


WHAT ROLE DO ANCHOR INSTITUTIONS PLAY IN POPULATION HEALTH?

Understanding healthcare organization leaders' perspectives
on anchor institutions in Toronto, Canada

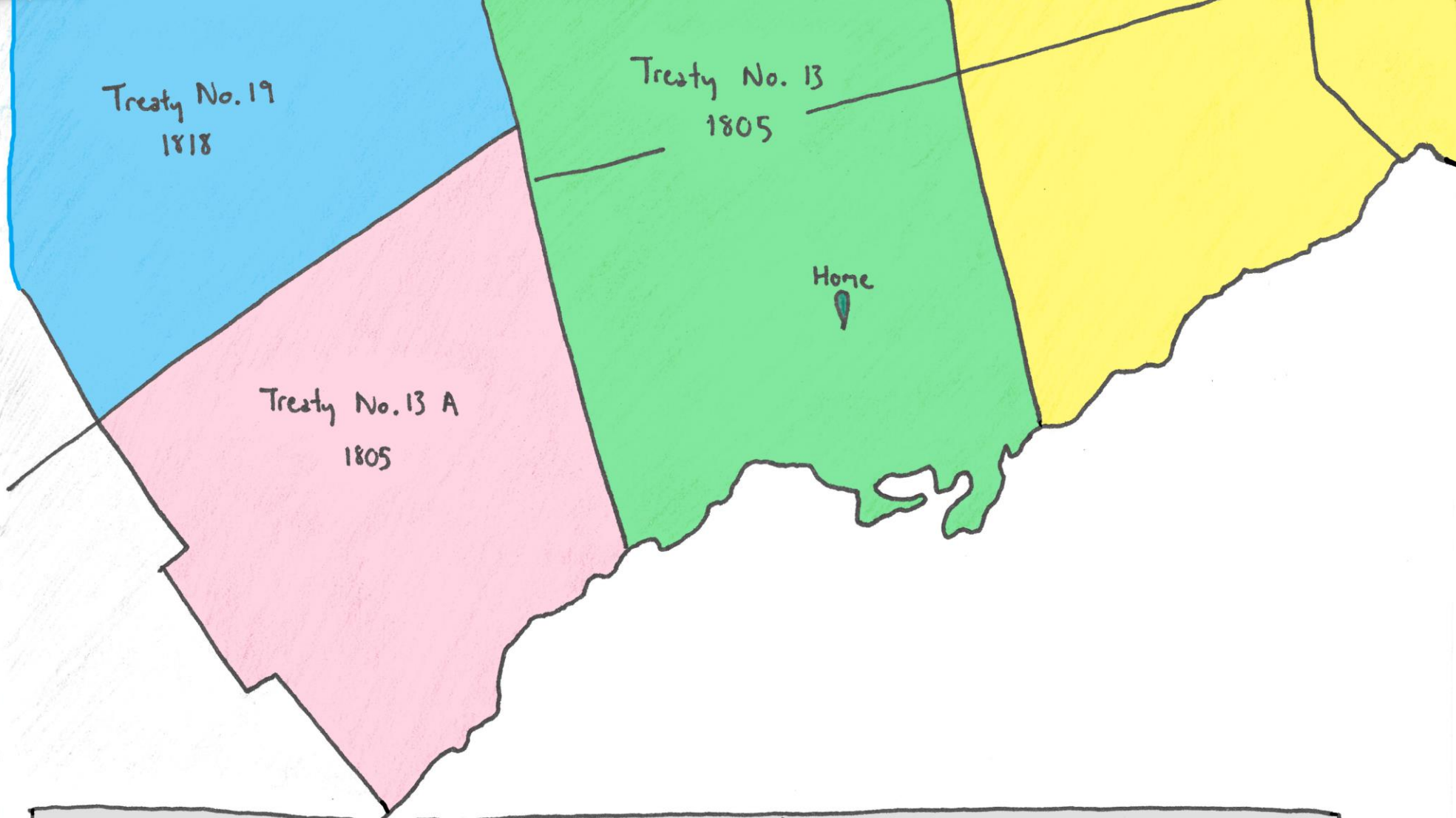
Q. Jane Zheo
June 13th, 2022



Hi, I'm Jane, a PhD student
studying health services research at IHPME*.

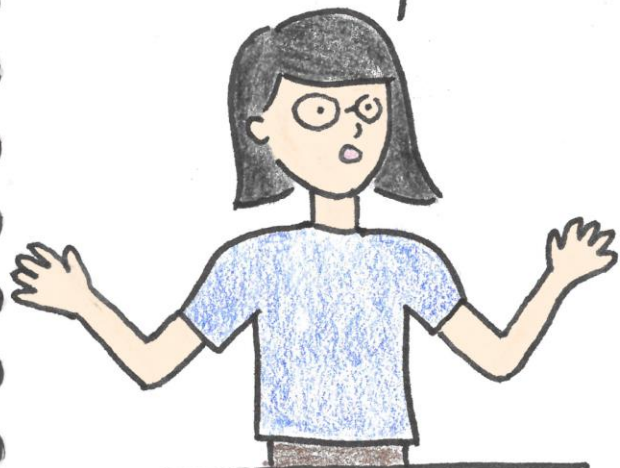
I'll be presenting my research today
on anchor institutions —
in the form of COMICS!

* Institute of Health Policy
Management & Evaluation



I am fortunate to call Toronto home these days, which was, for thousands of years, the traditional land of the Huron-Wendat, the Seneca, & the Mississauga of the Credit River. I am grateful to have the opportunity to live, work, & play on this land.

But Yiyi*,
why comics?

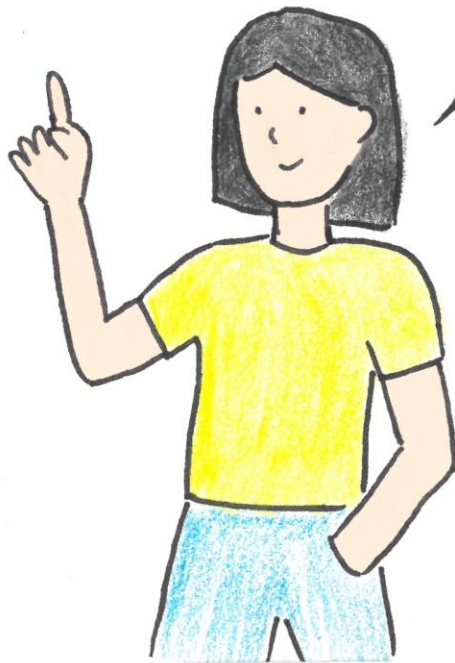


Confused, mom
but well-intentioned

Building on the field of graphic medicine**,
I use comics as a form of science communication,
knowledge translation, & research advocacy.

