

STUDY TITLE:

Health System Leaders' Perspectives on Advancing an Anchor Mission

PRINCIPAL INVESTIGATOR:

Name: Ronald Ackermann

Department: Medicine

CO-INVESTIGATORS:

Name: Darius Tandon

Department: Medical Social Sciences

STUDENT INVESTIGATOR (complete this section only if the project is student-initiated):

Name: Daniel Wagner

Department: Program in Public Health

Are you an:

☐ Undergraduate Student

☒ Graduate Student or Medical Student

VERSION DATE:

4/21/2021

Check any **applicable** boxes in the table below – you will be asked for further detail on these topics later in the protocol form:

Indicate Vulnerable Population(s) to be Enrolled	<input type="checkbox"/> Children (you must complete Appendix A in addition to this protocol document if you plan to enroll children) <input type="checkbox"/> Cognitively Impaired Adults <input type="checkbox"/> Pregnant Women (IF the research activities will affect the pregnancy or the fetus) <input type="checkbox"/> Prisoners (or other detained/paroled individuals)
International Research (check this box if you will collect data from individuals located outside the United States)	<input type="checkbox"/>
Research involving external collaborators (some	

research activities will be carried out by individuals not employed by Northwestern or NU affiliates)	<input checked="" type="checkbox"/>
Research has U.S. Federal government funding via direct award or a sub-award (e.g., NIH, NSF, other federal agencies or departments)	<input type="checkbox"/>

1.0 Purpose and rationale of the study:

This study is investigating the perspectives of healthcare organizations that are committed to advancing the mission of becoming a community-serving anchor institution. The specific objectives of the study are to:

1. Describe characteristics of healthcare organizations who successfully advance an anchor mission
2. Determine patterns in the attitudes of various healthcare organizations that advance an anchor mission
3. Identify challenges associated with the early steps in implementing system-level changes to become a community-serving anchor institution

Anchor institutions are large, place-based entities such as universities, hospitals and health systems that are tied to their surroundings by mission, invested capital, relationships to consumers, employees, and vendors¹⁻⁷. These institutions commit major financial, human, and intellectual resources to address the surrounding social needs, understanding that their partnership with the community outside their walls will mutually benefit the long-term well-being of the institution and community³. Increasingly, anchor institutions across the nation are realizing this interdependence and are expanding their mission to advance an anchor mission. In other words, institutions are making it an explicit priority to improve community health and well-being by leveraging all their assets, including hiring, purchasing, and investment for equitable, local economic impact⁸.

In their conception, municipal hospitals in the United States emerged as welfare institutions that were extensions of cities' almshouses⁹. The charitable mission of these hospitals was inextricably linked to the practice of medicine. However, over time the hospital gradually transformed into a market institution that could be profitable and powered by patient payments¹⁰. Today, the market forces in our medical system might oppose the charitable interests that once defined hospitals in the past. The combination of market forces and recent decreases in the number of uninsured Americans has created concern in role held by hospitals in addressing community health needs¹¹. To monitor, and thereby encourage, hospitals' charitable actions, the Internal Revenue Service (IRS)

requires charitable hospitals to conduct a community health needs assessment (CHNA) at least once every 3 years. Although the IRS monitors CHNA compliance by requiring hospitals to report their community benefits¹², they do not recommend any mechanisms or specific infrastructure for addressing community needs. Instead of spending community benefit resources on community health improvement, many hospitals continue to spend on unreimbursed care¹³. The present study recognizes the potential of an anchor mission described by the non-for-profit think-tank The Democracy Collaborative as “a commitment to intentionally apply an institution’s place-based economic power and human capital in partnership with community”⁷ to be a pertinent strategy for hospitals to address community health in all forms.

