



WELL WEST PHILLY

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Executive Summary

Within the fields of public health and health policy research, there is growing consensus that access to stable, safe, and affordable housing has a profound impact on a person's wellbeing. In response to this evidence and recent changes to federal regulations, hospitals are increasingly making direct investment in housing programs to support their local communities. In this moment, Monumental Baptist CDC is well positioned to form a partnership with a Philadelphia hospital to address shared housing goals. This report briefly documents the state housing and health research, the changes in federal regulation, the 2019 Community Health Needs Assessment for the region that details specific community health and housing needs, and provides a case study of a relevant hospital-led housing initiative in Columbus, Ohio. This report concludes with a proposal for a partnership between Monumental Baptist CDC and Penn Medicine to address West Philadelphia housing needs through homeownership preservation programs and affordable housing development.

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1. Healthcare and Housing: Background and Context

Health and Housing

Over the past 25 years, public health and clinical researchers have generated a substantial body of evidence demonstrating that the conditions in the place where people live, learn, work, grow, and age impact a wide range of health risks and outcomes (Braveman and Gottlieb 2014). Commonly referred to as “social determinants of health”, these factors include economic stability, neighborhood and physical environment, education, food, community and social context, and healthcare system access (Artiga and Hinton 2018). In this field, particular attention has been focused on the association between health and housing. There is a growing body of research documenting the importance of stable, decent, and affordable housing on a wide range of mental and physical health outcomes (Sandel and Desmond 2017, Maqbool, Viveiros, and Ault 2015).

Research has demonstrated that growth in rental housing costs are associated with increases in food insecurity among low-income families with children (Flethcer, Andreyeva, and Busch 2009). Pollack, Griffin, and Lynch (2010) found that people living in unaffordable housing were less likely to adhere to health treatment plans and to fill prescriptions due to issues of cost, have higher rates of certain chronic health conditions, and have lower self-reported health assessments when compared to people living in affordable housing. Another substantive body

of research has focused on the role of housing quality on an individual's health, with research documenting the impact of poor housing quality on a resident's exposure to lead, asthma rates, and accidental injury (Braubach and Fairburn 2010).

Significant attention in the research has been paid to the impact of residential instability—particularly chronic homelessness—on health outcomes. Cutts et al. (2011) document that housing insecurity is associated with poor health, lower weight, and developmental risk among children 3-to-7 years old. In a summary of literature on the topic, Kyle and Dunn (2008) find that homeless children are more vulnerable to mental health issues and that lasting housing stability is strongly associated with improvements in mental health outcomes. Within public health and policy research, there is evidence documenting the significant treatment costs associated with providing health services to individuals who experience chronic homelessness, with one study estimating that the top 5 percent of hospital users—overwhelming poor and housing insecure—account for 50 percent of healthcare spending (Blumenthal and Abrams 2016). Culhane, Metraux, and Hadley (2002) demonstrate that persons placed in supportive housing experienced reductions in shelter use, hospitalizations, length of stay per hospitalization, and time incarcerated and that offering supportive housing to these individuals was associated with a net cost saving of \$995 per individual per year. Additionally, recent evidence has suggested that rapid rehousing programs may be an effective way to reduce homelessness and costs across a range of public services (Cunningham and Batko 2018).

Community benefits and federal regulation

While the motivations driving an individual hospital system's decision to fund a housing program may vary, recent changes in federal and state community benefit obligations provide additional incentives for nonprofit healthcare systems to make housing investment. Nonprofit hospitals, which make up 75 percent of hospitals in the Pennsylvania, can qualify as federal and state tax exempt institutions if they meet certain regulatory requirements (AHA 2019). At the federal level, nonprofit hospitals are subject to a series of Internal Revenue Service (IRS) regulations, including rules mandating that a portion of excess revenue be spent on programs to address health needs of their local patient base, referred to by the IRS as "community benefits". Like other tax-exempt organizations, the rationale for offering tax exempt status to hospitals is the theory that the institution is providing a public service that would have otherwise been paid for by the public. While this spending has traditionally been associated with charity care, operation of free clinics, and support for community health centers, the IRS has adopted an expansive standard in defining what qualifies as a community benefit since the late 1960s (U.S. GAO 2008).