I want to communicate the story of my
research, both the process & the findings.

Plus, comics are accessible,
engaging, & FUN!



* Chinese childhood nickname

** Graphic medicine is the
intersection of comics & healthcare.
There is a thriving community.
See for more details:
graphicmedicine.org.

anchor institution

1) ǎng'kær in"stī-too'shən

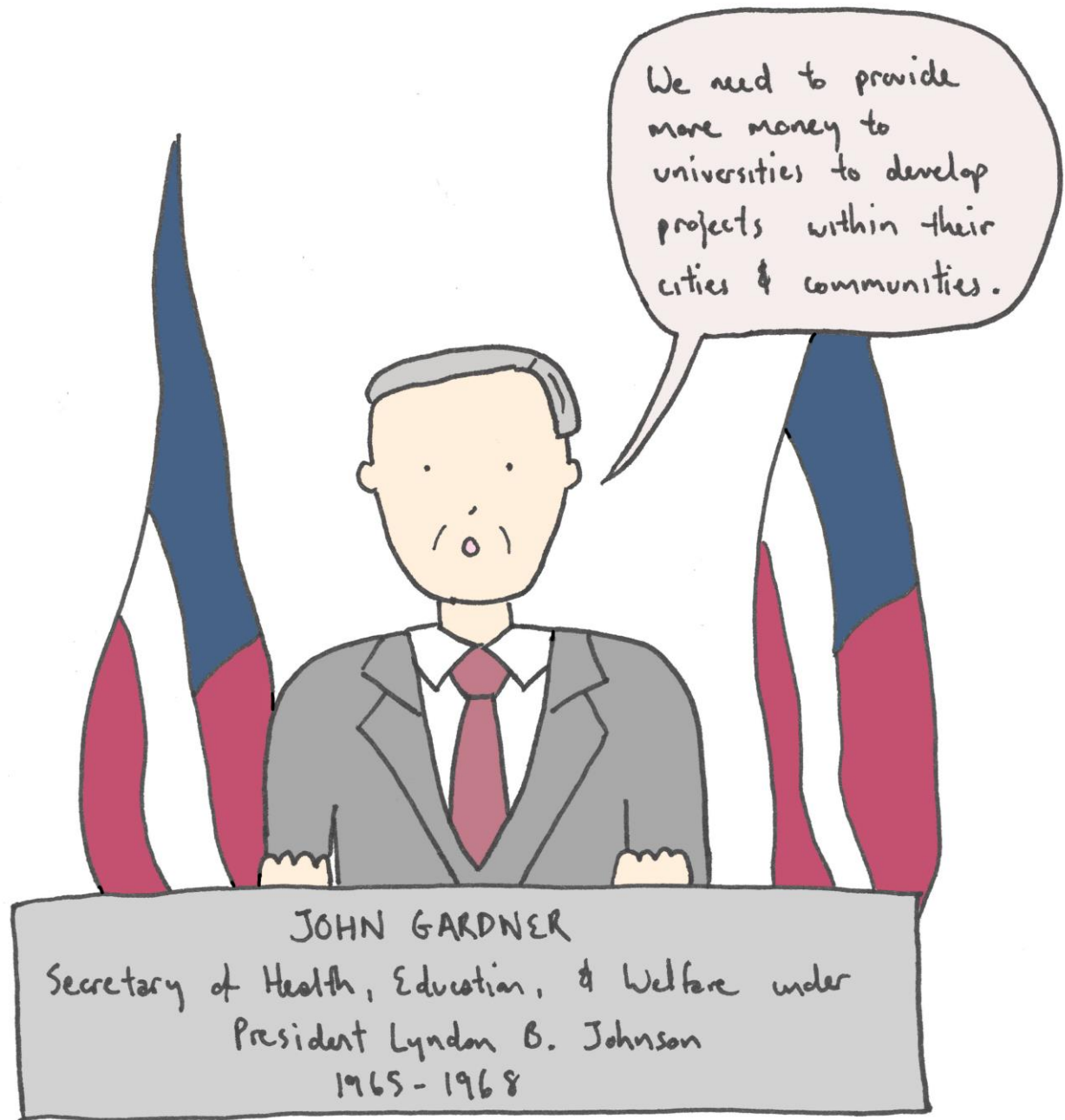
noun

- A public, place-based organization who invests in their surrounding community as a way of doing business
- Among a city's largest employers & purchasers of goods & services
- Contribute major economic, human, & intellectual capital to their local communities & beyond