The existing literature pertaining to the concept of anchor institutions remains nascent since the Aspen Institute first coined the term in a 2001 study⁶. Most published research in this field examines university roles as anchor institutions¹⁴, but knowledge gaps persist as medical institutions such as hospitals and academic medical centers accept their role as anchor institutions. Published work about healthcare anchor institutions provides evidence that an anchor mission can transform the health care system in a way that sustainably improves the health of communities¹⁵. Most literature in this field focuses on theory and framework analysis^{1,5,16–18} or building specific community partnerships². There is an absence of research examining specific attitudes and actions of healthcare organizations who are committed to advancing an anchor mission. Many, if not all, medical institutions are rooted in community and have economic assets that can be leveraged for inclusive, local economic impact. These are anchor institutions even if they do not identify as such. We believe there is much to learn from healthcare organizations who do identify as anchor institutions that can meaningfully inform others who are not yet as advanced in anchor work.

This study will add to the growing body of literature by investigating the perspectives of healthcare organizations that are committed to advancing an anchor mission. Specifically, this study aims to address the healthcare anchor institutions who may not identify as such and provide a road forward towards advancing an anchor mission.

2.0 Enrollment Criteria (who can be in your study and who would not be eligible to participate in your study):

In order to be eligible to participate in this study, individuals must be employed by a healthcare organization that is a member of the Healthcare Anchor Network (HAN). The HAN is structured as a multi-institution, membership-based network made up of health systems and has stated goals to bring together champions from health systems across the country, facilitate shared learning and support collaborative initiatives to accelerate the adoption of practices that will narrow inequities for low-income families and communities of colors⁸. Furthermore, an individual must be listed as their healthcare organization’s primary point of contact for the HAN’s Anchor Mission Leads Group. Network members in this initiative group are responsible for advancing the organizational imperative for adopting and implementing an anchor mission and will

provide a useful perspective to understand how an organization begins to advance an anchor mission.

3.0 Sample Size:

We will recruit up to 60 participants for this study. Our sample size is guided by the number of healthcare organizations that are members of the Healthcare Anchor Network.

4.0 Recruitment and Screening Methods:

This study will be conducted with member organizations in the Healthcare Anchor Network (HAN) as the sole participants. The HAN is a multi-institution network made up of health systems across the nation who are committed to establishing an anchor mission as a healthcare sector priority and to leading innovation in anchor mission implementation. Recruitment will be done in collaboration with the HAN leadership team. The HAN has documentation and contact information for all member organizations and will be responsible for distribution of the survey tool through email communication.

The HAN regularly communicates with its members through various platforms spanning in-person conferences, Zoom meetings, and email. Additionally, the HAN is composed of different initiative groups with representatives from each member organization who are involved in separate modes of communication than the network at large. To recruit participants for this study, the HAN will use its regular email communication with the Anchor Mission Leads Group to send an email to the primary point of contact at each organization including a description of the proposed study and a REDCap link to complete the investigative survey. The REDCap link will initially take participants to the informed consent and study purpose in REDCap. If research subjects agree to participate, they will be directed from the informed consent page to begin the survey.

5.0 Research Locations:

The research activities conducted by Northwestern researchers will take place in remote locations due to the COVID-19 pandemic. All activities between researchers will take place over the phone or Zoom. These activities include meetings for planning data analysis and other organizational activities. There will be no in-person activities involving research participants. The study will collect data from participants using a REDCap survey.

6.0 Multi-site Research (research that involves external collaborating institutions and individuals):

This research will be conducted by collaborating with the Healthcare Anchor Network (HAN) in order to access a sample of healthcare organizations who are able to provide meaningful information on the research topic. The HAN will only be involved in the

distribution of the REDCap survey. Continuous communication between the Northwestern researchers and the HAN leadership will be kept via email, phone, and Zoom to account for any problems, interim results, and eventual closure of the study.

