Progress. Retrieved on April, 2014. 25: p. 2018.
12. Rubin, D.B., S.R. Singh, and G.J. Young. Tax-Exempt Hospitals and Community Benefit: New Directions in Policy and Practice. *Annual Review of Public Health*, Vol 36, 2015. 36: p. 545–557.
13. Nikpay, S.S. and J.Z. Ayanian. Hospital Charity Care - Effects of New Community-Benefit Requirements. *New England Journal of Medicine*, 2015. 373(18): p. 1687–1690.
14. Worthy, J.C. and C.L. Anderson. Analysis of the Community Benefit Standard in Texas Hospitals. *Journal of Healthcare Management*, 2016. 61(2): p. 94–102.
15. Rosenbaum, S. Hospital Community Benefit Spending: Leaning In on the Social Determinants of Health. *Milbank Quarterly*, 2016. 94(2): p. 251–254.
16. U.S. HUD. *Building Resiliency in The Role of Anchor Institutions in Sustaining Community Economic Development*, 2013. U.S. Department of Housing and Urban Development Office of University Partnerships: Washington, DC.
17. Harkavy, I. Engaging Urban Universities as Anchor Institutions for Health Equity. *American Journal of Public Health*, 2016. 106(12): p. 2155–2157.
18. City of Philadelphia. *North Central Philadelphia Choice Neighborhoods Transformation Plan*, 2014. [www.phila.gov/dhcd/wp-content/uploads/2015/11/north-central-choice-summary\\_final.pdf](http://www.phila.gov/dhcd/wp-content/uploads/2015/11/north-central-choice-summary_final.pdf). April 14, 2017.
19. Ehlenz, M.M. Neighborhood Revitalization and the Anchor Institution: Assessing the Impact of the University of Pennsylvania's West Philadelphia Initiatives on University City. *Urban Affairs Review*, 2016. 52(5): p. 714–750.
20. Austrian, Z., S.E. Alexander, M.C. Piazza, and C. Clouse. Mission, Vision, and Capacity of Place-Based Safety Net Hospitals: Leveraging the Power of Anchors to Strengthen Local Economies and Communities. *Journal of Community Practice*, 2015. 23(3–4): p. 348–366.
21. Butler, S. and C. Diaz, *Hospitals and Schools as Hubs for Building Healthy Communities*, 2016. The Brookings Institution: Washington, DC.
22. Serang, F., J.P. Thompson, and T. Howard. *The anchor mission: Leveraging the power of anchor institutions to build community wealth*. Takoma Park, MD: The Democracy Collaborative, February 2013.
23. American Academy of Arts & Sciences. *Public Research Universities: Serving the Public Good*, 2016. American Academy of Arts & Sciences: Cambridge, MA.
24. Marcus, J. Bridging the town and gown divide. *PBS Newshour*, 2016.
25. Veugelers, R. The embodiment of knowledge: Universities as engines of growth. *Oxford Review of Economic Policy*, 2016. 32(4): p. 615–631.
26. ASHE, *Community as Place*. ASHE Higher Education Report, 2014. 40(2): p. 17–37.
27. Skinner, D., W. Gardner, and K.J. Kelleher. When Hospitals Join the Community: Practical Considerations and Ethical Frameworks. *Journal of Health Care for the Poor and Underserved*, 2016. 27(3): p. 1171–1182.
28. Kurtzman, J.H. A Community Hospital-County Health Department Partnership to Reduce Preventable Readmissions: Lessons Learned for Population Health Management. *Healthc Manag*, 2015. 60(4): p. 258–67.

29. Breznitz, S.M. and M.P. Feldman. The engaged university. *Journal of Technology Transfer*, 2012. 37(2): p. 139–157.
30. Wright, W., K.W. Hexter, and N. Downer. *Cleveland's Greater University Circle Initiative: An Anchor-Based Strategy for Change*. 2016.
