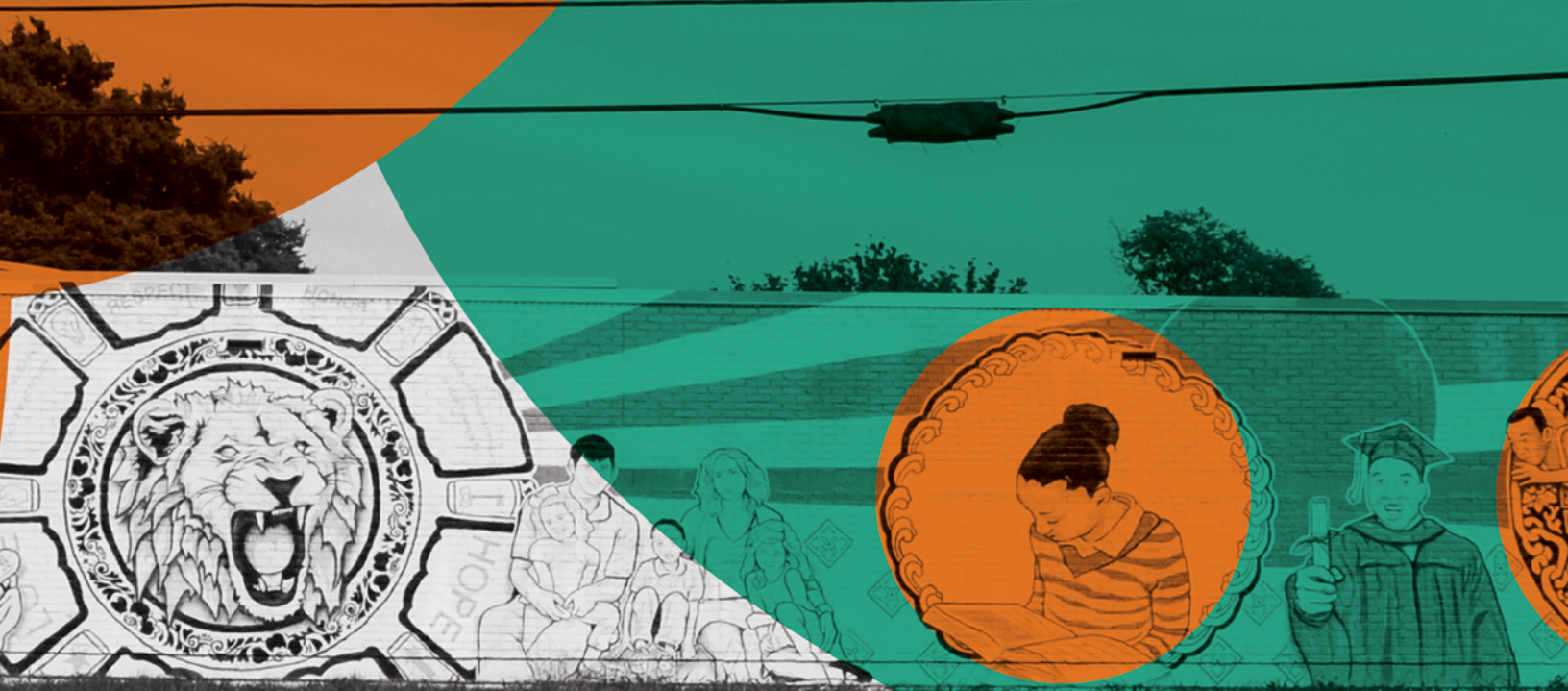
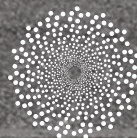


MEMPHIS MEDICAL DISTRICT COLLABORATIVE

CATALYZING CHANGE ON A COMMUNITY LEVEL



DANNY FISHER-BRUNS
NIDIA LOGAN-ROBINSON



DEMOCRACY
COLLABORATIVE

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Community members gather for “Party on the Plaza” at the intersection of Marshall and Monroe in the Medical District

INTRODUCTION

In 2016, the Memphis Medical District Collaborative (MMDC) embarked on a wide-reaching set of initiatives to improve neighborhood vitality and quality of life in the Memphis Medical District (District).

Through broad stakeholder engagement and data-driven methodology, MMDC facilitates a collaborative anchor strategy for community redevelopment. This report explores the events and circumstances that led to the formation of MMDC, describes the structure and impact of its core programming between 2016 and 2018, and offers considerations and recommendations for future planning and action.

There are several key audiences for this report. Firstly, emerging and existing anchor collaboratives: for this audience, the report outlines the structure, breadth, and depth of MMDC's program areas. The goal is not to hold up MMDC's work as the right or wrong way to structure an anchor strategy. Rather, it is to describe the intention and the outcomes of MMDC's initial strategy so that actors in other communities can make their own evaluation of whether such strategies might be applied or adapted within their own local contexts.

Another audience for the report is funders, leaders, and supporters of anchor work. This report details the resources allocated to developing and executing MMDC's initial strategies, with particular attention to the early-stage resourcing that laid the foundation for MMDC's formation and launch. A key takeaway here is that significant up-front investments in operational capacity, learning, and trust-

building are investments well made. MMDC's theory of change contends that there is no stand-alone program that will successfully revitalize an urban area, but that through connection and stewardship of shared resources, as well as continuous and visible activity, significant strides can be made to achieve long-term impacts.

A third audience is local stakeholders within Memphis. This report seeks to highlight the many voices and faces that make up the community ecosystem in which MMDC operates. Illustrative examples and deep dive program case studies draw a multidimensional picture of MMDC's work—the good, the bad, and the complicated—in bringing to life a shared vision of the Medical District.

In two and a half years of collaboration, there are a limited number of outcomes that can be meaningfully measured. The economic and social conditions that perpetuate generational poverty, chronic un- and underemployment, and systemic disinvestment were not created overnight. Similarly, these conditions and their root causes cannot be undone in a handful of years. It may be too early to definitively say whether MMDC has moved the needle in terms of economic impact for local residents, employees, and students. It may be too early to observe a shift in the fundamental economic ecosystem that perpetuates poverty and urban blight. However it is not too early to evaluate whether MMDC is building the collaborative dynamics to achieve its long-term goals.

Thus, a fundamental question explored in this report is whether the critical ingredients

for sustained dialogue, connectedness, and trust are in place to make MMDC's work more than just a vibrant spark, but rather a new way of taking shared ownership and accountability for equity, inclusiveness, and long-term community wealth building within the District. Anchor collaboratives such as MMDC navigate a dynamic space of having to meet many stakeholders where they are—in terms of existing neighborhood conditions, identified priorities, and resources as well as individual and institutional readiness to learn, grow, and adapt. Coordinators and organizers of anchor work must have the ability to go slow and build trust, while also keeping the urgent moral imperative of equity and inclusion at the heart of the work.

The field of anchor collaborative work is beginning to emerge across the country and internationally, but there is not yet a clear standard of what success looks or feels like in a given community. In light of this, this report provides an evaluative lens on two considerations: **1) whether MMDC's work is moving in the right direction;** and **2) whether the work is accelerating.**

Section 1 introduces the District as a distinctive region within the city of Memphis and outlines the conditions and events that led to the development of MMDC. After briefly describing the historical context that led to current economic conditions in the District, Section 1 introduces the concept of an anchor collaborative and concludes with a timeline of key milestones leading up to the formation of MMDC.

Section 2 provides a high level overview of MMDC's core program areas and highlights key activities and accomplishments during MMDC's first two and a half years of operation. Programs are characterized

broadly into four themes: **connecting people and places, business support and development, land use and real estate development support,** and **anchor programs.** This section addresses the breadth and depth of MMDC's programming by providing a high level description of each program area, as well as a deep dive case study into each of the four theme areas.

Section 3 explores the emergence of creative tensions that shape and drive the work of MMDC and illustrates how these dynamics might be leveraged to drive greater impact going forward. Key tensions include: 1) Meeting anchor institution priorities and meeting community/resident priorities; 2) Quick, visible wins and long term impact; 3) Medical District priorities and City of Memphis priorities; and 4) MMDC owning tasks as a resourced backbone organization and taking the time to build institutional or community capacity to take ownership and do the work. This section also outlines short and long-term recommendations, comparative examples of anchor strategies in other cities, and guiding questions for consideration in MMDC's future strategic decisions.

Section 4 articulates key ingredients that enabled the formation of MMDC: 1) A trusted local champion with convening and funding capabilities; 2) A high concentration of anchor institution economic activity; 3) Buy-in and collaboration with key local leaders and partners; 4) Meaningful data that validates the need and speaks to many audiences; 5) Inspirational stories from peer communities; and 6) A strong sense of place.

Throughout each section, call out boxes highlight similarities and differences between MMDC and anchor strategies in other geographies, as well as illustrative examples of MMDC programming.

PROJECT OVERVIEW

Between July and September 2018, The Democracy Collaborative (TDC) and Innovate Memphis (IM) conducted a review of MMDC's work during its first two years of operation which included:

- **Document review including baseline anchor data, stakeholder surveys, and current program data.**
- **Stakeholder interviews with over 30 partners, anchor staff, board members, and funders (a complete list of interviewees can be found in Appendix 1).**
- **Facilitated work sessions with MMDC board and staff.**

This report summarizes and aggregates themes from this review process with the goals of painting an accurate picture of the scope of work currently undertaken by MMDC and its partners and representing common themes articulated by key stakeholder groups. Document review and interview themes are supplemented by IM's local context knowledge of Memphis's economic development ecosystem and TDC's national perspective on the field of anchor collaboratives and community wealth building. Full organizational overviews for TDC & IM can be found in Appendix 2.



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1. THE MEDICAL DISTRICT IN CONTEXT

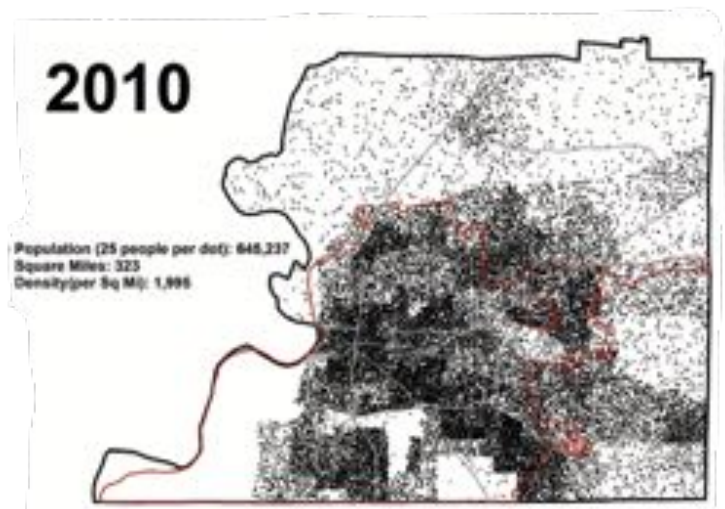
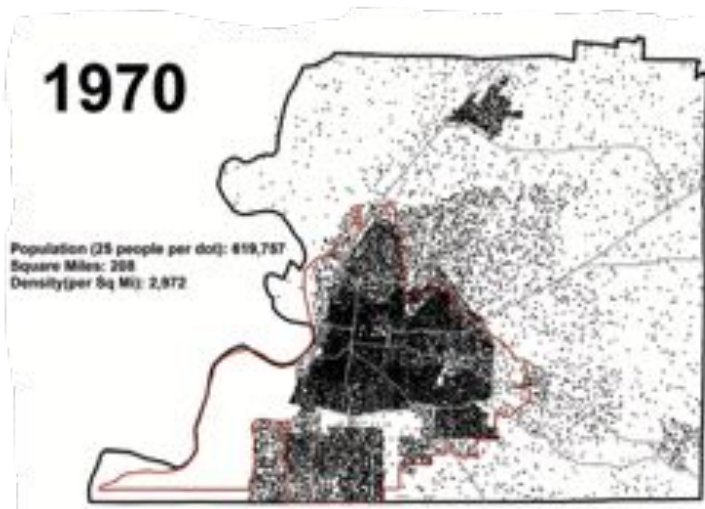
The Memphis Medical District (District) refers to a 2.6 square mile area whose longstanding history with medicine begins with the opening of Memphis City Hospital in 1841.¹ Today, the District is predominantly comprised of institutionally-owned land, with some land classified as residential and commercial.² The District contains eight large medical and higher education institutions: Baptist College of Health Sciences, Memphis Bioworks Foundation, Methodist Le Bonheur Healthcare, Regional One Health, Southern College of Optometry, Southwest Tennessee Community College, St. Jude Children's Research Hospital/ ALSAC, and the University of Tennessee Health Science Center.

The story of the District over the past four decades is, in many ways, the story of Memphis. As the city has expanded in geographic area, the population density of the urban core has decreased dramatically. Between 1970 and 2010 the city of Memphis

population increased by 4 percent while the city's geographic footprint increased by approximately 50 percent.^{3,4,5} Decades of sprawl contributed to lower population density and overextended municipal infrastructure.

By 2014, the District population had shrunk to under 15,000, from its peak in 1970 of approximately 36,000.⁶ This decline in population density, along with the high levels of institutional land ownership, has led to high rates of vacancy in some areas of the District and a lack of neighborhood serving businesses.⁷ In 2010, 45 percent of District residents were living below the poverty line.

In contrast to the low residential population, the major employers and educators within the District have continued to grow and thrive. The District's anchor institutions currently employ over 20,000 people, serve roughly 8,000 students, and spend over \$1.2B on goods and services annually.



