



Stakeholder Health

Transforming Health Through Community Partnership

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Hospitals and Housing

Because of the link between the availability of healthy housing and health outcomes, some hospitals and health systems have started their own housing programs designed to make high quality, affordable housing available to low-income, high-risk populations.



Hospitals and Housing

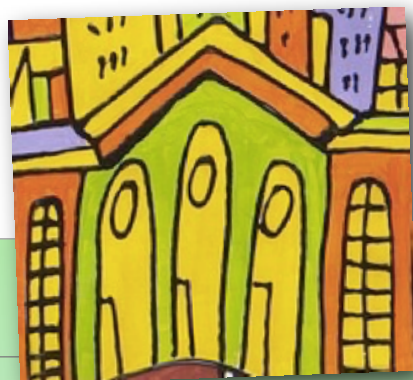


TABLE OF CONTENTS

2. **Bon Secours Baltimore Health System makes Housing a priority for 30 years**
5. **A Hospital Helps Revitalize the Community Outside Its Walls: Q&A with George Kleb and Christine Madigan**
9. **Mayo Clinic Continues Tradition of Investing in Healthy Housing**
11. **Links: Hospitals and Housing**

A Thirty-Year Commitment to Housing

Bon Secours Baltimore Health System: making housing a priority for close to 30 years

By Les Gura

Bon Secours Baltimore Health System is located in the heart of southwest Baltimore, a residential neighborhood that in the late 1980s faced the flight of its middle class population and a deteriorating neighborhood around its hospital. Despite that, Bon Secours Baltimore chose at the time to invest \$30 million in a new hospital wing, a huge commitment to imaging, inpatient and outpatient units, new operating rooms and ambulatory surgeries.

It turned out to be a flop.

Rather than drive patient volume, the hospital continued to struggle, says George Kleb, who today is executive director of housing and community development for Bon Secours Baltimore. But it was hardly the end.

Bon Secours officials noticed that one initiative they had begun in the late 1980s was doing well. It was a small housing



development for senior citizens and the disabled on moderate incomes, backed by government vouchers for rental assistance and supporting services.

From that small program, Bon Secours, then a 208-bed community hospital, began a remarkable transformation. Today, the Bon Secours Baltimore hospital has 88 beds and sits amid 649 units of housing for all ages (with plans to grow to about 1,200 units) operated by the health system, which also offers an array of community services to residents of those units and the community at large.

What's needed on the street?

"The Sisters of Bon Secours came to this part of Baltimore back in the 1880s," Kleb says, "and they didn't even open a

hospital until 1919. They were here for almost 40 years being involved in all aspects of life in the community. The first thing they opened, in 1907, was a day care center.

"So it's always been more holistic with Bon Secours. The roots of the ministry are very much 'What's the need on the street?'"

What Bon Secours officials realized was that to succeed as a health care organization in their location required a strong commitment on their part, as well as outreach both to government agencies and private partners who could assist them. Bon Secours joined with Enterprise Community Partners, an organization that builds affordable housing nationally, on the construction and renovation of homes and apartments.

Housing and key services

Another key piece was connecting with people in the community, who understood the true needs in an area where income was down and property values were declining. Residents were part of the team that addressed and helped develop programs seen as crucial to the success of the new housing.

Over five years, Bon Secours Baltimore acquired nearly two-thirds of the 101 vacant houses in the immediate three blocks leading to the hospital. It also acquired a small, vacant former school building.

Thus began a long, slow climb to making the neighborhood more vibrant, providing affordable housing to those strug-

gling to succeed and offering the key services that people sought to achieve better health.

The Community Works program was borne out of the desire to address the needs of those in the community, whether they were living in Bon Secours housing or not. Today there is a family support center, community services, a women's resource center, neighborhood revitalization, workforce development, and clean and green programs associated with Community Works. And the program occupies the space—leveled and rebuilt—once occupied by the former school.

