

Kauper-Brown J and Seifer SD (2006) Health Institutions as Anchors in Communities: Profiles of Engaged Institutions. Seattle, WA: Community-Campus Partnerships for Health.

**Health Institutions as Anchors in Communities: Profiles of Engaged Institutions
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Introduction: This report, commissioned by the Annie E Casey Foundation, explores how health institutions, defined as hospitals, health systems, health professional schools and academic health centers,¹ serve as instruments of community and economic development and describes the variety of anchor roles these institutions play.

To some extent, every health institution serves as an “anchor” for the community in which they are located. In addition to core missions that can include providing health services, educating health professionals, conducting health-related research and providing community service, these institutions employ a sizeable workforce and have substantial economic impacts. This report examines how the resources of health institutions are utilized on behalf of their surrounding communities. In gathering information for this report, we sought to understand the economic decisions that are made by these institutions in terms of the full range of anchor roles being served by health institutions that can be framed specifically to support the vitality of local communities. These include purchaser, employer, purchaser, workforce developer, real estate developer, community/neighborhood developer, incubator, services provider, funder, and advisor/network builder. Secondly, we sought to identify thriving and mutually beneficial partnerships between health institutions and local communities. Ultimately we hope this report will help to inspire and encourage health institutions to take a strategic approach to their roles as anchors in their communities

The report also includes profiles of “engaged institutions”, meaning health institutions that are serving in one or more of these roles and ideally, institutions that are serving in multiple roles while making economic decisions in a deliberative and coordinated manner in partnership with the local community. At a time when they are challenged by complex issues and problems, communities must draw upon the strengths and assets of anchor institutions as partners in community and economic development. This project helps us learn more about how and why health institutions are embracing their roles as anchors to develop and strengthen local communities.

Methods Used to Prepare this Report: In preparing this report, this project drew on multiple information sources. First, an extensive review of existing literature on health institutions and local community and economic development was conducted. This review encompassed a range of material including academic and practitioner peer-reviewed journal publications and grey literature published by national associations and organizations, as well as data from individual health institutions. Secondly, phone interviews were conducted with national experts on health institutions and, specifically, community and economic development. Interview topics covered the current state and trends in the field, challenges and facilitating factors impacting institutional decision-making, and suggestions for resources and additional perspectives. Based on the information gathered from these sources and prior work done around the anchor roles of higher educational institutions,² a conceptual framework of strategic ways of leveraging health institution assets for community economic revitalization was developed to guide the project’s subsequent work. In the next phase of the project, surveys and phone interviews were conducted with staff at health institutions that were cited to be promising practices of economic community revitalization efforts. While the institutions selected do not represent an exhaustive review of the field or represent the full range of geographic and institutional diversity in health institutions, they illustrate exceptional examples and models for examination by other institutions

At various points along the process of preparing this report, presentations were made at national conferences³ and information was sought on relevant listservs⁴ to assist in gathering additional promising practices and resources and in testing the validity of the anchor roles framework.

Community-Campus Partnerships for Health will continue to work with health institutions and organizations to implement this report’s recommendations. Comments, suggestions, and additional examples are welcomed. Please send these to ccphuw@u.washington.edu or visit www.ccph.info.

The Economic Impact of Health Institutions: The importance of health institutions extends far beyond providing quality health care. Health institutions are economic catalysts, providing a source of stable, well-paying jobs, stimulating multiple business opportunities in other fields, purchasing local goods and services, and contributing to local and state tax bases. This is perhaps most obvious in rural communities, where a health institution may be the major employer and where a single hospital closure can have a devastating impact on the local community.⁵ The role of health institutions as major contributors to the nation’s economy has the potential to play an even larger part in the country’s overall economic strategy. As discussed in the section below, health institutions are a very large and growing sector of the economy and play a critical role in keeping local and regional communities viable.