Historical population density of Memphis

Additionally, the hospitals and universities control a significant amount of property. District anchors collectively own nearly 300 acres of land, roughly 26 percent of the total acreage of the District.⁸

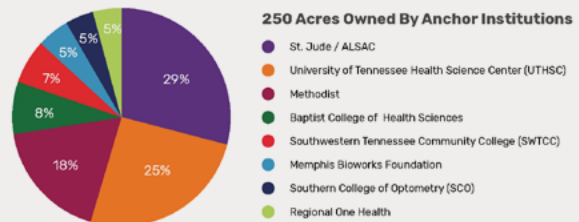
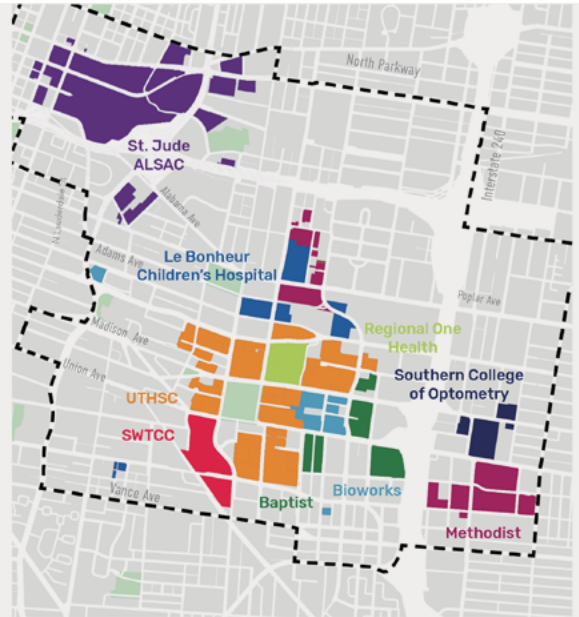
Though 2017 marked the fifth straight year of population decline in Memphis and Shelby County, Memphis’s urban core is beginning to experience a growth in population.^{9,10}

A HEALTHCARE CITY

Memphis is a healthcare city. Major local industries, such as manufacturing and logistics, experienced declines in employment numbers as a result of the 2008 recession and have continued to lag behind in economic recovery.¹¹ In contrast, Memphis’s healthcare industry has seen continuous and steady growth in recent decades.¹²

Memphis has experienced explosive growth in its bioscience industry.¹³ Since the late 1990s the medical device sector in Memphis, which includes over 40 companies, has grown 50 percent—more than four times the national rate of growth.¹⁴

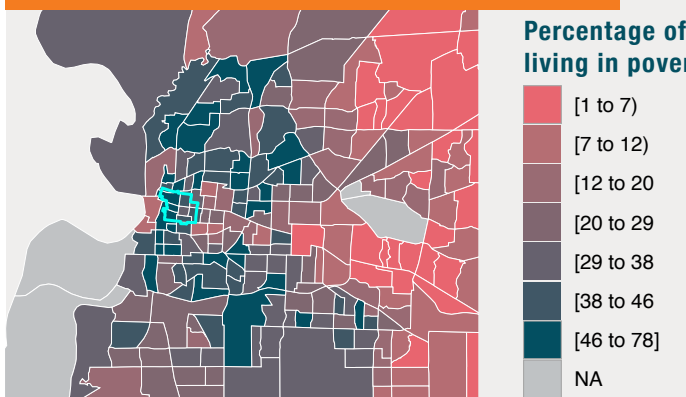
Evidence of these growth trends are reflected in the District, where individual institutions are growing and leading innovative practices. However, stakeholders are concerned that the District as a whole has suffered from a lack of cohesion, vibrancy, and sense of place.



A DIVIDED CITY

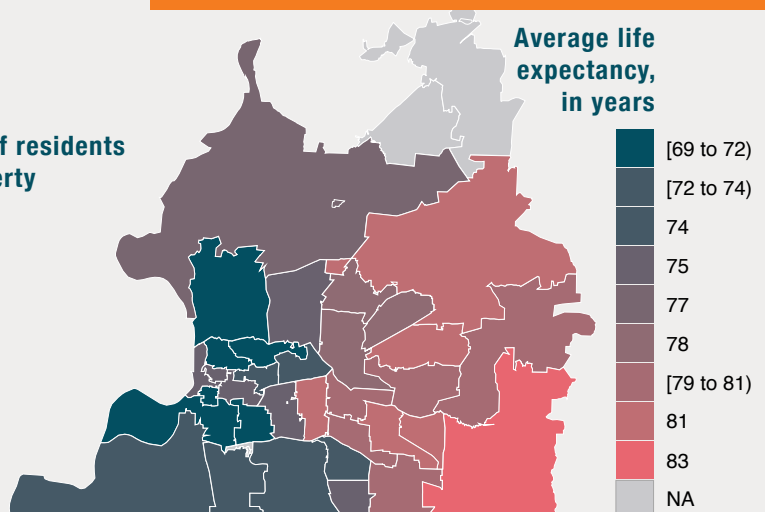
Economic inequalities contribute to stark health disparities between Memphis’s communities.

Poverty rate by census tract, Shelby County



Data: ACS 5-year estimates (2015) [MMDC boundary in light blue]

Life expectancy by zip code, Shelby County



Data: Shelby County Department of Health

ANCHOR INSTITUTIONS AS DRIVERS FOR COMMUNITY DEVELOPMENT

Memphis's story, and the poignant disparities experienced in the District are not unique among US cities. Across the country, anchor institutions are beginning to understand and leverage the power of their economic assets to address social and economic disparities and revitalize local communities. Anchor institutions (hereafter referred to as anchors) are place-based organizations, such as universities, hospitals, local governments,

and foundations that are rooted in their local communities by mission, invested capital, or relationships to customers, employees, and vendors.¹⁵

Because of their commitment to place and their economic power, anchors are uniquely positioned to stabilize local economies and begin to reverse the devastating effects of urban disinvestment.

WHAT IS AN ANCHOR COLLABORATIVE STRATEGY?

While anchor institutions around the country, and internationally, are beginning to adopt an anchor mission approach to their work, a growing number of cities are taking a collaborative approach in which anchor institutions increase their impact and their effectiveness by pursuing shared goals.

Examples include:

Cleveland, Ohio

Within the Greater University Circle area, institutions have elected to both adopt individual anchor strategies with their institutions, and to work collaboratively to address stark economic disparities in adjacent neighborhoods. One result of this collaboration was the launch of the Evergreen Cooperative Initiative, a network of worker-owned businesses that meet anchor institution supply chain needs.

Rochester, New York

Under the leadership of Mayor Lovely Warren, the City of Rochester helped launch the city's Office of Community Wealth Building and a non-profit cooperative business development corporation, OWN Rochester. Together, these initiatives are working to create jobs and build wealth in low-income communities through connections to anchor institution job demand.

Preston, England

Preston has launched a comprehensive economic development model that incorporates public energy utilities, public pension funds, public banks, and anchor institutions. Within this framework, anchor institutions and local government are working to leverage their procurement power to support locally-owned and cooperative businesses.

Albuquerque, New Mexico

An initiative bringing together local anchor institutions, Healthy Neighborhoods Albuquerque's (HNA) first collaborative initiative focused on sourcing local produce. HNA is now exploring workforce development programs to support local residents.

A CATALYTIC IDEA

During the early 2000s, varied attempts were made to revitalize spaces between institutions within the District, but these efforts were hindered by lack of resources and coordination. In the summer of 2013, the Memphis-based Hyde Family Foundation (HFF) was inspired by Midtown Detroit Inc., an anchor strategy for economic development in Detroit, MI. HFF was eager to explore the similarities between Midtown Detroit and the Memphis Medical District and whether similar economic and community development initiatives could be applied in Memphis.

The District's eight major anchor institutions joined HFF to study the feasibility of an anchor strategy in the Memphis Medical District and engaged U3 Advisors to conduct an analysis of the District's potential.¹⁶ This comprehensive analysis of each institution's total employment, student body, procurement trends, and land holdings made a compelling case to anchor leaders that place-based economic development was an important issue for them to devote resources to, and identified the focus areas that could leverage their collective impact.

MIDTOWN DETROIT, INC

Midtown Detroit, Inc. (MDI) is a nonprofit planning and development organization that coordinates collaboration and partnership between over 150 organizations in and around Detroit's Midtown neighborhood. With roots going back to the 1970s, Midtown's collaborative efforts have always involved leaders from local anchor institutions, but also includes "cultural, academic, medical and service institutions, corporations, businesses and community organizations."¹⁷

MDI coordinates a diverse array of activities through committees such as Public Space Development and Maintenance, Community and Economic Development, Security, Marketing, and Special Events, as well as three anchor initiatives: "Live Midtown," "Live Downtown," and "Buy Detroit." These committees have been responsible for over 40 programs and projects in the Midtown district and seek to more effectively connect anchor economic activity to the neighborhood.¹⁸



Bicyclists ride past the Memphis Cycle & Supply Co. building on Monroe Ave.

TIMELINE LEADING UP TO THE CREATION OF MMDC

MMDC's launch in 2016 was built on nearly two years of intentional collaboration and groundwork. This timeline provides a high-level outline of key events and stakeholders involved in the launch of MMDC.¹⁹



Community members of all ages celebrate Treadm, an art installation on a formerly vacant lot in the Medical District



2. THE MEMPHIS MEDICAL DISTRICT COLLABORATIVE

MMDC's theory of change is based in the conviction that there is no single, silver bullet approach to redevelopment.

Instead, it focuses on impacting as many elements of the system as possible. As Tommy Pacello, MMDC President, describes it, “real sustainable change happens when several small hits of momentum begin to add up to noticeable change, while larger efforts with longer lead times are underway.”²⁰ While MMDC takes an anchor approach to economic development, many of its programs focus on supporting and developing a broader community and an economic development ecosystem within the District.

MMDC's vision to be a well-resourced district development organization includes having both the financial resources that enable large-scale, sustained changes and the human capital to get it done. The organization was poised for growth from its beginning. MMDC's 5-year staffing plan calls for adding program managers each year through 2019 to lead its priority areas.²¹ Between February 2016 and August 2018, MMDC grew from a staff of two full-time employees (the current President Tommy Pacello and the current Vice President Abby Miller) to eight full time staff members and ten District Ambassadors employed through a partnership with Block by Block.

Stakeholders attribute much of MMDC's success to the caliber of its staff. The team has a diverse set of skills ranging from business administrators and educators to

urban planners and attorneys. Marked by quick sprints to earn early wins, the work requires staff members to be entrepreneurial and equipped to tolerate a certain level of creative chaos and dynamism. The team is divided into working clusters with responsibility for one or more of MMDC's program priorities.²²

MMDC's programs and strategy are informed by data and executed through collaboration. After determining initial strategies through U3 Advisor's feasibility study, MMDC continually uses stakeholder feedback to ensure it's on the right track through surveys and focus groups. Abby Miller sees these as critical clues to let MMDC know if its programs are moving in the right direction. “Are we going to get ten thousand new residents? Probably not yet. But are people more engaged, spending time here? We can see that success.”²³ The MMDC team regularly takes stock of programs, conducting deep-dives and annual progress reports so they are always aware of how they are tracking against their logic model and success indicators. In her role, Miller is tasked with cultivating a portfolio of projects as a part of MMDC's comprehensive anchor strategy that will breathe life into the District's spaces.

MMDC's programs are outlined in four primary themes: **connecting people and places, business support and development, land use and real estate development**, and **anchor programs**.

Program Overview

This section provides a high level overview of MMDC's key program areas, highlighting MMDC's activities and accomplishments between its launch in 2016, and late summer of 2018.

CONNECTING PEOPLE AND PLACES

During its initial years of operation, MMDC has focused on quick wins that immediately address safety concerns, improve the District's aesthetics, and activate formerly unused or underutilized public space. The strategy is to strengthen the connection between people and places, creating opportunity for interaction and relationship building. Creating this bond requires a multi-faceted approach that continuously fosters activity in the District.

Quality Public Spaces

For MMDC, public space improvements are a collaborative affair. Many actors are engaged in the work of visioning, designing, and bringing projects to life. Between 2016 and summer 2018, MMDC has commissioned nine public art projects and 16 streetscapes enhancements in

collaboration with local arts organizations, neighborhood associations, anchor institutions, the City of Memphis, the Downtown Memphis Commission, and local colleges and universities.^{24,25}

MMDC is using signage, streetscape improvements, and creative public space designs to turn empty and underused space into functional, vibrant places that give people new areas to gather while decreasing property vacancy. Streetscape improvements on Marshall and Monroe Avenue, for instance, included pedestrian plazas, seating, public art, planters, and new bike lanes.

Additionally, ten District Ambassadors are out and about in the neighborhood engaging with residents, employees, and the people who move throughout the District daily. These Ambassadors are also responsible for removing thousands of bags of litter, collecting recyclables, and maintaining the planters and greenery that now line several streets in the District.

In the words of one anchor institution staff member, "the Ambassadors are consistent eyes out there that help improve the safety and the look of the District."²⁶

Impact of MMDC streetscape improvements at Marshall and Monroe





CONNECTING PEOPLE AND PLACE: EDGE TRIANGLE

The Medical District’s Edge neighborhood is known for its eclectic style and rich history. It is home to the legendary Sun Studios and iconic buildings like the Wonderbread factory and the Memphis Cycle Shop. The zig-zag layout of three of the neighborhood’s streets resulted in a triangular plot of land situated between Madison Avenue, Monroe Extended, and Orleans Street.

In 2017, MMDC partnered with Memphis College of Art (MCA), University of Memphis Design Studio (UMDC), the Edge Neighborhood Association, and the Downtown Memphis Commission (DMC) to transform underused greenspace into a neighborhood destination now known as Edge Triangle.

