

Health Policy and Applied Research Lab

Hospitals as Community Anchors: Adopting an “Anchor Mission”

Research Brief

November 2025

Table of Contents

4 Introduction

5 What Are Anchor Institutions?

**6 Opportunities for Ontario Hospitals:
Learning from Other Jurisdictions**

**8 How to Adopt and Implement an Anchor Mission:
Guidance from the U.S. and U.K.**

**9 Ontario-Based Anchor Institutions:
Lessons from Outside Health Care**

10 Conclusion

11 References



Hospitals across Ontario are facing increasing pressure from an aging population, rising rates of chronic disease, and complex social needs that often present as hospital admissions. While these challenges are not new, they are intensifying and call for new ways of thinking about the role of hospitals in their communities.

As part of its ongoing work to support hospitals and strengthen the health system, the **Ontario Hospital Association (OHA)**'s **Health Policy and Applied Research Lab** examined the “anchor institution” model. This globally recognized approach highlights how hospitals, through their roles as major employers and community hubs, can leverage their economic, social, and institutional influence to improve community health and reduce system strain. To support hospitals and their communities, the OHA has developed this research brief that summarizes current research and resources on anchor institution models. The brief highlights how the models can inform hospital strategies to address upstream social determinants of health through cross-sector collaboration and community engagement.

Disclaimer

Research briefs are documents that summarize key findings from existing literature, and highlight relevant activities in other jurisdictions, serving as a base to inform decision-making and strategic thinking. Information shared in this brief is considered current as of the publication date. The content is intended to provide a consolidated overview of relevant issues and concepts and should not be interpreted as advocacy or endorsement of any particular policy, position, or recommendation. The OHA assumes no responsibility or liability for any harm, damages or other losses, direct or indirect, resulting from any reliance on the use or misuse of any information contained in this brief.



Introduction

Hospitals are a fundamental component of Ontario’s health care system, playing a critical role in delivering acute, emergency, and specialist medical care. However, as the province’s population grows, ages, and faces an increasing burden of chronic disease, hospitals face mounting pressure.^{1,2} They are managing a rise in emergency department visits, while primary care, long-term care, and community care systems are stretched thin to keep up with the population’s needs.³

Hospitals are also seeing a rise in social admissions – patients seeking care not due to an acute medical issue, but due to social challenges.⁴ Patients may be admitted due to a breakdown in their care support system or their family’s inability to provide care at home. They may also experience lengthy hospital stays and face barriers like a lack of housing or home support that complicate safe discharge. Social admissions can account for up to 1 in 10 emergency department visits and 1 in 25 hospital admissions.⁵ Ontario’s hospitals are committed to meeting the population’s future care needs and are here to care for their communities.

Over the past three decades, hospitals have become highly efficient, improving both the quality of care and access for patients. However, to effectively prepare for the future, new approaches to health care are needed. Implementing change at this scale demands collective leadership. Hospitals are unique in their ability to lead change, bringing together care providers, government and community agencies to create a high-functioning health system that leverages innovation in care delivery. This includes hospitals expanding their role within the communities they serve by becoming anchor organizations.

What Are Anchor Institutions?

The anchor institutions model offers a strategic framework for hospitals to engage directly with their community and use their economic, social, and institutional influence to address physical, environmental, and social determinants of health.⁶ By adopting this approach, hospitals can enhance their impact beyond their walls, fostering healthier, more resilient communities while alleviating pressures on the health care system.

Anchor institutions are significant, long-established organizations that are deeply rooted in their communities, unlikely to relocate, and have a significant influence on community health and well-being.⁶ They are typically government or non-profit organizations that agree to leverage their assets to promote community economic development and well-being. By adopting an **“anchor mission”**, these organizations commit to applying their economic and human capital to address community needs.⁷

Examples of anchor institutions include:

- Hospitals
- Colleges and universities
- Housing associations
- Public libraries
- Places of worship (e.g., churches, mosques, synagogues, temples)



What is an “Anchor Mission”?

