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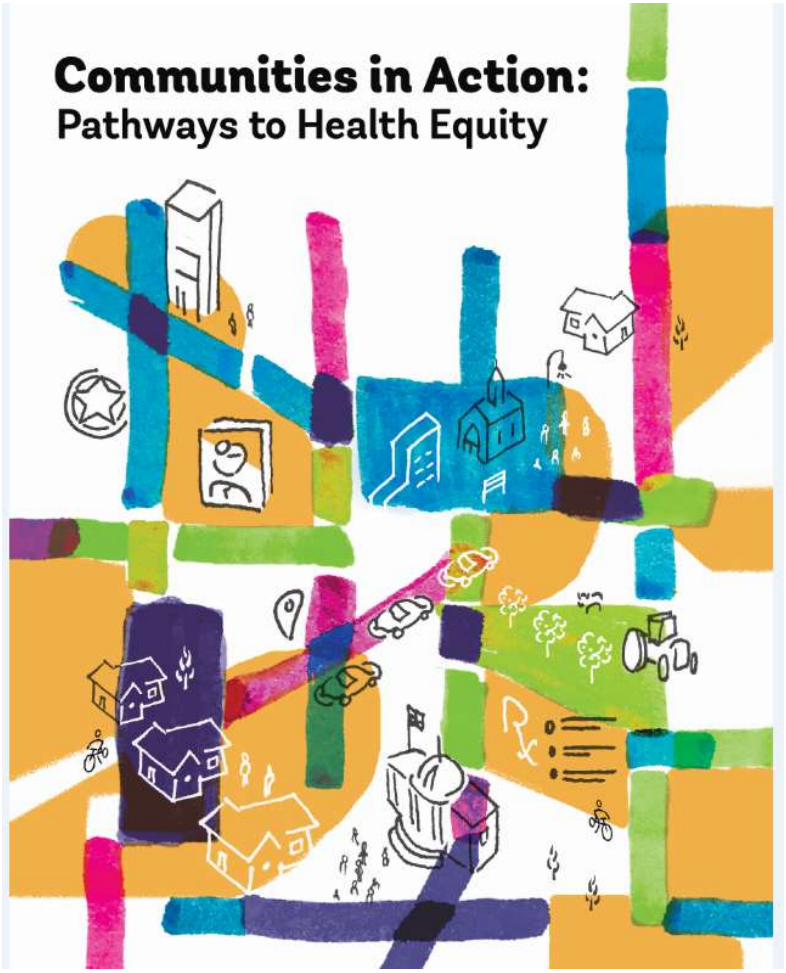

Communities in Action: Pathways to Health Equity

The Role of Anchor Institutions

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#PromoteHealthEquity

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The committee

- James Weinstein (chair)
- Hortensia de los Angeles Amaro
- Elizabeth Baca
- B. Ned Calonge
- Bechara Choucair
- Alison Evans Cuellar
- Robert Dugger
- Chandra Ford
- Robert García
- Helene Gayle
- Andrew Grant-Thomas
- Sister Carol Keehan
- Christopher Lyons
- Kent McGuire
- Julie Morita
- Tia Powell
- Lisbeth Schorr
- Nick Tilsen
- William Wyman

The charge, in brief

The Robert Wood Johnson Foundation asked the committee to:

Review the state of health disparities in the United States and explore the underlying conditions **and root causes** contributing to health inequity and the interdependent nature of the factors that create them.

Identify and examine a minimum of six examples of community-based solutions that address health inequities, drawing both from deliberate and indirect interventions or activities that promote equal opportunity for health, spanning health and non-health sectors accounting for the range of factors that contribute to health inequity in the US (e.g., systems of employment, public safety, housing, transportation, education).

Identify the major elements of effective or promising solutions and their key levers, policies, stakeholders, and other elements that are needed to be successful.

Recommend elements of short- or long-term strategies and solutions that communities may consider to expand opportunities to advance health equity.

