

The Role of Anchor Institutions in Restoring Neighborhoods:

Health Institutions as a Catalyst for Affordable Housing and Community Development

by Janet Viveiros and Lisa Sturtevant | March 2016

INTRODUCTION

Anchor institutions, such as hospitals and universities, can be important catalysts for urban economic and community development. They can take on a variety of roles—from community infrastructure builder to purchaser of local goods and services to developer of real estate. With the passage of the Affordable Care Act (ACA), nonprofit hospitals and other health care institutions have new obligations and opportunities to embrace their role as community anchors by pursuing activities that focus on addressing the comprehensive health needs in their communities. In the years to come, health care institutions can become more actively involved in supporting the development of safe, decent and affordable housing, a key social determinant of health. This brief describes those opportunities and provides **specific guidance for how affordable housing and community development organizations can successfully partner with anchor institutions** to improve neighborhoods and expand housing opportunities.



Bon Secours of Baltimore Health System's affordable housing development efforts have been key in stabilizing the neighborhood around the hospital.

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What Is an Anchor Institution?

An anchor institution is a large organization, usually a public or nonprofit institution, that has an established presence in a community and can bring together “economic and financial assets, human resources, and physical structures”¹ in order to have an impact on the community. Anchor institutions can be critically important to community and economic development efforts. Because these institutions are physically tied to a neighborhood, they can be strongly invested in the health and well-being of their communities. The scale of these institutions allows them to have a much greater impact than smaller organizations. Anchor institutions are generally large employers; according to the Initiative for a Competitive Inner City (ICIC), an anchor institution is the largest employer in 66 of the 100 largest inner cities in the U.S.² Anchors often control a lot of land, which makes them valuable partners in development efforts. Finally, in many cases, a city's anchor institution has remained economically strong even as the city and neighborhood around it may have suffered from disinvestment and economic stagnation.³

There is enormous potential for anchor institutions to be important partners in neighborhood revitalization and affordable housing development; however, not all institutions take on that role. Leaders at an anchor institution sometimes do not see the benefits associated with community development activities, or they do not know the best way to have an impact.

In the summer of 2015, Vita's Fairgate Farm volunteers work in the field and neighborhood residents attend a cooking class.



WITH PERMISSION FROM VITA

What Roles Do Anchor Institutions Take in Community Development?

The ICIC and others have suggested that anchor institutions can take on several specific roles in community and economic development.⁴ They can serve as *community infrastructure builders*, providing resources and expertise to build capacity in the community. They can serve as *providers of goods and services*, tailoring products and services to meet the needs of the community. Often an anchor institution has control over significant land and can *serve as a real estate developer*. Anchor institutions are often purchasers in a community, buying goods and services from local businesses. They offer *employment opportunities* and provide *workforce development* in the community. And anchors can serve as *business catalysts* for growth of related businesses and institutions in the community.

Hospitals and other health institutions have served in all of these roles, although they have historically been most likely to serve in the roles of provider of goods and services, purchaser, employer and workforce developer. Universities and other educational institutions have been more likely to serve as real estate developers, taking advantage of partnering with other public organizations.⁵

What Is “Shared Value” and Why Is It Important?

In many instances, anchor institutions have engaged in ad hoc community development efforts.⁶ One-off activities do not often lead to long-term partnerships between the anchor institution and community groups, nor do they provide the best opportunities for making a significant impact in the community.

But there is a different paradigm for understanding and promoting anchor institutions as partners in revitalizing neighborhoods and building successful communities. Economist Michael Porter’s theory of the potential of place-based institutions (i.e., anchors) to improve local communities and local economies is based on the concept of “shared value,” which he defines as “policies and operating practices that enhance the competitiveness of a[n] [institution] while simultaneously advancing the economy and social conditions in the communities in which it operates.”⁷ Different from social responsibility or philanthropy, the notion of shared value suggests that when anchor institutions and communities work together to overcome challenges and disinvestment, the institutions can realize tangible, often economic benefits to their efforts.

The idea of shared value or “enlightened self-interest” is not necessarily new, and some inner city institutions understand that their fates are closely tied to the well-being of their surrounding communities.⁸ In the 1990s, many institutions in high-crime urban neighborhoods sought to work to improve conditions around their facilities to make surroundings better for their employees, visitors and other people they served. But there are many more opportunities for an anchor institution to undertake activities that benefit community residents as well as the institution itself. The ability for anchor institutions to play a valuable role in community development is dependent on relationships that are built from shared interests, jointly defined goals and a commitment to long-term coordination.⁹

Compared to universities and other institutions of higher learning, hospitals and other health care centers have not traditionally viewed community development as part of their primary mission, and the business models of these organizations have not been set up to get involved in holistic community development efforts.¹⁰ But the model is changing.