Organizations with an anchor mission are committed to improving the well-being of the communities they serve.^{8,9} An anchor mission can be understood from multiple, complementary perspectives:

“A commitment to consciously apply their place-based economic power of the institution, in combination with their human and intellectual resources, to better the long-term welfare of the communities in their regions.”¹⁰

“The deliberate and strategic use of resources to benefit communities, especially low- and moderate-income neighbourhoods or historically disadvantaged groups. It is the conscious anchoring of capital, jobs and other opportunities locally. When pursued in tandem with their core missions (e.g., education, health care), anchor institutions have the potential to make their communities stronger by every measure.”¹¹

Opportunities for Ontario Hospitals: Learning from Other Jurisdictions

Ontario’s hospitals are focused on improving community health, reducing patient readmissions, and addressing social issues that impact population health.

As major employers and local innovation hubs, adopting an anchor mission aligns with hospitals’ existing operational and strategic priorities to use resources responsibly and effectively.

Highlighted below are key areas for consideration when adopting an anchor mission and crafting a plan for anchor activities. These may be existing areas of hospital operations,

or new areas to explore in partnership with community organizations. Each key area also includes an example from a hospital or health care organization network that has self-identified as an anchor institution and explicitly adopted an anchor mission – primarily from the U.K. and U.S., where the term and model are more established.

Examples of Anchor Mission Adoption in Health Care Institutions

Employment

Activities that increase employment opportunities in the community

[The Barts Health National Health Service Trust](#) is a group of four hospitals in London, United Kingdom. They run several employment programs that aim to raise awareness of health career pathways in secondary schools, provide pre-employment training to students and interested community members to create a pool of job-ready candidates, and deliver upskilling opportunities for those already employed in the Trust’s hospitals.¹²

Education and Training

Activities that expand community access to learning and skill development opportunities

[The Trinity Health Community Investment Program](#) is a multi-institutional Catholic health care system that serves the entire state of Michigan in the U.S., through nine regional hospitals. It is part of the [Healthcare Anchor Network \(HAN\)](#), a large network of hospitals committed to implementing anchor missions. To support early childhood education and childcare, Trinity Health Michigan created a low-interest loan process through community development financial institutions that have funded 2,200 early childhood education and care spots since 2018.¹³

Procurement

Activities that increase the purchase of local goods and services

The [East London NHS Foundation Trust](#) is a group of health care organizations that provide mental health, community health and primary care in London, U.K. To test the application of social value metrics to their procurement operations, the Trust created a process aimed to measure how its spending generates the greatest economic, social and environmental benefits for local communities. This includes identifying relevant local social value metrics, benchmarking and analyzing their current process, and investigating methods to strengthen local supply chains. They also gather feedback from local bidders to ensure their procurement process is effective for community businesses.^{14,15}

Food Security

Activities that stabilize and increase access to healthy food

The [Northeastern Vermont Regional Hospital](#) is a 26-bed hospital in Saint Johnsbury, Vermont. As part of its anchor mission, it prioritizes serving healthy, affordable, and local foods in its cafeteria. In response to food insecurity during the COVID-19 pandemic, the hospital expanded its participation in community food initiatives. Partnering with a local food bank, hospital staff and community members volunteered to support a mobile food pantry to distribute fresh local foods to families in the community. The hospital also partners with a youth organization to provide organic food boxes to participants referred to the program by hospital staff.¹⁶

Green and Sustainable Investments

Activities that support local sustainability efforts to improve public health

The [University Hospitals of North Midlands National Health Service Trust](#) is comprised of three hospitals serving the north midlands area of the U.K. They created a crowdfunding campaign and worked with the local council to install 1,100 solar panels on the hospital buildings. The switch to renewable energy helped save the Trust £300,000 in 2016, which the Trust reinvested into a local charity, Beat the Cold, which helps tackle cold-related sickness and support families that struggle to afford essential energy services like heating and electricity.¹⁷