The 2010 Patient Protection and Affordable Care Act (ACA) added new requirements for hospital to maintain their nonprofit Section 501 (c)(3) status. A major component of the new requirements was for hospital systems to conduct a Community Health Needs Assessment (CHNA) every three years to identify the local health needs in their community and adopt an implementation strategy to meet the needs identified by the

CHNA (IRS 2019). Following pressure from hospital and healthcare groups, in 2011 and in 2015 the IRS updated their guidance to allow for housing activities to qualify for meeting community health needs, with IRS adopting the language to include that “...some housing improvements and other spending on social determinants of health that meet a documented community health need may qualify as a community benefit for the purposes of meeting the community benefit standard.” (Enterprise 2018).

Following the regulatory changes, there have been a series of well-documented investments made by hospitals to address the housing-related needs of their patient base. These investments have included grants for new affordable housing construction, multi-year funding for supportive housing, rapid rehousing programs, repair grants to improve home conditions, and more (Reynolds, Allen, Fedorowicz, Ovalle 2019, Enterprise 2018). National thinktanks and prominent trade associations affiliated with both the affordable housing development and the healthcare sectors have produced a series of publications promoting the value of the healthcare sector’s investment in housing. Despite the growing interest, there is not consensus on the types of activities hospitals are best positioned to fund and where hospital can have the biggest impact. This, in addition to the limited regulations around what qualifies as a community benefit in the housing space, has created an environment where hospital systems are considering a range of activities to address community housing needs.

Southeast Pennsylvania Community Health Needs Assessment

In 2019, 18 major healthcare systems in the Philadelphia metropolitan area jointly released the [Community Health Needs Assessment Report for Southeast Pennsylvania](#), a detailed report that outlines specific community health priorities for the region and potential strategies for hospitals to use their resources to address them. While the report has a large four-county coverage area, it provides specific needs for smaller geographies in the region, including West Philadelphia. According to the report, 42% of West Philadelphia residents experience excessive housing costs, compared to 38.9% for the rest of the city. The report identifies “lack of affordable housing with functional utilities, such as plumbing and heat, and lack of shelters resulting in increased homelessness in the community” as a concern in West Philadelphia and also mentions specific elderly housing issues. “Affordable and healthy housing” and “homelessness” were identified as two of the 16 community health priorities for the region (SEPA CHNA 2019). A complete listing of the health needs related to affordable and healthy housing is included in Table 1 below.

To address the identified housing issues, the CHNA provides a series of recommendations for hospitals on how to spend community benefit dollars, including direct investing in affordable and healthy housing findings and potential solutions affordable housing, rent subsidies, home repairs and remediation for high risk youth (e.g. with asthma) and older adults, and a series of other housing related recommendations (Table 1) (SEPA CHNA 2019).

Table 1: 2019 Southeastern PA CHNA

Key Findings	Potential Solutions
<ul style="list-style-type: none"> - Excessive housing cost is as high as 50% in some communities across the region - Poor housing conditions like old lead paint, asbestos, bad hygiene, infestations, lack of running water or HVAC, and damaged infrastructure, impact health: <ul style="list-style-type: none"> o Poor childhood health (e.g. lead poisoning, asthma hospitalizations, injuries) o Mental distress and trauma o Poor older adult health (e.g. falls, disability) - Forgoing care, food and other necessities due to financial strain - Rapid gentrification of some historically low-income neighborhoods creates risk of displacement and housing insecurity, and further segregation - Vulnerable populations: individuals/families with low 	<ul style="list-style-type: none"> - Develop new affordable housing units - Invest in cooperative young adult and senior housing - Provide home repairs and remediation for high risk youth (e.g. with asthma) and older adults - Require screening for housing insecurity - Develop medical-legal partnerships - Provide low-cost housing interventions like smoke and carbon monoxide detectors - Support rent subsidies - Provide assistance in identifying and accessing the waiting lists for accessible housing - Advocate for and implement responsible and equitable neighborhood development that avoids displacement and segregation - Raise awareness of available resources for housing repair assistance - Enforce lead abatement program policies

income, persons with disabilities	- Invest in respite housing
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Source: 2019 Southeastern Pennsylvania Community Health Needs Assessment

Hospital Implementation Plans

Following the release of the CHNA, hospital systems are required to produce a Community Health Implementation Plan detailing how the hospital will spend community benefit funds over the next three years to meet the needs identified in the CHNA. While there may be multiple health systems that could target dollars on housing issues in West Philadelphia, this report profiles the implementation plans for two systems that have particular relevance for Monumental Baptist’s target community: Children’s Hospital of Philadelphia and Penn Medicine (which includes Hospital of the University of Pennsylvania, Pennsylvania Hospital, and Penn Presbyterian Medical Center).