What Opportunities Are There for Health Institutions to Participate in Affordable Housing and Community Development?

Nonprofit hospital community benefit requirements

The ACA has expanded requirements for nonprofit hospitals to provide benefits to their communities to maintain their federal tax exempt status. The community benefit requirement, as it is often referred to, has evolved over time, but the most recent iteration provides the most direct opportunities for health anchor institutions to be involved in and receive credit for comprehensive community development efforts, generally, and affordable housing, specifically.

Historically in the U.S., nonprofit hospitals have been exempt from federal taxes on the basis that they offer a public good by supporting the health of their communities. In 1956, the Internal Revenue Service (IRS) began regulating nonprofit hospitals' tax exempt status and required nonprofit hospitals to "provide as much charity care as they could afford" in order to qualify for a federal tax exemption.¹¹ The creation of the Medicaid and Medicare programs in 1965 resulted in fewer uninsured patients being treated by hospitals for free as "charity care," so the IRS updated and expanded the federal tax exemption requirement to include other community benefit activities including public health services. Several state and local governments also grant nonprofit hospitals tax exemptions and have their own community benefit requirements.

In 2008, in response to concerns about whether the level of spending on community benefit activities was adequate considering the size of nonprofit hospital tax exemptions, the IRS revised its Form 990, which tax exempt organizations must complete to maintain their tax exempt status, requiring additional information about their activities and spending. In 2011, the IRS added the Schedule H Form, which requires nonprofit hospitals to provide details about their community benefit activities and spending, and to list separately health care treatment spending and other community building spending.

The ACA legislation, and subsequent U.S. Supreme Court case, resulted in the expansion of Medicaid eligibility in many states, which again greatly reduced the number of uninsured patients seeking free or reduced health care at nonprofit hospitals. The ACA also created a new process for documenting community benefit activities, designed to make nonprofit hospitals more accountable to their communities in selecting and carrying out activities and providing services that truly have an impact.¹²

Community health needs assessment

In an effort to ensure that community benefit activities directly address health needs in a nonprofit hospital's community, the ACA stipulates that nonprofit hospitals must work with community stakeholders to complete a community health needs assessment (CHNA) at least every three years.¹³ The CHNAs gather and present information on the most significant health needs in the community and identify barriers residents face in accessing health care and maintaining good health.

After completing the CHNA, nonprofit hospitals are required to create strategies to address the health needs identified in the CHNA or provide explanations for why the institution is unable to meet a particular health need. These are often referred to as "implementation" or "action plans." As of 2012, both the CHNA and implementation and action plans are submitted to the IRS and must be made available to the public by nonprofit hospitals.

The strategies that hospitals use to fulfill their community benefit requirements are typically still related to providing direct patient care. A 2013 study of over 1,800 nonprofit hospitals found that in FY 2009 nonprofit hospitals spent an average of 7.5 percent of their operating expenses on community benefit activities.¹⁴ On average, only 15 percent of community benefit spending was devoted to nonclinical activities, and about half of that was cash or in-kind contributions to community groups or community health improvement activities.¹⁵

Looking forward, there is great potential for nonprofit hospitals and community development organizations to work together to select and carry out community development activities that leverage a nonprofit hospital's role as an anchor institution and address social determinants of health to improve the well-being of community residents.

On average, only 15 percent of community benefit spending in 2009 was devoted to nonclinical activities, and about half of that was given to community development groups or community health improvement activities.

Where Are Health Care Institutions Supporting Affordable Housing and Community Development?

Several hospitals have embraced the opportunity to support community revitalization work that improves the health of community residents even before the changes to the community benefit requirement by the ACA. These hospitals offer examples of how nonprofit hospitals can positively influence their communities in new ways by thinking about their role beyond their own front doors.

Vita Health and Wellness District *Stamford, Connecticut*

In 2001, Brian Grissler, the new CEO of Stamford Hospital, a nonprofit hospital in Stamford, Connecticut, began to connect informally with leaders of community-based organizations, including Charter Oak Communities, the public housing authority of Stamford. A key component of Stamford Hospital's emerging strategic plan was gaining a better understanding of the community's needs while becoming more financially sustainable. Both the hospital and the housing authority were important institutions in the low-income community in the West Side neighborhood in Stamford, which had suffered from years of disinvestment. The relationship between the leaders of the Stamford Hospital and Charter Oak Communities endured and strengthened and developed the foundation for its current cross-sector relationship.