Health Care Sector: The health care sector is developing at an extremely fast rate and this trend is expected to continue. Data in Table 1 provide selected national health care expenditure and employment data. Several highlights from these data are included below:

- In 1970, health care services as a share of group domestic product (GDP) was 7.0 percent. This increased to 14.7 percent in 2002 and is projected to reach 17.9% in 2005.
- Per capita health expenditure increased from \$348 in 1970 to \$5,427 in 2002 and is projected to increase substantially from 2003 through 2005. In fact, it is predicted that health care expenditures will be 17.9 percent of GDP in 2005.
- Employment in the health sector increased 331 percent from 1970 to 2000; and
- Annual increases in employment from 1995 to 2002 ranged from 1.2 percent to 3.6 percent.

Table 1
From <http://www.mhanet.org/i4a/pages/index.cfm?pageid=409>

National Health Expenditures and Employment Data 1970-2001; Projections for 2003, 2004, and 2005					
Year	Total Expenditures (\$\$ Billions)	Per Capita Expenditures (\$\$)	Expenditures as a Percent of GDP	Employment in Health Sector (000 Jobs)	Annual Increase in Employment
1970	\$ 73.1	\$348	7.0%	3,052	
1980	245.8	1,067	8.8%	5,278	7.3%
1990	695.6	2,738	12.0%	7,814	4.8%
1995	990.3	3,698	13.4%	9,230	3.6%
1996	1,039.4	3,847	13.3%	9,478	2.7%
1997	1,092.7	4,007	13.1%	9,703	2.4%
1998	1,149.8	4,177	13.1%	9,853	1.5%
1999	1,215.6	4,377	13.1%	9,977	1.3%
2000	1,299.5	4,637	13.2%	10,096	1.2%
2001	1,423.8	5,039	14.0%	10,381	2.8%
2002	1,545.9	5,427	14.7%	10,673	2.8%
Projections					
2003	1,653.4	5,757	15.0%	N/A	
2004	1,902.2	6,519	15.6%	N/A	
2005	2,815.8	8,704	17.9%	N/A	

SOURCES: Bureau of Labor Statistics; Bureau of Economic Analysis; Centers for Medicare & Medicaid Services, website: <http://cms.hhs.gov>

N/A – Not Available

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Health care jobs, and the revenues they bring to communities, have proven especially important in sustaining regional economies during downturns in the business cycle.⁶ Unlike sectors that lost economic vitality and shed jobs during the recent 2001 recession, the health care sector provided an economic mainstay, growing 2.3 %.⁷ They have also created a capital base for other industries to draw from, which has spurred and supported economic development.

It is also important to note the huge contribution made by federal health care spending to local economies. Mirroring the statistics above, there have been steady increases in government spending on federal health programs.⁸ The federal government is one of the most important overall contributors to annual health spending, representing about 30 percent of the \$1.6 trillion spent on healthcare in 2002.⁹ Most of this money goes to fund national programs that provide healthcare services, including Medicare, Medicaid, the State's Children Health Insurance programs, and the major programs designed to provide health benefits to the military, veterans, and federal employees.¹⁰ In addition, a large number of federal dollars are also attracted by teaching hospitals and health professional schools that receive grants for health research. In FY 2003, the National Institutes of Health gave awards to hospitals totaling more than \$1.5 billion, medical schools totaling more than \$10 billion, and to other health professional schools totaling more than \$15 billion.¹¹

Hospitals are the largest component of the health services sector and a major contributor to the U.S. economy¹² Hospitals support one out of every nine jobs in the U.S., either directly or indirectly. In 2002, community hospitals employed nearly 5 million people and spent about \$213 billion on goods and services in addition to employee wages. A recent report from the Association of American Medical Colleges adds specific details about the impact of U.S. medical schools and teaching hospitals. In 2002, they had a combined impact on the nation's economy of more than \$326 billion and employed one out of every 54 wage earners in the U.S. labor force.¹³

Hospitals also support other businesses through so-called ripple effects. These ripple effects are modeled by economic multipliers and show how spending in one sector affects spending in the economy as a whole. These effects can be generated in three ways.