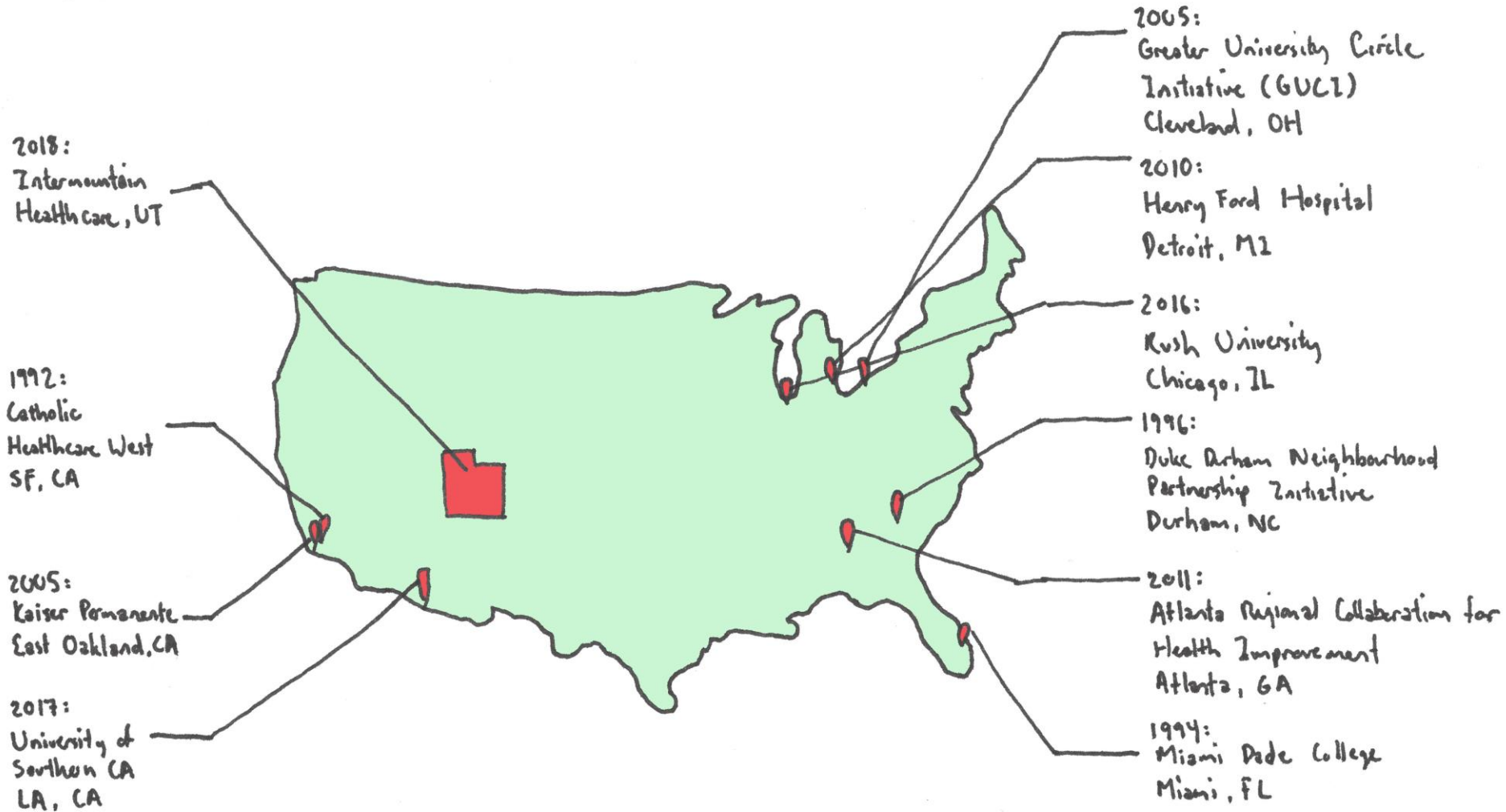
Examples: universities, municipal governments, hospitals

Emerging from the 1960s, some cities in the United States began to think differently about the role that institutions play in the development of communities.

Building off the urban-serving mission of higher education, anchor institutions can be seen as a response to social need & a creation of social purpose.



Over the 1990s & 2000s, the concept of "anchor" would deepen.



In the United States, anchor institutions have become a popular way to strengthen commitments to local communities & improve economic, health, & social outcomes.

Across the pond, NHS* England declared themselves an anchor institution in 2019. In doing so, they began to expand the ways they impact local communities beyond just the provision of healthcare. They began investing & working with local partners responsibly & reducing their environmental impact.



NHS

- ✓ The NHS is the UK's largest employer with 1.6 M staff & 350+ career options.
- ✓ The NHS occupies 8,200+ sites across England on 6,500 hectares (65 km²) of land.
- ✓ The NHS has an annual budget of £134 B (\$211 B CAD) & spends £27 B on goods & services annually.
- ✓ The NHS is responsible for 40% of the public sector's carbon footprint.

* National Health Service: 2nd largest single-payer healthcare system in the world, which offers healthcare services (mostly free) to UK residents.

In Ontario, HALL* is a group of leaders who convene to align their operations to tackle tough, intersectoral issues in the city of Hamilton, like housing, healthcare, or transit.

ANCHOR INSTITUTIONS WELCOME
\$3.4 B INVESTMENT TO ADVANCE
B-LINE LRT

A letter from HALL:

