



ANCHORS IN RESILIENT COMMUNITIES (ARC)

Promoting Health, Wealth and Climate Resilience

BACKGROUND REPORT

*Collaborative Projects of Emerald Cities Collaborative with
Health Care Without Harm and MIT CoLab*

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EMERALD CITIES COLLABORATIVE ANCHORS IN RESILIENT COMMUNITIES (ARC)

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ARC BACKGROUND

INTRODUCTION

This background paper is the first of an on-going series of case studies and reports on Anchors In Resilient Communities (ARC). ARC initiatives are multi-stakeholder collaboratives of community organizations and coalitions, anchor institutions, foundations and government working at the intersection of community health, wealth and climate resilience. ARC's overarching mission is to increase the available social, financial and intellectual capital, as well as innovative projects for building the resilience of low-income communities of color. The community resilience frame addresses the legacy health and economic vulnerabilities of low-wealth communities, but also the new 21st Century heightened family and community risks precipitated by climate change.

The series of ARC reports, funded by The Kresge Foundation, highlight:

1. ARC Rationale and Background
2. Case Study #1: ARC East Bay San Francisco -
3. Case Study #2: ARC Miami
4. Case Study #3: ARC Bronx
5. ARC: Lessons Learned (A primer -mostly for- community partners)
6. ARC: Best Practices in Community Engagement (A primer for health institutions)
7. Excerpt on ARC Miami and ARC Bronx from The Kresge Foundation's 2016 Annual Report

These initiatives are on-going, long-term projects. Over time, the cumulative experiences and knowledge creation builds a narrative of the promises, strategies and pitfalls of building Anchor-community partnerships to advance intersectional climate resilience efforts. The goal is for Anchor-community resilience collaboratives to become standard practice that can be replicated across the country.

Community-Based Climate Resilience: The Imperative

Widely recognized as a threat multiplier for already-vulnerable populations, climate change is particularly hazardous for the nation's low-income communities of color and their residents: the poor, the sick, the elderly and the young, whose economic and health challenges are exacerbated by increasingly frequent disasters and extreme weather events.

Disadvantaged communities are not only the most susceptible to the causes and consequences of climate change, they often lack the capacity and resources to prepare for and adapt to its ravages including extreme weather, collapsed infrastructure, the economic consequences of resource depletion and the loss of life and property – that is, to build climate resilience.

Climate resilience thinking emanates from an ecology framework constructed by C.S. Holling in 1973 but is now applied to larger social, economic and ecological systems. It considers the capacity of social systems – families, communities, cities – to prevent, withstand and recover from a major disaster such that the systems are able to function as normal or adapt to changes that have occurred. In short, it refers to “bouncing back” after a disaster. For low-income communities resilience takes on a different meaning. It is more than “bouncing back” or returning to where things were; it is bouncing forward to fix extant legacy problems. Community-climate resilience requires a deeper level of engagement, commitment and strategy.

Mitigating, responding to and adapting to climate change require new, innovative institutional and community partnerships, as well as a restructuring of local economies so that health, food, utility, housing, transportation and communication systems are accessible, high-quality, affordable and functional. Those systems must also have climate resilience consciously embedded into their operating standards. That means that every sector of the economy must minimize the use of fossil fuels, conserve natural resources, minimize risk of collapse or failure in the event of disaster and otherwise be environmentally sustainable solutions.

Fortunately, recognition is growing that anchor institutions – major place-based (i.e., local) nonprofit institutions including hospitals, universities and community colleges – can strengthen the physical, social and economic resilience of their surrounding urban communities, even beginning to counter the legacy of disinvestment that has resulted in too few jobs and depressed local economies. Grounded in a particular place for the long term and with substantial purchasing and investing power and political and social capital, anchors can help build high-road – just, sustainable and inclusive – local economies as they bolster climate resilience.