Recommend key research needs to help identify and strengthen evidence-based solutions and other recommendations as viewed appropriate by the committee to **reduce health disparities and promote health equity.**

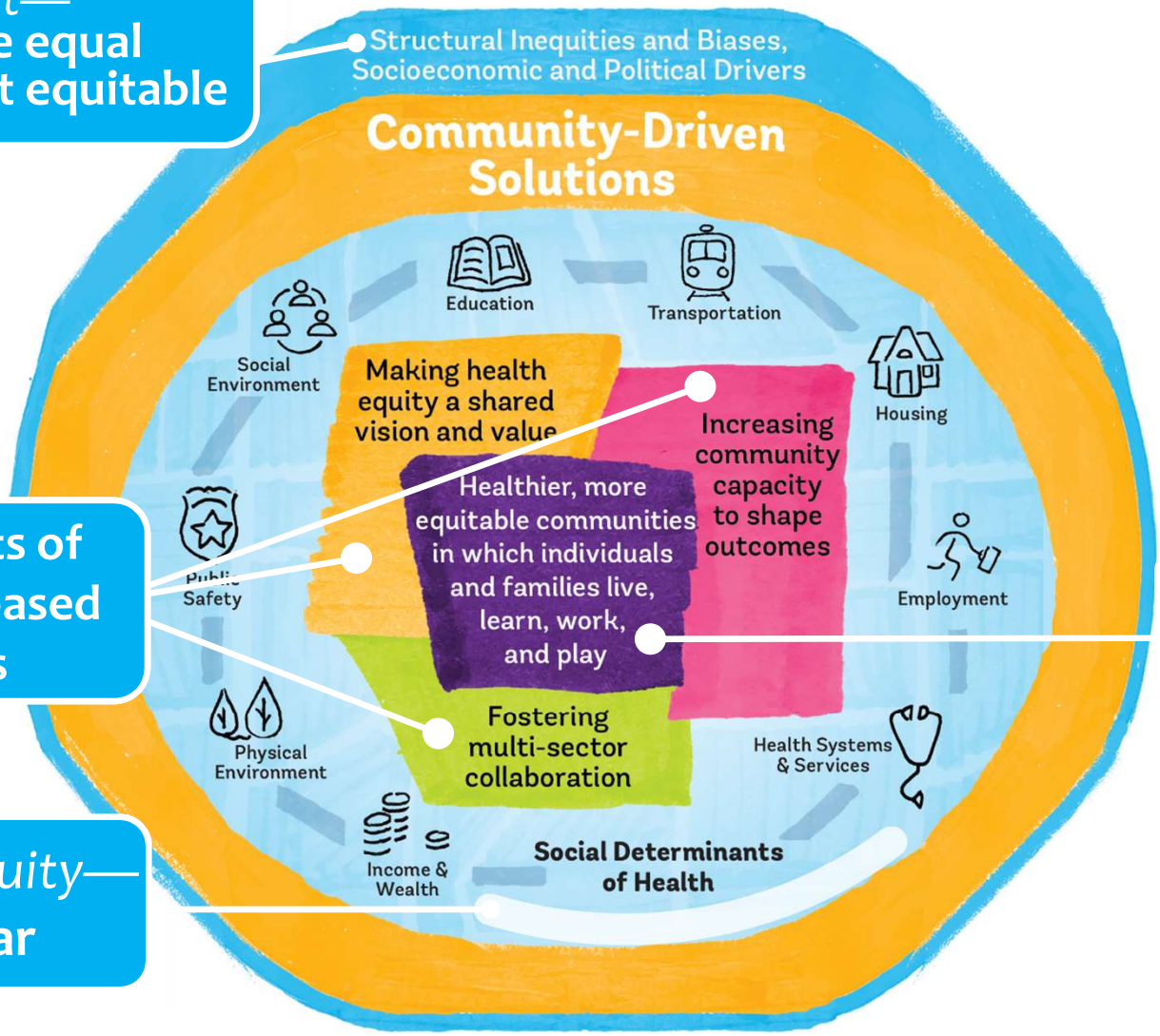
What Does Health Equity Mean?

Health equity is the state in which everyone has the opportunity to attain full health potential and no one is disadvantaged from achieving this potential because of social position or any other socially defined circumstance.

Promoting health equity means creating the conditions where individuals and communities have what they need to enjoy full, healthy lives.