When Stamford Hospital began planning to update and expand its facility in 2009, it turned to Charter Oak Communities as a partner in its development goals. Both organizations recognized the value in coordinating their plans to achieve their individual but complementary objectives to positively impact

the community. Stamford Hospital needed to modernize and expand its facilities. Charter Oak Communities' Vidal Court public housing development, built in 1955, was deteriorating and was slated for redevelopment following special state legislation and a funding commitment. Vidal Court bordered the hospital, making it an ideal parcel for the hospital to partially acquire to expand its campus. The two organizations agreed to a land swap, which gave Stamford Hospital land to expand that was previously occupied by Vidal Court. Charter Oak used land obtained from Stamford Hospital located in a residential part of the neighborhood to replace a portion of the aging Vidal Court housing with new mixed-income housing, including replacement of all 216 units of affordable housing with onsite supportive services and other amenities.

Stamford Hospital's 2013 CHNA found that Stamford's West Side, the neighborhood surrounding Stamford Hospital, had among the least healthy residents of any neighborhood within its service area.¹⁶ Residents in the West Side neighborhood were more likely to suffer from chronic diseases such as asthma, diabetes, obesity and high blood pressure than the average resident in Stamford.¹⁷ Residents also reported limited access to preventative and specialty health care, like dental care or behavioral health counseling, than other residents of Stamford, despite their very close proximity to Stamford Hospital. The CHNA also showed that while Connecticut has expanded Medicaid eligibility in accordance with the ACA guidelines, nearly 40 percent of residents in the neighborhood were not eligible for Medicaid because they were undocumented immigrants.¹⁸

The CHNA process led to a conversation between Stamford Hospital and Charter Oak Communities about connecting health-related activities to ongoing community development efforts. The land swap solidified the partnership between the two organizations and enabled them to make significant headway in improving the community's built environment. The partners saw that collaborating on health programming was the natural next step after redeveloping Vidal Court and expanding the hospital. Working together to develop a strategy to address the social determinants of health in their community, Stamford Hospital and Charter Oak Communities identified key community stakeholders to partner with and created the Stamford Community Collaborative in 2013. The Collaborative brought together a number of additional health and wellness partners, including city health and social service departments, community centers, local nonprofits and advocacy organizations, local universities and other community-based supportive service providers, to connect with community residents.

The Community Collaborative was organized under the Vita Health and Wellness District, a program serving residents in the 1-mile commercial corridor in West Stamford that includes Stamford Hospital and the redeveloped Vidal Court public housing units. The Vita Health and Wellness District was initially launched

Vita's partner AmeriCares' mobile clinic holds weekly office hours in West Stamford to offer free medical care to uninsured, low-income residents.



in 2011 by the two partners to help administer the Fairgate Farm, an urban farm created in close proximity to the Stamford Hospital and Charter Oak Communities on the former site of blighted housing, and to align with the principles of the ACA.

The Vita District goals and strategies emerged from feedback the program received through community engagement with community residents and stakeholders. The objectives of the Vita District's members are to improve the health of community residents, reduce excessive use of emergency services and improve the neighborhood of Stamford's West Side. The Vita District pursues its goals through a variety of initiatives, including urban agriculture and nutrition education, enhanced connections to existing neighborhood parks, improved streetscape to facilitate walkability, expansion of job and business opportunities for residents and improved physical connection between the community and Stamford Hospital.¹⁹ As part of the development of the Vita District, Stamford Hospital worked with Charter Oak Communities to locate a Federally Qualified Health Center in the new affordable housing development in order to enhance access to primary care for community residents.

Both Stamford Hospital and Charter Oak Communities dedicate funding to the administration of the Vita District through a Memorandum of Understanding. The funding is used to pay the salary of the Vita project administrator, to contract outside grant writing services, to conduct outreach to leverage additional funding and to promote Vita and its services within the community and through the use of digital and social media.

The relationship between Stamford Hospital and Charter Oak Communities was initially informal; however, over time, both organizations recognized the value the other provided in helping to accomplish their strategic goals, as well as improve the lives of community residents. Stamford Hospital saw that it could have a significant impact on the health and health care utilization of the West Side community by not only pursuing modernization and expansion of its facilities but also working with Charter Oak Communities to align its planning with existing community development efforts and supportive services agencies. The close collaboration with Charter Oak Communities brought an expertise in community engagement and the ability to comprehensively assess community development needs to Stamford Hospital's CHNA and action plan development process. This collaboration also leveraged Stamford Hospital's role as an anchor institution and Charter Oak Communities' role as a community development leader to more effectively address social determinants of health in the community.