The Response: Anchors in Resilient Communities

These realities inspired Emerald Cities Collaborative (ECC) – a Washington, D.C.-based national nonprofit organization dedicated to creating high-road local economies – to initiate Anchors in Resilient Communities (ARC) (aka Community and Economic Resilience Initiative - CERI), which is enabling high-climate-risk communities to build health, wealth and climate resilience. ECC is partnering with Health Care Without Harm and MIT CoLab to test three innovative anchor-community resilience models.¹

ARC engages the health mission and economic power of hospitals and other anchor partners to:

- Mitigate and adapt to climate disasters;
- Improve residents’ health by reducing environmental hazards; and
- Create jobs and economic development opportunities via local ownership of energy assets and local procurement and contracting by anchor institutions.

ARC launched as demonstration projects in three of the nation’s most climate -mpacted urban areas: East Bay San Francisco; Miami, Florida and Bronx, N.Y. Each site represents a learning laboratory for building community resilience and focuses on different strategies towards that end. Specifically:

¹ ECC and HCWH are currently partnering on the ARC East Bay San Francisco project. ECC and MIT CoLab are currently partnering on the ARC Bronx and ARC Miami projects.

- ARC SF-East Bay targets anchor procurement strategies to strengthen economic resilience by reinvesting in building a local, sustainable food and energy sector;
- ARC Miami forges a labor union-hospital partnership to conduct community outreach and education around community wellness and climate resilience, with the goal of producing an authentic Community Health Need Assessment (CHNA) and re-investments in community resilience.
- ARC Bronx focuses on both energy and economic resilience of its target community and leverages the resources of its anchor partners to do so.

These initial projects differ in strategy, but they share values, capacities, knowledge and experiences of interlocking relationships among several key national organizing partners: ECC, Health Care Without Harm (HCWH), the Massachusetts Institute of Technology Community Innovators Lab (MIT Co-Lab) and Local 1199 of the Service Employees International Union (1199SEIU), and a host of community partners and funders. These relationships resulted in collaborative projects with the following characteristics:

- **Equity-based:** Community partners and coalitions are central drivers, participants and beneficiaries in the ARC collaboratives to ensure better inputs, outcomes and long-term sustainability of the initiatives.
- **Place-focused:** ARC is a geographically-targeted initiative currently focused on sites that experience changing climates and extreme climate events, with initial focus on: Oakland/Richmond, Calif.; Miami, Fla., and Bronx, N.Y.
- **Multi-sector** collaborations that include community-based organizations and coalitions, foundations, healthcare institutions, labor, educational institutions (K-16), advocacy organizations and more.
- **Intersectional strategies:** ARC specifically works at the nexus of community health, wealth and climate resilience. Projects and initiatives must address all three goals.
- **Leveraging anchor resources:** The major innovation revolves around harnessing the assets of anchor institutions to strengthen the communities' social, economic and physical infrastructure.

Highly Vulnerable Coastal Communities

ARC's initial focus is on three highly urbanized coastal cities that are at risk of the full spectrum of chronic climate conditions and extreme events: East Bay, SF; Miami, Florida and Bronx, N.Y. They are among the most vulnerable to the effects of climate change. [According to a June 2012 Bloomberg.com report](#), Miami ranks #1 and New York #3 among the world's top 130 climate-vulnerable port cities.

The many extreme events to which the ARC sites are subject include heavy downpours, hurricanes, heat waves, droughts, earthquakes and high winds. These communities also face rising sea levels, rising average temperatures and increased annual precipitation, which worsen the effects of extreme weather. The ARC sites have already begun to see and feel the effects:

- Besides more than 14 major hurricanes in the last century, including the devastating Hurricane Andrew in 1990s and the most recent Category 5 Hurricane Irma in 2017, Miami regularly experiences severe downpours and "king tides" causing localized flooding in some areas of Miami-Dade County, paradoxically leading to water shortages.
- In 2012, New York City experienced the devastating effects of Superstorm Sandy. And

according to the [New York Climate Analysis](#), the city is not only getting wetter, it is also getting hotter – a heat wave in July 2006, for example, culminated in 140 deaths.