Report conceptual model

Context—
May be equal but not equitable



Key elements of community-based solutions

Desired outcome

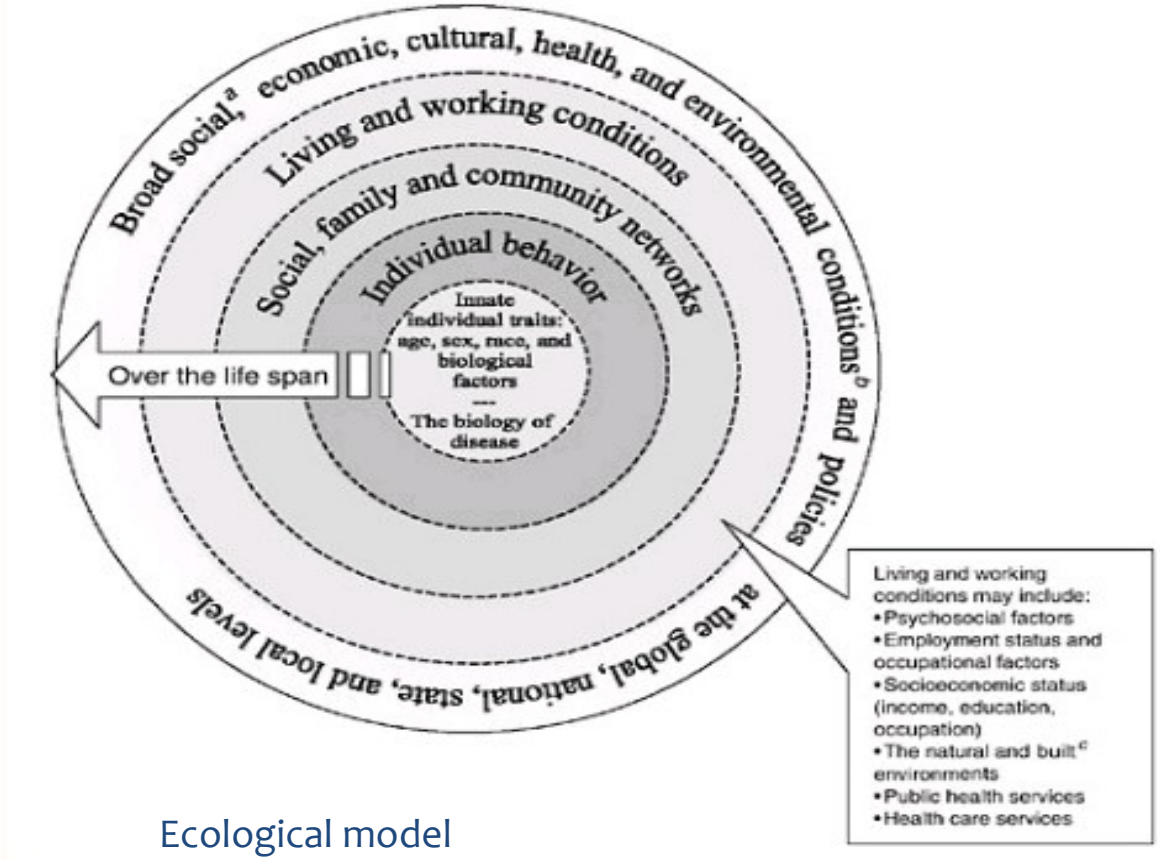
Causes of Inequity—
Non-Linear

Root Causes of Health Inequities

Conclusion

The evidence shows that health inequities are the result of more than individual choice or random occurrence.

They are the result of the **historic and ongoing interplay of inequitable structures, policies, and norms** that shape lives.



Ecological model
SOURCE: IOM, 2003.

