BON SECOURS HOSPITAL
CASE STUDY

ChangeLab Solutions

If you drive into southwest Baltimore in the summer, the first thing you might notice is the green foliage gracing the streets. Shadows of branches cast lacework patterns across the buildings. Vines either slump lazily over cracks in brick walls or bolt from the edges of boarded windows, alert, as if waiting to shake your hand. Mature trees rise up through collapsed roofs. It has been a long time since some of these houses were occupied. Scattered between children playing in makeshift basketball courts and people resting on their stoops, nature claws back property that landlords abandoned decades ago.

"Whatever the community needs, this hospital has tried to meet that need. People needed homes, safe places to live, and so the hospital saw it as their social responsibility to make their contribution to this community and started buying up the abandoned properties in the area."
– Dr Aliya Jones, chair of the Department of Behavioral Health, Bon Secours Hospital

Learn more by reading "Improving Health with Community Development: A Porch Light Debate about Bon Secours Hospital in Baltimore."

The Perfect Crisis

As you move toward the center of the neighborhood, the foliage thins and blue flags appear on the light posts, announcing that Bon Secours Hospital is near. The hospital, set atop a low, sloping hill, is surrounded by neatly kept, slender brick row houses. Four marble slab steps, a signature of traditional Baltimore architecture, lead up to front doors frequently bearing the branching Bon Secours logo. The small blue placard denotes that the residence is one of the more than 800 homes that Bon Secours has redeveloped in southwest Baltimore over the last 30 years.

Housing development is one of dozens of community development efforts that Bon Secours Health System has invested in over the last 3 decades under the umbrella of its Community Works initiative. While it has expanded its efforts across its system, which stretches up and down the eastern seaboard and into Kentucky, the most robust practices have been incubated at its flagship hospital in southwest Baltimore. The programs have largely grown out of an extensive community engagement process, responding directly to the needs expressed by residents. In collaboration with south Baltimoreans and community partners, Community Works has come to include a range of programs: housing and neighborhood revitalization, prisoner re-entry services, a family support center, a women's resource center, youth employment, workforce development, and financial services.

Bon Secours Hospital didn't intend to get into the housing and community development business. No study or strategic plan or consultant's report on the social determinants of health laid the groundwork for what has become one of the most innovative and robust hospital-led housing and community development initiatives in the country. Bon Secours' housing efforts were born of necessity, ongoing conversations with the residents, and a mission-driven desire to provide "good help to those in need."

Though the Sisters of Bon Secours had been operating their hospital in southwest Baltimore for over 70 years, by the 1990s, deepening disinvestment and entrenched poverty necessitated a new vision of the hospital's role in its community. In 1993, the hospital sank a significant amount of capital into the construction of a new hospital wing. Bon Secours anticipated that an increase in patients would help it recoup the costs of the expansion, but the investment coincided with a larger problematic shift happening in the neighborhood surrounding the hospital.

As George Kleb, director of Unity Properties[1], tells it, "Our patients were just disappearing. People started to leave the neighborhood because of a perception that it wasn't safe." The problem also affected the hospital's workforce. "We couldn't hire nurses," George Kleb said. "We couldn't get physicians to come here. The hospital just wasn't profitable anymore and with the massive drug issues in the city, it was … kind of like a perfect crisis setting itself up."

It would be easy to frame the challenges Bon Secours faced in the early 1990s as a simple story of a hospital that sunk a lot of money into a neighborhood hobbled by drugs and violence and nearly went bankrupt because of it. But that would ignore the less visible but no less violent policies that shaped segregated and disinvested neighborhoods like southwest Baltimore. That perfect crisis was decades in the making.