Dear —


hamilton
HAMILTON


=
HUSDB

McMaster

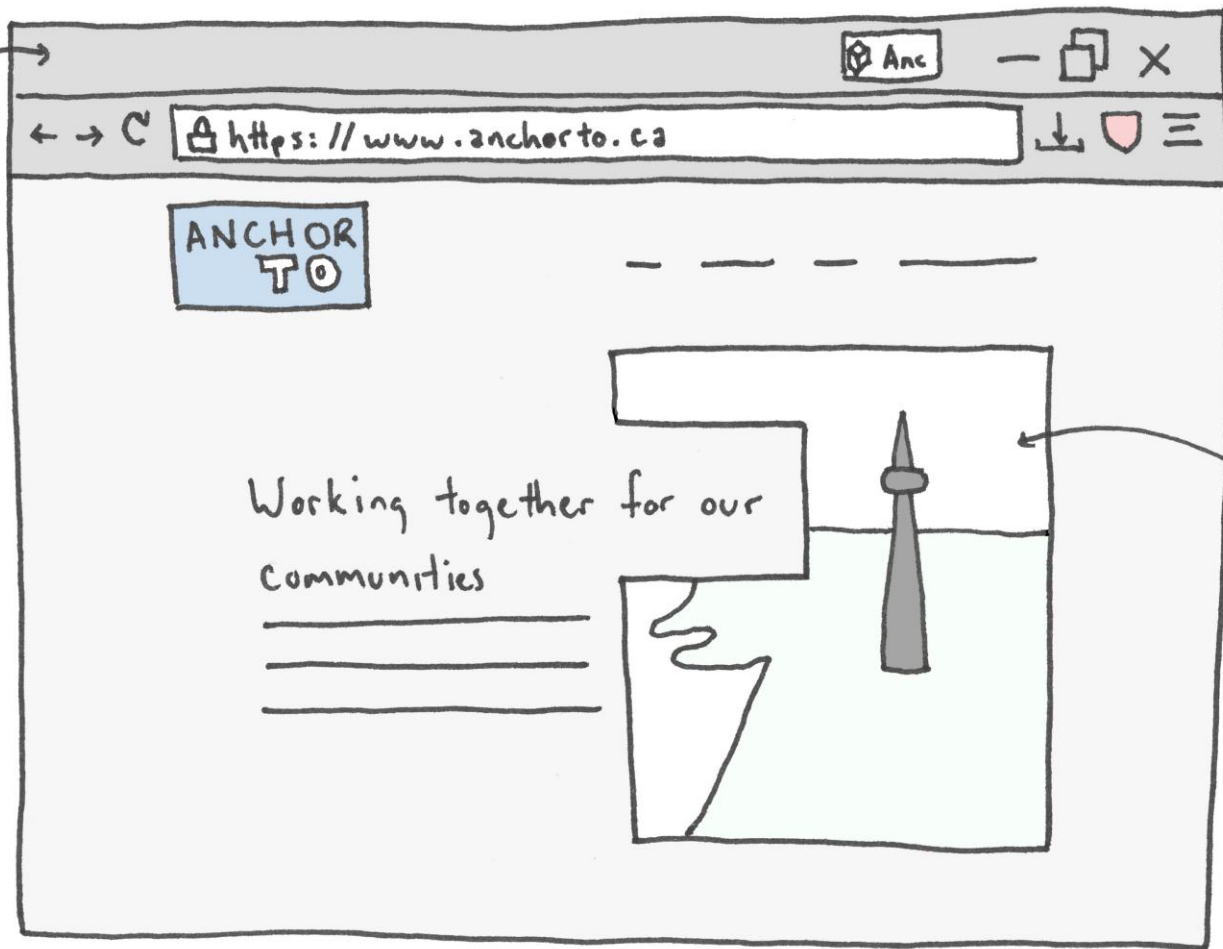
111 Mohawk
St. Joseph's

* Hamilton's Anchor
Institution Leadership



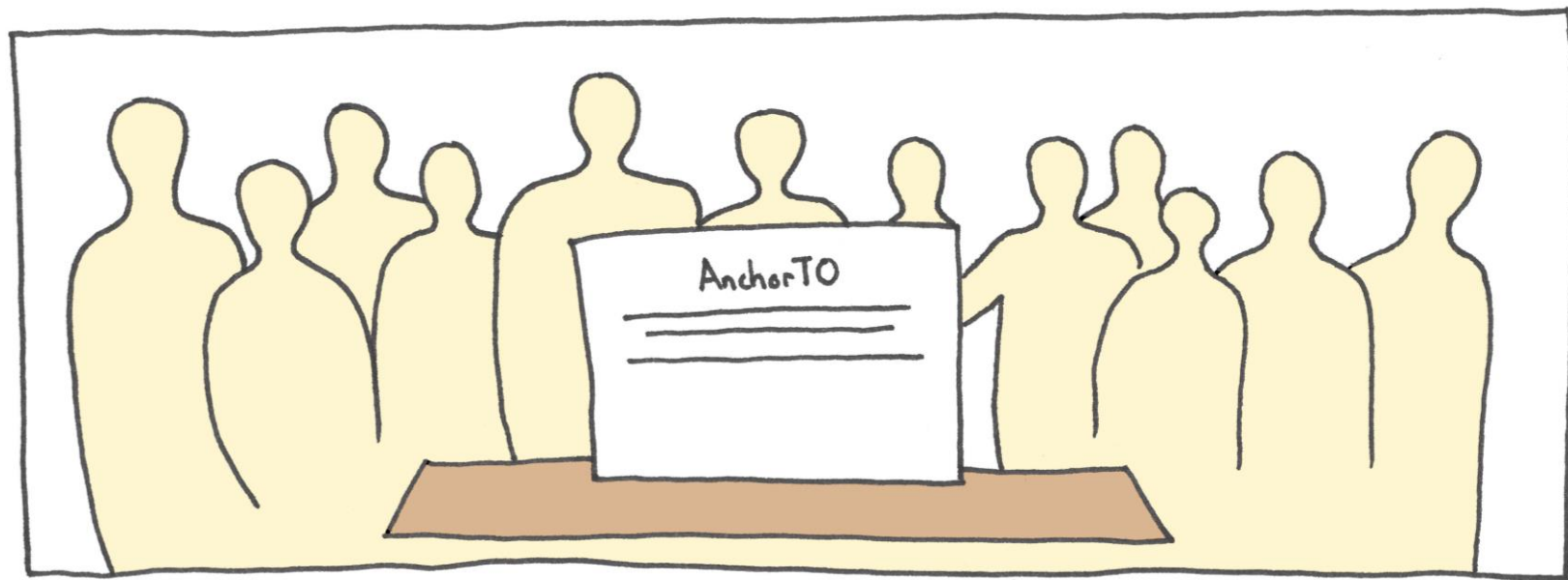
In Toronto, AnchorTO is a "community of practice" made up of 18 public sector organizations.