The design team used a phased approach to install 14 temporary and permanent improvements in the area. The iterative process of learning what the neighborhood wanted and testing options was participatory from the beginning.

The community was invited to generate initial ideas to inform a master site plan. The project coincided with streetscape improvements on two bordering streets and infused local artistry as focal points.

Once the plan was in place, the first step was to prepare the space for improvements. Volunteers from the community helped clean up the triangle. Local artists and fabricators were commissioned to create the early design elements like signage, movable seating, and fencing for an off-leash dog area. As the team observed how the space was used, adjustments were made.

After the majority of the improvements were installed, the space was ready for activation. In September 2017, MMDC and the Edge Neighborhood Association hosted the first “Yappy Hour” to celebrate the grand opening. Residents, with and without pets, came together to get to know each other, partake in local food and drinks, and enjoy the new off-leash dog area. Yappy Hour is now a quarterly event.²⁷

Programming and Engagement

MMDC takes a very intentional approach to creating opportunities for connection, interaction, and awareness between communities that might not otherwise interact with each other. As one community member described it, “Why would I interact with the hospitals unless I’m sick?”²⁸ In addition, many employees did not leave the campuses where they worked during the day. Because of MMDC, community members, employees, and students have a channel to interact more frequently and meaningfully with each other.

One of MMDC’s important roles is uplifting the District’s unique qualities and assets and inviting people to take advantage of them. MMDC hosts regular events to educate the community about the District and promote District businesses. More importantly, MMDC is investing in the capacity of other organizations interested in hosting events. MMDC also uses a crowdsourcing approach to activate the District and bring residents, employees, students, and others out to mix and enjoy all that the area has to offer. Over 40 small event grants, up to \$5,000 each, have been awarded to organizations and individuals to implement events that connect people to places in the District. In five rounds of grants, events have spanned every season and included film festivals, block parties, pop-up markets, community dinners, and forums.²⁹ Over 10,000 participants have been brought together during funded events, dispelling myths that the District was unsafe and inactive after business hours, while opening minds to its possibility and vibrancy.^{30,31}

MMDC’s efforts to reimagine the District’s public realm and create interest, activity, and attachment are the most visible and



CONNECTING PEOPLE AND PLACE: FREEWHEEL

MMDC asked and people made it clear that in addition to big events they wanted smaller, more frequent events that promote an active lifestyle in the District. In partnership with the Downtown Memphis Commission and Explore Bikeshare, MMDC launched Freewheel: community bicycle rides that invite cyclists to take a journey through the neighborhoods of the Medical District.

Crowds that include residents, students and doctors meet for slow rides that explore the different corners of the area and its history. Each ride highlights a specific neighborhood. Cyclists meet new people and create new connections along the way.

No bike? No problem. Cyclists can choose from among the fleet of Freewheel bikes reclaimed by the Carpenter Street Bike Shop from the Cycle Shop, a former business located the District’s Edge neighborhood. Freewheel and its bikes are housed in a set of brightly colored, retrofitted shipping containers in a portion of a vacant lot.

Freewheel’s no pressure, come as you are atmosphere has brought out over 265 people³² of all ages and on every type of bike from across the city to explore together.³³

popular changes hailed by stakeholders. Emily Greer, Chief Administrative Officer with ALSAC, feels the greatest return on investment is seen in the work to beautify and improve the look and feel of the area, “There’s some real evidence there of some things that are happening.”³⁴

Working with anchor institutions is only part of the picture. Through a partnership with a local organization, the Center for Transforming Communities (CTC), MMDC is engaging deeply with residents and listening to their hopes and desires for the neighborhood. CTC Connectors initiate meaningful interactions with residents, often going door to door to take the pulse and create opportunities for them to be a part of planning the strategies that impact the District.

Safety and Security

Safety in the District is top of mind for many residents, visitors, and anchor stakeholders. For the past two years MMDC’s annual survey of these groups reveals that crime—or the perception of crime—is the top influencer when choosing a place to live and is a deterrent to pedestrian movement throughout the area.³⁵ One contributor to the perception of safety is the sense of isolation between spaces in the District.

The safety of the 130 employees and 1,100 students, 90 percent of them women, of Baptist College of Health Sciences is among the top concerns of Dr. Betty Sue McGarvey, President of the college. It is one of the things that keeps her up at night. Recent coordination among the anchors’ security teams, catalyzed by MMDC, is one of the things Dr. McGarvey points to as meaningful return on their investment in the collaborative.³⁶

It is now an accepted practice for the security teams of neighboring institutions to make rounds on the campuses of other anchors when called upon. In Dr. McGarvey’s words, “I think safety has made some strides. Everyone is watching out for everybody else’s loved ones, students, faculty and staff. There is someone on the MMDC team that convenes us, monitors this and makes sure communications go out.”³⁷ Relationships and trust between campuses build connection and safety in ways that fences and gates cannot.

Small Business Development

Access to grocery stores, entertainment, and dining options are ranked as the third most influencing factor among survey respondents when determining where to live.³⁸ Every new business that opens has the potential to spur residential activity and further investment in the District.

Whether the mission is to start or grow a business in the District, MMDC has a suite of tools to support commercial development in the District. Businesses currently operating in the area can access incentives provided by MMDC or the Downtown Memphis Commission to make building façade enhancements and improve lighting, signage and fencing on their properties. Grants of up to \$5,000 that cover pre-development costs, such as feasibility studies and architectural drawings, are available to businesses and developers interested in investing in existing space or new construction.³⁹ To date, the pre-development grant program has invested over \$45,000 in grants that have enabled more than ten developers and business owners to start new projects.⁴⁰

DEEP DIVE: STRENGTHENING COMMUNITY CONNECTIONS

MMDC recognized early that building community awareness, interaction, and connection into its programs was essential, but that its efforts alone would not be enough to truly connect with all community members. The Center for Transforming Communities (CTC) serves as a local backbone organization for strengthening community dialogue—setting a table for community voice so that neighborhood residents can take advantage of resources and opportunities provided through MMDC’s work.

Justin Merrick is a connector. A long-time community advocate and musician, Merrick’s job today involves creating spaces for community members to connect and engage in ways that are authentic, respectful, and culturally appropriate. The goal is to ensure that community members are positioned to actively participate and help shape the revitalizing efforts of the district. As Merrick describes it, “CTC is a coach sometimes, but also a cheerleader for how different communities can engage and take full advantage of available resources.”

But building authentic dialogue and trust in the community takes time. CTC’s theory of change builds on MMDC’s approach to community development. Step 1 is to connect: create a space to bring people together who would not otherwise interact. Step 2 is to activate: allow community members to take ownership of the conversation. Step 3 is curate: elevate stories of the community that build an empowering narrative of change.

There are many neighborhoods within the District, and while some have neighborhood associations and organizations that represent community interests, many do not. Right now, CTC’s focus is on the latter.

The absence of a strong community voice prevents residents from being meaningfully represented at decision making tables. Taking the time for the community to come together and unpack the legacy of disinvestment and articulate its needs and offerings is important. Merrick highlights the additional and critical element of follow through when working with MMDC: “What’s different about [MMDC] is that there’s an economic engine behind the work. That changes everything. It allows more conversations to unpack the process because there are funds and resources. It’s also more complicated,” especially in neighborhoods that have historically not had an organized table through which to advocate for their needs. “You need someone to negotiate and navigate from a neutral space [and MMDC plays that role].”

Merrick feels that CTC and MMDC are just reaching a point where authentic community engagement is positioning community members to take advantage of resources, re-imagine what is possible in their neighborhoods, and craft a shared narrative. Today, MMDC serves as a conduit between CTC’s grassroots organizing and the institutional and civic leaders within the district. While this conduit relationship is necessary now, Merrick and CTC foresee a future when resident communities and institutional communities are able to sit at a shared table of decision making. While this is a long road, Merrick sees the work moving in the right direction. “At end of the day, you know its successful when you see lots of smiling faces. I’ve been impressed with that.”⁴¹



Photo: Center for Transforming Communities

Direct technical assistance, in the form of business planning and support to secure financing, helps strengthen and grow the existing commercial fabric of the area. Nearly 20 of the District’s existing businesses have sought MMDC’s consultation on topics that range from access to capital to marketing. With location assistance from MMDC, eight new businesses were helped through the process of securing space to open in the District.⁴²

MMDC’s wide-ranging role in supporting business development can be seen in the consulting services and investments provided to Edge Alley, the new café and coffee roaster that opened July 2017 with micro-retail incubator space for four entrepreneurs. Edge Alley owners used a pre-development grant from MMDC to commission the architectural renderings of the storefront, bringing the vision for the formerly vacant space to life. The entrepreneurs that occupy the micro-retail spaces were selected through a competitive application process managed by MMDC. Additionally, each of the entrepreneurs received ongoing financial and advisory support from MMDC to grow and sustain their businesses.⁴³ To Vonesha Mitchell, Program Manager for Community & Economic Development at MMDC, the most exciting part of the small business development work is seeing people hit their stride in their business. “Launching is very exciting,” but, as she went on to explain, “there are so many intangibles to run a business, and that’s the stuff that makes the ‘pretty stuff’ work.”⁴⁴

LAND USE AND REAL-ESTATE DEVELOPMENT SUPPORT

Historically, anchors have purchased property to reduce urban blight around their campuses, and much of the land

currently owned by anchors is vacant or used for parking. To reverse this trend, MMDC is working with anchors to plan more productive land uses. For example, transportation and mobility planning efforts are introducing anchors to a range of mobility and commute options aimed at reducing reliance on cars. 97 percent of anchor employees and students drive alone to work or school each day.⁴⁵ MMDC’s goal is to reduce that number by 10 percent over five years.⁴⁶ These efforts aim to decrease the long-term need to continue growing the number of parking stalls for employees, students, and visitors, even as anchors continue to grow their services and employee base.

One example of MMDC’s leadership in putting real estate to productive uses is a partnership with Southern College of Optometry (SCO). In 2017, MMDC and U3 Advisors worked with SCO to reposition one of SCO’s surface parking lots as a mixed-use development. With support from U3 Advisors and MMDC, SCO is now working with a development team to build a large market-rate housing and retail development near its campus.⁴⁷ Janice Frazier-Scott with SCO credits MMDC with inspiring the idea, “The fact that we are considering providing housing, that’s something we never would have considered.”⁴⁸

In addition to planning development projects to facilitate productive land-use, MMDC uses its resources to mentor new developers within the neighborhood. The Emerging Developer Bootcamps introduce local residents and aspiring developers to the tools they need to develop small neighborhood-level projects from start to finish. So far MMDC and its partners have equipped over 200 Memphians with the knowledge to acquire project financing and bring human-scale developments to life.⁴⁹

DEEP DIVE: EMERGING DEVELOPER BOOTCAMP

Development is coming to the District and the neighborhoods are changing through large scale and small scale investments. At this point in time, there are many opportunities to counteract resident displacement before it becomes an issue.⁵⁰

MMDC is working to intentionally build resident capacity to participate in the next version of what the neighborhood is becoming. The Emerging Developers Bootcamps (EDB) was developed through a partnership that included Incremental Development Alliance, the City of Memphis, Neighborhood Preservation Inc, Downtown Memphis Commission, BLDG Memphis, The Kresge Foundation, the Urban Land Institute, and local community development corporations. It equips community members and aspiring developers with tools, skills, and networks to have a proactive role in building the future of their neighborhood.

“The concept was to build a cohort of small scale developers that is neighborhood-based, and understands the community.” says Chet Jackson, Program Manager for the EDB. “[We’re] intentional about the small scale developers and beginning to look at how to affect change at a community level. When you are intentional in that space, you set up a dynamic to spread the equity.” Jackson went on to explain that many local residents do not see residential development as an option for them to participate in. “When you start presenting options, it opens things up for people.”⁵¹

EDB brings community residents into a program taught by seasoned small scale developers, builds connections to financing opportunities, helps new developers become networked into the small development community, and facilitates opportunities to take on a mentee role in projects and learn the business from the inside. The initial cohorts have demonstrated promising results: ten real estate projects have emerged and three projects have identified financing out of the first year alone.⁵²

Building a community of small developers within a neighborhood allows residents to play an active role in a major economic driver in the district. But the benefits of the program are more significant than just dollars. Redevelopment is historically an activity that happens to disinvested communities. EDB brought a different vision of what roles are possible for community members. Tanja Mitchell is a longtime resident and neighborhood organizer who participated in a EDB cohort. “Before that, in my mind development was for people who didn’t look like me or not made up like me. Most are white males with money. I never thought I could do this. After attending the Emerging Developers Bootcamp, [I started thinking] maybe I can.”⁵³ Of the nearly 250 participants in Emerging Developer Workshops and Bootcamps in 2017 and 2018, a third of participants are women, and half are people of color.⁵⁴

The Emerging Developer program illustrates the importance of balancing quick visible wins with long term impact. While this strategy alone will not ensure long-term housing affordability and access for all community members, it helps build an ecosystem that normalizes community participation in redevelopment and supports local residents in capturing economic benefits of the District’s revitalization.



Participants in the Emerging Developers Bootcamp in September, 2017

ANCHOR PROGRAMS

A focal point of many anchor strategies is a demand-side approach that focuses on harnessing anchor institution's collective spending power to create greater economic impact on a target area. Anchor institutions spend millions of dollars purchasing goods and services and hiring people. If a fraction of those dollars were directly targeted at local residents, the impact in the neighborhood would be immense. MMDC's anchor strategy framework includes three areas of focus—Live Local, Buy Local, and Hire Local. In each of the three strategies, MMDC convenes a stakeholder council made up of the respective leaders from each anchor institution. Each stakeholder council meets regularly to share knowledge and discuss collective possibilities.