As Antero Pietila describes in *Not in My Neighborhood,* race-based segregation was not only systemically designed and enforced but also created perilous and persistent health conditions.[2] In 1910, as the black population was blossoming, the Baltimore city council approved a bill that prohibited residential integration, a bill that *The New York Times* described as "so far reaching…that it may be said to mark a new era in social legislation."[3] When this bill was struck down by the US Supreme Court, in a decision nullifying residential segregation, developers and homeowners turned to private covenants to bar blacks and Jews from buying homes in white neighborhoods.[4]

In 1917, Mayor Preston used the high rates of tuberculosis to expand demolition and the relocation of black people from the area near the courthouse. The construction of Preston Gardens was part of the effort to quarantine blacks away from white neighborhoods.[2] Overcrowding grew worse, and, by 1934, a joint committee on housing proposed condemning 3 of those black neighborhoods due to the "high rates of tuberculosis and juvenile delinquency."[2] The population throughout the city surged post–World War II, and conditions of black homes continued to worsen. By 1950, more than 40% of black homes had no bathroom, and 22% had no running water.[2] The slumlike conditions in black neighborhoods became a justification for federal refusal to underwrite loans in black neighborhoods through a practice that would come to be known as redlining. Without access to loans, black people became susceptible to blockbusting, a practice in which speculators persuaded white homeowners to sell their homes below market rate by convincing them that black families were moving into the area and then selling them to black residents, who lacked access to conventional loans, at a markup.

As "white flight" began to peak in the 1950s and 1960s, many of southwest Baltimore's homes became occupied by low-income renters. Absentee landlords began exploiting provisions of federal tax law to make a profit not only on the monthly rent but also on tax write-offs. The 1986 Tax Reform Act dramatically changed tax treatment of real estate. Existing owners had far less incentive to maintain their properties, and potential new buyers were discouraged from investing.[5]

By the time the new Bon Secours hospital wing opened in 1993, many of the neighborhood's landlords had walked away from their properties. This left upkeep and maintenance to tenants, who had little means to finance repairs, and to the City of Baltimore, which had been steadily losing its tax base for decades as its population shrank. These twin declines in both housing quality and population led to an astonishingly high number of vacant homes in southwest Baltimore. Over half of the 101 homes in the block that surrounded Bon Secours were vacant by the time the new wing opened. The vacant houses, in turn, became a kind of kindling for the burgeoning crack epidemic.

Brother Art Caliman, who headed the Bon Secours of Maryland Foundation at the time, said that the hospital slowly began to realize that it needed to innovate its model of health care to remain afloat and serve the residents of southwest Baltimore. "Realistically, what this neighborhood really needed … was some way to revitalize the community, and more acute care beds was not a crucial response to that challenge. So the question was, What do we really do?"

Responding to Community Needs

"A lot of times, health institutions are about outcomes, which are important —but process matters too."

– Talib Horne, executive director of Bon Secours Community Works

Bon Secours' community initiatives don't focus on topics that usually rise to the top of community development and health conversations, like reducing hospital readmissions, creating stronger support services for high-risk patients, or slowing emergency room admissions. Bon Secours has addressed these issues, but the main focus of its Community Works program is serving the neighborhood at large rather than a specific patient population. The hospital continues to wrestle with the tension between solving patient issues that directly affect their bottom line and serving the larger community that is exposed to the same broad health risks.

Back in the 1990s, Bon Secours knew that to stay afloat, it had to look at what was happening around the hospital. "We had tons of vacant row houses within a couple blocks of the hospital," Brother Caliman said. "The city didn't have any strategy, at that point, for dealing with vacants. The vacant problem was significant but kind of new, so it wasn't at the top of anybody's radar screen… . So we said, 'If we want the neighborhood to become a healthier neighborhood… maybe we should start redeveloping.'"

But the community wasn't ready for a major redevelopment process. "We went out to the neighborhood and said, 'Well, what are your needs?' And the answer came back repeatedly … rats and trash," Brother Caliman noted. The hospital staff told residents that rats and trash weren't part of their scope of practice. But as Brother Caliman recounted, the community persisted: "If you want to help with the health care, that's your agenda, but it's not ours."

The hospital staff recognized that without dealing with the issues the community prioritized, they would lose their credibility. So they began developing educational materials for children, such as coloring books about the harms of playing with rats, and facilitating community cleanup days.

Integrating Community Voice into the Neighborhood Redevelopment Process

Bon Secours' early responsiveness to its community's priorities laid a foundation of trust that allowed the hospital to take on progressively more complicated redevelopment projects. The efforts that began with coloring books and cleanup days and unfolded into the programs it has today came largely from Operation ReachOut Southwest (OROSW), a resident-led group Bon Secours created to work on the neighborhood redevelopment plan.