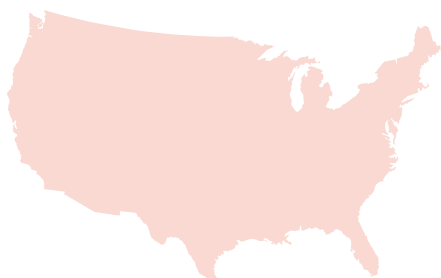
Housing and Social Support

Activities that support investment and development of affordable housing and social supports for vulnerable community members

The [Mayo Clinic](#) in Rochester, Minnesota, was one of the first health sector anchor institutions in the U.S., focused on community development and social housing in the late 90s. It became the largest contributor to a community land trust, First Homes, with an investment of \$7 million. By 2007, First Homes had developed 875 affordable housing units.¹⁸

How to Adopt and Implement an Anchor Mission: Guidance from the U.S. and U.K.

The rationale and method for adopting an anchor mission varies for every organization and sector. In health care, two major networks provide guidance.



In the U.S.

The [Healthcare Anchor Network \(HAN\)](#) is an independent non-profit organization that has over 75 health care system members. The [Anchor Mission Playbook](#) offers a step-by-step guide based on the anchor strategy of the Rush University Medical Centre in Chicago and input from HAN members.⁷

The Playbook sets out the process for an organizational readiness review, developing an anchor mission, human resource initiatives, procurement and supply chain initiatives, finance initiatives, community engagement, and metrics tracking.

[A 2024 update to the Playbook](#) offers new lessons and developments for health care organizations to consider in an environment of political, social, and economic change.⁸



In the U.K.

The [National Health Service \(NHS\)](#) showcases how its organizations act as anchor institutions through employment, procurement and commissioning for social value, capital and estate use, environmental sustainability, and partnerships with other community organizations.¹⁹

Supported by the Health Foundation and delivered by the U.K. government's Innovation Unit, the [Health Anchors Learning Network \(HALN\)](#) launched in 2021 to support the role of the NHS as an anchor institution; it has grown to include over 1,000 members interested in learning about anchor work.

The network offers a [series of resources](#) including a checklist for getting started as an anchor organization, practical guides for governance structures and employee engagement, and best practices learning programs.

Ontario-Based Anchor Institutions: Lessons from Outside Health Care

There are several Ontario-based examples that have explored the anchor institutions concept and mission.



In 2015, the Atkinson Foundation commissioned the Mowat Centre to provide insights on community wealth-building. Focused on innovations in economic development, the [report](#) investigates common anchor strategies to shift resources and wealth into communities, cites lessons from U.S. case studies, and discusses the potential for this model in Ontario.¹¹ Informed by interviews with senior leaders at anchor institutions across Canada, the U.K., and the U.S., the report also details the challenges with building an anchor mission, namely, culture change, legal issues, community and business capacity, building evidence, and system tensions.



Formed in 2015, the City of Toronto's Poverty Reduction Strategy Office supports the AnchorTO network and brings together a network of 18 government, public sector, post-secondary, and community organizations that are committed to using their procurement spending to drive local impact goals. The network aims to invest in community assets, create employment and training opportunities, and procure from community-based and diverse enterprises.²⁰ The [AnchorTO Resource Hub](#) hosts an online library of community wealth-building and social procurement resources.



Similarly, the Hamilton Anchor Institution Leadership (HAIL) network was created in 2011 through the [McMaster University Institute for Health Equity](#). It is comprised of several municipal and regional organizations, including the city government, several colleges and universities, two hospitals, and additional community organizations. The network acts to reduce neighborhood disparities in social, economic, and health conditions.²¹



Higher education institutions have also adopted anchor missions. Toronto's York University created "[Anchor YorkU – An Anchor Institution & Community Benefits Framework](#)."²² The goal was to generate discourse around mutually favourable community benefits between the university and its surrounding communities of Black Creek and Jane and Finch. The Framework proposes four target areas for development: employment, engagement, infrastructure, and social procurement. The university joined the AnchorTO network, and in 2019-20, the Board of Governors approved a [comprehensive social procurement policy](#).²³

Conclusion

Adopting an anchor mission and creating strong community connections offers hospitals a valuable opportunity to strengthen the health of their communities.