7.0 International Research (where data collection will occur outside the United States and U.S. territories, including online activities)

N/A

8.0 Procedures Involved:

Please check the boxes for all applicable data collection procedures you plan to use:

- ☐ One-on-one interviews
- ☐ Focus Groups
- ☒ Questionnaires/surveys
- ☐ Analysis of secondary data (medical record data, educational records, government or private sector datasets, etc.)
- ☐ Ethnographic observation
- ☐ Physiological measurements (e.g., EEG, EKG, MRI)
- ☐ Biospecimen collection (saliva samples, blood draws, hair samples, etc.)
- ☐ Mobile applications/data collection devices (e.g., Fitbits, actigraphs, etc.)
- ☐ Behavioral decisionmaking tasks (e.g., puzzles, interactive games, etc.)
- ☐ Physical activities such as walking and other forms of exercise
- ☐ Other procedures (briefly list types of procedures here if not covered by the check-boxes above): _____

Survey Administration

Data collection for this research study will consist of the administration of a single survey that is estimated to take participants between 15 and 30 minutes to complete. Recruitment and survey administration will happen simultaneously because the sample of participants are defined by membership in the Healthcare Anchor Network's (HAN) Anchor Mission Leads Initiative Group. Our collaborator at the HAN will distribute the REDCap survey link in an email to members of the Anchor Mission Leads Initiative Group and ask for responses within two weeks. Exactly one week later, the HAN will send an additional email to members of the Anchor Mission Leads Initiative Group with the REDCap survey link to ask for responses within one week. If a member of the Anchor Mission Leads Initiative Group decides to participate in the research, they will click on the REDCap survey link and be directed to an explanation of the study purpose and an informed consent document. If after reading the informed consent a participant agrees to the study, they will be directed to complete the survey that follows.

9.0 Research with Vulnerable Populations (if children are the ONLY vulnerable population you plan to enroll, do NOT complete this section -- instead fill out Appendix A)

N/A

10.0 Incomplete Disclosure or Deception:

N/A

11.0 Consent Process:

Consent will occur online in REDCap prior to being administered the survey. The full consent form is provided in REDCap and participants will be asked to indicate whether they agree to participate by clicking the “I agree” button. Participants will be able to print the screen to retain the consent form for their records.

12.0 Waiver of Participant Signature on Consent Form:

We request a waiver of participant signature on the consent form in order to administer this study online. Online study implementation will decrease the time required to complete the study assessment and is more feasible to implement given that individuals across the United States will be participating. Online consenting will take place in Northwestern University’s secure REDCap Database. We request a waiver of participant signature on the consent form to retain anonymity throughout the research process. Participants will be asked to share information about their employer and may not want to risk attachment of their name in any form to their specific response. No personally identifying information will be asked of participants during the survey, and a waiver of participant signature ensures no identifying information is collected at any point in the research activities.

13.0 Waivers and Alterations of Consent Information:

N/A

14.0 Financial Compensation:

There will be no financial compensation for research participants in this study, nor is there any financial risk for participation in this study.

15.0 Audio/Video Recording/Photography

N/A

16.0 Potential Benefits of this Research:

There may be no direct and immediate benefits for individuals participating in this study. However, possible benefits include providing valuable information about the strategies undertaken by healthcare organizations to advance an anchor mission. Sharing challenges

about the anchor mission journey may help others who are beginning to think about advancing an anchor mission. Findings from this study will be made available to researchers and the general public as soon as possible.

17.0 Potential Risks to Participants:

There are no major risks to study participation. A participant might feel uncomfortable responding to some of the survey questions. Participants will be told that they do not have to respond to any questions that make them feel uncomfortable. Individuals will be told that their refusal to answer any question will not jeopardize their relationship with the Healthcare Anchor Network. Additionally, all participants will remain anonymous throughout the research process and survey responses will not be linked to any identity. Though it is possible that a participant could enter identifiable information into an open-ended survey entry field in REDCap, the risk for loss of confidentiality is minimal, and the Northwestern research team will not include any identifying information in reports or manuscripts, nor will it share such information with the HAN or any other outside organization.

18.0 Provisions to Protect Participant Privacy and Data Confidentiality:

Only the research team will have access to the data collected in this study and all data will be deidentified in study databases. To safeguard confidentiality and anonymity, all data collection instruments will identify participants only by study ID number. Additionally, no personal or identifying information will be collected from study participants.