OROSW president Joyce Smith described the neighborhood's situation when planning began: "We were not in an advantageous spot. We had too many vacant houses. We had high unemployment. … All of those negative indicators. City leaders didn't see the importance of doing quality community improvement projects in southwest Baltimore. So Bon Secours and the community leaders put together the OROSW plan. We know what our neighborhood needs. … That's how we started the job development, the job readiness, the homeownership classes, the GED classes."[13] The strength of the OROSW plan came from the residents' vision.

The OROSW planning process helped train the hospital, residents, city agencies, and community partners in community-led planning processes. The hospital became a critical convener, creating a shared table for all of the people invested in the success of southwest Baltimore, and translating between residents, city staff, and organizations that lacked strong connections to the community. As Joyce said, "Bon Secours … invited people to come [and] they listened … They brought in people … who knew how to navigate the system but were most interested in advancing the needs of the residents."

Building the leadership capacity of residents was a critical part of their efforts. "Until I took the leadership development training, policy never entered my mind. We learned a lot of the rules … [and] how to utilize those rules," Joyce said. The hospital also brought credibility to the interactions community leaders had with the city. "Having Bon Secours at the table made the city more responsive in all areas," said Joyce. "It really gave community leaders that oomph to say, 'The policy needs to change'… A lot of folks focus on a program and say that program needs to change but [it's] the policies."

The Results of Its Efforts

> **"Twenty years and over $100 million of development. The seed for that was a $600,000 revolving fund from the Bon Secours Health System."**
>
> **— Brother Art Caliman, vice president of sponsorship[12]**

The OROSW planning process had 2 phases: a higher-level visioning phase completed in 1998, followed by a second phase in 2002 developed in partnership with the city's department of planning. The process became a model for the way the city created neighborhood plans. It also established a way for the hospital to authentically listen and respond to the residents of southwest Baltimore, and to build partnerships with city agencies and other organizations to bring resources to address the needs the residents articulated.

The OROSW process didn't just generate plans that sat on a shelf. It led to tangible results in southwest Baltimore and beyond. There were lighting and facility improvements around an important transit station.[2] The initiatives also helped bring back community-based, on-demand drug treatment, a program that started in their neighborhood and then extended to the rest of the city.[6] Bon Secours became the largest provider of eviction counseling in the city and began providing public benefits screening. In 2017, it prevented more than 200 evictions and connected more than 400 people to public benefits.[7] Its behavioral health program now houses around 85% of its patients within 18 months of entry.[8] The Community Works Clean and Green Program, a workforce development initiative focused on out-of-school youth and people reentering the community from prison, has improved 700 lots and a little over a million square feet of vacant land.[6]

As an anchor institution, the hospital is a critical cornerstone of southwest Baltimore. A 2011 study by the Jacob France Institute at the University of Baltimore estimated that the hospital system generates over $226 million in economic activity to the City of Baltimore. It is one of the largest employers and purchasers in southwest Baltimore and provides millions of dollars in charity care for people who lack adequate insurance.

Data from the Baltimore Public Health Department shows some promising trends across the neighborhood. Between 2007 and 2017, the number of babies born with a low birth weight, infant mortality, and rates of sexually transmitted diseases all decreased, and life expectancy ticked up.[9,10] Other indicators, though, still point to a struggling neighborhood. The neighborhood's nearly 50% poverty rate towers over the city's 28%.[7] Unemployment rates remain higher than average, while median income remains lower. Southwest Baltimore remains, on the whole, one of the least healthy neighborhoods in the city.[7]

Bon Secours is building out systems to better capture the health outcomes that result from its specific efforts, but without longitudinal data it's hard to know the exact effects. It's clear, though, that while major strides have been made, the residents' needs continue to outstrip the scale of the hospital and its partner's substantial resources.

The Road Ahead

"We need multiple interventions and multiple people investing. I'm talking about infrastructure, I'm talking about housing, but I'm also talking about investing in the people. And so, it can't just be us. It takes political will and it takes courage to go down that path."

— Talib Horne, executive director of Bon Secours Community Works[11]

The gulf between their impressive outcomes and the stubbornly entrenched poverty that remains in southwest Baltimore keeps the Bon Secours staff humble and looking beyond their walls for solutions. As George Kleb said, "Community [residents] come to me and say, 'That vacant land is an eyesore. Can you help us out?' And I can do that. I have the resources to do that … [But] what we're talking about is systems change, and system change takes will. … We can add value to the conversation, but it has to be a political will … federal, state, and local on some of these issues."