Children’s Hospital of Philadelphia’s (CHOP) [Community Health Implementation plan](#) lists “affordable and healthy housing” as one of ten priorities for their community benefits spending. The plan includes four strategies with identified partners for addressing displacement and housing quality throughout Philadelphia. The initiatives primarily focus on addressing childhood asthma, providing health services to children in emergency housing shelters, and providing free legal services. While the plan identified program partners,

specific funding commitments for the programs have not been announced (CHOP 2019). The strategies are provided below:

1. Educate the local community about asthma triggers and identify housing conditions that lead to a higher risk of asthma-related medical interventions: partnership with the Community Asthma Prevention Program (CAPP) to reduce the number of children at risk for asthma through home and school intervention.
2. Continue to identify and repair homes in need through CAPP+: a partnership with the City of Philadelphia and Philadelphia Housing Development Corp. to fund inspections and home renovations for children with asthma.
3. Improve the health outcomes of children living in local emergency housing shelters: partnership with Homeless Health Initiative to provide free healthcare to children living in emergency housing shelters.
4. Expanding the Medical Legal Partnership: legal services offered on-site at CHOP healthcare facilities that works to address housing needs of CHOP families.

Penn Medicine's [Community Health Implementation Plan](#), which includes the Hospital of University of Pennsylvania, Pennsylvania Hospital and Penn Presbyterian Medical Center, also included "affordable and healthy housing" a one of 11 priority areas for community benefits spending in the next three years. The strategies primarily focus on homelessness (People's Emergency Center, Hall-Mercer Homeless Street Outreach, Medical Students Homeless Feeding and Outreach

Program), but the hospital has announced investment in preserving affordable rental housing through acquisition and rehab (Penn's Neighborhood Preservation and Development Fund) and support for low-income homeowners through the (Rebuilding Together Philadelphia and The Philadelphia Project) home improvement program (Penn Medicine 2019). According to a representative from Penn Medicine, these strategies build on long-standing partnerships Penn Medicine has with community organizations and programs. However, funding commitments and detailed activities have not been announced. The strategies are provided below:

1. Penn's Neighborhood Preservation and Development Fund (NPDF): a fund for the development and preservation of affordable rental properties in West Philadelphia.
2. People's Emergency Center (PEC): provides shelter, education, and training support to families experiencing homelessness.
3. Hall-Mercer Homeless Street Outreach: a program to engage homeless individuals living on the street by offering emergency housing, treatment options and other resources to meet immediate needs.
4. Rebuilding Together Philadelphia and The Philadelphia Project: provide home improvement grants to seniors and vulnerable homeowners who may possess a disability.
5. Medical Students Homeless Feeding and Outreach Program: an over 30-year-old program that provides hot

meals five nights a week and sandwiches on Saturdays for poor and homeless individuals in West Philadelphia.

The previous 2016 CHNA implementation plans for Penn Medicine and Children’s Hospital of Philadelphia did not include the need for affordable housing or tenant protections and did not include any identified action strategies (CHOP 2016, Penn Medicine 2016). While all the identified programs are not necessarily new, they do suggest there is a growing recognition of the role of housing in shaping local health outcomes and a commitment to using community benefit dollars on housing activities.

2. Case Study: Healthy Neighborhoods Healthy Families Initiative

The Healthy Neighborhoods Healthy Family (HNHF) initiative is a broad place-based program that focuses on affordable housing, education, health and wellness, safe and accessible neighborhoods, and workforce development for a target area of South Side Columbus, Ohio. The initiative was launched in 2008 in response to the Great Recession and foreclosure crisis that had a disproportionate impact on South Side, which has long struggled with high unemployment, poverty rates, and vacancy (Sally, Waxman, and Gourevitch 2017). Rather than focus on a specific population of need (e.g., children, homeless individuals, elderly), the initiative adopts a wholistic strategy for the neighborhood. This case study offers an example of a successful partnership between a CDC and hospital system, which can provide lessons for Monumental Baptist CDC in how to construct a successful partnership, identify community housing needs, develop programs, attract diverse funding sources, and grow as an organization.