Partnered with the community

“There was definitely realization early, even before we launched, that we were going to have to be comprehensive,” Kleb says. “We’re a community hospital; our emergency room is on a residential street. We can look out our window and see other peoples’ living room windows and they can look out there and see us.

“It’s not like we never addressed those issues before, but this was a big piece of what we tried to do. The idea of buying that old school was to provide some services that we don’t provide at the hospital.”

One benefit of operating housing is that by providing a stable home environment, Bon Secours Baltimore can begin working on other factors that affect quality of life, and thus health, Kleb says.

Over the years, care management through Bon Secours has evolved to address long-term, chronic diseases such as diabetes and obesity. Services initiated with the hospital for those who use Bon Secours

Baltimore Health System include case management and continuous treatment to try to ensure better long-term health outcomes. For example, the hospital helps patients make connections with pharmacies to ensure people receive the prescriptions they need and that they take medicines as prescribed.

The idea of a hospital getting into the housing business began long ago for Bon Secours. But Kleb says the success of Bon Secours Baltimore with its program isn’t necessarily because its leaders were visionary.

“What we didn’t anticipate was how the health care delivery system would change. Back then, reimbursement was based on getting people in beds; now it’s about keeping people healthy.

“You can never look into a crystal ball and predict what’s going to happen,” he says. “When you make a commitment to a partner and follow it, you go where it takes you.



A Hospital Helps Revitalize the Community Outside Its Walls: Q&A with George Kleb and Christine Madigan

Over the last few months, NewPublicHealth has reported on initiatives of the participating members of Stakeholder Health, formerly known as the Health Systems Learning Group. Stakeholder Health is a learning collaborative made up of more than 40 organizations, including 36 non-profit health systems that share innovative practices aimed at improving health and economic viability of communities.

*One Stakeholder Health member is the **Bon Secours Baltimore Health System in Maryland**, whose Community Works initiative helps improve the lives of the people in one of the poorest neighborhoods in the city. Bon Secours Baltimore is part of a national health system founded by the Sisters of the Order of Bon Secours.*

Bon Secours engaged the community before embarking on projects and have created programs aimed at improving the community's health through services that include the hospital, community clinics and visiting nurse programs, as well as housing, GED and financial literacy programs and revitalization programs.

The ambitious housing program will ultimately provide more than 1,000 units of affordable housing in the streets just around the hospital.

Bon Secours' partner in its housing program is Enterprise Community Partners Inc., which builds affordable housing throughout the United States. NewPublicHealth recently visited the Bon Secours housing and services sites in Baltimore and spoke with George Kleb, executive director Bon Secours Health System, and Christine Madigan, senior vice president of development at Enterprise Homes.

NewPublicHealth: When did the housing program begin?

George Kleb: Bon Secours here in Baltimore has been developing and operating housing since 1988. We started by developing a couple of senior buildings through a U.S. Department of Housing and Urban Development (HUD) program. Both buildings had been schools that were part of the surplus capacity in Baltimore. The HUD program serves people who are elderly, disabled, or very low income. There was a clear need and so we pursued that, and that was the start of our reach into housing. Then in the '90s we began work on housing really in line with a neighborhood revitalization strategy attached to our presence in the neighborhood of Southwest Baltimore. There was an area of West Baltimore



Street, which is the street the hospital is on, that had become largely vacant. Two-thirds of the units in the three blocks leading up to the hospital were empty and we acquired 31 of those buildings and started a project we now call Bon Secours Apartments. We renovated three-story Victorian row homes into affordable apartments, and that's when we started working with Enterprise. That's a relationship that goes back to the mid-1990s.

NPH: What is Enterprise's role?