Hire Local

Hire Local is a strategy to connect residents to employment opportunities at anchor institutions. In 2016, MMDC took a new look at the hiring demand of its anchor partners and forecast hiring needs for key occupations over the next five years. The following occupation categories were identified as priorities of focus for the Hire Local strategy: Facilities Support, Allied Health, Nursing, Healthcare Administration, and Research.⁵⁵ MMDC's scan revealed an estimated total demand of nearly 3,200 new employees in the priority categories over the next five years.⁵⁶

In 2017, anchors collectively committed to hiring 100 local residents.⁵⁷ MMDC is working with local workforce training and development partners to tap into talent pipelines and match trained professions to anchors' job openings. In summer 2018, MMDC launched its Hire Local online job matching portal hirelocal901.com

with nearly 100 job listings from anchor partners.^{58,59} Workforce development partners, like Memphis Bioworks Foundation, are currently onboarding potential workers engaged in their training programs onto the portal to facilitate the matchmaking process. When referring training participants to jobs with anchors, Sondra Howell, the Director of Workforce Development at Memphis Bioworks, expressed that, "MMDC is providing a service that none of us have figured out how to do consistently and successfully. If they are able to build a collaboration where we have a process where the hospitals are looking at and prioritizing our candidates, that's tremendous."⁶⁰

Live Local

During the initial discovery process with anchor institutions, U3 Advisors found that only 2.7 percent of employees and 6 percent of off-campus students were living in the District.⁶¹ MMDC's annual survey includes a question that asks if people are interested in moving to the District, and if so, what is driving that interest. In 2017, respondents cited a desire to be close to work and the attractions in Downtown and Midtown as well as the overall vibrancy and character of the neighborhood as top drivers.⁶² The Live Local strategy endeavors to increase residential density and retain those currently living in the District. Employees and students are incentivized to live closer to work and school with financial support to purchase a home, establish a lease, or make improvements to their existing home.

The participating anchors who invested in the Live Local strategy developed a set of criteria to determine eligibility for housing incentives. The close to 300 applications for Live Local incentives prove that there is interest in acquiring and retaining residence in the

District. Since the launch of Live Local in 2016, a total of 94 new and existing residents benefited from the incentive program.⁶³ A significant barrier to increased participation in the program is the limited quality housing stock currently available within the District.⁶⁴ Now that MMDC has proven that there is significant demand to live within the District, the team is ramping up its real-estate development strategies to bring more supply to the housing market. MMDC is working to increase the number of residents in the area by 15 percent by 2021.⁶⁵ More people living in the District equates to a stronger tax base and more economic demand to support existing and emerging businesses.

Buy Local

Collectively, Medical District anchor procurement amounts to over \$1.2 billion annually with \$336 million of that consisting of non-medical spending which includes categories such as information technology, construction, staffing, and office supplies. These categories present a significant opportunity to redirect spending to local companies within or immediately surrounding the District. Buy Local is a procurement strategy focused on directing anchor purchasing to Memphis-based businesses and leveraging anchor purchasing to attract new

businesses to the District. MMDC is playing the role of matchmaker by working to connect procurement professionals within anchors with local businesses and minority-owned vendors, and also strengthening connection and communication between purchasing staff of different institutions. 2018 marked the first comprehensive look at spending changes across institutions since the initial 2014 data analysis. As of this writing, analysis had been completed for five of the eight anchors (Baptist College of Health Sciences, Methodist Le Bonheur Healthcare, Regional One Health, Southern College of Optometry, and St. Jude Children’s Research Hospital).

The most promising trend in anchor procurement is a collective \$5.3 million increase in spending with local minority- and women-owned businesses between 2014 and 2018. However, changes in local spending vary greatly across institutions. One anchor increased its local non-medical spending by 114 percent while another decreased by nearly 25 percent. In general, local spending dollars are on the rise, yet taken as a group, these local procurement increases are merely keeping pace with the total growth in procurement spending. Between 2014 and 2018, there was almost no change in local non-medical spending as a percentage of total non-medical spending.

Anchor non-medical spending ⁶⁶	
Total Spend 2014	\$146.152M
Memphis Spend 2014	\$27.000M
Total Spend 2018	\$246.117M
Memphis spend 2018	\$45.112M
Total spend increase	68.40%
Memphis spend increase	67.09%
Memphis spend as percent of total spend (2014)	18.47%
Memphis spend as percent of total spend (2018)	18.33%


DEEP DIVE: BUY LOCAL

A central piece of the Buy Local strategy is to introduce anchor institutions to local vendors who can meet key supply chain or service needs. MMDC staff work to build relationships with local vendors and share information about those vendors with anchor staff during Buy Local Council meetings. Some anchor institution participants described the Buy Local council as a great value add for their institutions, as they would otherwise not have been aware of local vendors who can often deliver more timely and reliable service than national vendors. One anchor staff participant noted that another benefit of the Buy Local initiative was “creating more of an awareness about how there are so many healthcare organizations all located in same area utilizing the same suppliers.”⁶⁷ Creating a space for regular interaction allowed for “aha moments” about new opportunities for utilizing local suppliers that they may not have been aware of.

Larissa Redmond Thompson, who coordinates the Buy Local work for MMDC, observes that while vendor connections are being made through the Buy Local Committee, there is room for improvement in terms of building genuine relationships between anchors and local businesses.⁶⁸ Currently MMDC is doing the work of finding vendors, yet is not able to track follow through within the institutions. Similarly, anchors are not directly involved in the work of building relationships with local vendors and rely on MMDC to facilitate introductions.

Another hurdle is data. Getting reliable purchasing data that can be compared across institutions is a currently a big lift. In the absence of real-time information, it’s challenging to identify causation between MMDC’s efforts and spending changes. It is also challenging to pinpoint which programmatic elements are having the most meaningful impact in helping anchors shift their business practices to be more interconnected with the local economy.

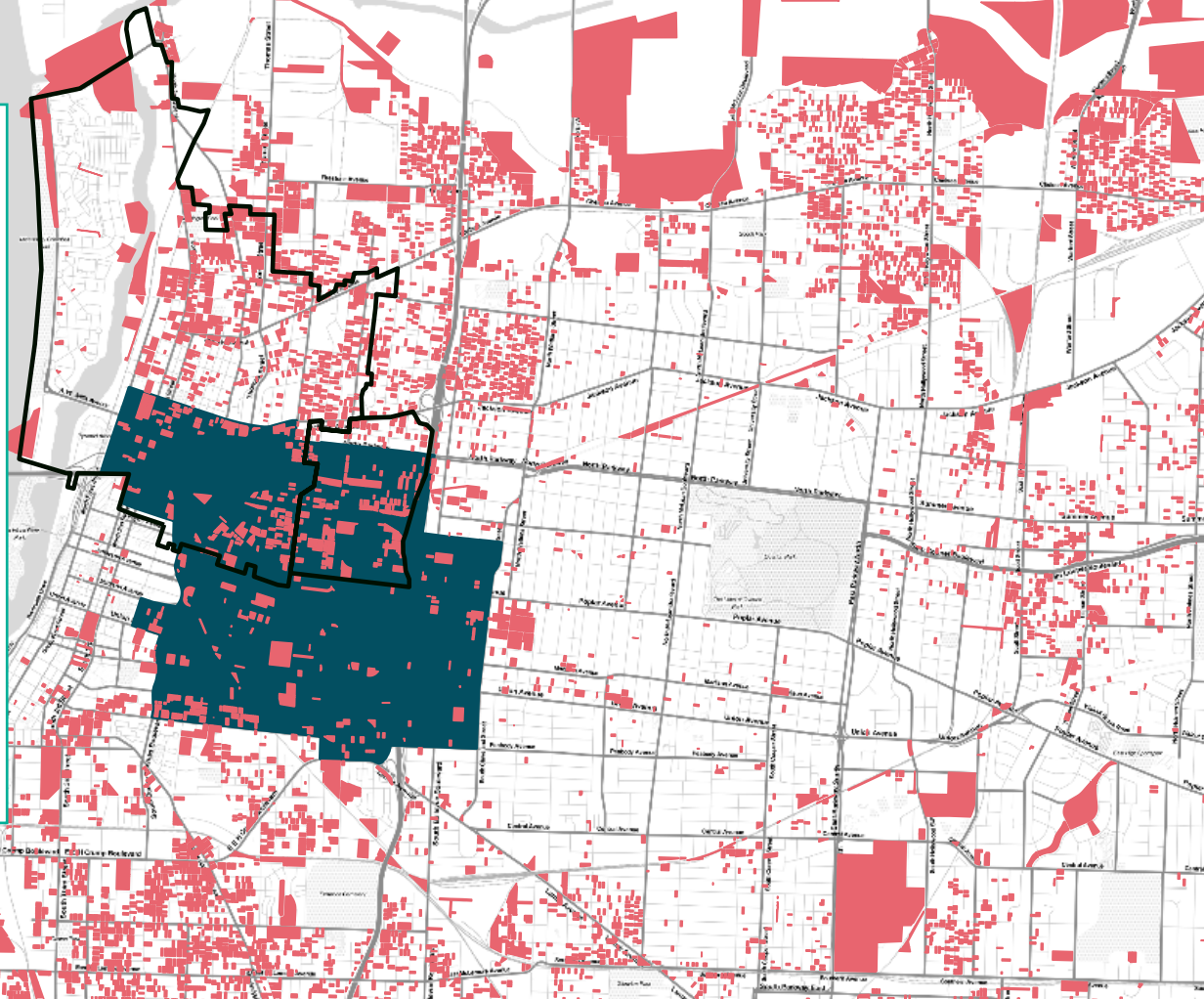
Many anchor staff members acknowledge that Buy Local is only at the first step of what will be a longer journey of learning and change in order to deepen institutional engagement with vendors as partners. In the words of one Buy Local Council member, “We’ve identified that it’s important to measure so we can increase spend in a particular area. I don’t know that we’ve achieved a level of success, but awareness has been created. We have a lot of great ideas. A lot of wonderful initiatives, but having the resources [internally and externally] to be able to follow through is key.”⁶⁹



Community members attend the kickoff meeting for Operation Opportunity, one of several programs designed to connect anchor purchasing to local minority- and women-owned businesses

- Medical District Boundary
- Uptown TIF Boundary
- Vacant or unoccupied property

In the corridors between the anchors within the TIF boundary, 35% of the lots are vacant, 22% of single-family homes, 25% of the multi-family homes, and 50% of commercial properties are dilapidated.⁷⁶



DEEP DIVE: UPTOWN TIF EXPANSION

An important example of MMDC’s ability to influence broader economic planning within Memphis is the story of the Uptown Tax Increment Financing (TIF) district. The Uptown TIF boundary originally extended to the northern border of the District, in close proximity to St. Jude Children’s Research Hospital.

Tax increment financing (TIF) sets aside property tax increases within a designated area to spend on projects within that area. As property values and thus property taxes rise within a TIF zone, the increase is set aside for redevelopment projects within the zone, such as fixing homes, spurring affordable housing development, and improving infrastructure and public space.⁷⁰

Uptown’s renaissance began in 1999 with the redevelopment of one of city’s largest public housing sites.⁷¹ In 2001, the Uptown Redevelopment Area was approved as an eligible TIF district to spur further growth and development in the area. In 2017, ALSAC, the fundraising

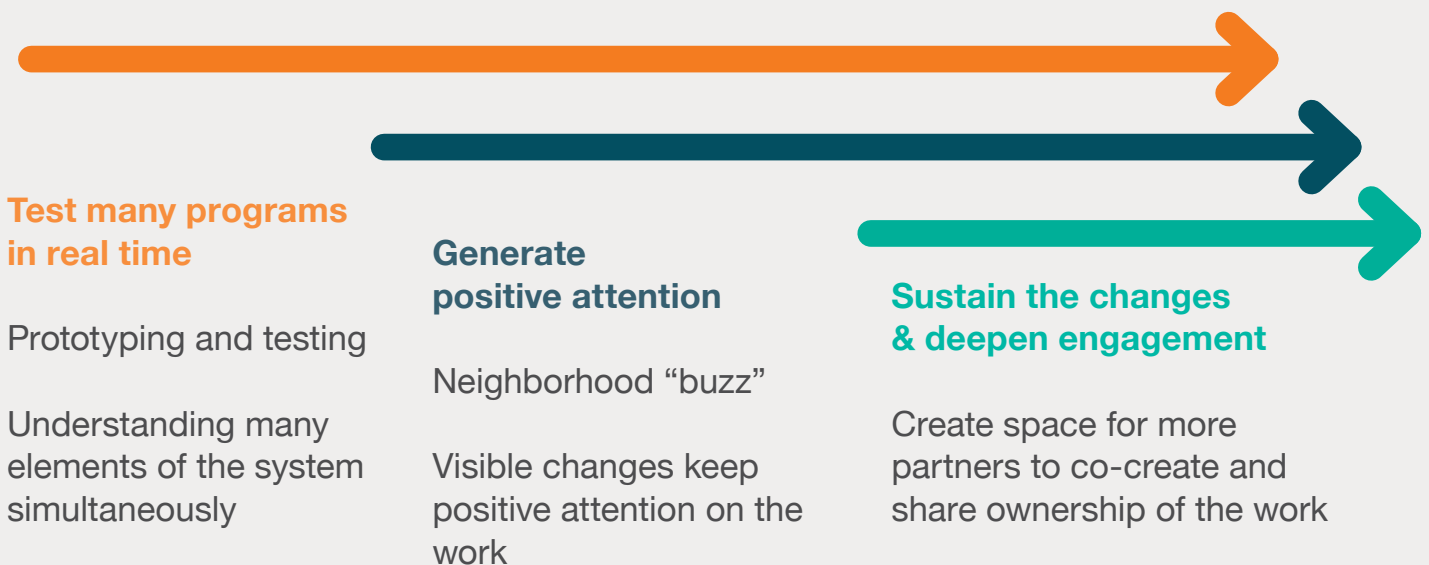
arm of St. Jude Children’s Research Hospital, in partnership with Le Bonheur Children’s Hospital, Neighborhood Preservation Inc., and MMDC, applied to renew and expand the area’s TIF district northeast towards the District.⁷² MMDC worked closely with partners and neighborhood residents on the application and to write the resolution that was ultimately adopted by both the Memphis City Council and the Shelby County Commission.⁷³

In making the case for the TIF expansion, ALSAC and Methodist LeBonheur note that though they are participants in MMDC’s Live Local strategy, there is insufficient housing in the area for those interested in living there.⁷⁴ After years of disinvestment, the proposed TIF expansion area is riddled with vacant lots, shuttered stores, and rundown buildings. St. Jude Children’s Research Hospital plans to invest \$1 billion in their campus through 2021 and MMDC’s partnership is helping leverage that investment and begin to fill in the gaps between and around the District.⁷⁵ The proposed TIF expansion supports the community in investing in the neighborhood alongside institutions in the area.