too many
tabs open



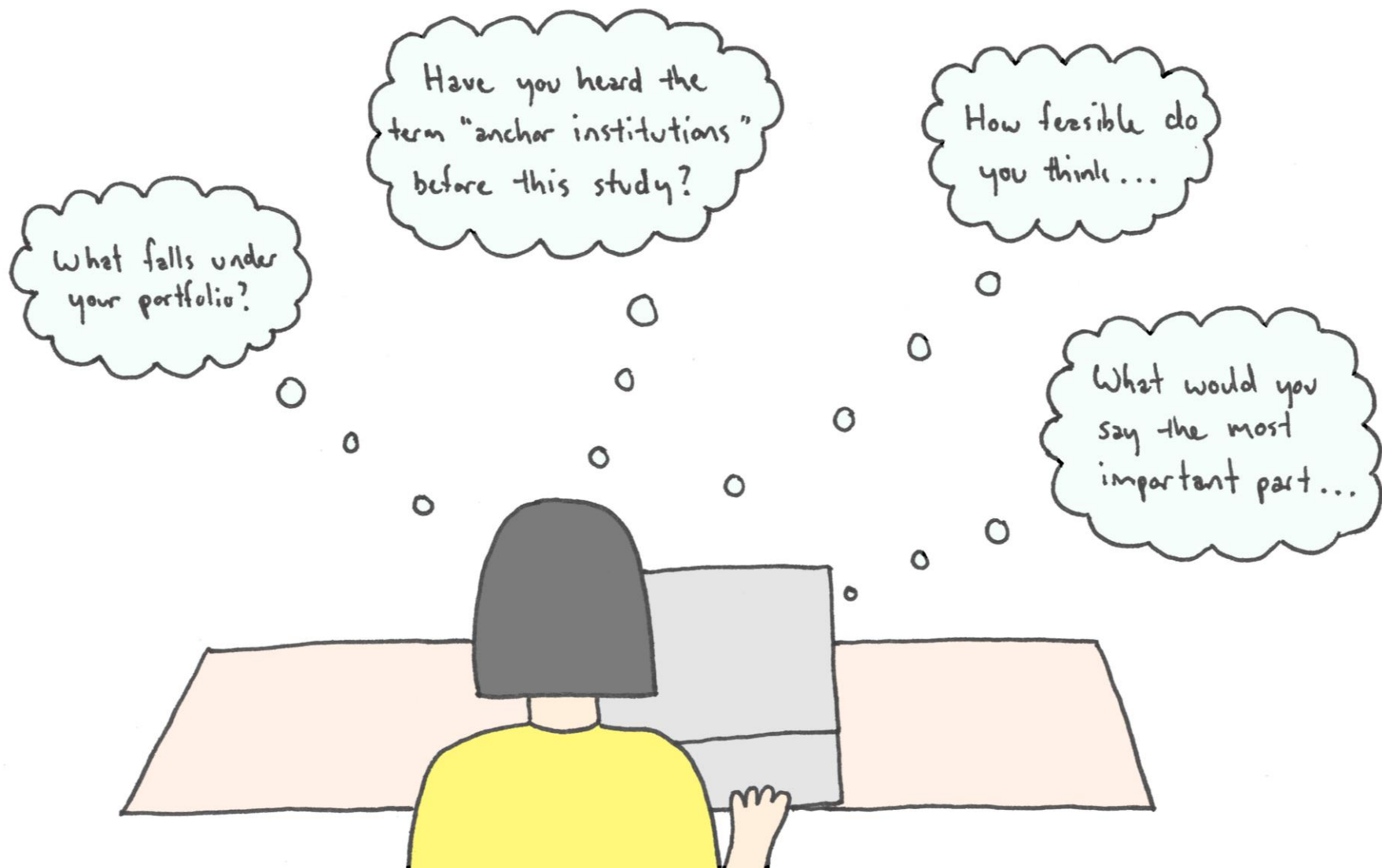
impressive aerial
drone shot of
downtown

These 18 organizations have \$57B in cumulative assets & \$20B in operating budget.
All universities & colleges have signed on, so has the City of Toronto, TTC, Metrolinx,
United Way, Toronto Public Library & others.

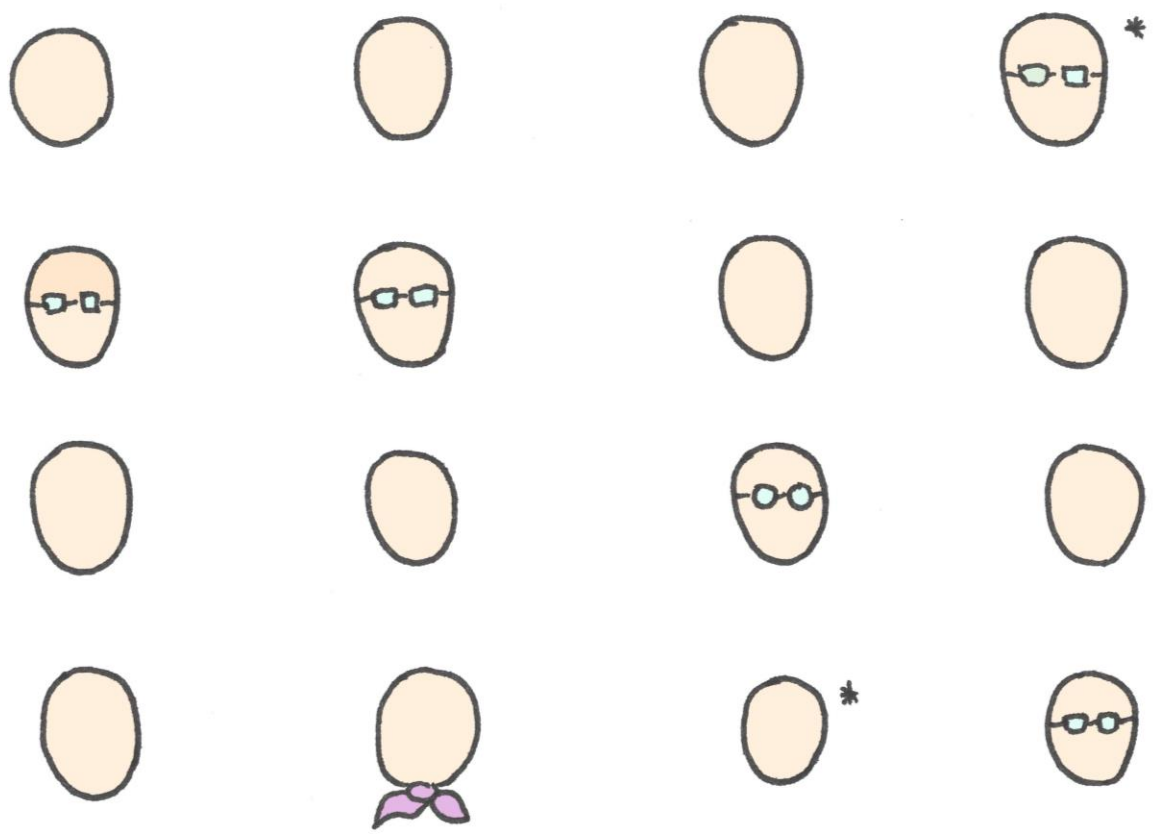


But healthcare organizations were surprisingly absent. Why was this?
Is healthcare inherently different? What did leaders within the sector think?

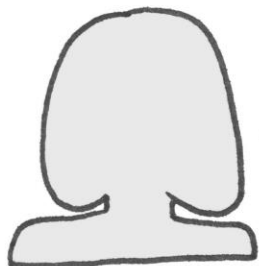
I set out to interview hospital CEOs, VPs, & Medical Program Directors to explore their understanding & perception of anchor institutions.