- Hospitals purchase goods and services, such as drugs, information technology, food, bed linens, and “brick and mortar” from other businesses in their communities. Those purchases create revenue for local businesses, and jobs, and income for their employees. In 2002, hospitals supported other community businesses and industries nationwide at a cost of more than \$1.3 trillion.¹⁴
- Hospitals provide income for employees. This income is usually high relative to other service sectors and hospitals provide jobs across a wide spectrum of skill levels. Hospital employees then purchase goods and services, such as cars, household appliances, and groceries. These purchases generate income and create jobs for other business in the community. Nationally, each hospital job supports about two additional jobs and every dollar spent by a hospital supports \$2 of additional business activity.¹⁵
- Wages and salaries paid by hospitals are subject to federal, state, and local taxes (e.g. payroll taxes, sales taxes). For example, in 2001, Washington state's hospitals paid about \$466 million in taxes – about 4% of total state and local tax revenue. Considering the taxes paid by other businesses that hospitals support, total taxes generated by hospitals in WA state were \$634 million.¹⁶

The total economic impact of health institutions must also include their ability to attract and recruit new commercial development.¹⁷ Company surveys reveal that managers often look at health care as an important consideration in decisions about where to locate facilities. The existence of a strong health care network can lower health care costs for firms and their employees and also attracts other workers, students, and residents (especially retirees). Another important financial role for a local health institution is to keep local health care dollars at home. There are many sources of these dollars including state and federal research grants, private insurance, consumer out-of-pocket payments, and Medicare and Medicaid transfer payments. In addition, teaching hospitals and health professional schools help communities to take advantage of the prosperous biotech boom, playing a critical role in the growth of biotech and life science clusters.¹⁸ Developing and sustaining these clusters require a workforce with specific skills found at strong academic institutions and medical facilities. Close proximity to these institutions plays a strategic role in determining where new biotech clusters will be located. If these dollars leave or choose not to locate in the community, they represent a loss of potential jobs and income to local residents.

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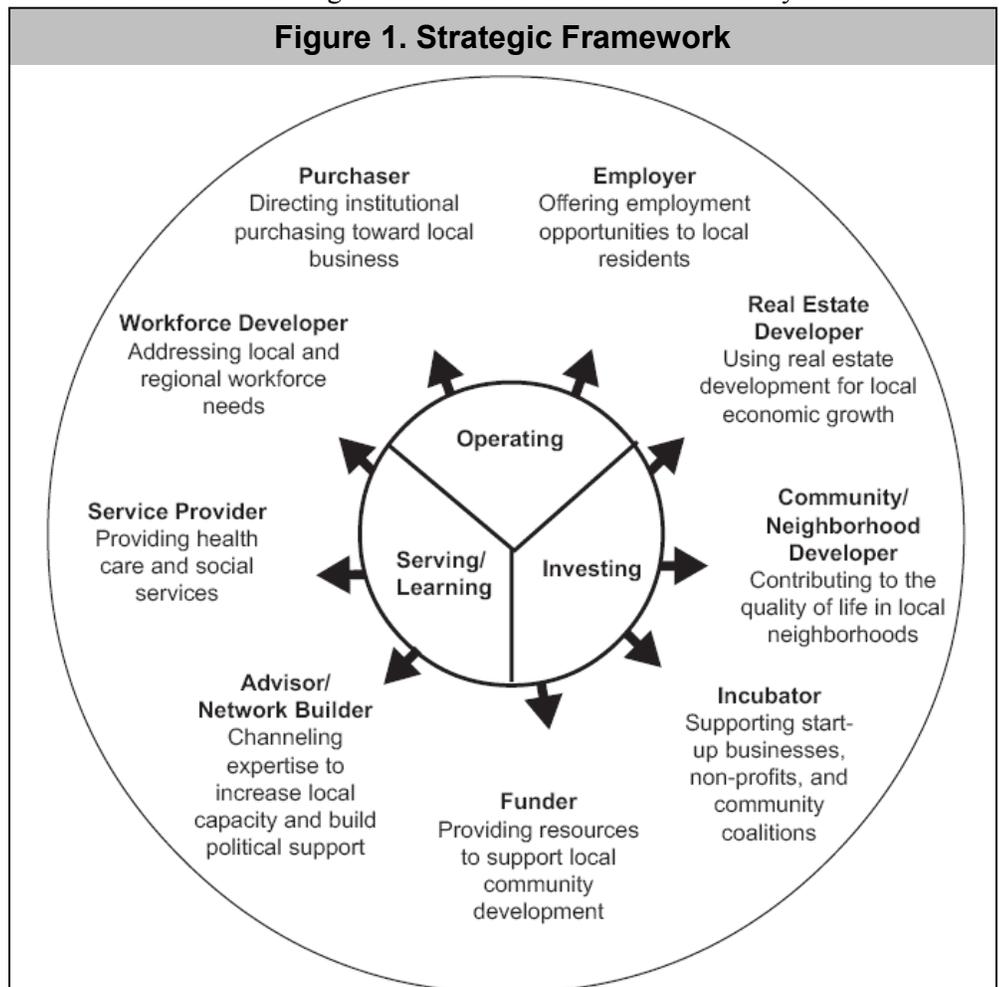
Economic impacts resulting from health institutions are quite different in for urban and rural institutions. Large urban medical facilities are often able to attract a high proportion of patients from outside the urban area where they are located. These out-of-town patients are often also bringing in the dollars used to pay for the services from outside the area. This results in healthcare being an export base type industry. Rural hospitals differ from urban hospitals in that they generally are not typically serving residents outside the region. However, they are often large community employers and while the patients do not generally come from outside the local area, much of the income supporting the local hospital sector is from outside the local area. For example, much of the reimbursement dollars, such as those from Medicare and Medicaid, come from outside. In addition, the presence of a hospital in a rural community increases the attractiveness of the community for residents and businesses thus indirectly affecting the overall level of community economic activity. Unfortunately, this can also work in the reverse. For example, if a rural hospital closes, the community may experience an out migration of highly paid healthcare personnel and businesses that rely on the services.¹⁹