- Over the last three years, East Bay SF has undergone historic drought and heat waves, with firestorms and the hottest summer on record in 2012. The drought has resulted in an unprecedented loss of life and property, as well as increased respiratory illnesses, due to wildfires in neighboring counties, including Napa, Sonoma, Santa Cruz and Solano Counties. The effect on the agriculture sector is yet to be determined.

A number of factors heighten the impact of severe weather in port cities, which represent over half of the world's largest cities:

- They are dense urban commercial centers.
- They have high concentrations of low-income, immigrant, elderly, sick and other vulnerable populations.
- They have older, fragile and complex physical infrastructure that is highly vulnerable to climate disruptions.

Climate Resilience in Low-Income Communities

Unfortunately, the scale and frequency of climate risks are not matched by the adaptive capacities to deal with them, particularly for low-income urban communities. Significant work is needed to strengthen the critical infrastructure, including social capital, facilities and economic capacities of such highly vulnerable communities. Their elderly, poor, young, sick/limited-mobility and language-challenged populations are most vulnerable to the impacts of chronic and acute climate conditions and least able to minimize and recover from them.

Katrina and Sandy², the country's recent and memorable extreme weather events, provide the stark evidence. The fragile and inadequate physical infrastructure – the failed levies, electrical grid and transportation and communication systems – devastated at-risk populations and communities the most. Moreover, their social and economic vulnerabilities – such as isolation and limited income – complicated rescue, evacuation and recovery efforts, as well as access to food, water and shelter. And weak and crumbling infrastructure magnify climate impacts, especially in older inner-city neighborhood.

These pre-existing socio-economic stressors increase the risk and consequences of a climate event. Health risks are elevated due to low-income communities' proximity to hazardous and toxic environments such as freeways and refineries; and limited income and lack of transportation complicate rescue and recovery.

These are some of the challenges that ARC addresses. While each site focuses on strengthening the community's overall social, physical and economic resilience against climate risks, there is no one-size-fits-all solution. Each site must address its own specific problems and needs. In brief, the entry points are:

- Economic resilience in Oakland/Richmond;

² Several more recent climate events – Hurricanes Irma and Maria – in fall 2017 also demonstrate that low-income communities are hit hardest and cannot depend on adequate or timely government response.

- Energy and economic resilience in the Bronx; and
- Climate awareness and economic resilience in Miami.

Background on ECC

Since its founding in 2009, ECC has focused on creating high-road – sustainable, just and inclusive – local economies that reduce dependence on fossil fuels; reduce resulting greenhouse gas emissions, the principle source of climate change; and build social, economic and climate resilience in low-income communities of color. ECC’s local and national partners bring resources and expertise from the community, labor, business and government.

ECC generates high-road economic opportunities for disadvantaged communities by developing energy, green infrastructure and other sustainable development projects in large low-income housing projects, and the MUSH sector – municipal, universities, schools and hospitals, also known as anchor institutions. These projects not only contribute to the resilience of U.S. metropolitan regions, they also ensure an equity stake in the green economy for low-income communities of color and yield family-supporting wages and career paths for residents of target communities and contracting opportunities for women- and minority-owned and other disadvantaged businesses. In pursuit of significant environmental, economic and equity outcomes, ECC builds local multi-stakeholder coalitions that enable collaborative, democratic processes.

Background on ARC

In 2013, ECC initiated work in greening the health sector using high-road practices. The effort leveraged the emerging initiatives in health reform put in place by the Affordable Care Act (ACA), including the requirement that nonprofit hospitals focus on wellness and conduct a community health needs assessment (CHNA) every three years aimed at building community capacity and engagement in preventing vs. treating sickness. Hospitals also are to develop an implementation strategy and reinvest in innovative strategies to address the social, economic and environmental determinants of health identified in the CHNA. By putting environmental health and resilience at the center of anchors’ new resilience orientation, ECC’s ARC initiative is the first to leverage those relationships and anchors’ considerable resources to address climate resilience as part of the ACA’s community benefits.

