

Anchors in Resilient Communities (ARC) is a multi-stakeholder initiative that addresses the social determinants of health by leveraging the assets and capacities of Bay Area anchor institutions and community-based partners, with a focus on expanding community wealth and ownership, improving health outcomes, and strengthening the capacity of communities of color and low and moderate-income residents to be resilient in the face of climate and economic disruption.

Goal: To leverage the financial, political and social capital of Anchor institutions – MUSH sector- to transform major sectors of the economy (food, energy, water, etc.) towards high road principles and practices that will improve community health, community wealth and community climate resilience.

Opportunities: There are 4,840 community hospitals in the United States with cumulative expenditures \$902B in 2017.

3,231 (67%) of community hospitals are part of a larger healthcare systems and 2,849 (59%) are non-government, not for profit hospitals

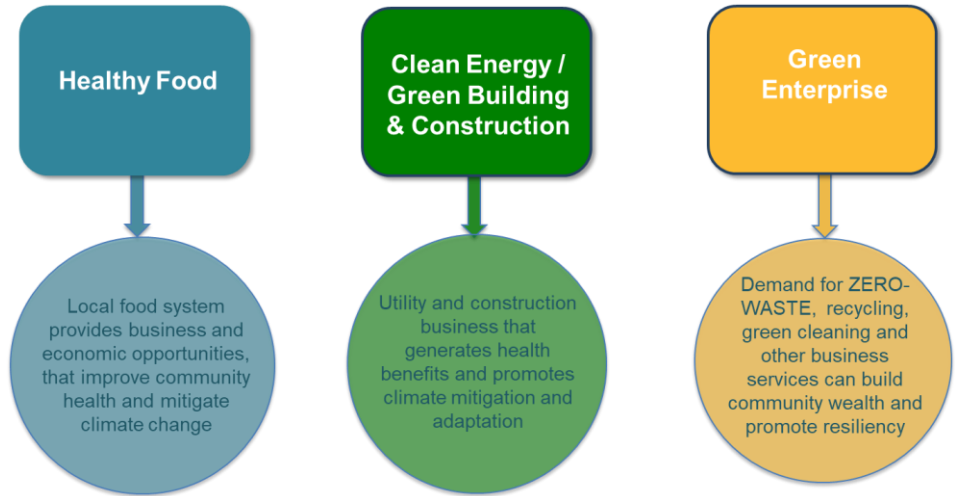
Not-for-profit hospitals and health care systems need trusted community partners to advise them on how best to leverage their community benefit dollars and the local community assets to promote equity as a community health strategy

Hospitals are increasingly looking for ways to leverage their procurement and investment dollars to promote local economic development and community health

Community Health Needs Assessments as planning tools

Opportunity to build collaborative high road tables

Opportunity to leverage new union partnerships



Logic Model Summary

ARC Activities	Outcomes 0-5 Yrs	Outcomes 5-10 Yrs	Outcomes 10-20 Yrs	Vision
Facilitate Partnerships	Increased capacity within community to provide goods and services to and work at anchors.	Increased access to good jobs and capital for locally owned businesses Increased community ownership and social enterprise.	Decreased poverty rate, income equality, and unemployment rate. Increased job retention. Increased wealth retention in the community.	Community Wealth ↔ Community Health ↔ Climate Resilience ↔ Market + Institutional Transformation
Create co-learning opportunities	Increased willingness and capacity within anchors and community to collaborate for health, wealth, and resilience.	Increased access to social and economic determinants of good health and well-being.	Decreased chronic disease rates and increased well-being for people experiencing health inequities.	
Mobilize Projects	Increased evidence that ARC model supports anchor mission and bottom line and community health, wealth, and resilience.	Decreased GHG emissions due to increased local procurement by anchors.	Creation of decentralized, community owned regional networks for critical community needs. (eg. Water, Food, Energy)	
Scale the model		Increased hiring, purchasing, and investing by anchors in community.	Regions across the US adopt the ARC model for anchor community partnership for health, wealth, and resilience.	
		Authentic, trusting relationships between anchors and communities.	Anchors become system integrators.	

Results: Oakland – developing a food sector strategy

Florida - developing a home healthcare climate strategy

Bronx – developed a local procurement platform

Strategy: Facilitate collaborative tables

Challenges: Health institutions remain insular & fearful of community engagement.

The need for business and community development expertise within ECC.

No health expertise on the board.

Metrics: Anchors in Resilient Communities
Ecosystem / Theory of Change