Health Institutions as Anchors in Communities: Health institutions themselves are also having a clearer understanding of their economic impact in their community, as well as reasons for promoting it. An increasing number of health institutions, hospital associations, and other entities have been releasing annual economic impact reports examining the importance of the health care sector in local community economies.²⁰ These reports usually include an accounting of the institution’s community benefit program, including the amount of uncompensated care provided and descriptions of community health promotion programs (e.g., health fairs, health education and outreach).

This report seeks to highlight health institutions that have embraced an even broader view of how they can fulfill their civic responsibility and incorporate a broader community benefit philosophy into “the way they do business.” While the most fundamental role that health institutions can play in the community is the provision of health services, the financial choices they make also have the potential to contribute to meaningful economic benefit to the community and the institution. Several institutions have developed pro-active and strategic institutional objectives for economic development and these institutions provide a model for strengthening the tradition of health institution civic responsibility.

Strategic Framework for Leveraging Health Institution Assets:

To better understand the leverage points for developing and accessing the resources of health institutions, a strategic framework was developed. This framework, illustrated in Figure 1,²¹ defines the roles and activities that health institutions play in economic and community development. These nine activities are in line with the core operating, investing, and serving/learning



Note: This figure adapted from “Leveraging Colleges and Universities for Urban Economic Revitalization: An Action Agenda” A Joint Study by Initiative for a Competitive Inner City and CEOs for Cities, 2003

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functions that health institutions carry out. Purchasing and employment are primarily related to operations; real estate and community/neighborhood development, local business incubation, and funding are related to investing; and the roles of advisor/network builder, service provider, and workforce developer are related to serving and learning.

In the current economic environment, health institutions are some of the largest and most stable institutions that are physically anchored in their local community. They are not likely to relocate as is common in many other sectors. That is why even small changes in focus in each area of the framework can have a large influence on the economic health of local communities. Shifts in institutional purchasing or hiring policies can stimulate local business and workforce development. These activities result in mutually beneficial changes in the community. For example, a safer neighborhood helps local residents, as well as providing nicer physical surroundings that attract institutional staff and patients. While each individual anchor activity provides value to both the community and the health institution, communities and institutions that collaborate to strategically link multiple activities will realize the broader vision of anchor institutions.