31. National Academies of Sciences, E. and Medicine, *Communities in Action: Pathways to Health Equity*, 2017: National Academies Press.
32. Drexel University. *Community Impact Report, in Good Neighbors, Great Partners*, 2014. Drexel University: Philadelphia, PA.
33. Zuckerman, D. *Hospitals Building Healthier Communities*. The Democracy Collaborative at the University of Maryland Report, 2013. 7: p. 2014.
34. Moore, E., N. Barhoum, and A. Alvarez Franco. *Building Resiliency, in The Role of Anchor Institutions in Sustaining Community Economic Development*, 2014. University of California Berkeley: Berkeley, CA.
35. Delaware Valley Regional Planning Commission. *Cultivating Camden: The City's Food Economy Strategy*, 2015. Delaware Valley Regional Planning Commission: Philadelphia, PA.
36. Gerwig, K. *Greening Health Care: How Hospitals Can Heal the Planet*, 2014. Oxford University Press.
37. PC Group. *Anchor Institution Initiative Research Report*, 2015. PCG Human Services: Boston, MA.
38. Arkin, E., P. Braveman, S. Egerter, and D. Williams. *Time to Act: Investing in the Health of Our Children and Communities*. E. Arkin, et al., editors, 2014. The Robert Wood Johnson Foundation: Princeton, N.J.
39. Laidley, T.M. The Privatization of College Housing: Poverty, Affordability, and the US Public University. *Housing Policy Debate*, 2014. 24(4): p. 751–768.
40. The Annie E. Casey Foundation. *Expanding Economic Opportunity: Lessons From the East Baltimore Revitalization Initiative*, 2015. The Annie E. Casey Foundation: Baltimore, MD.
41. Ryberg-Webster, S. and K.L. Kinahan. Historic Preservation and Urban Revitalization in the Twenty-first Century. *Journal of Planning Literature*, 2014. 29(2): p. 119–139.
42. Ehlenz, M.M., E.L. Birch, and B. Agness, *The Power of Eds and Meds: Urban Universities Investing in Neighborhood Revitalization and Innovation Districts*. Penn Institute for Urban Research. Accessed March 2014. 1: p. 2015.
43. Langley, A.H., D.A. Kenyon, and P.C. Bailin, *Payments in Lieu of Taxes by Nonprofits: Which Nonprofits Make PILOTS and Which Localities Receive Them?* 2012. Lincoln Institute of Land Policy: Cambridge, MA.
44. Morgan, A.U., R. Dupuis, B. D'Alonzo, et al. Beyond Books: Public Libraries As Partners For Population Health. *Health Affairs*, 2016. 35(11): p. 2030–2036.
45. Susman, K. *Food Insecurity, Health Equity, and Essential Hospitals*, 2016. Essential Hospital Institute.
46. Breznitz, S.M. and D.S. Noonan. Arts Districts, Universities, and the Rise of Digital Media. *Journal of Technology Transfer*, 2014. 39(4): p. 594–615.
47. Kinahan, K.L. Design-Based Economic Development: Understanding the Role of Cultural Institutions and Collections of Industrial and Product Design. *Economic Development Quarterly*, 2016. 30(4): p. 329–341.
48. Kong, A.S., S. Farnsworth, J.A. Canaca, et al. An Adaptive Community-based Participatory Approach to Formative Assessment with High Schools for Obesity Intervention\*. *J Sch Health*, 2012. 82(3): p. 147–54.
49. House, P.J., K. Hartfield, B. Nicola, and S.L. Bogan. The University of Washington's Community-Oriented Public Health Practice Program and Public Health-Seattle & King County Partnership. *Journal of Public Health Management and Practice*, 2014. 20(3): p. 285–289.
50. Griffin, S.F., J.E. Williams, P. Hickman, et al. A University, Community Coalition, and Town Partnership to Promote Walking. *J Public Health Manag Pract*, 2011. 17(4): p. 358–62.