Bon Secours of Baltimore Health System Baltimore, Maryland

The Bon Secours Baltimore Health System Foundation was founded in 1997 in Baltimore, Maryland as a nonprofit subsidiary of the Bon Secours Baltimore Health System with a broad mission “to heal the vulnerable and address social injustice.”²⁰ The Foundation pursues its mission in its West Baltimore community through partnerships with community organizations that offer a variety of services, including workforce development, health care education, community revitalization activities, and development and management of affordable housing.²¹ Improving access to affordable, safe and decent housing has been an important goal of the Bon Secours Baltimore Health System for decades.

With its location in West Baltimore, the Bon Secours Baltimore Health System witnessed the negative effects that decades of inadequate investment had on health and social outcomes. It saw that no other organization was addressing the serious issues of substandard housing and lack of affordable housing in the neighborhood and decided to take action. In the late 1980s, the Bon Secours Baltimore Health System Foundation established a subsidiary to begin developing affordable senior housing in West Baltimore in partnership with Enterprise Community Partners, an experienced affordable housing developer and lender. Since that time, Bon Secours Baltimore Health System Foundation's subsidiary, Unity Properties, has expanded its development capacity to take a direct role in developing the affordable housing, with Enterprise's assistance in securing financing for projects.²² As of February 2016, Bon Secours Baltimore Health System Foundation manages 728 affordable housing units for low-income

residents and seniors in West Baltimore that it has developed or acquired. Unity Properties has an annual operating budget of approximately \$580,000.²³

Bon Secours' direct approach to increasing the supply of affordable housing in its West Baltimore community as a housing developer is unusual for a hospital. This approach may not be appropriate for nonprofit hospitals without the same charitable and social justice mission, or without the desire to take on the often complicated role of housing developer. However, it does show how a hospital in a community suffering from disinvestment can have a direct impact on revitalization and affordable housing development.

Henry Ford Health System *Detroit, Michigan*

The Henry Ford Health System (HFHS) is one of the largest employers in the Detroit metro area and is focused on helping to stabilize its community after decades of disinvestment. While community organizations work to eliminate blight and revitalize the neighborhood, HFHS works on several fronts to help improve the health and well-being of residents in the Midtown neighborhood.

HFHS has taken an active role in addressing major housing issues in its community. It has worked to address the widespread prevalence of vacant and blighted homes through an employer-assisted housing program, which issues forgivable down payment assistance loans, grants for exterior home improvements and grants for rent payments. It has also focused on the lack of housing affordable to older adults by funding new affordable senior housing. In contrast to Bon Secours, HFHS does not directly build and manage affordable housing, but rather relies on partners to manage the affordable housing development activities. Staff at HFHS focus on assembling and leveraging funding sources for housing development.

HFHS is partnering with the Presbyterian Village of Michigan and the United Methodist Church on the East Jefferson project, a senior affordable housing development in the Rivertown neighborhood where there was a significant need for affordable senior housing. HFHS's involvement in the project stems from its desire to expand its Program of All-Inclusive Care for the Elderly (PACE) program. The goal of PACE is to help low-income older adults age in the community instead of in a nursing home. HFHS had wanted to expand its PACE program for several years, but the lack of housing affordable to older adults in the community had been a barrier to successfully enrolling older adults in the program. Therefore, HFHS decided to invest in the expansion of affordable senior housing by partnering with an experienced senior housing developer and another nonprofit.

The development includes a second location for the HFHS PACE program and the first assisted-living facility in the city, with 74 affordable and 6 market-rate units. Phase II of the project is anticipated to include 150–170 additional affordable independent living housing units for seniors.²⁴

By partnering with experienced affordable housing developers to construct and manage affordable housing, as well as local philanthropic foundations and other anchor institutions to offer an employer-assisted housing program, HFHS is achieving its institutional goals and supporting its community. These efforts have improved the community and made it more attractive to potential patients, and facilitated the expansion of HFHS's PACE program. HFHS offers a model for hospitals dedicated to addressing their communities' housing challenges without taking on the direct role of becoming affordable housing providers themselves.