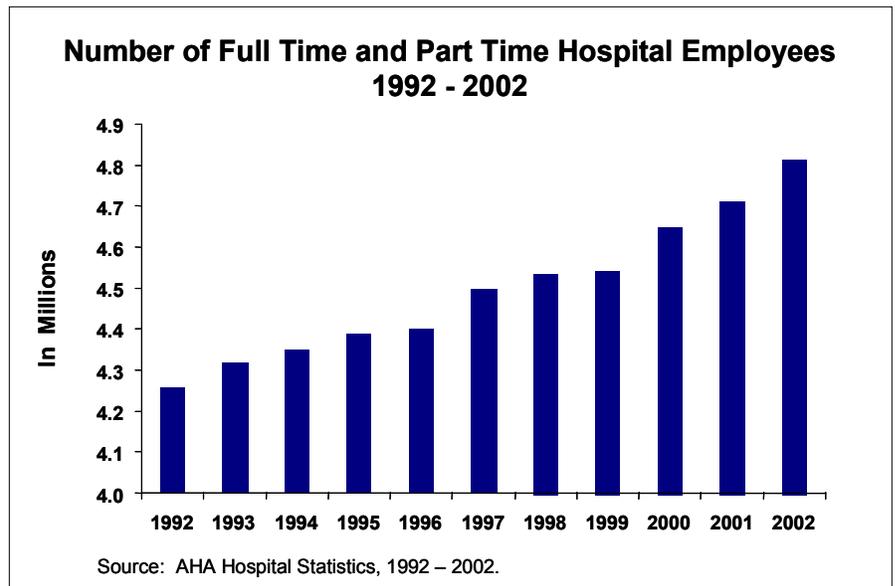
In the sections below, each of the anchor roles is described with more detailed background information, promising practices, and recommended strategies for action. The promising practices are provided to illustrate how this strategy has been realized in a diverse range of institutional contexts.

Employer: Health institutions regularly rank among the largest employers in both urban and rural communities.²² Hospitals employ both highly skilled doctors nurses, and therapists, as well as low-skilled workers in environmental and food service. For these workers, hospitals also furnish benefits such as health insurance that may be lacking in other job options, such as retail or other service jobs. According to the U.S. Department of Labor’s Bureau of Labor Statistics, nine out of the 20 fastest growing occupations are found in the health care sector and is growing at a significantly higher rate than non-health sector employment.²³

Health institution activities also result in a wide range of additional jobs through the need for supply and equipment vendors, contractors and laborers for the construction and renovation of laboratory facilities, administrators and managers who support the research infrastructure, and of course, jobs created in the community by the disposable income of the institution’s workforce.

Recommendations: Health institutions should strive to offer employment opportunities to local residents. This may include:

- Training and using underutilized workers in health care-related positions, as well as administrative, janitorial and food service positions. For example, Cambridge Health Alliance operates a program which helps current employees advance into health-related positions in key workforce shortage areas. This initiative addresses institution’s staffing issues and provides crucial career development opportunities for employees.
- Serving as a model workplace by offering benefits like insurance coverage and living wages for all institution employees and contractors.
- Changing policies and procedures which present obstacles to local recruitment and hiring.
- Partnering with community organizations to recruit and screen candidates.



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Promising Practice: University of Chicago Hospital (UCH), UCH Academy

In 1993, UCH developed the first corporate university in the health care industry. The UCH Academy is focused on advancing the skills of its staff and increasing organizational capacity to address critical skill shortages in health care. The academy is a “win-win” proposition that enables employees and community residents to acquire a portable credential in health care on-site at the University of Chicago Hospitals---with the Hospitals and its network of educational partners collaborating to remove financial, geographic, and work schedule challenges that prevent adult learners from entering schools of nursing and allied health. The program provides 100% prepaid tuition with scholarship incentives available for payment of fees/textbooks/certification exams for employees and community residents. The scholarship selection committee is comprised of hiring managers who sponsor recipients as they matriculate toward degree/certification while working at the Hospitals. In 1993, the Academy supported over 4,300 course enrollments; five years later that number had increased to 32,000. As a consequence, staff turnover dropped from 26 percent down to 15 percent in three years. Now, nearly 30 percent of hospital employees participate in elective learning opportunities each year, higher than average for most industries. The academy has also successfully attracted and retained students from underrepresented populations (over 50% of participants are African-American and/or Hispanic). UCH and its network of over 9 educational partners are currently seeking funding to expand its educational pipeline for preparing community residents for careers in nursing and allied health.