Partnership and Launch

Nationwide Children’s Hospital is a nonprofit pediatric hospital located in South Side Columbus, Ohio. Founded in 1892 and serving 37 counties across central Ohio, the hospital is one of the largest pediatric hospitals in the nation with 12,291 employees and over \$2.8 billion in gross patient revenue (U.S. HUD 2017, Nationwide Children’s Hospital 2019). In the mid-2000s, the hospital underwent a major

expansion following a \$50 million naming gift from Nationwide Insurance, which produced 1.3 million square feet of new construction and over 2,000 hospital and research jobs (Nationwide Children’s Hospital 2019).

The partnership was formed with Community Development for All People (CD4AP), a faith-based CDC that focused on South Side that is affiliated with The United Methodist Church for All People (United Methodist Church and CD4AP). CD4AP started as a “free store” in 1999 providing household goods to neighborhood residents, but transitioned to housing in 2005 when they had received a small grant to renovate a vacant duplex (Axel-Lute and Ortiz 2017). After the success of that renovation, Enterprise Foundation provided the organization with free technical assistance and training to improve the organization’s development capacity. Following the training, CD4AP applied for approximately \$1 million in grant money from the city and state to renovate 14 blighted homes on the South Side (Axel-Lute and Ortiz 2017).

The program emerged from a conversation between the City of Columbus and Nationwide Children’s Hospital on opportunities to invest in vacant, blighted property in the city for homeownership opportunities (Sally, Waxman, and Gourevitch 2017). According to a representative from the hospital, much of the initial impetus for the partnership was a desire on the part of the hospital to improve goodwill with local residents after the tensions caused by the hospital’s expansion. Recognizing the increasing need for neighborhood investment to support homeowners and reduce vacancy, the

City proposed that the hospital connect with CD4AP, given their status as an emerging CDC with ties to the community (Sally, Waxman, and Gourevitch 2017). The partnership between CD4AP and Nationwide Children’s Hospital formed in 2008 under the new nonprofit Healthy Neighborhoods, Healthy Families (HNHF) Realty Collaborative. In the arrangement, CD4AP was the owner of the new nonprofit, but the hospital pledged between \$3-5 million over a three-year period to launch the initiative. The membership on the board of directors is equally split between members selected by the hospital and members selected by CD4AP. Additionally, the hospital hired a fulltime staff person who was jointly accountable to the hospital and CD4AP. The hospital also provides CD4AP an annual payment of \$300,000 to support the organization’s staffing and various programs (Axel-Lute and Ortiz 2017).

Programs and additional funding

HNHF has three core development activities: vacant home renovation, new construction on empty city-owned parcels, and administering home improvement grants to eligible homeowners. As a means to reduce property acquisition costs, the initiative targets city-owned property for rehabilitation and new construction. The home renovation program is designed to provide affordable homeownership and rental opportunities, while the ground-up new construction program offers affordable home purchase opportunities.

All HNHF home programs are income restricted for low- and moderate-income households. Home purchasers in the program are restricted to families who earn 120 percent of Area Median Income (AMI) or less. To participate, prospective buyers must qualify for a 30-year, fixed-rate mortgage and complete an 8-hour, HUD-certified homebuyer education class. Rental housing developed through the program is restricted to families earning 80 percent of AMI and below. To qualify for the home repair funds, homeowner must not earn 120 percent of AMI and are required to complete a two-hour home maintenance class and agree to live in the property for at least the next three years (U.S. HUD 2017).

From this initial hospital funding support, the HNHF has been able to bring in a diverse set of funding partners, including state, city, local foundations, businesses, and banks (Table 2).

Table 2: HNHF Funding Sources

Organization	Type
City of Columbus	Public
Nationwide Children’s Hospital	Private
United Way of Central Ohio	Philanthropic
Affordable Housing Trust	Public
JP Morgan Chase	Private
Ohio Housing Finance Agency	Public
Columbus Foundation	Philanthropic
Individual donors	Philanthropic
Nationwide Insurance	Private

A representative from HNHF noted that initial support from Nationwide Children’s Hospital was critical to encourage additional funding partners to invest.