Resourcing, Testing, and Following Through: The Learning Agenda of MMDC's Programming

In taking a wide-ranging approach to community development, MMDC is able to measure success on multiple strategic levels. Quick wins, such as streetscape improvements, build momentum and enthusiasm for other programs that require more investment of time and resources. According to one planning partner, “I really think what they’ve done with the streetscapes has probably yielded the most change in the neighborhood.”⁷⁷ Having visible results maintains interest and visibility on the work while more complex strategies are being developed.

MMDC takes an agile approach to deploying its resources and centers the conversation on how to use the resources it has to test an idea in the real world, make a visible change in the District that is meaningful to multiple stakeholders, and learn what needs to happen next. “It is critical as an organization that we listen to our stakeholders. Part of the agile approach is collecting real-time and annual data to look at how we are doing and how employees, students, residents are responding to what we do.”⁷⁸



3. LESSONS LEARNED

Real-time experimentation and project execution has enabled MMDC and its partners to learn their way through the complexity of multi-stakeholder collaboration. In the words of one anchor staff member, “you have to bring along all stakeholders and it takes time to get everyone aligned.”⁷⁹

To this effect, one thing is clear about MMDC’s work to date: by taking a broad-reaching approach to strategy and priorities, MMDC found a way to add value and connect to a wide range of stakeholders. From long-time community members to new residents, from procurement officers to hospital CEOs, from community organizers to small business owners, people are experiencing a change in the district and MMDC is identified as the catalyst.

A positive shift in attention and intention in the District has not come without its challenges. While there is no clear pattern across stakeholder groups about where MMDC might shift its attention or focus its priorities, there are three themes that are broadly identified across stakeholder groups.

1) MMDC has effectively played the role of a convener, connector, and thought leader.

Across stakeholder groups there is a shared sentiment that the level of collaboration and coordination across the District would not be possible without MMDC taking an active role in connecting groups, individuals, and institutions and effectively deploying shared resources. Though some stakeholders question whether the

organization is overextended, MMDC’s execution of multiple pilot projects has brought new energy to the District and invited stakeholders to think bigger about what else could be achieved. Even though it is too early to see quantifiable progress on all projects, stakeholders feel a change and feel more connected.

2) Community voices and anchor institution voices must share leadership and show up as equal partners in shaping the work.

MMDC’s Board of Directors is a unique and critical asset in shaping the success of MMDC’s work. Of fourteen board seats, eight are made up of the Presidents and CEOs of anchor institutions. The remaining seats are comprised of representatives of neighborhood associations, the City of Memphis, the Downtown Memphis Commission, and key funders.⁸⁰

MMDC has fostered a strong sense of partnership and collaboration across institutions in the District, and this is evident in the consistent participation, candor, and curiosity exhibited by the Board. Acknowledging that the anchor leadership group is not fully representative of all voices in the District, MMDC actively solicits feedback and conducts surveys, and supports groups such as CTC in setting a table for community voice in neighborhoods that are not actively represented.

When asked about community participation and feedback, many community partners were quick to point out that, while strides

are being taken, not all voices within the District are equally represented in the conversation. When asked the same question, anchor staff rarely acknowledged or spoke of the voices that were missing at decision making tables.

A gap in awareness of this issue is itself not a problem. Rather, it clearly identifies a critical role for MMDC to continue to play: to broaden and deepen the circle of involvement and engagement at both the grassroots and grasstops. Continuing to support the work of partner organizations to bring absent community voices to the table in a meaningful and authentic way, and continuing to create opportunities for meaningful collaboration between institutions and residents are two sides of the same theme.

MMDC builds bridges between the grassroots and grasstops, but some stakeholders suggest a need for more “connective tissue” between residents and anchor staff at all levels. These connections will deepen a shared understanding that change can happen in powerful ways when the whole community is engaged as a system.

3) Participants in MMDC programs understand their piece of the puzzle, but feel disconnected from a broader theory of change.

Anchor staff touted the opportunity to create a resource network and build community with the staff of other institutions as a meaningful benefit of their involvement with MMDC. They also shared that the current format of the council structure of anchor programs had them feeling stuck in some ways. Council members were interested

in channeling more energy into collective strategy development instead of logistics or tactics that could be executed by staff.

Though it may seem minute, finding the meeting frequency and format that meets the unique needs of stakeholders contributes to feelings of success that keep the leaders of anchor programs wanting to be at the table. Now is the time to engage anchor staff to refocus and refresh council purpose and take stock of what the stakeholders need to get out of each interaction.

Many stakeholders strongly identified with the program area that they regularly participated in but, by in large, felt disconnected or unaware of the activities, successes, and struggles of other MMDC program areas. This phenomenon is amplified within anchor programs in particular, as large institutions are often structured for vertical program area communication rather than integrating and coordinating programs horizontally across the organization.

For example, participants in the Hire Local committee were aware of their own goals and objectives but had little to no knowledge of the work of the Buy Local committee (and vice versa), even though colleagues within their own institutions participated in that committee. Some stakeholders suggested that a more interdisciplinary approach to anchor councils might help them be a more effective partner, as they would be better informed about the work and direction of other councils.

Greater coordination across departments is not the only benefit of internalizing an anchor approach. As is common in organization change efforts of all types, initiation of an anchor strategy is often championed by the handful of individuals

most heavily involved in the work. This puts anchor strategies in a vulnerable position if key champions leave the organization or move into another role. To truly drive systemic change and to create a new normal for how business is done, anchor strategies within institutions need

to be more than individual passion and participation, and more than good will. By developing an internal, coordinated conversation about the anchor strategy, institutions empower their staff to live out the organization’s mission through the capacity of their individual roles.

What we heard...

These are very common examples of tensions that many anchors identify when working with place-based collaboratives. The following sections offer examples to help inform how anchors might approach these concerns in a proactive manner.

ANCHOR PROGRAM	WHAT HAS ANCHORS FEELING STUCK?	WHAT COULD UNLOCK GREATER POTENTIAL?
Buy Local	Vendor readiness	Target support to prepare potential vendors to compete for business opportunities with anchors.
Live Local	Limited supply of adequate housing	Accelerate creative real-estate development solutions, with particular focus on leveraging underused anchor institution property.
Hire Local	Limited pipeline of qualified talent in the District	Develop a deeper understanding of the barriers facing local communities in accessing employment, and deepen collaboration between local workforce organizations and anchor hiring staff in eliminating those barriers.

THE ATTRIBUTES THAT MAKE ANCHORS MEANINGFUL PARTNERS

Top Attribute	What does it look like?
Deep commitment and buy-in of top anchor leadership	<ul style="list-style-type: none"> Executive leadership is at the table to participate in strategy development and is willing to take ownership of the follow-through within their institution. Leadership assumes ownership for producing equitable and positive outcomes for the institution and surrounding community.
Engaged participation in anchor strategies and the community’s redevelopment	<ul style="list-style-type: none"> Leaders and staff embrace new processes and the rigor required to create change within institutions and on the ground within the District. The talents and resources of anchor institutions are put to use to tackle collective and individual pain points and opportunities. Institutions use anchor strategies as a tool to create value and execute the institution’s mission. Institutions demonstrate a willingness to be involved with the community as collaborators not just service providers.
Openness and willingness to work in new ways	<ul style="list-style-type: none"> Institutions listen, learn, and are open to new ways of doing business. Leaders and staff of institutions champion new ideas and execute with a sense of urgency.

INTEGRATING ANCHOR STRATEGIES WITHIN ANCHOR INSTITUTIONS: Sample structure for an anchor mission working group

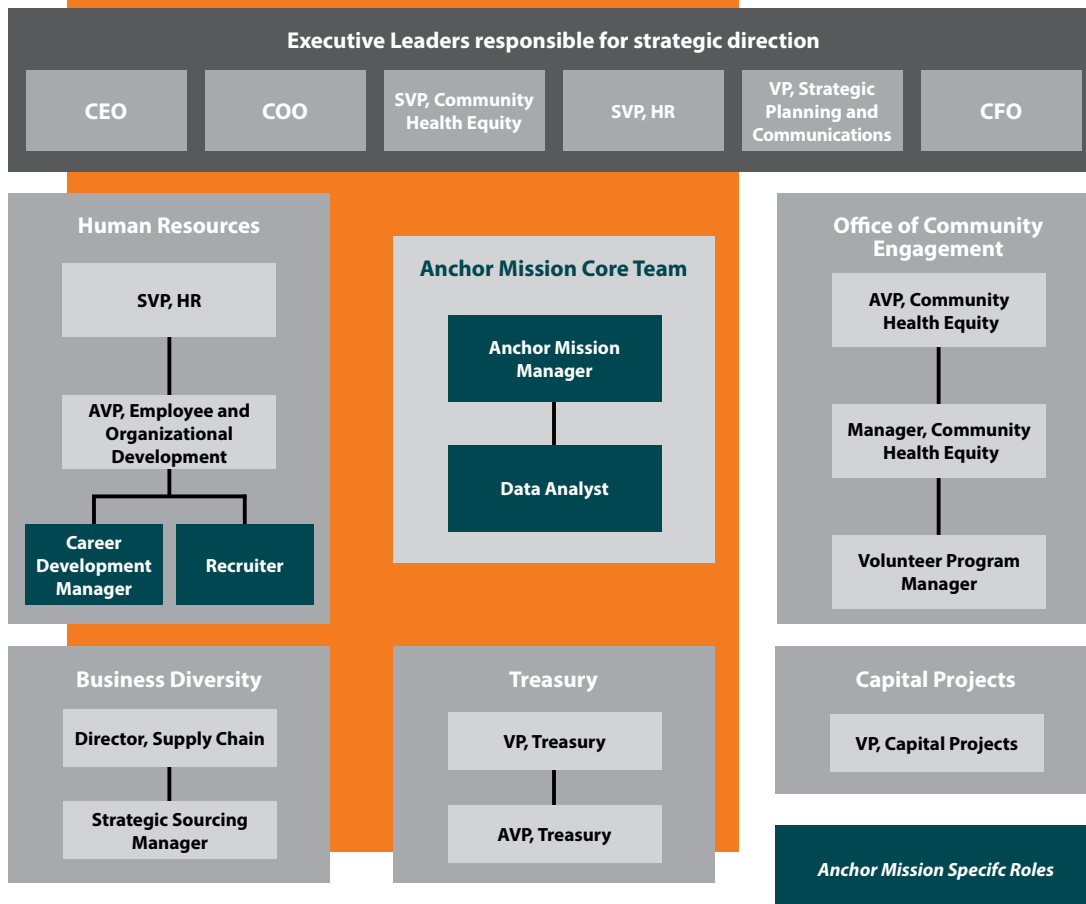
Acknowledging the need for internal change and coordination, some anchor institutions are taking the work of internal change very seriously within their institutions. Chicago’s Rush University Medical Center implemented an Anchor Mission Working Group to align its Anchor Mission efforts in a coordinated fashion, ensuring not only that resources are being utilized in the most effective way, but also that specific needs of departments and leaders are being met in the process.⁸¹

CREATIVE TENSIONS TO LEVERAGE IN MMDC’S WORK

When MMDC began its journey in 2016, it was equipped with baseline data that highlighted potential opportunities, funding to design and build programs, and stakeholders willing to take steps into the unknown together. Since that time, MMDC’s work has brought more clarity to which elements of the work are most valuable to different stakeholders. Multi-stakeholder collaboration allows for competing priorities to be discovered, named, and leveraged to create meaningful outcomes.

These dynamics are framed as creative tensions—not problems to be overcome, but dynamics that can be managed and leveraged toward greater impact. In this way, creative tensions become new, positive

assets for the group to leverage, giving name to dynamics that are difficult to see and plan around. The next section discusses four tensions identified by stakeholders, frames short and long term considerations for addressing those tensions, provides comparative examples of how this tension was managed in other anchor collaborative contexts, and introduces questions for consideration as MMDC continues to map its way forward.