Promising Practice: Cambridge Health Alliance

The STARS program offers financial assistance to employees who enroll in certificate or degree programs in one of the key workforce shortage areas: Lab, Nursing, Pharmacy, Bilingual Medical Office Practice, Radiology, Medical Lab Technology. This program provides \$2,000 per year to those who enroll in certificate or associate degree programs and \$4,000 for the duration of their education to employees who enroll in Bachelor’s degrees programs. Employees agree to commit to work 2 years for every year of funding that they receive. In addition to financial assistance, the Alliance is implementing a mentoring program to further enhance the STARS program. In 2004, 2 participants will be graduating from nursing programs. The remaining participants will be completing their degree in subsequent years.

Nursing Career Coaching is a project funded by the Department of Labor and overseen locally by the Boston Private Industry Council, a Workforce Investment Board. The Cambridge Health Alliance is one of five pilot sites. As of 2004, 37 employees have received nursing career coaching services (e.g. guidance on pursuing a career in nursing through information sharing on college programs, financial aid, and general nursing career information); six employees have applied to nursing school; and four have been accepted or are currently enrolled in nursing programs. The majority of the remaining participants are currently taking pre-requisite courses.

Promising Practice: Exempla Healthcare

Exempla provides many opportunities for workforce development for their entry-level workforce. Exempla currently has 125 employees participating in the program that in partnership with the Community College of Denver, provides greater job enrichment, training and career opportunities to employees in targeted positions This includes education classes including English as a Second Language (ESL), skills enhancement for healthcare, basic computing skills and Spanish as a Second Language (SSL); free health insurance to families who make a household income of \$30,000 or less; and career and tax counseling. In addition, Exempla jointly received a federal grant with Red Rocks Community College and the Tri-County Workforce Center to train at least 30 entry-level employees of Exempla as nursing assistants. This \$75,000 grant from the Federal Workforce Investment Act will provide scholarships, textbooks and other materials.

Promising Practice: Abbott Northwestern Hospital

Responding to a spike in the murder rate and an unemployment rate almost five times than national average in their home neighborhood, the Phillips neighborhood, Abbott Northwestern Hospital joined with city, county, state and national law enforcement; private businesses; and community organizations to form the Phillips Partnership. Abbott worked with community members and the Partnership to create the education arm of the partnership, the Health Careers Institute (HCI). HCI offers participants training in high-vacancy health care careers as nursing aides, phlebotomists, insurance coders, transcriptionists and clinical support assistants positions. Eligible graduates are guaranteed employment at one of three area hospitals: Abbott Northwestern, Children's Hospitals and Clinics – Minneapolis and Hennepin County Medical Center. Abbott Northwestern gives in-kind support, including space, desks, and computers to HCI and Abbott’s vocational

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services department received a separate Department of Labor grant to fund the inclusion of individuals with disabilities. Since its opening in 2000, HCI has already enrolled more than 600 students. To date, about 130 students now have health care positions and the share of Abbott Northwestern employees from the Phillips Neighborhood nearly tripled. In 2003, Abbott underwrote a special English as a Second Language course for current employees who wish to qualify for an HCI program.

Purchaser: Hospitals spend billions of dollars on other goods and services needed to provide health care services. Hospital purchases of everything from construction materials to paper products and bed linens can support other businesses in their communities.

Small changes in spending by large institutions can have great repercussions for local communities. But the bureaucracy and complexity of institutional structures and policies can make it difficult for local businesses to tap into these dollars. It is valuable for health institutions to establish local purchasing relationships so they can benefit from having readily available and reliable goods and services.