Bon Secours and the residents of southwest Baltimore are still contending with the remnants of policies like exclusionary zoning and redlining that laid the foundation for the racial segregation and place-based disinvestment we see today. Though these policies were formally nullified decades ago, little has been done to remedy the lasting harms.

As more and more hospitals and health systems come to understand the relationship between poverty and health outcomes, there is growing interest in how their resources can help solve complex problems like neighborhood disinvestment and entrenched unemployment.

As investors, health systems can bring substantial financial resources to community development efforts. As anchor institutions, they can command the attention of decisionmakers; provide a platform; and amplify the voices of people who bear the burdens of poverty, disinvestment, and poor health outcomes.

Hospitals and health systems are important partners, but they cannot fix these problems alone. Even with their substantial resources, they will find their efforts hamstrung by larger housing, planning, and development systems not yet oriented toward ensuring all people have access to safe, stable, affordable, and well-connected housing or the foundations for long and healthy lives.

Additionally, as important as hospitals and health systems are to community development, they are fundamentally oriented toward a different mission. As George Kleb said, "Running a hospital just takes up all your time. You can add all this stuff. You can say, 'Look. We had a hospital. Now we have housing. Now we have Community Works. Now we have a Health Enterprise Zone. We're starting to look at population health.' But what we really need to do … is turn into a different thing."

Bon Secours provides us not with a prescriptive model for health systems and hospitals to follow, but rather a source of inspiration, a tale of institutional limits, and a call to action. These institutions can and should use their resources to convene, listen, and respond to community concerns.

Like Bon Secours, Cincinnati Children's, and United Healthcare, hospitals can invest in place-based efforts like housing and neighborhood redevelopment on their own, in partnership with other health care systems like Kaiser, or with other community development organizations like Boston Medical Center. Screening tools and standardized diagnostic codes can be adapted to identify socio-economic risk factors, so hospitals can more effectively work in partnership with city agencies to track and address place-based trends. Hospitals and health systems can advocate for new models of payment and compensation that adjust for social risk factors. As private entities, they can take risks that public agencies cannot. They can play a role in shifting the structural barriers to good health by establishing policy initiatives such as Nemours Children's Health System's Moving Health Care Upstream and Kaiser Permanente's Community Health Initiatives.

As hospitals and health systems increasingly become partners in truly innovative community development projects, they must hold up those efforts both to illuminate what works to bend down the cost curve in health care and to improve equitable health outcomes. These projects are also opportunities to inspire catalytic change. They can cast a spotlight on systemic factors that hold health inequities in place, and change the way community development systems operate. Generating these kinds of systemic changes requires shifting the ways priorities are set, investments are structured, and polices are adopted and implemented, moving toward ways of working that center community residents in decisionmaking processes and create structures that both remedy past harms while opening pathways to a healthier and more equitable future.

Endnotes

1. Unity Properties is the subsidiary corporation responsible for all of Bon Secours housing development in southwest Baltimore.
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4. Buchanan v. Warley, 245 U.S. 60 (1917).
5. Davidoff T. Tax Reform and Sprawl. *Jt Cent Hous Stud Harvard Univ.* 2013.
6. Interview with George Kleb, conducted by Allison Allbee 03 28 2016.
7. Bon Secours Health System Inc. 2017 *Community Benefit Report.* 2017.
8. Interview with Dr Aliya Jones, conducted by Allison Allbee 09 13 2016.
9. Baltimore City Health Department, Johns Hopkins Bloomberg School of Public Health Sommer Scholars Program. *Southwest Baltimore Health Profile 2008.* Baltimore, MD; 2008.
10. Baltimore City Health Department. *Baltimore City 2017 Neighborhood Health Profile.* Baltimore, MD; 2017.
11. Interview with Talib Horne, conducted by Allison Allbee 06 16 2016
12. Interview with Brother Art Caliman, conducted by Allison Allbee 09 13 2016
13. Interview with Joyce Smith, conducted by Allison Allbee 09 13 2016