TENSION 1:

Delivering long-term value for anchor institutions & Delivering long-term value for residents and community

The nuances of how to help MMDC's anchors in meeting their own immediate institutional needs, while simultaneously deeply investing in long-term opportunities in the District create a challenging balancing act. On the surface it can look as though the needs of anchor institutions and residents of the District are in total alignment. As powerful and catalyzing as streetscapes transformation, vibrant public spaces, facade improvements, and pedestrian-centric street design are, they are the first steps in a very long journey toward the creation of a district that works for all Memphians.

During its August 2018 meeting, MMDC's Board ranked MMDC's current initiatives according to both the value provided to their institutions and the value in achieving MMDC's long-term goals of strengthening the District. Placemaking initiatives such as streetscapes and public art were ranked as highest value in achieving MMDC's long-term goals in the community, while safety and real estate strategy were ranked highest in long-term value provided for the institutions. In contrast, anchor programs (Buy, Hire, Live) which focus on shifting economic assets, were ranked lowest for achieving long-term goals for the District, and ranked in the middle for value provided to the institutions. This viewpoint illustrates a disconnect in the perceived economic impact of anchor programs and the internal value proposition of place-based economic strategies. If anchor programs are not successfully operationalizing a local and inclusive use of economic assets, a foundational premise of an anchor strategy is put in jeopardy. Given that operational changes within organizations happen over a long period of time, it is critical that anchor institutions are committed for the long haul and that expectations are managed at all levels of the organizations.

Recommendation

Realign anchor engagement around a shared working goal with anchor staff as leaders in shaping the work.

Short-term considerations (tactical):

Build a shared understanding of the work. Hold facilitated workshops with each anchor program (Hire, Buy, Live) council to develop a shared (cross-institutional) goal they'd like to achieve.

Long-term considerations (strategic):

Involve content experts and context experts in the work. Anchor staff are content experts in their respective fields and well suited to represent their organization's needs. Consider ways in which community "context experts" such as business association representatives, minority business owners, and residents, might provide meaningful input into the work of anchor program councils. Regular feedback and continuous iteration, especially during a pilot phase, can help build programs that will truly meet the needs of all stakeholders.

Questions to consider:

How might anchor institutions and community residents more effectively share decision making ability in MMDC's work?

How can MMDC balance anchor institutions' cost-sensitive supply chain needs, while also meeting resident needs for meaningful, living wage employment and asset ownership?

What opportunities exist to support or encourage internal coordination at multiple levels within anchor institutions?

Why?

Each institution (and each individual) is coming to the table for different reasons. By developing and articulating a shared goal, everyone is able to move in the same direction, even if the work at each institution takes a different form.

Example (short-term):

In **Tacoma, WA**, higher education and healthcare anchors identified that, in their procurement departments, pursuing the lowest cost allowed them to better fulfill their mission to students and patients by efficiently using resources. Focusing on supporting local businesses was also mission-aligned, but sometimes came at an increased cost.

Collectively they identified that they want to move toward creating an expanded understanding of total cost that includes long-term consideration of the community. While the group did not identify in their initial meeting how they were going to specifically achieve this goal, they left with a shared definition for the procurement policies and practices that they would work to design together going forward.⁸²

Example (long-term):

Milwaukee JobsWork (MJW) is a workforce development organization whose mission is to address chronic unemployment and generational poverty in the city of Milwaukee, WI through providing a "comprehensive and effective pathway to self-sufficiency."⁸³

To do this, MJW leverages the buying power of anchor institutions by identifying opportunities to increase spending with their small business partners. MJW's Director of Employee Development also works closely with their hiring partners at each anchor institution and through these relationships has been able to make the hiring process more accessible.



A temporary sign marks the entrance to Edge Triangle Park during the first phase of its activation

TENSION 2:

Quick, visible wins & Long-term impact

A common theme that emerged from MMDC stakeholder interviews was the value of quick and tangible changes in the neighborhood. Placemaking, public art, storefront activation, and neighborhood events were well received and valued across stakeholder groups. These efforts are critical in catalyzing momentum, building engagement and buy-in, and demonstrating that MMDC shows up with sleeves rolled up and ready to do real work.

Yet these efforts are not where the work ends. MMDC also pursues long-term strategies, like economic revitalization, that are complex and often dependent on forces that may be out of one's immediate control. These longer-term strategies take time to unfold. In balancing priorities going forward, two challenges exist: balancing resources effectively and tying short and long-term efforts into a common narrative.

Focusing too heavily on long-term efforts at the expense of short-term ones can lead to burnout and disengagement as stakeholders become overwhelmed with the magnitude of change needed. Emphasizing short-term strategies to the detriment of long-term ones will prevent MMDC from building a narrative of economic equity and inclusion and ultimately making meaningful positive change for all community members.

Recommendation

Elevate the story of the moral imperative for this work.

Short-term considerations (tactical):

Articulate a powerful goal. In partnership with community stakeholders and the anchors, articulate a shared, powerful, and audacious goal or vision for the work.

Long-term considerations (strategic):

Seek scalable solutions at the intersection of anchor priorities and community priorities. Scalable solutions can be identified by mapping out current operational needs and pain points across institutions (cost, quality, retention, etc) in parallel with mapping current community needs and pain points (jobs, education, home ownership, transportation, etc). This may illuminate opportunities for greater economic impact and local community wealth building.

Questions to consider:

Are MMDC programs creating both long-term and short-term change? Are programs producing long-term change both within and outside of participating organizations?

Why?

MMDC's goal right now gets people to the table and meets people where their needs are. Who wouldn't want a more "livable, vibrant, and safe" community? A powerful, audacious goal pushes people's thinking about what is possible. It can be scary at times, but that too can be leveraged to keep the high stakes and high rewards top of mind for all participants.

Example (short-term): The anchor strategy in **New Orleans, LA** was catalyzed by the realization that 52% of African American men were unemployed.⁸⁴ Over the years, New Orleans' anchor strategy has changed shape many times, and has even moved from being coordinated within the Mayor's office to being coordinated through the New Orleans Business Alliance, but the moral imperative of the work has continued to serve as a powerful call to action to continue to bring stakeholders together to reduce barriers to employment.⁸⁵

Example (long-term): In Cleveland, OH, anchor institutions in the **Greater University Circle Initiative** identified local supply chain gaps and leveraged the scale of their purchasing power to create local jobs in a neighborhood with staggering rates of unemployment. Key examples include adding RFP requirements for vendors to open local distribution centers and create local jobs, and the development of the Evergreen Cooperatives, three worker-owned businesses specifically designed to meet anchor supply chain and service needs. These solutions help residents build assets and increase operational efficiency for anchor institutions.⁸⁶

Example (long-term): The work that the University of Pennsylvania did through the **West Philadelphia Initiative (WPI)** is often looked to as one of the first institutions to intentionally shift its assets into the local economy. WPI was extremely successful in revitalizing areas around the campus, which once shared many similarities with the Memphis Medical District. New residents and students moved into WPI developments rapidly. However WPI did not plan for its own success, and did not put measures in place early on to keep stability and affordability for current residents. As a result home values skyrocketed, leading to a shift in the racial demographics of the area.⁸⁷



TENSION 3:

Medical District priorities & City of Memphis priorities

By the very nature of its multi-pronged approach to economic development, MMDC acknowledges that there are many intersecting forces that contribute to urban disinvestment. While MMDC is well positioned to address many of these challenges through its existing program areas, it is impossible for a single community development organization to be all things to all stakeholders.

Just as there are no silver bullet solutions within MMDC's theory of change, as a place-based organization, MMDC cannot solve all of the system-wide challenges in the city of Memphis. For example, MMDC is not a public school system, nor is it a police force, nor a transportation department.

Moving forward, MMDC will have to continue to find its role as an advocate and partner with organizations that are working directly on these challenges, while keeping its core focus on interventions and programs that are solidly within its scope and role. In this way MMDC may, over time, become a conduit to address City-wide challenges on behalf of the District or mobilize the influential voices of anchor leaders to advocate the same to the City's leaders.

Treedom art installation
activates space and provides
an opportunity for people to
congregate in the District

Recommendation

Encourage anchor institutions, partner organizations, and the City to incorporate the goals (referred to in tension 1) into their own strategic planning. Build a narrative of shared accountability that contextualizes MMDC's role as a catalyst for achieving place-based institutional and City goals, not just the short-term problem solver of all complex economic issues throughout the City.

Short-term considerations (tactical):

Clarify focus & frame. Hold a discussion with key strategic stakeholders about what is in “focus” (i.e., the key areas that MMDC is directly working to move the needle on, such as increasing District housing stock) and what is in “frame” (i.e., the areas that are tangentially related, but not the direct work of MMDC, such as the need for quality public schools in the District) during the next 1-2 years. This can help clarify MMDC's role and clarify what is out of scope.

Long-term considerations (strategic):

Strengthen connections between institutional and civic strategic goals and MMDC strategic goals. Help anchor and civic partners to more clearly see this work as an essential component of achieving their own institutional objectives. Partner with key institutional and civic stakeholders to incorporate shared language around equity, inclusion, liveability, and place into the language of their strategic plans.

Questions to consider:

While many challenges might be tangentially related to MMDC's programs, which ones should be in focus, and which ones should be in frame?

Why?

Just as stakeholders spoke of deeper community engagement as an important element in MMDC's future, many stakeholders wondered how government might be engaged as a more active partner in the work. MMDC's model of multi-stakeholder engagement may prove to be a strategy that the City could support in other neighborhoods.

Example (long-term):

Recognizing that only 18% of jobs within Newark's largest employers, including hospitals and universities, were held by Newark residents, the Mayor's office launched the Newark 2020⁸⁸ initiative which strives to create 2,020 new jobs for Newark residents by 2020. Having set this goal, local anchors have had to push their creative thinking to achieve it. The focus is local employment, which provides a clear point of agreement for participants to channel resources toward.

Example (long-term):

In 2015, the Rochester-Monroe Anti-Poverty Initiative issued a progress report with the audacious goal of reducing poverty in the Rochester and Monroe County region by 50 percent over the next 15 years.⁸⁹

Their phased approach paved the way for the City of Rochester to establish its own Office of Community Wealth Building in January 2018 whose explicit goal is to achieve economic equality throughout Rochester through developing “policies that combine existing government programs with the business community, the non-profit sector and educational institutions to help city residents build personal wealth and achieve equal pay for equal work.”⁹⁰



TENSION 4:

MMDC owning and completing tasks & Taking the time to build institutional or community capacity to own and do the work

As a resourced organization with a visible track record of successful change, MMDC has established a reputation as the go-to organization in the District. MMDC has a well-organized staff that is ready to bring its creative problem-solving strengths to almost any challenge. One value of a strong backbone organization, such as MMDC, is the ability to not only get the work done but also facilitate broader ownership of the work that needs to be done by including many stakeholders. As MMDC continues to mature and evolve as an organization, it will continually confront the question of where it can and should structure programs so that they are built and executed collaboratively with staff from participating institutions, and when it is more important to execute quick, short term results.

People walking across an MMDC-activated intersection

Recommendation

Work in real time with institutional partners.

Why?

Partnership is critical to MMDC's work, and many programs are currently executed in full collaboration with stakeholders. However, larger institutions (such as the anchors and city government) are not engaging at a level that truly embeds the work at all levels within the organizations. Some stakeholders observed that institutional leaders express commitment to MMDC's efforts, but the work may not be getting prioritized or executed by other key individuals within the organizations.

Short-term considerations

(tactical): Make doing the work the focus of the group. Engage anchor program committee members in the design and execution of goals. Using the Buy Local example, committee members currently participate by voicing vendor needs as they arise, and receiving recommendations of vendor options. In this dynamic, most of "the work" is completed by MMDC out of sight of group members.

Long-term considerations

(strategic): Institutionalizing the work so that it goes beyond individuals. Over time, MMDC's current champions and partners will move into other roles or other organizations. Turnover can be a major setback to collaborative anchor work. It is important to ensure that institutions understand the value of their engagement so they can onboard new generations of collaborators.

Questions to consider: What work is MMDC uniquely positioned to execute, and where can/should anchor staff or community members take a direct role in moving projects forward with the coordinating support of MMDC?

How might staff in anchor institution business units, such as hiring and purchasing, take a stronger leadership role in designing programs and interventions? What institutional support would they need?

Example:

In the Healthcare Anchor Network (HAN), organized by The Democracy Collaborative, initiative groups from across institutions across the country work collaboratively to advance their shared goals. Initiative groups are built around topics ranging from "defining the organizational imperative" of anchor mission work to implementing local and inclusive hiring and purchasing strategies.⁹¹

At bi-annual in person convenings, these groups chart a 6-month plan for outcomes they'd like to achieve, and begin to prototype work products.

Over the next 6 months, they meet virtually and evolve their work products, then reconvene to evaluate where the work is at, and see where they need to go next. These convenings also serve as an opportunity to engage new members and build meaningful connections across organizations.

THE BALANCING ACT OF ANCHOR COLLABORATION: GOING BROAD AND GOING DEEP

MMDC has launched over 20 programs in two years. Some have been able to return quick, visible wins while others, particularly anchor programs and real-estate development, have required more infrastructure and partnership development before launching.

Breadth of programming builds a broad community of allies and advocates, and at this stage in MMDC's maturity, reducing the number of programs risks disengagement from certain stakeholders. However, failing to deliver long-term impact from institutions may lead to a perception that MMDC's work is superficial and not intent on systemic change.

Resource capacity, scope creep, and impact are common concerns in anchor collaboration. Some collaboratives begin their efforts by focusing very specifically on a cause such as local, inclusive procurement or hiring. Others focus broadly on inequalities on a city or neighborhood level. MMDC has placed itself in a position with the potential to achieve both—if priorities can be managed effectively. Keeping creative tensions in mind, MMDC can make informed choices about where, how, and to what end it deploys its resources. Periodic evaluation and reflection on what new tensions are showing up will be a beneficial practice for MMDC as its work continues to evolve and grow.