Christine Madigan: Enterprise Homes is an affordable housing and workforce housing developer. We were particularly interested in opportunities with Bon Secours because it is located in an area of real need and provided us with a partner that shares similar values and mission. Our role has changed over time, but when Bon Secours first came to us, Enterprise assisted with everything from getting the properties and titles and permits to structuring the financing to overseeing design and construction. Over time, that has changed as Bon Secours has built its own development capacity. So now Bon Secours handles the engagement with the local community, all of the local support requirements with local government and financing applications, and also participates in the entire design/development process with us. When the developments are completed, they own and operate the properties, so they provide ongoing asset management once the lease—which they



also oversee—is complete. Our primary functions are the financial structuring and negotiations, construction and design oversight, and accounting as the construction moves through the process.

NPH: How many units does Bon Secours now have in Baltimore and what are the future housing goals?

Kleb: We have 648 units of housing in operation. There are six senior disabled apartment buildings and 59 that are row homes that we've renovated for apartments for families, so 119 units of the housing is family housing and 530 units are senior/disabled. We're also working on an apartment building for families that will hopefully start construction around this time next year.

We'd like to approximately double the number of units that we have to about 1,100 to 1,200 units.

NPH: What support have you gotten from the city of Baltimore and the State of Maryland?

Kleb: The city and the state have been strong partners on the financing side as well as zoning approvals and overall support. They're very supportive because we already have a strong presence in the neighborhoods we serve because of the hospital. And from a neighborhood stabilization/revitalization standpoint, we provide millions of dollars of capital investment. Every single one of our projects, whether it's been a renovation or a new construction, has been reuse of a formerly vacant space. For example, one of our senior buildings is a for-

mer site of a potato chip factory that closed in the early '90s. That was a vacant factory and now it's a living facility.

From the financing side, the city and state play key roles. Through the state is how you access the low-income housing tax credit financing, but they also provide loans that they're willing to subordinate and not have to repay other than through residual receipts or surplus cash. The city does the same kind of thing. They have loan products that are federal home funds that they administer. Both the city and the state have competitive processes that also create a framework for putting development teams and projects together. In terms of planning and zoning, the city has different areas that are classified as being part of a revitalization plan.

NPH: What services are you coupling with the housing to help improve the health of the community?

Kleb: For most of our units and for all our senior and disabled units, we have on-site service coordinators. These folks are like case managers who develop relationships with all the residents and connect them with services that they need. That's their main portal to accessing services at the hospital, and nurses from Bon Secours come in and do health education and connecting to health screenings and other services. And the service coordinators on site also link residents to other services available in the community.

Madigan: On the design side, in virtually all of the senior buildings we build in gathering spaces for the residents and those typically include one large community space for large

gatherings that would fit all of the residents for social events. We also have smaller gathering spaces for crafts or television or computer work or reading, games and craft classes. One of the things that we hear over and over again is that residents who may have been reluctant to move out of the homes, once they move into a communal setting where they have their own independent apartment but the opportunity to socialize and have neighbors they really do have a new lease on life.

Just having literally physical structure with a kind of embedded social structure where people, including the property manager and service coordinator, are looking out for each other and for the residents is really important. We also make sure that there's transportation for residents to get to the services they need, whether it's shopping or health care or entertainment. That can take the form of a shuttle bus sponsored by the building or some other form of access that's offered to the residents.

NPH: How are you tracking success?

Kleb: What we're tracking for in the senior building is for folks to be able to successfully age in place by making sure they have the support they need. The family buildings happen to be very closely located to the community support center which provides services including financial guidance and literacy and workforce assistance. Participation in the programs isn't a condition of their lease in the apartments. It's really more about trying to offer things such as home-buying classes and tax preparation and making sure that folks know about

this stuff. When tenants fall behind on their rent we automatically offer a referral to financial counseling and eviction prevention programs.

Madigan: One of the key measures of success even before we conclude that people stay or don't stay—and for the most part they do stay successfully—is leasing up our buildings, and that's important for a number of reasons. We have financial obligations to our funders to lease up the buildings, but what it says to us is that we're meeting a huge need, and most of our properties have long waiting lists. And so, from a health perspective, what that translates into is obviously the stability of the residents having a roof over their heads, but in addition there's the elimination of the stress that comes with the burden of high housing costs. So, the fact that our buildings do lease up and stay full and people tend to stay tells us we're continuing to meet a real need.