Success, challenges and evolution

Over the last 11 years, Healthy Homes has made a substantial impact on Columbus’s South Side, investing over \$30 million in the improvement of nearly 300 homes. In terms of specific program activities, the initiative has:

- renovated 97 homes (27 rented, 61 sold, 9 for sale on the market),
- issued 166 home improvement grants, and
- 31 new builds (25 sold, 6 for sale on the market).

HNHF has spurred additional affordable housing investment in the community. Last year, the nonprofit Ohio Capital Finance Corporation launched the South Side Renaissance Fund, which is a \$20 million loan fund to support Healthy Homes in the acquisition, construction and permanent financing of up to 170 units of affordable single and multifamily rental housing in South Columbus. The fund is made up of \$15 million in loans and \$5 million in grants and was raised through a collection of banks and nonprofit institutions (Nationwide Children’s 2018). Additionally, based on the expertise developed through HNHF, CD4AP has been able to successfully develop housing at a larger scale through the Low-Income Housing Tax Credits (LIHTC) program. In total, there have been over \$80 million invested in housing improvements in the neighborhood across the various initiatives (Edgar 2018).

As is often the concern with place-based investment, in 2015 South Side Columbus started to see signs of gentrification and there was concern that increased investment in the community might accelerate the process. That year, CD4AP convened a group of 40 community leaders and housing experts to address the threat of displacement and developed the South Side Housing Strategy (Olinger, Holley and Reece 2015). The multi-organization strategy's aim is to gain control of 15 percent of all residential properties and preserve their affordability by 2021 and they are working to increase the goal to 25 percent (Edgar 2018). It remains to be seen how successful this initiative will be addressing the threats posed by gentrification.

Lessons for Monumental Baptist CDC

HNHF provides several lessons for Monumental Baptist in how to structure a partnership, identify goals, grow as an organization, and evolve to meet shifting community needs. Some key lessons include:

- The multi-year partnership with the hospital allowed the CDC to build capacity and expertise in affordable housing development.
- Initial hospital support was critical to attracting diverse public and private funding sources to improve CDC's resilience.
- Despite the diverse funding sources, the CDC remains highly reliant on support from hospital for operating

expenses, which could present a challenge to organization if support from the hospital wanes.

- HNHF offers a successful model for scattered-site single-family renovation and new construction that allows for affordable homeownership and rental opportunities.

3. Proposal: Well West Philly

Strategy: Partner with a Penn Medicine to create a multi-year place-based strategy to address shared housing priorities in West Philadelphia.

Drawing from the lessons of Healthy Homes, the community housing needs identified in the regional CHNA, and the interests of Monumental Baptist stakeholders, this report proposes a partnership between Penn Medicine and Monumental Baptist Community Development Corporation (MBCDC) for the purposes of addressing shared housing priorities in West Philadelphia. The following section provides recommendations for structuring the partnership, specific program activities related to supporting existing homeowners and housing development, implementation timeline, and funding resources. This proposal seeks to build on Zack Avre’s proposal (“Monumental Building Capacity”) by proposing an early funding partner that could support MBCDC’s launch and growth into an established community development corporation. This proposal is grounded in a set of three core objectives:

1. Support local residents by addressing pressing housing-related needs;
2. Provide the “seed capital” to support the Monumental Baptist establishment as a community development corporation with funding for early operations and staffing; and

3. Build the organizational capacity and attract diverse funding resources for organizational resilience.

Launch and Partnership Considerations

Why Penn Medicine? Penn Medicine is identified as the proposed partner given the healthcare system’s prominent presence in West Philadelphia, the housing-related priorities identified in the hospital’s 2019 CHNA Implementation Plan, and the connection to the University of Pennsylvania. While this report identifies Penn Medicine as particularly well positioned to partner with MBCDC, a successful partnership could also be forged with other healthcare systems in Philadelphia. Additionally, an alternate strategy where individual hospital systems support specific activities (e.g., CHOP funding asthma related home improvements and Penn Medicine address foreclosure prevention) could be successful, however priority should be given to long-term partnerships where the hospital system is committed to the success of the MBCDC.