1 space with 16 participants from nine hospitals across Toronto.



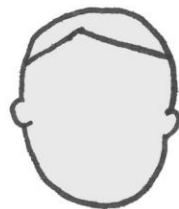
All but two had heard the term "anchor institution" before.*
All agreed their hospital could be considered an anchor.



[The term "anchor institutions"] is not really a part of the common lexicon, I suppose, especially in healthcare.

I had heard the term, but I could not have defined it as eloquently as you did.

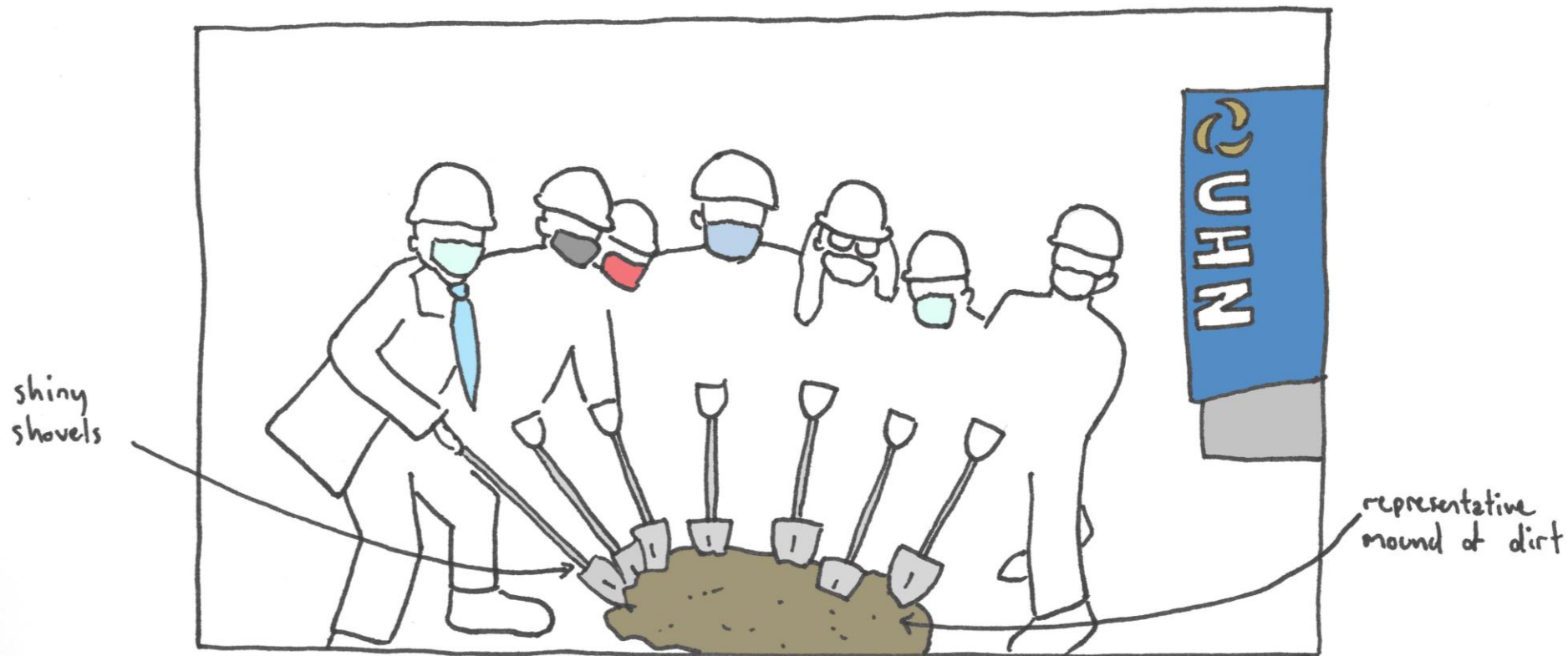
So, you know, I was aware of it, being kind of anchor is a good word, an important organization within a geography, but your definition was really quite illuminating.



When I asked them if they could identify specific mandates within their hospitals to hire locally, invest locally, or procure locally — few could.




In 2019, University Health Network announced a \$10 M parcel of land set aside to develop an affordable housing project in Parkdale. In June 2021, 150 Dunn Ave. was announced — a four-storey modular supportive housing unit for 51 people.



The site is still under construction...

But many barriers exist to implementing anchor strategies.
Some are attitudes...

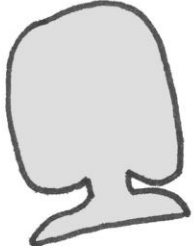


How feasible would you say it is to adopt an anchor mandate within your organization?

That would be jumping the gun in my perspective. I don't know why we would necessarily want to — we are an anchor institution by virtue of the definition.


So, I don't know what it really means to formally adopt an anchor institution mandate.

... others are more external.



I sign accountability agreements. I get a certain amount of money to deliver a certain amount of work every year. That's actually pretty strict. [...] We're a highly regulated, highly accountable business.

The pressure really is to get the best possible price & I would say that's not all locally-sourced. [...] Certainly within hospital organizations, you purchase together & so your hands are bound in other ways as well.



WHY IS
THIS
IMPORTANT?

Healthcare is Ontario's largest expense. The two largest portions go to hospitals & physician compensation. Together, they account for 60% of the health sector's costs.