Participants in the
Emerging Developers Bootcamp

4. SUCCESS FACTORS FOR ANCHOR COLLABORATION

MMDC has built a vibrant web of engagement throughout the District and is well positioned to continue to support the work of many stakeholders. By securing stable funding for five years of action, testing, and learning, MMDC has been able to establish its presence, reputation, and trust within the community.

The launch of MMDC was made possible by the alignment of many factors. The table on the next page names six key ingredients for anchor collaboration observed by The Democracy Collaborative, describes what is possible through the presence of that ingredient, and contrasts that to the common collaboration pitfall that occurs when it is missing.

It is worth noting that while MMDC officially launched as an organization in 2016, its origin story goes back several years with regard to planning and data analysis. This paper does not assert that such a prolonged period of landscape analysis is an essential component of all anchor strategies. However, the objectivity and credibility of data, backed by the reputation and integrity of early funders and champions, were named as key factors in eliciting the initial commitment of many anchor institutions. Stakeholders across MMDC's partnerships alluded to one or more of the factors identified in the table as a critical for MMDC's anchor strategy.

It is important to note that in many ways MMDC is still in a startup phase, and just beginning to hit its stride. As Tommy Pacello

describes it, "This work is a marathon. At this point we've run a strong half mile. We still have the early buzz, haven't hit the hard parts yet, and there's so much work left to do."⁹² The social and economic disparities within the District did not form overnight, nor have they been overcome in two years. However, evidence of MMDC's integrity and intention have surfaced in these two years in ways that begin to answer the questions of whether MMDC's work is moving in the right direction, and whether the work is accelerating.

MMDC demonstrates its movement in the right direction through three key components:

- **Authentic partnership** in all activities. If there were any "secret sauce" at the core of MMDC's work it would be partnership. MMDC executes all of its work in collaboration or dialogue with a wide range of partners, and this effort is noticed and appreciated by stakeholders.
- **Building connection** between existing community organizations. Attending to community voices and striving to keep neighborhood and resident needs remain at the center of the conversation.
- **Continuous listening.** MMDC makes a concerted effort in all of its programming to elicit feedback and reactions from the community.

SIX KEY INGREDIENTS FOR ANCHOR COLLABORATION

INGREDIENT

CONTRIBUTION OF THIS INGREDIENT

COMMON PITFALLS WITHOUT THIS INGREDIENT

Trusted local champion with convening and funding capabilities

Ability to bring many resourced partners to the table in the spirit of trust and collaboration.

Skepticism and scarcity mindset: Large institutions are hesitant to risk vital resources or share openly with institutions that may be competitors.

High concentration of anchor institution economic activity

Resources and activities to drive and sustain the work.

Good will rather than interdependence: Initiatives remain philanthropy-dependent and fail to become institutionalized.

Buy-in and collaboration with key local leaders and partners

By securing the commitment of a wide array of local leaders, MMDC ensures that a diverse set of perspectives are shaping priorities.

Doing for rather than doing with: Large institutions mobilize resources without a deep understanding of the breadth of community priorities.

Meaningful data that validates the need and speaks to many audiences

Reliable third party support for data analysis and research can inform the work, in parallel with on the ground program implementation.

Analysis paralysis: Resources and bandwidth of local champions is tied up in collecting and interpreting data to the detriment of taking action. Data collection becomes the work, rather than supporting the work.

Inspirational stories from peer communities

Participants know a new way is possible and can point to tangible examples of what success can look like.

We're already doing all we can: It is unclear what success looks like, and stakeholders struggle to commit to ambitious goals.

Clearly defined geographic focus area

Developing a strong sense of place and building meaningful connections within the community.

Scope and mission creep: Without a specific community of intention, anchor strategies can become too generalized to be effective (general supply chain diversity), or the system becomes too large for program interventions to be effective (fixing all of the city's problems).

While these efforts are by no means perfect, MMDC's partnership and connection-building work are helping to amplify additional voices.

MMDC demonstrates acceleration through two key components:

- **Continuous visibility.** Through quick wins, public events, and giving a face to community redevelopment, MMDC builds invaluable social capital and keeps its work in the public eye.
- **Rapid iteration.** MMDC takes great care to generate meaningful projects, using a data driven approach. Yet while taking the time to get the intervention point right, MMDC does not let perfection get in the way of practice. Anchor collaboratives can easily get bogged down in identifying an initial project to focus on. By executing many small, reasonably feasible projects simultaneously, MMDC is able to deepen its knowledge of the system it is seeking to change.


LOOKING AHEAD

At this point in time MMDC has seen success, generated momentum, and shifted the conversation about what is possible in the District. How MMDC evolves into the future will depend largely on how it addresses and leverages creative tensions.

MMDC has an opportunity to lean into the trust that it has built and invite institutions and partners to deepen their involvement in the work. The opportunity is to move anchors beyond information sharing and begin to co-create game changing interventions that shift the way business

gets done in Memphis. An anchor strategy is more than an economic value proposition, and MMDC has proven that through collaborative use of resources, visible and meaningful change is possible. As it moves forward in the next two and a half years and beyond, MMDC is poised to help anchors visibly demonstrate that social justice and equity are core tenets of their institutional operations, not just outcomes of their community engagement programs.

For example, what would it look like for the District's anchors to include social impact in their purchasing criteria? Or to not only look at vacant land as a missed opportunity for employee housing, but rather to look at access to quality housing as a headline strategy for impacting the upstream social determinants of health? Or the reduction of single occupancy car commuting as a direct intervention in addressing childhood respiratory disease, with the added bonus of cutting institutional costs? Or to tell the story of home and land ownership as a targeted intervention in breaking the generational cycle of poverty?

Perhaps it would seem daunting for a single institution to attempt to address such daunting and systemic challenges alone, but MMDC is demonstrating that through authentic collaboration and partnership, the audacious is possible when it can be named, measured, managed and resourced. 

APPENDICES

APPENDIX 1: LIST OF STAKEHOLDERS INTERVIEWED OR ENGAGED IN THE DEVELOPMENT OF THIS CASE STUDY

Daniel	Ashworth	Design Associate	ALTA
Cynthia	Bardwell	Director, Accounts Payable and Purchasing	Methodist Le Bonheur Healthcare
Steve	Bares	President and Executive Director	Memphis Bioworks Foundation
Susannah	Barton	Program Manager	Memphis Medical District Collaborative
Scott	Blake	Executive Director	Victorian Village, Inc
Jim	Boyd	Executive Director	Pyramid Peak Foundation
Sara	Burnett	Director of Community and Public Relations	Methodist Le Bonheur Healthcare
Ricardo	Cervantes	Operations Manager	Memphis Medical District Collaborative
Rob	Clark	Chief Government Affairs Officer	St. Jude Children’s Research Hospital
Reginald	Coopwood	President & CEO	Regional One Health
Alex	Feldman	Vice President	U3 Advisors
Canby	Frazier	Manager, Strategic Sourcing	St. Jude Children’s Research Hospital
Janice	Frazier-Scott	Human Resources Generalist	Southern College of Optometry
Emily	Greer	Chief Administrative Officer	ALSAC/St. Jude Children’s Research Hospital
Sherman	Greer	Executive Assistant to the President for Government Relations and Athletic Director	Southwest Tennessee Community College
Sondra	Howell	Director of Workforce Development	Memphis Bioworks Foundation
Angela	Hughes	Manager, Community Affairs & Engagement	Regional One Health
J.R. “Pitt”	Hyde III	Founder and Trustee	Hyde Family Foundation
Chet	Jackson	Program Manager	Memphis Medical District Collaborative
Mariko	Krause	Program Associate	Memphis Medical District Collaborative

Sarah	Lockridge-Steckel	Chief Executive Officer	The Collective
Betty Sue	McGarvey	President	Baptist College of Health Sciences
Doug	McGowen	Chief Operating Officer	City of Memphis
Justin	Merrick	Executive Director	Center for Transforming Communities
Abby	Miller	Vice President	Memphis Medical District Collaborative
Vonesha	Mitchell	Program Manager	Memphis Medical District Collaborative
Tanja	Mitchell	Director of Neighborhood Sustainability and Chief Impact Officer	City of Memphis and Shelby County Community Redevelopment Agency
Andrew	Murray	Director of Planning and Community Development	City of Memphis and Shelby County Community Redevelopment Agency
Paulo	Nunes-Ueno	Consultant	Nunes-Ueno Consulting
Ian	Nunley	Program Officer	Hyde Family Foundation
Shea	O'Neill	Research Manager	U3 Advisors
Jennifer	Oswalt	President	Downtown Memphis Commission
Tommy	Pacello	President	Memphis Medical District Collaborative
Larissa	Redmond Thompson	Program Associate	Memphis Medical District Collaborative
Lewis	Reich	President	Southern College of Optometry
Chantel	Rush	Program Officer	Kresge Foundation
Sydney	Sepulveda	Program Associate	Memphis Medical District Collaborative
Rick	Shadyac	President & Chief Executive Officer	ALSAC/St. Jude Children's Research Hospital
Gary	Shorb	Executive Director	Urban Child Institute
Teresa	Sloyan	President	Hyde Family Foundation
Leanne	Smith	Vice President, Financial and Business Services	Baptist College of Health Sciences
Taylor	Smith	Program Associate	Memphis Medical District
Lauren	Taylor	Senior Program Director	Hyde Family Foundation
Michael	Ugwueke	President & Chief Executive Officer	Methodist Le Bonheur Healthcare
Brandon	Welford	Chief Financial Officer & Director of Real Estate	Memphis Bioworks Foundation
Don	Wideman	Director, Materials Management	St. Jude Children's Research Hospital

APPENDIX 2: THE DEMOCRACY COLLABORATIVE & INNOVATE MEMPHIS ORGANIZATIONAL OVERVIEWS

The Democracy Collaborative

The Democracy Collaborative was established in 2000 to advance a new understanding of democracy for the 21st century, built on place-based, inclusive economic development initiatives that contribute to the broad well-being of communities. The Collaborative is a national leader in the field of community-based economic development through our Community Wealth Building Initiative, initiated in 2005. In our work, we aim to develop long-term, collaborative initiatives that leverage anchor institution financial flows to build wealth and ownership and create jobs, in low-income communities.

Our marquis project has been the Evergreen Cooperative Initiative in Cleveland, Ohio. In partnership with The Cleveland Foundation, the Ohio Employee Ownership Center at Kent State University, and many of Cleveland's major health and educational anchor institutions, the Collaborative designed and helped implement a comprehensive wealth building effort in

six low-income neighborhoods whose centerpiece is a network of community-based businesses—organized as worker cooperatives—that employ hundreds of local residents.

Over the past decade, The Democracy Collaborative has become the nation's preeminent strategist, consultant, knowledge source, and theorist within the Community Wealth Building field. Our staff puts decades of experience in cutting edge community development, shared ownership strategies, asset-building programs and local institutional procurement models to work for your community. Together with our network of allied consultants in impact investing, social enterprise capital formation, cooperative development, employee ownership, anchor institutions and community finance, The Democracy Collaborative offers a uniquely comprehensive and rigorously field-tested set of programs for transformative community wealth building.

democracycollaborative.org

Innovate Memphis

Innovate Memphis is a 501(c)(3) nonprofit that develops and delivers bold solutions to some of the most pressing urban challenges in Memphis. Innovate Memphis brings together government, business, community leaders and citizens to address long-standing civic issues. We believe that innovation ignites change for the greater good, and we strive to deliver sustained change that builds a more equitable and sustainable future for all Memphians.

Our innovation team currently works on transportation and mobility, solid waste management, blight mitigation, community investment models and capacity development, parks advocacy, and emergency medical services. Innovate Memphis previously incubated MEMFix, MEMShop, and

MEMMobile and other neighborhood economic vitality programs, as well as the 901 B.L.O.C. Squad and Safe Summer programs on youth gun violence reduction.