51. Friedman, D., D.C. Perry, and C. Menendez. *The Foundational Role of Universities as Anchor Institutions in Urban Development: A Report of National Data and Survey Findings*. Np: Coalition of Urban Serving Universities/Association of Public and Land-grant Universities, 2014.
52. LII Fund. *Partnering for Prevention: Hospital Community Benefit Investments for Community Development*, 2016. [www.liifund.org/wp-content/uploads/2016/12/Community-Benefits-LIIF.pdf](http://www.liifund.org/wp-content/uploads/2016/12/Community-Benefits-LIIF.pdf). April 14, 2017.
53. Bakken, E. and D. Kindig. Does Nonprofit Hospital Community Benefit Vary by State? *J Public Health Manag Pract*, 2015. 21(1): p. 18–22.
54. Butler, S.M. Can Hospitals Help Create Healthy Neighborhoods? *Jama-Journal of the American Medical Association*, 2015. 314(23): p. 2494–2495.
55. Taylor Jr, H.L., L. McGlynn, and D.G. Luter. Neighborhoods Matter: The Role of Universities in the School Reform Neighborhood Development Movement. *Peabody Journal of Education*, 2013. 88(5): p. 541–563.
56. Jacobson, R. *Community Schools: A Place-based Approach to Education and Neighborhood Change*. *Economic Studies*. Washington, DC: Brookings Institution, 2016.
57. Choi, L. and E. Al. *Community Development and Education*, 2012. Community Development Department Federal Reserve Bank of San Francisco: San Francisco, CA.
58. The Health Foundation of Greater Cincinnati. *School-based Health Centers in Greater Cincinnati-Improving Student Health to Promote Community Well-being*. 2013 [cited 2019 July 29, 2019]. <http://clcinstitute.org/wp-content/uploads/2013/04/SBHCsinGreaterCincinnatiwithMap030813.pdf>.



## Appendix

The table below summarizes information from the literature on various roles of anchor institutions; benefits to the community; and benefits to the anchor, by anchor type.

ROLE OF ANCHOR	BENEFITS TO THE COMMUNITY	BENEFITS TO THE ANCHOR
<b>MULTIPLE ANCHOR INSTITUTION TYPES</b>		
Purchase of goods and services	<ul style="list-style-type: none"> <li>Creates jobs, income, and ownership opportunities for residents.<sup>18, 22, 30, 34</sup></li> <li>Increases the capacity of local suppliers to meet supply chain needs.</li> <li>Produces equity impacts by prioritizing business relationships with minority-owned business enterprises (MBE) and female-owned business enterprises (FBE).<sup>18, 30</sup></li> <li>Enhances environmental sustainability by reducing the institution's carbon footprint and/or supporting local agriculture.<sup>22, 35, 36</sup></li> </ul>	<ul style="list-style-type: none"> <li>Creates a resilient, flexible, and customized supply chain.<sup>22</sup></li> <li>Provides efficiencies and lower costs resulting from local purchasing.<sup>11, 18, 22, 34</sup></li> <li>Results in more timely procurement of goods or services if local.<sup>11, 18, 34</sup></li> <li>Provides public relations benefits, including community and government perceptions.<sup>4</sup></li> </ul>
Develop local workforce	<ul style="list-style-type: none"> <li>Provides community access to job training to enhance economic well-being and mobility.<sup>30</sup></li> <li>Creates living wage jobs, income, and ownership opportunities for residents.<sup>18, 22, 30, 34</sup></li> </ul>	<ul style="list-style-type: none"> <li>Provides access to a well-trained workforce pool.<sup>37</sup></li> <li>Attracts and retains employees to/in the community.<sup>20</sup></li> </ul>
Participate in community collaborations/coalitions	<ul style="list-style-type: none"> <li>Provides community development capacity and/or resources.<sup>20</sup></li> <li>Responsive directly to community needs.<sup>23</sup></li> <li>Supports a mechanism that links community members to government and decision-makers.<sup>4</sup></li> <li>Supports an engaged and empowered local community.<sup>22</sup></li> </ul>	<ul style="list-style-type: none"> <li>Obtains community and partner buy-in on anchor institutions' strategic vision, expansion plans, capital improvement plans, etc.<sup>20, 22</sup></li> <li>Creates long-term community partners and institutional allies.<sup>22</sup></li> <li>Benefits from exchange of info with collaborators.<sup>30</sup></li> <li>Provides anchors "space" to innovate with collaborators.<sup>30</sup></li> <li>Opens up access to funding predicated on collaborative activity and/or community engaged activity.<sup>10, 11</sup></li> </ul>