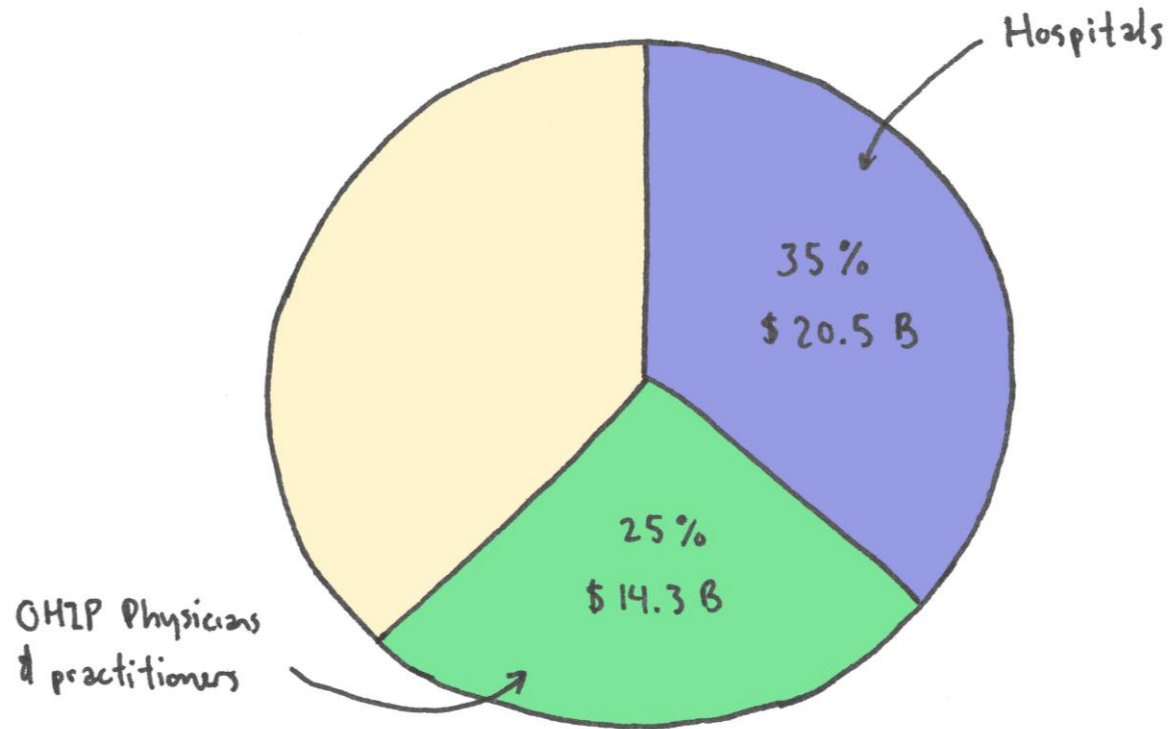


Figure 1. Health sector expense by program area, 2017 - 2018 (\$ Billions)

Hospitals are held accountable for financial & clinical performance, but indirectly for population health.

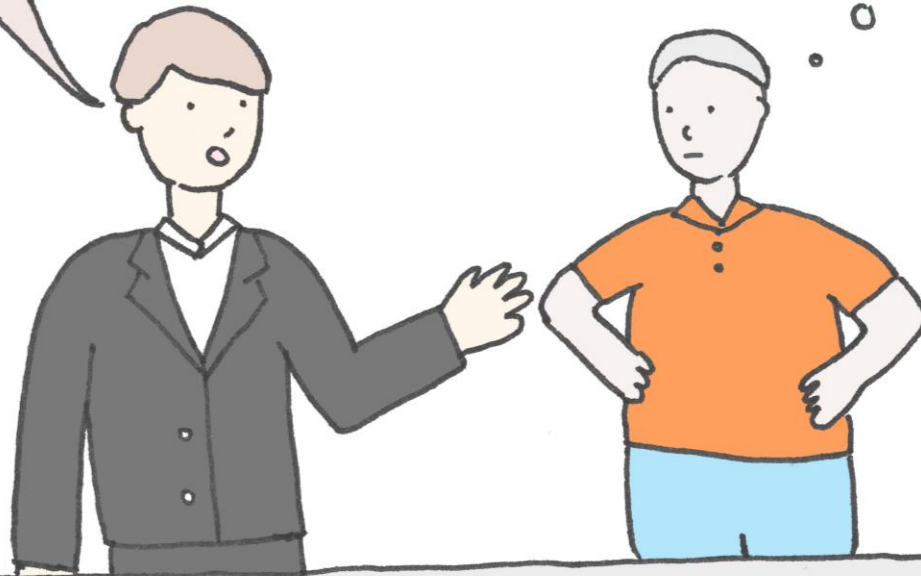
Hospitals, however, are well-positioned to improve population health outcomes through addressing SDOH.*
It's precisely because of their size & scale that hospitals can effectively move 'upstream' to tackle issues like employment, housing or food security.

* Social determinants
of health



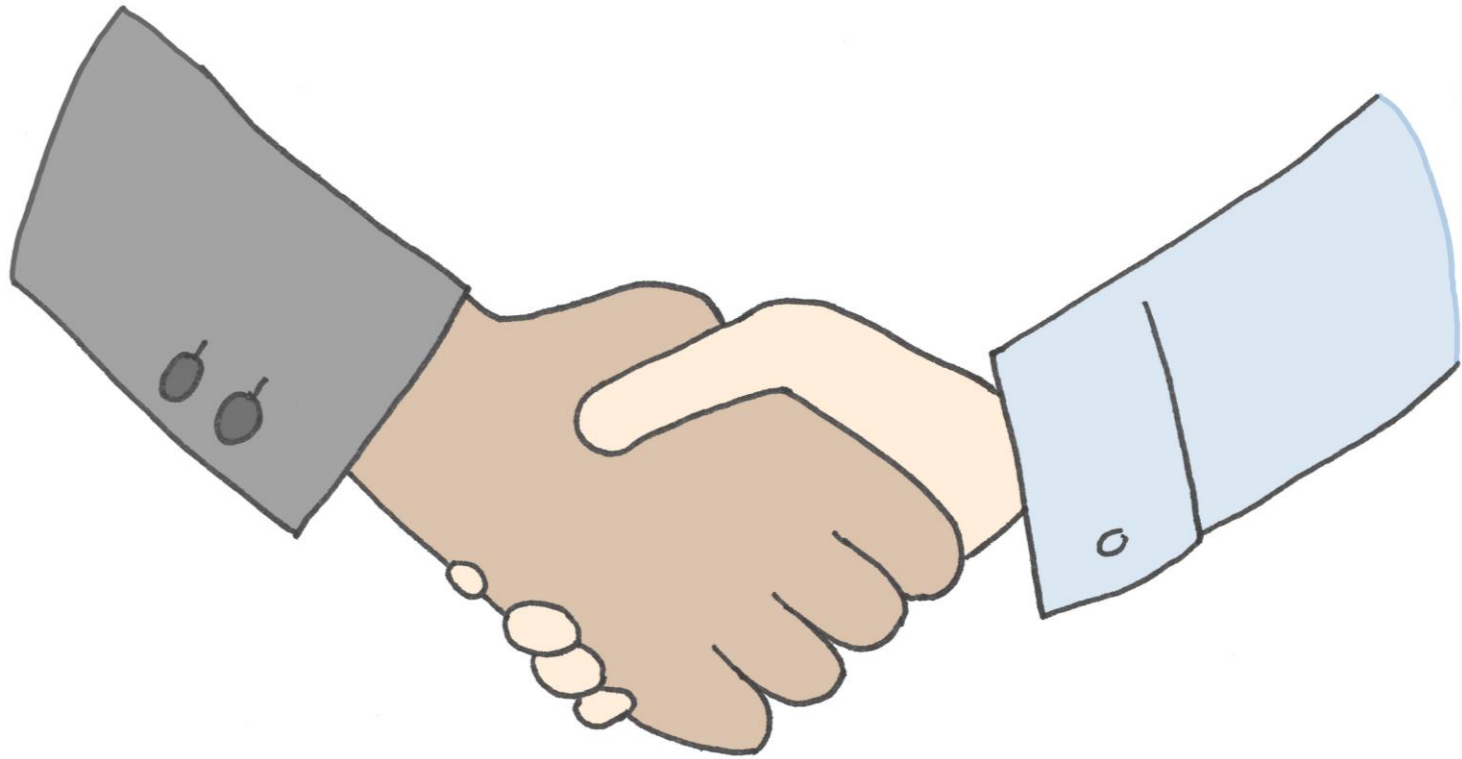
The promise (& peril) of anchor institutions lies in their localist view: even shifting hiring, investment, or procurement practices by 5-10% would have the effect of \$10-100s M injected into the local economy.