As outlined in the literature, anchor mandates vary in size, impact and required resources for successful implementation. While organizations may be at different points along the spectrum in terms of anchor mandates and behaviours, they share a deliberate decision to leverage their resources, influences and relationships to improve the health and well-being of their communities over the long-term.

Senior leadership is critical for the success of an anchor mission, as well as robust engagement with community members to map their needs and determine the best place to start.²⁴ As anchor missions become integrated into regular operations, their impact can grow significantly, improving the well-being of community members over time and building a more resilient, equitable health system.²⁵

References

1. Ontario Hospital Association. Ontario Hospitals - Leaders in Efficiency. Third Edition [Internet]. Toronto, ON: Ontario Hospital Association; July 2025. Accessed 2025 September 30. Available from: www.oha.com/efficiency
2. Rosella LC, Buajitti E, Daniel I, Alexander M, Brown A. Projected patterns of illness in Ontario [Internet]. Toronto, ON: Dalla Lana School of Public Health; 2024. Accessed 2025 Sept 10. Available from: <https://www.oha.com/communications/projected-patterns-of-illness-in-ontario>
3. Moe J, Wang EY, McGregor MJ, Schull MJ, Dong K, Holroyd BR, Hohl CM, Grafstein E, O'Sullivan F, Trimble J, McGrail KM. People who make frequent emergency department visits based on persistence of frequent use in Ontario and Alberta: a retrospective cohort study. Canadian Medical Association Open Access Journal. 2022 Jan 1;10(1):E220-31.
4. Mah JC, Stilwell C, Kubiseski M, Arora G, Nicholls K, Khan S, Veinot J, Eum L, Freter S, Koller K, von Maltzahn M. Managing “socially admitted” patients in hospital: a qualitative study of health care providers’ perceptions. Canadian Medical Association Journal. 2024 May 6;196(17):E580-90.
5. Mah JC, Searle S, Koller K, Latariya G, Nicholls K, Freter S, Maltzahn MV, Rockwood K, Andrew MK. Admissions for presumed social reasons: epidemiology, risk factors, and hospital outcomes. Canadian Journal of General Internal Medicine. 2023 Nov 10;18(4):16-26.
6. Koh HK, Bantham A, Geller AC, Rukavina MA, Emmons KM, Yatsko P, Restuccia R. Anchor institutions: best practices to address social needs and social determinants of health. American Journal of Public Health. 2020 Mar;110(3):309-16.
7. Ubhayakar S, Capeless M, Owens R, Snorrason K, Zuckerman D. Anchor Mission Playbook [Report]. Chicago, IL and Washington, DC: Rush University Medical Center and The Democracy Collaborative; August 2017.
8. Rush University System for Health & Healthcare Anchor Network. Anchor Mission Playbook: New learnings and findings in an anchor mission execution [Internet]. Chicago, IL: Rush University Medical Center; 2024. Accessed 2025 Sept 30. Available from: <https://anchormissionplaybook.healthcareanchor.network/sites/default/files/pdf/Anchor-Mission-Playbook.pdf>
9. Webber HS, Karlstrom M. Why Community Investment Is Good for Nonprofit Anchor Institutions: Understanding Costs, Benefits, and the Range of Strategic Options. Chapin Hall at the University of Chicago; 2009.
10. Dubb S, McKinley S & Howard T. Achieving the anchor promise: improving outcomes for low-income children, families and communities [Internet]. Takoma Park, MD: The Democracy Collaborative at the University of Maryland; August 2013. Accessed 2025 Aug 20. Available from: <https://assets.aecf.org/m/resourcedoc/aecf-AchievingtheAnchorPromise-2013.pdf>
11. Dragicevic N. Anchor institutions [Internet]. Toronto, ON: Mowat Centre and Atkinson Foundation; 2015. Accessed 2025 Nov 19. Available from: <https://anchorinstitutions.ca/>
12. Allen M, Malhotra A, Allwood D. Acting on the social determinants of health to reduce health inequalities: innovative approaches by provider trusts [Internet]. London, UK; 2023. Accessed 2025 Sept 15. Available from: <https://s42140.pcdn.co/wp-content/uploads/UCLPartners-SDOH-Report.pdf>
13. Healthcare Anchor Network. Case study: Trinity health community investment program [Internet]. 2022. Accessed 2025 Sept 15. Available from: https://healthcareanchor.network/2022/10/trinity-healths-community-investment-program/?utm_source=rss&utm_medium=rss&utm_campaign=trinity-healths-community-investment-program
14. Allen M, Malhotra A, Wood S, Allwood D. Anchors in a storm: lessons from anchor action during COVID-19 [Internet]. London, UK: The Health Foundation; 2021. Accessed 2025 Sept 19. Available from: <https://www.health.org.uk/reports-and-analysis/briefings/anchors-in-a-storm>
15. Geary U. Social value in Procurement: Learning from East London NHS Foundation Trust [Internet]. Health Anchors Learning Network. [cited 2025 Feb 26]. Available from: <https://haln.org.uk/blog/enabling-health-systems-to-take-action-to-address-local-social-determinants-of-health-lessons-from-us-health-systems-ml4r2>
16. Cunningham NM, Conner D, Kasey L, Leighton H, Allison P. Anchoring Communities Throughout COVID-19: Results from the 2020 healthy food in health care survey in New England [Internet]. College of Agriculture and Life Sciences Faculty Publications 188; 2021. Accessed 2025 Sept 15. Available from: <https://scholarworks.uvm.edu/calsfac/188>
17. University Hospitals of North Midlands NHS Trust. ‘Saving Lives with Solar’ Community Energy scheme [Report]. July 2016. Available from: www.sustainabilitywestmidlands.org.uk/wp-content/uploads/2022/11/Saving-Lives-with-Solar-Community-Energy-scheme.pdf