NPH: Have you looked to other communities to model the buildings and its services?

Madigan: Every time we develop a new community, we look at what was most successful in prior communities, what gets used, what doesn't get used, and that evaluation covers everything from the unit mix—meaning the number of one-bedroom units versus two-bedroom units—to the common area spaces that get used and don't get used, to the services provided.

Kleb: That's how we got the service coordinators, for example, which is a staff position we've had for the last three or

four years. We first started funding the positions through HUD grants, and now we're working toward more and more including that cost as part of the actual operating budget, which is something we've learned from seeing what was successful in other properties.

NPH: And how are you using what you have learned to help other communities?

Madigan: Everything that we have done to date comes in to play when we look at the next community. That being said, every community and every set of needs and every site is different, so we tailor each solution to whatever the particulars are of that site or that opportunity. But if you were to look at our work in other parts of the region, you would see some similar themes, particularly on the senior side in terms of the structure of the housing and the access to services and transportation, and the services that are built in.

Kleb: For us, I see it within a context of a Healthy Communities initiative for a hospital. Like Enterprise, we are also part of a multi-state organization. Bon Secours has facilities in several states and each hospital has a Healthy Communities initiative. They're not all building housing but the concept is based on engaging the community around what the needs and desires are.

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Mayo Clinic Continues Tradition of Investing in Healthy Housing

By Molly Miller

When we discuss the healthy housing movement, a common theme of successful healthy housing programs is the involvement of an anchor institution as a pillar of stability as the program develops. In Rochester, Minnesota, the Mayo Clinic has served as an anchor institution for the healthy housing movement since 1999, when the Mayo Clinic partnered with the Rochester Area Fund to build 875 units of affordable housing in 5 years under the auspices of a land trust known as First Homes.

Why Mayo Clinic?

Mayo Clinic is the largest employer in the Rochester area, with approximately 35,000 employees as of December 2013. Additionally, Mayo Clinic is globally recognized as one of the top health care providers, which draws a large number of em-



Photo: First Homes

ployees, students, and patients to Rochester. As a result, Mayo Clinic is in a unique position to leverage its recognizability as a tool for developing community partnerships such as the First Homes initiative. In addition to its initial investment of \$7 million to build 875 units of affordable housing through the First Homes program, Mayo Clinic has continued to invest in the community around it through its participation in the Destination Medical Center initiative.

What's Destination Medical Center?

Destination Medical Center (DMC) is "a 20-year economic development initiative to position Rochester, Minnesota as the world's premier destination for health and wellness." One of the six goals of the DMC project is to create a Livable City, which includes an investment in affordable housing in the

area that surrounds Mayo Clinic. Mayo Clinic has already committed \$3.5 billion to the DMC initiative, which is expected to cost \$5 billion. This money will be split between 3 main areas of investment: Mayo Facilities and Service Expansion, Private Business Expansion, and Public Infrastructure.

The DMC & Development Plan estimates that between 2,200 and 3,100 new housing units will be needed to meet the demand for housing created by this initiative. Although it is unclear how many of these new units will be considered "affordable" housing, part of Mayo Clinic's investment is targeted towards meeting the "satisfaction gap" surrounding affordable housing, which has been a barrier to the recruitment of physicians and employees for Mayo.

Implications for the Future

While Mayo Clinic has committed to an unprecedented investment in affordable housing and community development, hospital systems don't necessarily need to invest billions of dol-

lars in affordable housing to make an impact on the health of surrounding communities. Mayo Clinic's investment in affordable housing started with a \$7 million commitment to build 875 housing units in Rochester, which resulted in long-term economic development. The success of Mayo Clinic's investment in

"The ache for home lives in all of us, the safe place where we can go as we are and not be questioned."
— Maya Angelou

affordable housing should serve as encouragement for health care systems and hospitals that are considering how to invest their community development funds.