Key Steps to Pursuing Partnership with an Anchor Hospital

While the changes to federal regulations on community benefit requirements create new opportunities to engage local nonprofit hospitals in community development activities, community organizations should give serious thought to what the shared value is in collaborating with a nonprofit hospital. By recognizing how the goals and expertise of the two organizations align, community development organizations may be better able to effectively engage nonprofit hospitals directly in community development initiatives.

Start by examining the hospital's CHNA to identify the significant health needs in the community.

By reading a hospital's CHNA, you can gain information on what the hospital has identified as health priorities and consider how its work fits with these health priorities. The CHNA is completed by nonprofit hospitals at least once every three years and identifies common health conditions and challenges faced by community residents. The CHNA is intended to be a guide for a nonprofit hospital's community benefit spending and initiatives. In many cases, significant health needs are related to social determinants of health that are not fully addressed by hospital services or other direct health care. By becoming familiar with the local hospital's CHNA, you can also learn how the hospital defines its surrounding community geographically. All of this information will help housing and community development organizations to better understand their local hospital's approach to providing community benefits, as well as to consider how they can leverage existing efforts by the hospital by partnering on joint efforts.

2

Review your affordable housing or community development organization’s mission, goals and expertise, and then assess how they align with the local nonprofit hospital’s goals for community building.

Evaluating how your organization’s expertise and capacity for community development activities that can help promote health and wellness will inform the development of a proposal for partnership with the local nonprofit hospital. This perspective will allow you to determine what might be of shared value with the hospital and how your revitalization or affordable housing initiatives will promote health and wellness in the community. Many of the common activities of community development organizations, such as upgrading the quality of homes in the neighborhood and promoting homeownership, can lead to health improvements for residents.²⁵ There are often direct connections between improvements in the physical condition of a home and reduction in the severity or risk of serious illness or injury, such as asthma attacks or falling. Programs that facilitate first-time home buying for low-income families or the development of affordable rental housing can also improve the health of residents as they are able to spend more of their income on quality food and health care instead of housing.

3

Approach the hospital representative in charge of coordinating the hospital’s CHNA process.

Larger hospital systems may have staff members whose sole jobs are to manage the CHNA process. Smaller hospital systems might rely on public relations professionals or external organizations to conduct the CHNA. Every nonprofit hospital must complete a CHNA and will have staff or consultants dedicated, at least part time, to managing the process. These staff members, or the consultants contracted by the hospital to complete the CHNA, will be best able to understand how the housing organization’s work fits with the hospital’s CHNA and implementation strategy. They will also have the greatest understanding of the hospital’s approach to its tax exemption obligations and goals for community building activities. These staff members or consultants may have the authority to include interested housing and community development organizations as community stakeholders in the development of future CHNAs. This will give you a venue to voice community needs to the hospital and advocate for community building activities to address social determinants of health through community development initiatives. This is an effective way to begin outreach to a hospital you are interested in partnering with, as well as to start discussions of how a partnership can help both organizations achieve their goals and better serve their shared community.

4

Approach the hospital with your interest in partnering by explaining how your organization can help to carry out its action plan to address health needs identified in the CHNA and meet the requirements for its federal tax exemption.

Hospitals are grappling with new requirements for CHNAs, among many other health care changes, and many are struggling to adapt to the changes required of them. The manner in which you approach a hospital may influence the hospital’s openness to considering a partnership on community development or affordable housing activities. By indicating a desire to assist the hospital meet its new obligations to address health needs identified in the CHNA, versus simply requesting funding, you may find more success with developing interest in a partnership. The proposal should help hospitals see how they will benefit in their efforts to comply with regulations around their nonprofit status by investing and getting involved in community development efforts that affect social determinants of health. This may mean that you may have to bring evidence to the hospital about the effectiveness of its work and explain in detail how its efforts address social determinants of health. Ultimately, an understanding and focus on the shared values and special expertise of both organizations will lay the ground work for productive discussions of how a partnership could be developed to carry out community development work to promote health and wellness in the community.

A Bon Secours of Baltimore Health System nonprofit subsidiary operates over 700 units of affordable housing near the hospital.



