Anchor Community Engagement Spectrum

HEALTHCARE ANCHOR NETWORK

INTENT	INFORM	CONSULT	INVOLVE	COLLABORATE	CO-LEAD *Shared Governance*
Goal	Provide balanced and objective information in a timely manner	Obtain feedback on analysis, issues, and alternative decisions	Work with community to ensure their vision and concerns are considered & understood	Partner with community in each aspect of decision-making	Final decision-making is shared between the community and the institution
Stakeholder experience	I was updated on the work	I gave my input into the work	I gave my input and it's clear that it was considered in the design	I know that my interests are helping to shape the design because I'm regularly at the table	My interests help(ed) shape the vision that's driving all the work
Example Strategies	Fact sheets Websites Open houses	Public comment Focus groups Surveys Public meetings	Workshops Deliberative polling Charrettes	Community advisory committees Consensus-building Participatory decision-making	Community oversight boards Ballots Delegated decision-makers
Challenges	Making sure the communications "land" and are meaningful	Agreement that the problem is a shared problem (developing a shared vision)	Setting aside individual interests to allow genuine collaboration	Building genuine empathy and interest in building the capacity of the whole community	Getting people to efficiently and effectively work together from a shared intent

Source: CoCreative Solutions, IAP2

Here's how some leading health systems are collaborating or co-leading with community stakeholders to strengthen anchor initiatives.

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO
San Francisco, CA

UCSF utilizes a shared governance model for its anchor institution initiative, which aims to increase the economic security of under-resourced communities in the Bay Area by leveraging UCSF's resources. An anchor institution steering committee is composed of representatives from UCSF and community-based organizations, and is co-chaired by one UCSF staff member and one community representative. Subcommittees for workforce development, procurement, and community investing include internal and external subject matter experts. These groups are responsible for creating work plans, drafting budgets, and providing recommendations on priority initiatives to the steering committee, which then makes final decisions.

Level of Engagement: Co-lead/shared governance

Impact
- Designing trauma-informed workforce development, procurement, and community investment strategies
- New opportunities for aligning internally have emerged
- Business unit staff outside of Community Engagement are learning how to efficiently and effectively work with community partners

Strategies Utilized
- Set intentions about building anchor-community partnership at the beginning
- People with lived experience are delegated decision-makers who identify needs and develop strategies—for example, beneficiaries of workforce development programs serve on the workforce development subcommittee

CHRISTIANACARE & REACH RIVERSIDE
Wilmington, DE

Logan Herring, CEO of REACH Riverside, approached ChristianaCare in 2018 to partner in an effort to improve the long-term community health and well-being of the Riverside neighborhood, where 69% of children live in poverty. ChristianaCare then joined the multi stakeholder collaboration. Health system representatives now sit at a table convened by REACH Riverside with community residents, anchor institution representatives, legislators, and other stakeholders to develop plans for investing in affordable housing and creating opportunities for teens. Herring describes the approach as a "Thanksgiving model" where everyone has resources, skills and expertise that they can bring to the table, and no one is excluded from participating.

Level of Engagement: Collaborate

Impact
- Identified top health concerns of the community
- ChristianaCare leaned in early on, which enabled other institutions to join the collaboration and bring additional resources to bear
- Final design of The Warehouse space for teens reflects their ideas and input, and includes a workout room, a demonstration kitchen, space for arts and study, and a gathering area

Strategies Utilized
- Invest in building the leadership capacity of community, including teens
- Conduct asset mapping to understand existing resources, leaders, and expertise in the community
- Community residents are regularly at the table and engage in participatory decision-making
- Adopt culturally appropriate, aware and competent approaches

Guidelines for Genuine Engagement

- Be clear and transparent about your intent for engagement and stakeholders' roles

- Don't pretend to share power if you're not

- Carefully select stakeholder for high engagement approaches

- Don't equate more engagement with "slow" or "cumbersome"

- Inclusivity

- Have appropriate mechanisms for timely, accessible, two-way communication

- Fiscal sustainability

- Evaluation and continuous improvement

- Exercise discipline to make no assumptions about what is possible

RUSH UNIVERSITY MEDICAL CENTER & WEST SIDE UNITED
Chicago, IL

In 2016, Rush convened other healthcare anchor institutions to create a health collaborative aimed at reducing the 16-year life expectancy gap between neighborhoods in the West Side of Chicago and the rest of the city. The group identified that the participation of community-based organizations and residents would be key to moving the needle. In early 2017, the group hosted a public meeting to ask residents, faith-based community leaders, educational institutions, businesses, and community organizations based in the West Side to propose long-term solutions.

Next, Rush conducted a neighborhood listening tour, talking to more than 1,500 people to gather input on what they'd like to see as a result of the collaboration and how they'd like to participate. People identified priorities around access to jobs, healthcare, youth programs and education, and safe neighborhoods, and many expressed interest in participating or suggested other people to engage in the effort.

Rush and the collaborative – now called West Side United (WSU) – followed up on those initial signs of interest by launching a call for people to join the WSU planning committee. Community members responded, with 125 nominations for just 8 spots. Community representatives worked alongside nonprofit, government, and health institution partners to set the priority areas for WSU programming.

As participants continued to invest their expertise, knowledge and resources in the collaboration, the group realized a deeper governance structure was needed to support the work over the long term. A Community Advisory Council was established, with members sharing in the overall governance and decision-making for the collaboration alongside health system partners.

Level of Engagement: Collaboration began with **consult** (through public meetings and focus groups), then moved along the spectrum to **involve, collaborate**, and then **co-lead/shared governance** as community-anchor relationships developed and mutual investment deepened.

Impact
For the WSU Community Advisory Council, there were 85 high quality applications; as a result, the council was expanded from 16 to 18 members. They are paid for their time. Council members have a real shared investment in the work, and a role in every area of program implementation.

Strategies Utilized
- During the initial outreach phase, Rush was intentional about who to engage and made sure the people going out to have conversations with community stakeholders looked like the people they were meeting with. These conversations were collected in a report so that people could see that their input was considered and understood.
- Community representatives engaged in leadership development and shared decision-making while on the WSU planning committee
- Final decision-making is now shared between the community and the institution