We will use several procedures to secure data to maintain its confidentiality. Only authorized study personnel will be granted access to study data. Only authorized persons will be allowed to enter and view study data. Passwords and system IDs for the REDCap system will not be shared with other team members. Additionally, the physical security of the workstations and files where REDCap data are stored will be maintained by study personnel. All data collected will be de-identified using a study ID. We believe that the use of the REDCap data collection system will allow us to collect high-quality data from all study participants and will not require the need for additional procedures to monitor data quality. If, by some unforeseen reason, a participant chooses to enter identifiable information into an open-ended survey entry field in REDCap, the Northwestern research team will strike this information from record and will not include any identifying information in reports or manuscripts, nor will it share such information with the HAN or any other outside organization.

19.0 Data Monitoring Plan to Ensure the Safety of Participants:

N/A

20.0 Long-term Data and Specimen Storage and Sharing:

All data collection will be conducted through web-based survey links via REDCap. Participants will click on a survey link in a direct email from the Healthcare Anchor Network (HAN) collaborator. Web-based survey data completed by participants are directly linked to our REDCap project. Andrew Cooper, a research data manager within FSM's Division of General Internal Medicine and member of Dr. Ackermann's research team will be responsible for regularly exporting REDCap data into Stata databases, which are stored on our FSM/IPHAM/Ackermann Studies Project Folder on the shared drive, which is password protected and accessible only to authorized research team members via Net ID login.

21.0 Qualifications of Research Team to Conduct the Research:

Ronald T. Ackermann, MD, MPH is Professor of Medicine at Northwestern University's Feinberg School of Medicine. He has 20 years of human subjects research experience and has successfully led numerous research studies in community and healthcare settings.

Darius S. Tandon, PhD is Associate Professor of Medical Social Science at Northwestern University's Feinberg School of Medicine. He has 15 years of human subjects research experience and also has successfully led numerous research studies involving community and stakeholder engagement and survey design and data collection.

Andrew Cooper, MPH is a senior research data manager and analyst within the Division of General Internal Medicine and Geriatrics at Northwestern University's Feinberg School of Medicine. He has extensive experience with REDCap, SQL, SAS, Stata, SPSS, R, and other data management and analytic platforms and is an experienced NMEDW power user.

Daniel Wagner is a student MPH candidate who is being supervised and supported in all aspects of the proposed research by both Dr. Ackermann and Dr. Tandon.

All members of the NU research team are experienced researchers and have completed human subjects research training and have an up-to-date training certificate from the Collaborative Institutional Training Initiative (CITI) or equivalent training program, as well as additional required training activities (data security; GCP), relating to their respective roles in human subjects research.

22.0 Bibliography & References

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Attitudes and Characteristics of Organizations Advancing an Anchor Mission

Are you the primary contact for your health system's participation in the Healthcare Anchor Network?

- ☐ Yes
☐ No

What is your role in your health system's participation in the Healthcare Anchor Network?

Please select from the following any characteristics that define your health system:

- ☐ Academic Health System
☐ Children's Hospital
☐ Multi-State System
☐ Safety Net System
☐ Urban
☐ Rural

Where does your organization consider itself on the following spectrum of community-serving anchor institutions?

- ☐ A) Very new to this work or having initial discussions (i.e., to socialize the anchor mission framework and articulate the imperative to align institutional assets, including core business practices, toward prioritizing equity, inclusion, and sustainability)
☐ B) Planning Phase (i.e., we've taken steps to understand our baseline and implement one or more anchor strategies such as inclusive, local purchasing; inclusive, local hiring; or place-based investing)
☐ C) We have set goals, structures, and roles in place for operationalizing the anchor mission and have made progress in implementing anchor initiatives
☐ D) Our anchor mission strategy is fully resourced and institutionalized as a long-term priority

For how long has your organization been in this phase?