ENDNOTES

1. *The Role of Anchor Institutions in Sustaining Community Economic Development*. 2013. Washington, DC: US Department of Housing and Urban Development, Office of University Partnerships.
2. Ross, Tracey. 2014. *Eds, Meds, and the Feds: How the Federal Government Can Foster the Role of Anchor Institutions in Community Revitalization*. Washington, DC: Center for American Progress.
3. *Anchor Institutions and Urban Economic Development: From Community Benefit to Shared Value*. 2011. Boston, MA: Initiative for a Competitive Inner City.
4. *Ibid.*
5. *Ibid.*
6. Kleiman, Neil, Liza Getsinger, Nancy Pindus and Erika Poethig. 2015. *Striking a (Local) Grant Bargain: How Cities and Anchor Institutions Can Work Together to Drive Growth and Prosperity*. Washington, DC: National Resource Network.
7. Porter, Michael E. and Mark R. Kramer. January-February 2011. "Creating Shared Value." *Harvard Business Review*.
8. Ehlenz, Meghan M. and Eugenie L. Birch. 2014. *The Power of Eds and Meds: Urban Universities Investing in Neighborhood Revitalization and Innovation Districts*. Philadelphia, PA: Penn Institute for Urban Research.
9. Kleiman, Neil, Liza Getsinger, Nancy Pindus and Erika Poethig. 2015. *Striking a (Local) Grant Bargain: How Cities and Anchor Institutions Can Work Together to Drive Growth and Prosperity*. Washington, DC: National Resource Network.
10. Kleiman, Neil, Liza Getsinger, Nancy Pindus and Erika Poethig. 2015. *Striking a (Local) Grant Bargain: How Cities and Anchor Institutions Can Work Together to Drive Growth and Prosperity*. Washington, DC: National Resource Network.
11. Folkemer, Donna C., Laura A. Spicer, Carl H. Mueller, Martha H. Somerville, Avery L. R. Brow, Charles J. Milligan Jr., and Cynthia L. Boddie-Willis. 2011. *Hospital Community Benefits after the ACA: The Emerging Federal Framework*. Baltimore, MD: The Hilltop Institute, University of Maryland, Baltimore County.
12. *Health Policy Snapshot: Public Health and Prevention*, Issue Brief. October 2012. Princeton, NJ: Robert Wood Johnson Foundation.
13. *Health Policy Snapshot: Public Health and Prevention*, Issue Brief. October 2012. Princeton, NJ: Robert Wood Johnson Foundation.
14. Young, Gary J., Chia-Hung Chou, Jeffrey Alexander and Shoou-Yih Daniel Lee. April 18, 2013. "Provision of Community Benefits by Tax-Exempt U.S. Hospitals." *The New England Journal of Medicine*, 368: 1519–1527.
15. *Ibid.*
16. Gamble Associates, Madden Planning Group, Development Strategies, Reisen Design Associates, Tripp Umbach, and Balance Health Communications. August 2013. *Vita: Health & Wellness District in Stamford, CT*. Retrieved from http://vitastamford.com/wp-content/themes/vita/media/VITA_2013_REPORT.pdf.
17. *Ibid.*
18. Tufo, Vincent and Gregory Kearns. "The Importance of Community Development for Health." PowerPoint presentation on September 29, 2015, at the Connecticut Housing Coalition Conference.
19. *Ibid.*
20. Bon Secours Baltimore Health System Foundation. Neighbor to Neighbor: Transforming Our Community. Retrieved November 19, 2015, from http://www.bonsecoursbaltimorefoundation.org/file/newsletter/annual_1102.pdf.
21. Bon Secours of Maryland Foundation. *Housing and Neighborhood Revitalization*. Retrieved November 19, 2015, from http://www.gdiconnect.com/clients/BSMF/housing_neighborhood.html.
22. Robert Wood Johnson Foundation. *A Hospital Helps Revitalize the Community Outside Its Walls: Q&A with George Kleb and Christine Madigan*. Retrieved November 19, 2015, from http://www.rwjf.org/en/culture-of-health/2014/03/a_hospital_helpsrev.html.
23. Kleb, George. February 2016. Telephone interview.
24. Zuckerman, David. *Hospitals Building Healthier Communities: Embracing the Anchor Mission*. March 2013. Takoma Park, MD: Democracy Collaborative. Retrieved from <http://community-wealth.org/sites/clone.community-wealth.org/files/downloads/ExcerptHospitalsBuildingHealthierCommunities-HenryFord.pdf>.
25. Maqbool, Nabihah, Janet Viveiros and Mindy Ault. *The Impacts of Affordable Housing on Health: A Research Summary*. April 2015. Washington, DC: National Housing Conference.

The National Housing Conference gratefully acknowledges

JPMORGAN CHASE & CO.

*for its support of this research brief and the activities
of the Restoring Neighborhoods Working Group.*

*We would also like to thank members of Restoring Neighborhoods
Working Group for offering for feedback on early drafts of this report.*