Why MBCDC? Monumental Baptist is a nearly 200-year-old institution in West Philadelphia with an established record of service and commitment to the community. The organization is well positioned to become a successful CDC given the established trust, acute awareness of community housing and health needs, wide social network, existing real estate assets, and access to meeting and event space.

Partnership considerations. Forming a successful partnership is no easy feat. Recognizing the significant power and funding imbalances between an emerging CDC and a multi-billion-dollar healthcare system, consideration should be paid to aligning expectations, goals, and organizational power. Prior to making funding commitments, the two organizations should come to agreement on mission and goals, target areas and populations of focus, organization structure, staffing and management, and accountability and evaluation processes.

Program Area 1: Supporting Homeowners

Recognizing the urgent threats to existing homeowners and renters in West Philadelphia, the first proposed area of work is programming to enable homeowners to hold onto their homes. Table 3 provides guidance on the relative funding needs, implementation timeline, and potential additional partners for the programs. The program interventions are designed to address threats to homeownership identified in the report by students in MIT's 2018 Ecological Urbanism class (e.g., heir homes, tangled title, and tax foreclosure) and to support senior homeowners aging in place by targeting home repair issues that impact housing quality and accessibility. The interventions are also structured to address the following community health needs as identified in the 2019 CHNA for the region:

- "Poor housing conditions like old lead paint, asbestos, bad hygiene, infestations, lack of running water or HVAC, and damaged infrastructure, impact health:
 - o Poor childhood health (e.g. lead poisoning, asthma hospitalizations, injuries)

- o Mental distress and trauma
- o Poor older adult health (e.g. falls, disability)"
- "Rapid gentrification of some historically low-income neighborhoods creates risk"

Activity 1: Home counseling and legal aid

An immediate activity MBCDC could engage in to support existing homeowners would be to hold regular counseling sessions with trained housing counselors and legal aid providers. Sessions could be held on church property with minimal required resources and staffing. The topics covered in the sessions should be tailored meet local needs (e.g., heir homes, tangled title, tax foreclosure) and share resources on other free programs to support homeowners in Philadelphia.

Key Activities and considerations:

- *Utilize meeting space asset to host counseling sessions*
- *Recruit through congregation network and social media*
- *Partner with local Neighborhood Advisory Committee representative to engage in door-to-door outreach to raise awareness of counseling programs and recruit clients*
- *Focus on threats identified by previous research (e.g., heir homes, tangled title, tax foreclosure)*
- *Partner with legal aid service provider*

Activity 2: Home repair grants

A slightly more resource and staff intensive program would be to administer a home repair grant program to specifically

address needs related to healthy homes conditions and seniors aging in place. Program design can draw from HNHF and other existing home repair programs in Philadelphia (e.g., CAPP+, Rebuilding Together Philadelphia). Program should be tailored to meet existing needs in the community and gaps in current home repair programs.

Table 3: Supporting Homeowners Activities

	Home counseling and legal aid	Home repair grants
Timeframe	Immediate and on-going	Mid-term
Funding requirements	Limited (funds for staffing)	Moderate
Potential funding partners	Penn Medicine, The Philadelphia Foundation	Penn Medicine, City of Philadelphia
Programming partners	Neighborhood Advisory Committee representative, Philadelphia Foreclosure Prevention Program, Community Legal Services, Philadelphia Legal Assistance	Philadelphia Housing Development Corp., Restore Repair Renew Loan Program

Key Activities and considerations:

- *Partner with existing home repair programs (e.g., CAPP+, Rebuilding Together Philadelphia)*
- *Target repair needs unserved by current programs*
- *Accessibility repairs for senior and disabled residents*
- *Prioritize local contractors and skilled laborers*

Program Area 2: Housing Development

This partnership has the potential to support a second line of programming activities to ensure residents have lasting options to remain in the community: affordable housing development. New home construction and preservation would provide MBCDC with a means to preserve lasting affordability for the community and control a portion of neighborhood change. Table 4 provides guidance on the relative funding needs, implementation timeline, and potential additional partners for the programs. By providing community members with access to affordable, healthy, and stable housing, this program area is designed to address the following community health needs identified in the 2019 CHNA for the region:

- “Forgoing care, food and other necessities due to financial strain”
- “Excessive housing cost is as high as 50% in some communities across the region”

- “Rapid gentrification of some historically low-income neighborhoods creates risk of displacement and housing insecurity, and further segregation”

Activity 1: Current Portfolio

To ensure that MBCDC is in the best position to operate as a CDC and provide the services described in Program Area 1, the organization should first prioritize rehabilitating the church’s existing real estate assets, as identified in the 2019 class report on “Monumental Spaces.” The financial resources needed to support this work may be substantial if serious repairs are required. However, through this process of renovating the church’s existing assets, MBCDC can gain value experience in applying for grant funding, managing rehabilitation projects, and forming partnerships with local construction managers and skilled laborers. During this phase of work, MBCDC should connect with an established affordable housing developer or community development financial institution (CDFI) to receive training and technical assistance on real estate development and management (e.g., Enterprise Community Partners, see: “Monumental Building Capacity” by Zack Avre).

Key Activities and considerations:

- *Receive technical assistance for real estate development and management (Enterprise, LISC)*
- *Apply for funds to support renovations of existing church-owned real estate*

Activity 2: Single-Family Development

Drawing from other successful models such as HNHF, MBCDC can access a diverse range of funding resources to engage in scattered-site renovation of existing single-family homes and new construction of single-family homes on vacant lots. Within West Philadelphia there is a significant opportunity to access properties at below market prices, as documented in the 2018 report by MIT’s Ecological Urbanism class (see maps of vacant and city-owned properties). Given the pressures of gentrification, it is likely that this resource will not last long. MBCDC should develop a partnership with the City of Philadelphia to receive priority access to city-owned parcels and properties.

Key Activities and considerations:

- *Acquisition and rehab of vacant properties*
- *Scattered site new production on empty lots*
- *Target city-owned properties prior to public auction*
- *Create affordable home purchase and rental opportunities*

Activity 3: Large-Scale Development

Through the development expertise MBCDC builds in single-family construction and renovation, the organization would be well-positioned to transition into large-scale multifamily new construction and preservation. To engage in this work, MBCDC would likely need to access traditional forms of affordable housing capital, such as the Low-Income Housing Tax Credit (LIHTC) or City of Philadelphia HOME and CDBG

funds. Multifamily development could allow the organization to serve residents with deeper affordability needs as well as residents who have health requirements or certain ambulatory disabilities that require specialized care. At this point, MBCDC would have developed the expertise to provide technical

Table 4: Housing Development Activities

	Current Portfolio	Single-Family Development	Large-scale development
Timeframe	Immediate	Mid-term	Long-term
Funding requirements	Varied (moderate to significant)	Moderate	Significant
Potential funding partners	Penn Medicine	Penn Medicine, City of Philadelphia	City of Philadelphia, State of Pennsylvania (LIHTC)
Programming partners	Enterprise Community Partners, LISC Philadelphia, The Philadelphia Foundation	Mt. Vernon Manor Community Development Corporation, People’s Emergency Center, ACHIEVEability	Mt. Vernon Manor Community Development Corporation, People’s Emergency Center

assistance and training opportunities to emerging CDC interested in development work in their own community.

Key Activities and considerations:

- *LIHTC-funded multifamily rehab and new construction*
- *Provide TA to emerging CDCs*
- *Acquisition of private market properties*

Conclusion

This proposal outlines how a partnership with a local hospital could support MBCDC’s mission of addressing community housing needs and could facilitate the organization’s growth into a successful CDC. While the proposal identifies specific program activities and partners, the intent is not to dictate which activities would necessarily be the most successful, but to offer a framework and potential growth path for MBCDC to respond to when designing a partnership and program activities to meet the most pressing community housing needs. The strength of the hospital partnership model is its potential to provide long-term support for the establishment of a community organization and the flexibility the partnership offers for changing activities to adapt to local needs.

Interviews

Frances Walker, Board Member, Netter Center for Community Partnerships – University of Pennsylvania.

Giridhar G. Mallya, Senior Policy Officer, Robert Wood Johnson Foundation.

Laura Lombardo, Manager of Community Relations, Penn Medicine.

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