Purchase real estate	<ul style="list-style-type: none"> <li>Proves anchor's ongoing commitment to community building.<sup>22</sup></li> <li>Increases availability of affordable housing.<sup>11, 15, 37-40</sup></li> <li>Helps repair anchor/community relations (e.g., historic preservation activities).<sup>41</sup></li> <li>Catalyzes enhanced public safety, services/amenities/retail options, improved neighborhood aesthetics.<sup>19</sup></li> </ul>	<ul style="list-style-type: none"> <li>Helps justify nonprofit anchor's tax exemptions and improves relationships with government leaders.<sup>22</sup></li> <li>Revitalized adjacent neighborhoods to encourage employees to purchase homes.<sup>29</sup></li> <li>Helps maintain affordable housing for students and/or staff<sup>39</sup> and reduces crime around anchors<sup>39</sup></li> </ul>
Fund initiatives and invest capital	<ul style="list-style-type: none"> <li>Financial capital invested in community development banks provides loans to small businesses available to support community development.<sup>6, 18</sup></li> <li>Increases availability of affordable housing (e.g., contributing to community land trust).<sup>11, 37-39</sup></li> <li>Catalyzes local small business growth, supporting upward mobility for residents.<sup>18, 23, 25</sup></li> </ul>	<ul style="list-style-type: none"> <li>Helps anchors fulfill mission of public benefit.<sup>23</sup></li> <li>Helps justify tax exemptions and improves relationships with government leaders (PILOTs).<sup>22, 42, 43</sup></li> <li>Provides a return on financial investment in community development banks as interest accrues.<sup>6</sup></li> </ul>
Provide infrastructure and gathering space	<ul style="list-style-type: none"> <li>Provides free community access to technology, legal services, health promotion programming, etc. in one central place.<sup>32, 44</sup></li> <li>Increases access to healthy food (e.g., central location for mobile farmers markets).<sup>35, 45</sup></li> </ul>	

## Appendix (continued)

ROLE OF ANCHOR	BENEFITS TO THE COMMUNITY	BENEFITS TO THE ANCHOR
<b>UNIVERSITIES</b>		
Provide community education	<ul style="list-style-type: none"> <li>• Supports K–12 students’ connection to cultural institutions.<sup>30</sup></li> <li>• Offers lifelong learning opportunities (e.g., continuous education).<sup>32</sup></li> <li>• Provides access to built environment and support to improve health behaviors.<sup>32</sup></li> <li>• Offers workforce development, including to K–12 students to prepare for jobs and for adults to get jobs at anchors (e.g., extension programs).<sup>23</sup></li> <li>• Draws outside funding and visitors, and arts and culture draw firms and human capital to a region, contributing to productivity of other industries.<sup>46</sup></li> <li>• Revitalizes neighborhoods through physical investments in the arts.<sup>46</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Expands potential economic value of cultural institutions while continuing to appreciate inherent cultural value.<sup>47</sup></li> </ul>
Offer research capacity and subject matter expertise	<ul style="list-style-type: none"> <li>• Ensures co-ownership of research process and interventions via community engaged research processes.<sup>48</sup></li> <li>• Applies research and technological advances to action on local issues (e.g., water security in AZ).<sup>23, 49</sup></li> <li>• Knowledge transfer disseminates innovations beyond the university.<sup>29</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Opens up access to funding for community engaged research.<sup>10, 11</sup></li> <li>• Develops a new student skill set in community engaged research.<sup>50</sup></li> <li>• Helps universities to fulfill their “third mission” of transferring knowledge to society.<sup>25</sup></li> <li>• Community partnerships create relationships with “real-world” practitioners to give guest lectures, lead panel discussions, and seminars.<sup>49</sup></li> </ul>