- ☐ < 6 months
☐ 1 year
☐ 2 - 4 years
☐ 5+ years

The following indicators were identified by universities participating in the Anchor Dashboard Learning Cohort as useful for implementing an anchor mission. Please indicate your level of agreement that each of the following indicators is important when implementing an anchor mission.

	1 (Strongly Disagree)	2 (Disagree)	3 (Neutral)	4 (Agree)	5 (Strongly Agree)
Leadership support, both conceptual and financial, at the highest level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Incorporation of the Anchor Mission into your organization's strategic plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appointment of Anchor committees and internal relationship building	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Implementation of data collection protocols to evaluate the impact of your Anchor Mission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Building relationships with external partners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Which indicator do you believe is the most important and why?

Which indicator do you believe is the least important and why?

Please remember back to initial conversations your organization had when discussing the decision to advance an anchor mission and to take steps to think differently about leveraging assets and your role in moving resources to disinvested communities, etc. To the best of your ability, indicate your level of agreement with the following statements:

	1 (Strongly Disagree)	2 (Disagree)	3 (Neutral)	4 (Agree)	5 (Strongly Agree)
Our organization's leadership wanted to address the economic and racial inequities and community conditions that create poor health outcomes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our organization's leadership believed structural changes (i.e., hiring strategies, supply chain decisions, investments) were needed to better address community needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our organization's leadership supported a self-assessment to understand our baseline and assess our organizational readiness to advance an anchor mission.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our organization had an understanding of the skills, expertise, and assets present in community and/or relationships with community stakeholders that could potentially collaborate on the design and implementation of anchor strategies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What does your organization believe is the role of a hospital in addressing economic and racial inequities in community conditions that create poor health?

How does an anchor mission strategy align with your work related to community health, population health, and/or the social determinants of health (i.e., the built environment, economic stability, housing, education)?

If you've been successful at engaging senior leaders or board members as champions of the anchor mission approach, what strategies did you find to be most successful?

If senior leadership at your institution has bought into an anchor mission approach, what are they trying to solve by advancing an anchor mission?

What were some of the biggest challenges for your organization during your anchor mission journey so far and, if possible, how would you suggest others avoid them?

Would you be interested in participating in a brief phone interview (30 minutes) if a follow-up study was conducted on this topic?

(This question is simply meant to gauge interest)

- ☐ Yes
☐ No

Informed Consent

This study is being led by a graduate student at Northwestern University as part of a Master of Public Health Culminating Experience. The study aims to contribute to the existing literature on healthcare anchor institutions advancing an anchor mission. Specifically, this study is investigating the earliest strategies undertaken by healthcare organizations to advance the mission of becoming a community-serving anchor institution. The information gathered here is meant to provide a road forward for healthcare organizations that do not yet identify as anchor institutions but might be thinking about beginning to advance an anchor mission.

Because this survey will be used for research, you must read the consent form below before starting. In order to keep all responses anonymous, no personally identifying information will be gathered during this survey, nor will the name of your organization be recorded.

Thank you!

Title of Research Study: Health System Leaders' Perspectives on Advancing an Anchor Mission

Principal Investigator: Ron Ackermann

Student Investigator: Daniel Wagner

Supported By: This research is supported by Northwestern University Feinberg School of Medicine and the Program in Public Health.

Key Information about this research study:

The following is a short summary of this study to help you decide whether to be a part of this study. Information that is more detailed is explained later on in this form.

The purpose of this study is to provide a road forward for healthcare organizations that do not yet identify as anchor institutions but might be thinking about beginning to advance an anchor mission. By agreeing to participate in this study, you will be asked to complete a brief survey. We expect that you will be in this research study for approximately 30 minutes. Taking part in this study does not involve any physical or financial risk to you. You might feel uncomfortable answering some of the questions. The main benefit of being in this study is that you will contribute meaningful information to help inform others advance an anchor mission. Why am I being asked to take part in this research study?

We are asking you to take part in this research study because you are the primary point of contact for your organization's participation in the Healthcare Anchor Network's Anchor Mission Leads Initiative Group.