The collaborative environment of our work ties us closely to key leaders and stakeholders in transportation, sustainability, comprehensive planning, public space, land use, and solid waste management. We provide expertise in each stage of our innovation process: research, ideation, prototyping and delivery. We conduct robust community engagement to ensure our solutions are designed by and appropriate for Memphis. We include a strong equity component as we ensure that communities of color and low income communities serve as stakeholders and assets.

innovatememphis.com

ENDNOTES

1. For area, see: “Memphis Medical District Collaborative Annual Report,” (Memphis: Memphis Medical District Collaborative, 2016); For history, see: Susan Masolino, “Cultural Resources Survey of The Medical District,” Memphis Heritage, accessed September 19, 2018, <http://www.memphisheritage.org/the-medical-district/>.
2. “Memphis Medical District Collaborative Annual Report,” (Memphis: Memphis Medical District Collaborative, 2016), 6.
3. For 1970, see: U.S. Census Bureau, “1970 Census of Population Volume 1 Part 44 Characteristics of the Population - Tennessee,” <https://www2.census.gov/library/publications/decennial/1970/population-volume-1/00496492v1p44ch03.pdf>, Table 16, 44-44.
4. For population increase, see: U.S. Census Bureau, “Profile of General Population and Housing Characteristics: 2010 Demographic Profile Data”, https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=DEC_10_DP_DPDP1&src=pt.
5. “Population of annexations by the City of Memphis, 1819-2000,” Shelby County Government, accessed September 20, 2018, [https://shelbycountyttn.gov/DocumentCenter/View/19599/Memphis-Annexations-1819---2000-populations-and-U.S.-Census-Bureau,-Population,-Housing-Units,-Area,-and-Density:-2010-State-Place-and-\(in-selected-states\)-County-Subdivision-2010-Census-Summary-File-1](https://shelbycountyttn.gov/DocumentCenter/View/19599/Memphis-Annexations-1819---2000-populations-and-U.S.-Census-Bureau,-Population,-Housing-Units,-Area,-and-Density:-2010-State-Place-and-(in-selected-states)-County-Subdivision-2010-Census-Summary-File-1).”
6. U3 Advisors, “Memphis Medical Center District Anchor Strategy Opportunity Analysis,” presentation slides, December 17, 2014, 7-8.
7. U3 Advisors, “Memphis Medical Center District Anchor Strategy Opportunity Analysis,” presentation slides, December 17, 2014, 13-14.
8. Institutional Data, 2018.
9. U.S. Census Bureau, Population Division, “Annual Estimates of the Resident Population for Incorporated Places of 50,000 or More, Ranked by July 1, 2017 Population: April 1, 2010 to July 1, 2017,” <https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk>, Release Date: May 2018.
10. WHEREweLIVEmidSouth.org, percent change total population 2015-2017, select census tracts (24, 25, 36, 37, 38, 39, 113), <https://drive.google.com/open?id=1BjOKDftLI6hDbNjPOKV7NoWawsmCZhlh>.
11. U.S. Bureau of Labor Statistics, “All Employees: Trade, Transportation, and Utilities in Memphis, TN-MS-AR (MSA) Thousands of Persons, Seasonally Adjusted” & “All Employees: Manufacturing in Memphis, TN-MS-AR (MSA)” retrieved from FRED, Federal Reserve Bank of St. Louis, <https://fred.stlouisfed.org/graph/?id=SMU47328204300000001SA,MPHMFG,MPHEDUH>, accessed September 14, 2018.
12. U.S. Bureau of Labor Statistics, “All Employees: Education and Health Services in Memphis, TN-MS-AR (MSA) Thousands of Persons, Seasonally Adjusted,” retrieved from FRED, Federal Reserve Bank of St. Louis, <https://fred.stlouisfed.org/series/MPHEDUH>, accessed September 14, 2018.
13. “Overview,” UT - Baptist Research Park, accessed August 29, 2017, <http://www.utbaptistresearchpark.com/location/overview>.
14. “Learn More,” The Greater Memphis Medical Device Council, accessed August 29, 2018, <http://www.gmmdc.org/learn-more>.
15. Definition from: Tyler Norris and Ted Howard, “Can Hospitals Heal America’s Communities? All in for Mission” is the Emerging Model for Impact” (Takoma Park, MD: The Democracy Collaborative, 2015), 12.
16. U3 Advisors is a national consulting practice that offers real estate and economic development solutions centered around anchor institution strategies.
17. “Organization History,” Midtown Detroit, <http://midtowndetroitinc.org/who-we-are/history>, accessed October, 2018.
18. “Organization History,” Midtown Detroit, <http://midtowndetroitinc.org/who-we-are/history>, accessed October, 2018.
19. Dates and timelines sourced from MMDC and HFF interviews and internal documents.
20. Tommy Pacello, interviewed by Nidia Logan-Robinson and Danny Fisher Bruns, August 2, 2018.
21. Memphis Medical District Collaborative Start-up Grant Application, Hyde Family Foundations, November 17, 2015.
22. Tommy Pacello, interviewed by Nidia Logan-Robinson and Danny Fisher Bruns, August 2, 2018.
23. Abby Miller, Interviewed by Danny Fisher-Bruns. March 23, 2018, Notes.
24. “Memphis Medical District Collaborative Annual Report,” (Memphis: Memphis Medical District Collaborative, 2016).
25. “Memphis Medical District Collaborative Annual Report,” (Memphis: Memphis Medical District Collaborative, 2017), 15.
26. Betty McGarvey, Interviewed by Danny Fisher-Bruns & Nidia Logan-Robinson, Sep 6, 2018. Notes.
27. Memphis Medical District Collaborative, “A Case Study in Placemaking: Edge Triangle - Memphis, TN.”
28. Tanja Mitchell. Interviewed by Danny Fisher-Bruns & Nidia Logan-Robinson. Aug 1, 2018. Notes.
29. “Memphis Medical District Collaborative Annual Report,” (Memphis: Memphis Medical District Collaborative, 2016), 21. “Memphis Medical District Collaborative Annual Report,” (Memphis: Memphis Medical District Collaborative, 2017), 19.
30. Memphis Medical District Collaborative, “Event Grant Deep Dive,” presentation, Jan 9, 2017.
31. Memphis Medical District Collaborative, “Event Grant Deep Dive,” presentation, Dec 18, 2017.
32. “2017 KPI Report,” (Memphis: Memphis Medical District Collaborative, 2017).

33. “Memphis Medical District Collaborative Annual Report,” (Memphis: Memphis Medical District Collaborative, 2016), 21-23.
34. Emily Greer, Interviewed by Nidia Logan-Robinson. Aug 28, 2018. Notes.
35. 2017 Memphis Medical District Collaborative Engagement Survey Report, January 26, 2018.
36. Betty McGarvey, Interviewed by Danny Fisher-Bruns & Nidia Logan-Robinson, Sep 6, 2018. Notes.
37. Betty McGarvey, Interviewed by Danny Fisher-Bruns & Nidia Logan-Robinson, Sep 6, 2018. Notes.
38. 2017 Memphis Medical District Collaborative Engagement Survey Report, January 26, 2018.
39. 2017 Memphis Medical District Collaborative Engagement Survey Report, January 26, 2018.
40. “Memphis Medical District Collaborative Annual Report,” (Memphis: Memphis Medical District Collaborative, 2016), 22.
41. Justin Merrick. Interviewed by Danny Fisher-Bruns & Nidia Logan-Robinson. August 1, 2018. Notes.
42. “2017 KPI Report,” (Memphis: Memphis Medical District Collaborative, 2017), 4.
43. “Memphis Medical District Collaborative Annual Report,” (Memphis: Memphis Medical District Collaborative, 2016), 26.
44. Vonesha Mitchell. Interviewed by Danny Fisher-Bruns 10/2/2018. Notes.
45. MMDC 2018 Logic Model.
46. Tommy Pacello and Abby Miller, written communication, September 20, 2018.
47. Memphis Medical District Collaborative, Southern College of Optometry Investment Report, February 2018, 8.
48. Janice Frazier-Scott. Interviewed by Nidia Logan-Robinson. Aug 7, 2018. Notes.
49. Memphis Medical District Collaborative Annual Report 2017, 23.
50. Dee-Dee Huang, “Revitalizing Memphis,” Presentation Slides for Community LIFT, 2017.
51. Chet Jackson, interviewed by Danny Fisher-Bruns, Justine Porter, and De’Sean Weber. Aug 15, 2018. Notes.
52. MMDC AIC EIUpdate (memo to the board) Aug 13, 2018.
53. Tanja Mitchell. Interviewed by Danny Fisher-Bruns & Nidia Logan-Robinson. Aug 1, 2018. Notes.
54. MMDC AIC EIUpdate (memo to the board) Aug 13, 2018.
55. “Anchor Programs Framework: Hire Local,” internal presentation, February 2017, 7.
56. “Anchor Programs Framework: Hire Local,” internal presentation, February 2017, 11-32.
57. Memphis Medical District Collaborative Annual Report 2017, 24.
58. (<https://hirelocal901.com/>)
59. Elle Perry, “Medical District launches job portal,” Memphis Business Journal, June 18, 2018, <https://www.bizjournals.com/memphis/news/2018/06/18/medical-district-launches-job-portal.html>. The portal can be accessed at: <https://hirelocal901.com/>.
60. Sondra Howell, Interviewed by Nidia Logan-Robinson. Aug 8, 2018. Notes.
61. U3 Advisors, “Medical Center Anchor Strategy”, presentation to the Hyde Foundation, May 2015, 8.
62. 2017 Memphis Medical District Collaborative Engagement Survey Report, January 26, 2018.
63. Memphis Medical District Collaborative, “Live Local Medical District: Program Evaluation,” presentation, March 1, 2018, 7.
64. Memphis Medical District Collaborative, “Live Local Medical District: Program Evaluation,” presentation, March 1, 2018, 16.
65. 2017 MMDC Logic Model.
66. U3 Purchasing Data, 2018.
67. Cynthia Bardwell, interviewed by Danny Fisher-Bruns and Nidia Logan-Robinson, Aug 6, 2018. Notes.
68. Larissa Redmond-Thompson, interviewed by Danny Fisher-Bruns and De’Sean Weber, Aug 17, 2018. Notes.
69. Cynthia Bardwell, interviewed by Danny Fisher-Bruns and Nidia Logan-Robinson, Aug 6, 2018. Notes.
70. “Tax Increment Financing,” Roadmap to Tax Increment Financing, (Nashville: Tennessee Comptroller of the Treasury, September 2012) http://www.comptroller.tn.gov/repository/NR/4_PageRoadmap.pdf, 2.
71. “Memphis, TN FY 2000 Hope VI Revitalization Grant,” Department of Housing and Urban Development, accessed September 3, 2018 <https://archives.hud.gov/news/2000/pdf/memphis.pdf>.
72. “Uptown TIF Phase 2 and Expansion Area Community Application,” submitted by ALSAC/St Jude, Methodist LeBonheur to Memphis/Shelby County Community Redevelopment Agency, June 1, 2017, Community Redevelopment Plan for the Uptown Area,” Shelby County Government, accessed September 3, 2018, 3, <http://www.shelbycountyttn.gov/DocumentCenter/View/29999/Application-1?bidId=>.
73. Tommy Pacello and Abby Miller Interviewed by Danny Fisher-Bruns & Nidia Logan Robinson Aug 2, 2018. Notes.
74. “Application,” Shelby County Government, accessed September 3, 2018, 3, <http://www.shelbycountyttn.gov/DocumentCenter/View/29999/Application-1?bidId=>.
75. “St. Jude to develop \$412 million research center to advance discovery,” <https://www.stjude.org/media-resources/news-releases/2018-medicine-science-news/new-st-jude-research-center-to-advance-discovery.html>, February 19, 2018.
76. “Uptown TIF Phase 2 and Expansion Area Community Application,” submitted by ALSAC/St Jude, Methodist LeBonheur to Memphis/Shelby County Community Redevelopment Agency, June 1, 2017, Community Redevelopment Plan for the Uptown Area,” Shelby County Government, accessed

- September 3, 2018, 3. <http://www.shelbycountyttn.gov/DocumentCenter/View/29999/Application-1?b-IdId=>.
77. Daniel Ashworth. Interviewed by Nidia Logan-Robinson. Aug 7, 2018. Transcript.
 78. Abby Miller, comment.
 79. Sara Burnett, Interviewed by Nidia Logan-Robinson, Aug 20, 2018. Notes.
 80. “Board of Directors,” Memphis Medical District Collaborative, accessed October, 2018, <https://www.mdcollaborative.org/mission-vision-goals-1/>
 81. Shweta Ubhayakar et al., “Anchor Mission Playbook,” (Chicago, IL and Washington, DC: Rush University Medical Center and The Democracy Collaborative, August 2017), <https://democracycollaborative.org/content/anchor-mission-playbook>, 13.
 82. “Establishing an Anchor Network in Tacoma” (Washington, DC: The Democracy Collaborative, 2018).
 83. “Why We’re Here,” Milwaukee JobWorks, accessed October, 2018, <https://www.milwaukeejobwork.org/why-were-here>.
 84. “Mayor Landrieu Announces Economic Opportunity Strategy For Disadvantaged Job Seekers And Businesses,” City of New Orleans Mayor’s Office Press Releases, September 9, 2014, <https://www.nola.gov/mayor/press-releases/2014/20140909-economic-strategy/>.
 85. “Landrieu Announces New Business Model For Economic Development Delivered By NOLABA,” New Orleans Business Alliance, Accessed October, 2018.
 86. David Zuckerman and Katie Parker, “University Hospitals,” Hospitals Aligned for Healthy Communities, (Washington, DC: The Democracy Collaborative, 2015), <https://hospitaltoolkits.org/purchasing/case-studies/university-hospitals/>.
 87. Jarrid Green, “Community Control of Land & Housing: Exploring Strategies for combating displacement, expanding ownership, and building community wealth,” (Washington, DC: The Democracy Collaborative, August 2018), <https://democracycollaborative.org/community-control-of-land-and-housing>.
 88. Salvador Rizzo, “Baraka Launching ‘Newark 2020’ Jobs Program,” The Observer, April 25, 2017 <https://observer.com/2017/04/baraka-launching-newark-2020-jobs-program/>.
 89. Rochester-Monroe Anti-Poverty Initiative at United Way of Greater Rochester, “Progress Report: A Roadmap for Change,” (Rochester: United Way, September, 2015), https://www.uwrochester.org/UWGR/media/Connect/RMAPI_progress-report_readers_spreads_lowres_5.pdf, 5.
 90. “News Release - Mayor Warren Announces New Office Of Community Wealth Building,” City of Rochester, January 25, 2018, <http://www.cityof-rochester.gov/article.aspx?id=21474837000>; “Mayor’s Office Of Community Wealth Building,” City of Rochester, accessed October, 2018, <http://www.cityofrochester.gov/wealthbuilding/>.
 91. “About the Healthcare Anchor Network,” Healthcare Anchor Network, accessed October 2018, <https://www.healthcareanchor.network/>.
 92. Tommy Pacello, Telephone conversation Sept 20, 2018. Notes.



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mdcollaborative.org

Mural:
Brandon Gaia Marshall
brandongaiamarshall.com