Provide public services	<ul style="list-style-type: none"> <li>• Enhances mobility by offering community members access to public transit<sup>24</sup>; spearheading improvements in transportation infrastructure through matching city funds to build a light rail through campus;<sup>24</sup> spearheading improvements in transportation infrastructure through matching city funds to build a light rail through campus.<sup>51</sup></li> <li>• Improves public safety in neighborhoods around universities.<sup>19, 29</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Improves neighborhood safety for employees and students.<sup>29</sup></li> <li>• Helps justify tax exemptions and improves relationships with government leaders.<sup>42</sup></li> </ul>
<b>HOSPITALS</b>		
Promote population health	<ul style="list-style-type: none"> <li>• Increases access to food to promote food security and health.<sup>35</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Addresses upstream factors impacting health, decreasing hospital costs in the long run (especially charity care/Medicare and Medicaid eligible costs).<sup>5</sup></li> </ul>
Collect information on community health needs	<ul style="list-style-type: none"> <li>• Benefit to LHD partner: Supports LHDs with meeting Public Health Accreditation Standards requiring assessing, prioritizing, addressing community health needs.<sup>10</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Helps nonprofit hospitals meet ACA requirements for tax exemption.<sup>9, 31, 52, 53</sup></li> <li>• Leverages scarce resources by collaborating with LHD to conduct required health needs assessment and form implementation plan.<sup>9</sup></li> </ul>

## Appendix (continued)

ROLE OF ANCHOR	BENEFITS TO THE COMMUNITY	BENEFITS TO THE ANCHOR
<b>PUBLIC SCHOOLS</b>		
Act as a neighborhood hub	<ul style="list-style-type: none"> <li>Provides “wraparound” services in a familiar location and offer convenient access to integrated supports (e.g., after school programs; health education; food access; job readiness support; ESL classes).<sup>54, 55</sup></li> <li>Full service community schools model engages families and community residents as full partners in planning and implementing their work.<sup>56, 57</sup></li> <li>Employs local residents in neighborhood jobs; provides job training or trade school classes; makes efficient uses of library or park/playground space.<sup>57</sup></li> <li>Improves education, health, and quality of life outcomes, such as absence rates and quality of care delivered.<sup>54, 56</sup></li> </ul>	<ul style="list-style-type: none"> <li>Supports schools’ reputation and helps them meet their mission, especially relative to peer schools in similar communities, via improved academic outcomes and increased parent engagement support.<sup>54</sup></li> </ul>
Provide student health services	<ul style="list-style-type: none"> <li>Improves health status and access to care, diagnosed chronic illness, immunizations.<sup>58</sup></li> <li>Enables working parents to stay on the job and reduces spending on hospitalizations and ER visits (e.g., for children with asthma).<sup>58</sup></li> <li>Provides convenient neighborhood access to services.<sup>58</sup></li> </ul>	<ul style="list-style-type: none"> <li>Recognizes and capitalizes on the connection between student health, academic achievement and stable communities.<sup>58</sup></li> </ul>
<b>PUBLIC LIBRARIES</b>		
Provide space and access to technology	<ul style="list-style-type: none"> <li>Supports variety of services and programming related to social determinants of health.<sup>44</sup></li> </ul>	<ul style="list-style-type: none"> <li>Expands and solidifies the role of the library within the community; the satisfaction and feeling “honored to be entrusted with [patrons’]’ confidence.”<sup>44</sup></li> </ul>