So, what do you say?
I need 50 M gloves
over the next two
years.



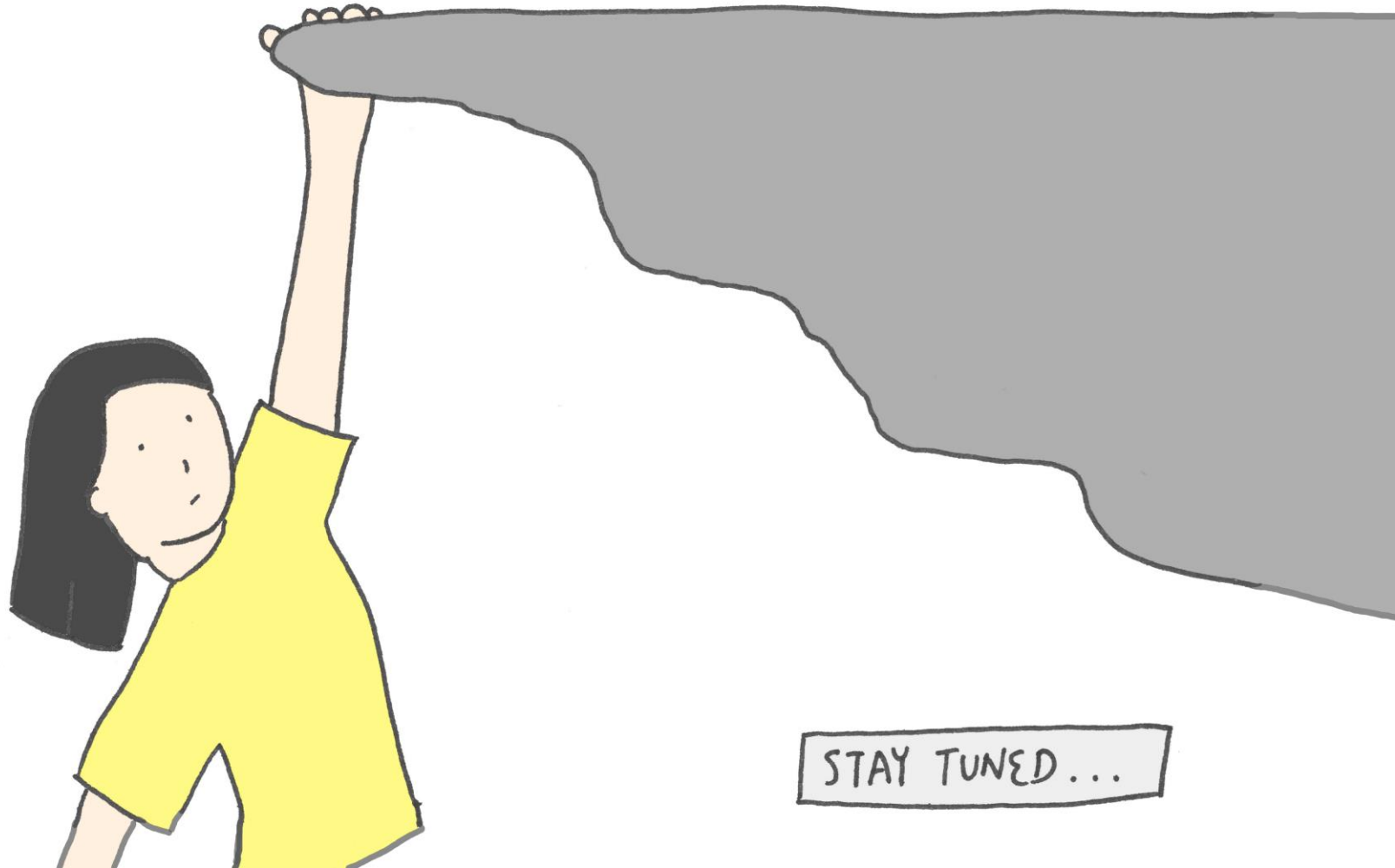
I can only produce
500,000 a year...

On the other hand, such a shift in hospital practices may not be feasible, as local human resource capacity or manufacturing capacity are unable to meet the full demand.



By making explicit the commitment to local community benefit & institutional responsibility, anchor institutions play a key role in challenging & shaping the way we think about what institutions & cities can do for us.

So, what does this mean for the future of hospitals? What do communities think of anchor mandates? How do communities actually benefit?



STAY TUNED...