How many people will be in this study?

We expect about 60 people will be in this research study.

What should I know about participating in a research study?

Whether or not you take part is up to you. You can choose not to take part. You can agree to take part and later change your mind. Your decision will not be held against you. You can ask all the questions you want before you decide. You do not have to answer any question you do not want to answer. What happens if I say, "Yes, I want to be in this research"?

If you agree to participate in this research, you will continue from this page and complete a survey. The survey will not ask you to disclose any personal information, nor will it ask for the name of your organization. Your responses will be anonymous to the research team.

If you want to be in this research, the following survey is the only research activity required. It will take between 15 and 30 minutes to complete and can be done using a computer or mobile phone with internet access.

If you have any questions about the research, you are welcome to contact Lauren Worth at the Healthcare Anchor Network who will relay your question to the research team. You may also contact the graduate student conducting this research directly by email to daniel.wagner@northwestern.edu

Will being in this study help me in any way?

We cannot promise any benefits to you or others from your taking part in this research. However, possible benefits include providing you with the opportunity to reflect on your organization's anchor mission journey. Furthermore, we hope that your participation in the study may benefit others in the future by providing valuable information about the strategies undertaken by healthcare organizations to advance an anchor mission. Sharing challenges about your journey may help others who are beginning to think about advancing an anchor mission.

Is there any way being in this study could be bad for me?

Taking part in this study does not involve any physical or financial risk to you. You might feel uncomfortable answering some of the questions. No potentially identifiable information will be collected from you during this study.

What happens if I do not want to be in this research, or I change my mind later?

Participation in research is voluntary. You can decide to participate or not participate. If you do not want to be in this study or withdraw from the study at any point, your decision will not affect your relationship with Northwestern University or the Healthcare Anchor Network.

You can leave the research at any time and it will not be held against you. If you decide to withdraw from this study, any data already collected from you will be destroyed.

How will the researchers protect my information?

Only the research team will have access to the data collected in this study and all data will be de-identified in study databases. To safeguard confidentiality and anonymity, all data collection instruments will identify participants only by study ID number. Additionally, no personal or identifying information will be collected from study participants.

Who will have access to the information collected during this research study?

Efforts will be made to limit the use and disclosure of your survey responses to people who have a need to review this information. We cannot promise complete secrecy.

There are reasons why the information you include in your survey responses may be used or seen by other people beyond the research team during or after this study. Examples include:

University officials, government officials, study funders, auditors, and the Institutional Review Board may need access to the study information to make sure the study is done in a safe and appropriate manner. The results of this study will not be shared with you.

How might the information collected in this study be shared in the future?

We will keep the information we collect about you during this research study for study recordkeeping and for potential use in future research projects.

Data from this study is not identifiable and may be shared with the research community, with journals in which study results are published, and with databases and data repositories used for research.

Will I be paid or given anything for taking part in this study?

There is no payment or reimbursement for participating in this study.

Who can I talk to?

If you have questions, concerns, or complaints, you can contact the Principal Investigator Ron Ackermann (r.ackermann@northwestern.edu) and Daniel Wagner (daniel.wagner@northwestern.edu).

This research has been reviewed and approved by an Institutional Review Board ("IRB") – an IRB is a committee that protects the rights of people who participate in research studies. You may contact the IRB by phone at (312) 503-9338 or by email at irb@northwestern.edu if:

Your questions, concerns, or complaints are not being answered by the research team. You cannot reach the research team. You want to talk to someone besides the research team. You have questions about your rights as a research participant. You want to get information or provide input about this research.

-
- 1) If you want a copy of this consent for your records, you can print it from the screen.

If you cannot print the consent and would like a copy for your records, contact the Principal Investigator with the contact information above.

If you wish to participate, please click the "Yes, I agree to participate" button and you will be taken to the survey.

If you do not wish to participate in this study, please select "No, I do not wish to participate" or select X in the corner of your browser.

- ☐ Yes, I agree to participate
☐ No, I do not wish to participate