ARC had no precedent for community-based resilience planning by anchor institutions to address their surrounding communities’ climate risks, nor for investments to mitigate and adapt to them. The idea of climate resilience for private nonprofit institutions had largely focused, if at all, on internal risks to organizations’ core operations. But these institutions underdeveloped resilience planning for their supply chains and largely ignored the critical economic and physical infrastructure needs of their surrounding communities to withstand extreme weather events or to mitigate climate change.

ARC, by contrast, establishes a “mutual benefit” framework that recognizes the resilience of an anchor institution as co-dependent upon that of its surrounding community. The initiative thus advances the next generation of resilience planning by incorporating the interests of major community institutions to:

- Protect their internal operations;

- Operate as safe havens for surrounding communities; and
- Strengthen the resilience of their surrounding communities.

WHY ANCHOR INSTITUTIONS

Overview of Anchor Strategies

The Democracy Collaborative describes anchor institutions such as hospitals, universities and government agencies (alongside others such as churches and museums) as entities that, due to either public or private nonprofit ownership, are place-based, mission-driven and largely “anchored in place.” In the context of ARC, anchors can leverage their existing assets to address social determinants of health, support equitable development and build climate-resilient communities.

Because they are rooted in their communities, a growing number of anchor institutions have adopted an anchor mission, making a commitment to apply their long-term, place-based economic power, alongside human and intellectual resources, to better the long-term welfare of their communities.

Anchors and Health

In a [February 2013 op-ed in the Baltimore Sun](#), The Democracy Collaborative’s Gar Alperovitz, and David Zuckerman note the persistent connection between poverty and poor health and the fact that many leading U.S. hospitals are located in poor communities. They ask, “Could these powerful institutions (in economic as well as medical terms) help overcome the deeper sources of failing health among the 46 million Americans living in poverty?”

They go on to explain that the ACA’s CHNA mandate “provides an unexpected opening...to engage the local community on its general health problems and explain how the hospital intends to address them.” They also note the enormous economic power of hospitals – nonprofit hospitals alone have hundreds of billions of dollars in reported revenues and assets that “could have a major impact on the health and well-being of people in poverty across the nation.”

Along that line, they say, two Cleveland health institutions are using “their massive purchasing power to help develop a network of green, local worker-owned cooperative businesses to supply the area’s large nonprofits.” As a result, “taxpayer funds supporting Cleveland’s nonprofit hospitals now do double duty by helping to underpin a broader community-building agenda, creating jobs and companies that — unlike corporations that come and go — will remain rooted in the local economy.”

ARC builds upon this anchor strategy to include related climate and environmental challenges. Low-income communities and communities of color bear a disproportionate burden from the impacts of environmental hazards and climate change. They often include environmental “hot spots” – areas that are close to power plants, toxic waste and other sources of pollution – as well as older buildings contaminated by lead paint and mold. These environmental hazards cause higher levels of diseases such as cancer, asthma and other respiratory illnesses than in other communities. Good health is also threatened by limited – or no – access to fresh, healthful food, resulting in diet-related maladies such as obesity and diabetes.

With 68 percent of African Americans and 40 percent of Latinos living within 30 miles of a

pollution-spewing coal-fired power plant, and over 50 percent of Asian Americans living in counties with unhealthy air quality, the negative health consequences of poverty and segregated neighborhoods are well documented. The EPA says that in 2010:

- African American children were twice as likely to be hospitalized with an asthma attack and four times as likely to die from the disease as white children;
- Hispanics were 60 percent more likely to visit the hospital for asthma than non-Hispanic whites;
- The asthma rate among children living in poverty was 12.2 percent, compared with 8.2 percent for children living above the poverty line.

Indeed, [EPA's Clean Power Plan \(CPP\)](#) acknowledges that “low-income communities and communities of color already overburdened with pollution are likely to be disproportionately affected by, and less resilient to, the impacts of climate change.”