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Links: Hospitals and Housing

By Molly Miller

A healthy home is **defined by the Centers for Disease Control and Prevention** as "a home that is designed, built, and maintained to support our health." When people are unable to access housing that meets this definition, **they have a higher risk of a variety of health conditions** including asthma, depression and anxiety, lung cancer (due to radon exposure), injury or death from accidents and fires, hypothermia, skin and eye irritation, and overall poor health.

Because of this link between the availability of healthy housing and health outcomes, some hospitals and health systems have taken the initiative to start their own housing programs designed to make high quality, affordable housing available to low-income, high-risk populations. In this issue, we will explore the impact that hospital-run housing programs have had

on their target populations and further examine the link between health and housing.

Included below are a variety of links curated to help the reader undertake a more in-depth exploration of the topic.

Healthy Housing Initiatives

Corporation for National & Community Service - Green & Healthy Homes Initiative - The CNCS Green & Healthy Homes Initiative is a 3-year federal grant program focused on improving health outcomes for low-income children suffering from asthma. Grants were awarded to one health-care organization and one non-profit provider in each of 5 states (Massachusetts, Michigan, New York, Tennessee, and Utah), thus encouraging public-private partnerships that focus on maximizing resources to improve population health through housing.

National Children's Hospital - Healthy Neighborhoods, Healthy Families: National Children's Hospital launched its Healthy Neighborhoods, Healthy Families (HNHF) initiative in 2008 with the intent of making a positive impact on the community surrounding the hospital.

Since its inception, the HNHF initiative has renovated, repaired, or built 118 houses in the surrounding area in addition to making other investments in the programs five focus areas: workforce and economic development, affordable housing, health and wellness, education, safe and accessible neighborhoods.

Articles and Reports

National Center for Healthy Housing, (n.d.). "Hospital Community Benefits: Opportunities for Healthy Homes": This report outlines ways in which hospitals can leverage their Community Health Needs Assessments and "community benefits" funding to support healthy housing initiatives and provides support for why hospitals are the ideal partners for healthy housing initiatives.

Robert Wood Johnson Foundation (2011), "Exploring the Social Determinants of Health: Housing and Health": This issue brief explores the connection between healthy homes, healthy neighborhoods, and health outcomes. Additionally, this brief makes recommendations for improving health through public and private housing policies, including the use of public-private partnerships to subsidize rent for low-income families renting in the private sector and to construct new affordable housing that would also promote the health of its tenants.

U.S. Department of Housing and Urban Development (2009), "Leading Our Nation to Healthier Homes: The Healthy Homes Strategic Plan" - In 2009, HUD re-

leased a strategic plan for its Healthy Homes initiative that strengthened the agency's commitment to "providing safe and healthy homes for all families and children."



Videos & Resources

Lawyers' Committee for Better Housing, "Healthy Housing Chicago" - This video discusses the Healthy Housing Chicago initiative, a new partnership between the Lawyers' Committee for Better Housing, Loretto Hospital, and PCC Community Wellness Center designed to integrate legal services into the continuum of care for low-income patients with the goal of improving access to healthy housing by advocating for renters' rights.

NeighborWorks America Healthy Homes and Communities Webinar Series - This four-part webinar series focuses on four themes related to health, housing, and community development: Healthy Communities, Healthy Homes, Healthy People, and Partnerships. Recordings of Parts 2 and 3 of the webinar are available below and slide decks for each presentation are included on the webinar series webpage.

- **Can Housing and Community Development Really Improve Health Outcomes? Part 2: Healthy Homes**
- **Can Housing and Community Development Really Improve Health Outcomes? Part 3: Healthy People**

PolicyMap, Neighborhood Rx: Mapping Community Health - This video provides an overview of the ways in which place is directly tied to health and how mapping and data tools can be used to understand health disparities that exist at the neighborhood level, thus providing evidence to support policy change and push for healthy housing.