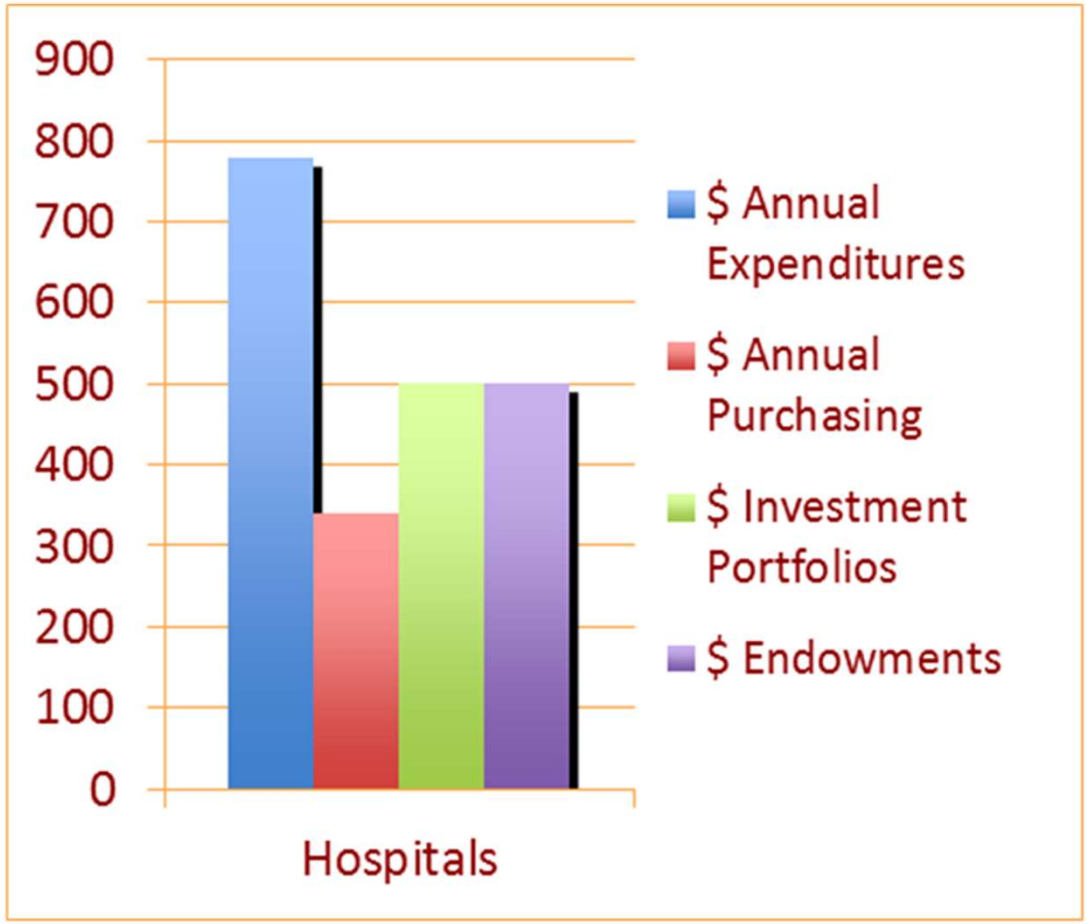
What are Anchor Institutions?

- Typically large, place-based institutions
- Spatially immobile
- Powerful local economic engines
- Firmly rooted in their locales
- Have "sticky capital"

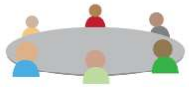
Some examples of anchor institutions include: hospitals, universities, local government entities, faith-based organizations, and cultural institutions, such as museums, arts centers, or sports venues.

Hospitals and Universities as Anchors

- Collectively employ 8 % of the U.S. labor force and account for more than 7 % of U.S. gross domestic product
- Significant holdings in real estate and expenditures related to procurement for goods and services, endowments, and employment



Community Wealth Building

Drivers	Community Wealth Building	Traditional Approach
 Place	Develops under-utilized local assets of many kinds, for benefit of local residents.	Aims to attract firms using incentives, which increases the tax burden on local residents.
 Ownership	Promotes local, broad-based ownership as the foundation of a thriving local economy.	Supports absentee and elite ownership, often harming locally owned family firms.
 Multipliers	Encourages institutional buy-local strategies to keep money circulating locally.	Pays less attention to whether money is leaking out of community.
 Collaboration	Brings many players to the table: nonprofits, philanthropy, anchors, and cities.	Decision-making led primarily by government and private sector, excluding local residents.
 Inclusion	Aims to create inclusive, living wage jobs that help all families enjoy economic security.	Key metric is number of jobs created, with little regard for wages or who is hired.
 Workforce	Links training to employment and focuses on jobs for those with barriers to employment.	Relies on generalized training programs without focus on linkages to actual jobs.
 System	Develops institutions and support-ive ecosystems to create a new normal of economic activity.	Accepts status quo of wealth inequality, hoping benefits trickle down.

SOURCE: Kelly and McKinley, 2015

Why the Anchor Approach?