HCWH President and cofounder Gary Cohen and senior advisor Robin Guenther [note](#) the connections among health care institutions, health and climate resilience:

As “average temperatures rise, heat island effects in dense urban areas will exacerbate chronic respiratory conditions in the elderly and children.” Also, a growing number of extreme weather events – hurricanes, tornadoes, floods, fires, drought – “will require a more resilient emergency care infrastructure capable of delivering potable water and health care. Furthermore, grid reliability is likely to continue to be an issue in unstable energy markets.” And “an active and resilient health care infrastructure can provide essential ‘safe haven’ services” during emergencies.

Anchors such as hospitals can also take pro-active steps to increase health in their communities and address climate change more broadly. For example, [about a year ago](#) Dignity Health – one of the nation’s largest health systems, whose locations include California’s Bay Area – made explicit the connection between its health mission and climate change as a public health issue by announcing its intention to restrict investments in coal companies and to consider environmental sustainability when making investment decisions.

Dignity Health’s Community Grants program supports local healthy food projects and organizations that improve access to jobs, housing, food, education and health care for people in low-income and minority communities.

Anchors and the Built Environment

The coastal locations of the three ARC sites make them especially vulnerable to extreme weather events such as hurricanes, flooding and heat waves. Outpatient facilities where the most vulnerable populations – the elderly, sick and disabled – reside are particularly at risk during such extreme weather events. Absent intervention, climate change will amplify existing health threats now facing these communities.

A [2011 publication](#) by Richard J. Jackson, UCLA Department of Environmental Health Sciences professor and chair, makes clear the nexus between the built environment and community health, stating that the built environment is the source of many chronic diseases and natural resource

challenges. Significantly, Jackson adds, “The features that promote healthy communities are the same ones that promote a robust environment and economy.”

Similarly, a 2007 [PolicyLink report](#) commissioned by The California Endowment says California has focused “on the built environment to improve health outcomes,” and that “particular challenges and opportunities are being addressed in lower-income communities of color to overcome racial and ethnic health disparities.”

Some anchors are working to improve the local built environment in very literal ways. Alperovitz and Zuckerman’s op-ed holds up Baltimore’s Bon Secours Health System as a powerful example: Having concluded in the late 1990s “that the leading community health priorities involved such nuts-and-bolts issues as getting rid of rats, cleaning up trash and providing affordable housing,” Bon Secours, in partnership with Southwest Baltimore residents, “has developed more than 650 units of affordable housing and has cleaned up and converted more than 640 vacant lots into green spaces.”

And given that housing is a major social determinant of health, [Dignity Health](#) provides no- and low-cost loans for construction of affordable rental, supported and assisted living housing for various target groups.

Pablo Bravo, Dignity Health’s director of community grants and investments, has [stated](#): “We truly believe that you can’t have a healthy community unless you have access to quality and affordable housing, fresh food, health care and other much-needed services.” He noted that Dignity invests in “upstream community development activities that impact the community’s health,” including “the development of quality, affordable housing and homeless shelters.”

Anchors and the Economy

“Eds and Meds” are responsible for over 7.5 percent of gross domestic product: hospital spending totals \$780 billion, while higher education spending is nearly \$500 billion. Directing even a small percentage of that spending to local procurement can help build local economies and community wealth. (The ARC East Bay case study elaborates on this idea.)

One way that local institutions can fulfill their anchor mission is through deliberate local sourcing of goods and services. Simply buying things that they already need, anchors support community-based businesses and help create jobs and prosperity. Hospitals, in particular, provide employment opportunities spread across income and education levels. And with their large numbers of staff, visitors and patients, they can drive demand for public investments such as transit.

In a [2003 paper](#) entitled *Colleges and Universities as Economic Anchors: Profiles of Promising Practices*, Andrew Hahn, Casey Coonerty and Lili Peaslee of Brandeis University’s Heller Graduate School of Social Policy and Management, along with PolicyLink, state:

“Every college and university serves to some extent as an economic ‘anchor’ in its respective community. They create jobs and many offer training and education for local residents; most support local businesses through the procurement of goods and services; some advance community development through real estate projects; others facilitate

community service projects that have an economic component; and nearly all partner with government and civic groups to strengthen the economic health of the community.”