18. Zuckerman D. Hospitals building healthier communities – Embracing the anchor mission [Internet]. Takoma Park, MD: The Democracy Collaborative at the University of Maryland; 2013. Accessed 2025 Aug 15. Available from: <https://healthcareanchor.network/wp-content/uploads/2022/11/Hospitals-Building-Healthier-Communities.pdf>
19. Reed S, Gopfert A, Wood S, Allwood D, Warburton W. Building healthier communities: the role of the NHS as an anchor institution [Internet]. London, UK: the Health Foundation; August 2019. Accessed 2025 Sept 20. Available from: <https://www.health.org.uk/reports-and-analysis/reports/building-healthier-communities-the-role-of-the-nhs-as-an-anchor>
20. AnchorTO. Anchor Institutions [Internet]. Accessed 2025 Feb 25. Available from: <https://www.anchor.to.ca/anchor-institutions>
21. Dunn, J. Hamilton Anchor Institutions Leadership (HAIL): Overview Presentation [Power point]. 2019. Accessed 2025 Feb 26. Available from: <https://www.magna-charta.org/agenda/2019-xxxi-anniversary/dunn-workshop-magna-charta-slides-16oct19.pdf/@download/file/DUNN%20Workshop%20Magna%20Charta%20slides%2016Oct19.pdf>
22. York University. Anchor YorkU – An Anchor Institution and Community Benefits Framework [Report]. Toronto, ON: 2020. Available from: https://procurement.info.yorku.ca/files/2020/01/Anchor-YorkU_Framework.pdf?x89825
23. McAulay C. York University introduces a comprehensive social procurement policy [Internet]. Toronto, ON: York University; 2020 Jan 16. Accessed 2025 Feb 20. Available from: <https://www.yorku.ca/yfile/2020/01/16/york-university-introduces-a-comprehensive-social-procurement-policy/>
24. Wagner D, Lagu T, Haywood C, Schafer C, Ackermann R. Navigating Barriers: Healthcare Anchor Institutions and Population Health Advancement. *International Journal of Medical Students*. 2024 Dec 17;12(4):445-50.
25. Ansell DA, Fruin K, Holman R, Jaco A, Pham BH, Zuckerman D. The anchor strategy—a place-based business approach for health equity. *New England Journal of Medicine*. 2023 Jan 12;388(2):97-9.