Anchor institutions:

(1) are affected by their local environment, and as such have a stake in the health of surrounding communities;

(1) have a moral and ethical responsibility to contribute to the well-being of surrounding communities because they can make a difference; and

(1) when involved in solving real-world local problems, are more likely to advance learning, research, teaching and service

ECONOMIC DEVELOPMENT

OUTCOME	INDICATORS	DATA SOURCE
EQUITABLE LOCAL AND MINORITY HIRING	• Percent of local and minority hires in staff positions • Percent employed at living wage or above	Institutional data
EQUITABLE LOCAL AND MINORITY BUSINESS PROCUREMENT	• Percent of procurement dollars directed to local, minority-owned, and woman-owned businesses	Institutional data
AFFORDABLE HOUSING	• Dollars invested in creating affordable housing • Dollars invested in community land trusts • Percent of households below 200 percent of poverty line that spend <30 percent of income on housing	Institutional data, official records (census)
THRIVING BUSINESS INCUBATION	• Jobs and businesses created and retained (1 year, 5 years) • Percent of incubated businesses serving low-income and minority populations • Dollars directed toward seed funding for community-owned business	Institutional data
VIBRANT ARTS AND CULTURAL DEVELOPMENT	• Dollars spent on arts and culture-based economic development • Number of arts and cultural jobs and businesses created and retained	Institutional data
SOUND COMMUNITY INVESTMENT	• Percent of endowment and operating dollars directed toward community impact investments (e.g., support of community development financial institutions)	Institutional data

SOURCE: Democracy Collaborative, 2014

The Cleveland Model

The Cleveland Greater University Circle Initiative involves multisectoral partnerships of over 50 local anchor institutions. Partners work toward 4 shared, economic inclusion goals:

1. *Buy locally*
2. *Hire locally*
3. *Live locally*
4. *Connect*

Some early successes of the model include establishment of:

- 3 worker co-owned cooperatives
- Workforce training programs
- Local hiring practices
- Housing assistance programs

Report Conclusion 7-1

Based on its judgment and its review of community-based efforts to promote health equity or address the determinants of health, the committee concludes that community-based innovations are often most effective when they build on efforts of various community entities (e.g., foundations, anchor institutions) with an existing foundation or body of work and a strong presence in the community.

Report Recommendation 7-3

Anchor institutions should make expanding opportunities in their community a strategic priority. This should be done by:

- Addressing multiple determinants of health on which anchors can have a direct impact or through multi-sector collaboration; and
- Assessing the negative and positive impacts of anchor institutions in their communities and how negative impacts may be mitigated.

Thank you!

For the full report and related resources, visit
nationalacademies.org/promotehealthequity

*For a digital brief on **anchor institutions**, visit*
https://www.nap.edu/resource/24624/anchor-institutions/

Contact:
Amy Geller, Study Director, ageller@nas.edu

Additional Recommendations

6-5: Government and non-government payers and providers should expand policies aiming to improve the quality of care, improve population health, and control health care costs to include a specific focus on improving population health for the most vulnerable and underserved. As one strategy to support a focus on health disparities, the Centers for Medicare & Medicaid Services could undertake research on payment reforms that could spur accounting for social risk factors in value-based payment programs it oversees.

7-5: The committee recommends that public health agencies and other health sector organizations build internal capacity to effectively engage community development partners and to coordinate activities that address the social and economic determinants of health. They should also play a convening or supporting role with local community coalitions to advance health equity.

Additional Recommendations & Conclusions

Conclusion 8-1: Accessible and community-friendly interactive tools with data and metrics specific to individual communities are needed. Such data are critical to raising awareness to make health equity a shared vision and value, increasing community capacity to design community-based solutions and shape outcomes, and fostering multisector collaboration and the evaluation of solutions.

- In the short-term there is a need to determine which existing indicators are most relevant for measuring and monitoring progress towards making health equity a shared vision and value, developing community capacity to shape outcomes, and encouraging multi-sector collaboration.
- Other aspects of community capacity building, including leadership development, community organizing, organizational development, and fostering collaborative relations among organizations are additional areas for potential indicator development.

Additional Conclusions

Conclusion 8-2: There are many existing data sources, indicators, and interactive tools that are relevant to meeting the information needs that drive community-based solutions; however,

- Many communities may be unaware that such tools exist or lack some of the prerequisite skills for their effective use. Furthermore, these tools need to be made more user-friendly to facilitate use by community members.
- Many of the indicators and interactive tools provide data at the national, state, or county levels. More tools are needed that provide interactive access to data at the neighborhood or community level.