Anchors and Social Capital

Anchors also play a role in creating and maintaining social capital in vulnerable communities. In *Renewing People and Places: Institutional Investment Policies That Enhance Social Capital and Improve the Built Environment of Distressed Communities*, Rex L. LaMore and Terry Link of Michigan State University encourage institutions of higher learning to help rebuild communities by investing in community development and community-based organizations. They assert that “a public higher education policy supporting a community reinvestment strategy” has been shown to “facilitate community and civic revitalization, stimulate the physical revitalization of distressed areas and reduce environmental stress, while simultaneously improving the economic and social well-being of the community and the state.”

LaMore and Link also reference a Michigan State University paper stating, “social capital is an important resource in poverty reduction, and efforts to reduce poverty through physical redevelopment, financial investment and human development, depend on social capital.”

Such prescriptions are played out “on the ground” at institutions such as the *University of Southern California* (USC), which places “a high value on being a good neighbor – and on programs and projects that have a positive impact on surrounding neighborhoods.” USC engages with local residents, community partners, civic leaders and area businesses to support and promote more than 400 community initiatives in its neighborhoods, including helping young people get a college education and helping families and small businesses access “resources that support their health and vitality.”

Students in the university’s *Dana and David Dornsife College of Letters, Arts and Sciences*, for example, participate in community engagement activities aimed at making positive changes in their neighborhoods, while the *Cecil Murray Center for Community Engagement* trains clergy and lay leaders in organizing to influence public policy and in bringing jobs, housing, business and financial literacy to low- to moderate-income neighborhoods. USC’s Family of Businesses program (<https://communities.usc.edu/family-of-businesses/>) also promotes social capital through direct community engagement by providing various consulting and technical assistance services to local businesses near two USC campuses “to advance the overall economic health, sustainability and stability of our surrounding neighborhoods.”

Anchors and Climate Resilience

The role of anchor institutions in addressing climate resilience is evolving. The emergent field of work involves two different strands: risk and emergency management. Risk management focuses on ensuring that operations and essential supply chain are not disrupted during a major disaster. Hospitals, for example, must have back-up power in the event of an electric grid failure. Emergency management, on the other hand, positions anchors as safe havens and first responders in an emergency. Schools, churches and hospitals play a critical role in providing disaster victims with access to food, water, transportation and emergency medical services. As critical as it is for anchors to be resilient themselves, most are not. ARC’s focus on community-

based climate resilience, therefore, takes anchor resilience discussion to an entirely different and expanded level of work.

The Intersection of Health, Wealth and Climate Resilience

Climate resilience uniquely binds anchor institutions around a common mission. Anchors are co-located in the same geographic area and serve the same population. But their missions, programs, services, and sources of revenues differ. Schools improve the educational and economic opportunities for their “clients” by preparing them for the workforce; health institutions work on wellness; religious institutions feed the social and spiritual needs of the community. None, however, focuses on the larger social, economic or physical conditions that mitigate against success. The result is that they operate in silos, unable to leverage each other’s assets to meet their unique and shared objectives. This changes with a “climate resilience” frame.

Mitigating, adapting to and recovering from climate resilience require a multi-sector approach. Climate change is deemed a threat multiplier. The effects of high carbon emissions and extreme weather prey on and are most unforgiving for the unemployed, sick and those living in unhealthy environments. Working together to make a community climate resilient – improving social networks, housing, food access, economic and physical mobility and safety of families and communities and strengthening social networks – therefore helps to fulfill the combined mission of these institutions.

ARC’s multi-stakeholder collaboratives come to the table with their vested interests and resources. But they work on solutions at the intersection of health, wealth and climate resilience. This involves seeing their work through a different lens, finding solutions that solve multiple problems and creating an environment of community resilience – social, economic and physical.