Recommendations: Health institutions should strive to direct institutional purchasing toward local businesses/minority businesses. This may include:

- Targeted efforts to make purchasing decisions that purposely and strategically contribute to local economic development. For example, one university medical system located adjacent to a predominately low-income African-American community created a targeted purchasing program, which in over 7 years has increased its construction dollars spent with minority-owned firms from \$2 million to \$18 million and in the last 4 years increased its other purchasing from such firms from \$1.5 million to \$3.2 million.²⁴
- Providing support and training to local businesses on navigating the institution's purchasing programs
- Participating in environmentally-preferable purchasing programs: An increasing number of hospitals are also adopting environmentally preferable purchasing programs. These ensure that environmental considerations, for example those that are non-toxic or include recycled content, are included in purchasing decisions, along with traditional factors, such as product price and performance.²⁵
- Facilitating joint ventures between national and local suppliers.

Promising Practice: Sinai Health System, Family Enterprise Institute

Through Sinai Health System's participation as a member of the Premier²⁶ Supplier Diversity Program Committee, a Sinai Health System policy was developed that defines a "*goal of the System is to enhance business relationships with minority vendors*" Sinai's main campus sits in the middle of poor intercity community. In order to successfully meet their goals, Sinai established the Family Enterprise Institute (FEI) in 2003. FEI identifies, trains and supports entrepreneurial education for local families. Over a six-month period, 40 families (80 people) graduated from the two MicroEnterprise Courses and five businesses have been fully launched. Due to budgetary constraints experienced by the State of Illinois, funding for this program ended June 2003; however, past graduates continue to utilize the Sinai/Chicago Community Venture's Business Resource Center in an effort to refine/launch their businesses.

Promising Practice: Catholic Healthcare West

CHW recognized that "central to its mission is providing compassionate high quality, affordable health care in a way that enhances patient and employee safety and minimally impacts the environment." To mark their formal commitment to environmental conservation and protection, CHW's Board of Directors endorsed the Coalition for Environmentally Responsible Economies (CERES) Principles in 1996.²⁷ Examples of CHW's ecological achievements include:

- CHW contracted with Novamatrix to purchase reusable pulse oximeters (noninvasive device to measure the level of oxygen in the blood of the arteries and heart rate). The shift to reusable devices will eliminate one million disposable probes from entering landfills over a five-year period and is projected to save more than \$7 million. As a direct result of Novamatrix's accomplishments at CHW, the company secured a contract with the group purchasing organization, Premier, and is now offering an environmentally preferable product to one third of the nation's hospitals.
- Fifteen CHW facilities now recycle the blue plastic wrap used to protect surgical instruments and other soft plastic wraps such as the overbags of IVs. The recycled plastic is reprocessed and reused as siding for housing.

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The State of California is endorsing the project and has compiled a video filmed at a CHW facility that is shown at other facilities around the state as an example of how blue wrap recycling can work.

Workforce developer: Health institutions have an interest in working to ensure that there is a local source of well trained and educated prospective employees. Facing a shortage of skilled workers, hospitals are investing in workforce development and retention activities. There are a variety of specific strategies that health institutions can undertake to support expanding employment opportunities. The health workforce sector meets four important criteria for workforce development: significant potential for job growth, accessibility of jobs within the industry to low-skill workers, opportunities within the industry to earn a “living” wage, and the potential for career advancement.²⁸

Recommendations: Health institutions should strive to address local and regional workforce needs. This may include:

- Partnering with local K-12 schools and colleges to encourage and educate future health professionals. For example, the health professional schools of one university have spearheaded a pre-college initiative to prepare under-represented students in the Appalachian region for health care careers through a Health Sciences and Technology Academy. Since the program began in 1997, one hundred percent of the graduates have entered college and more than 50% have majored in science and health.²⁹
- Training and using underutilized workers such as TANF recipients in health care-related positions, as well as administrative, janitorial and food service positions.
- Providing scholarships or subsidizing tuition costs for current employees seeking additional education and training. For instance, some hospitals offer tuition reimbursement programs, partner with local colleges to provide access to training programs for employees to update or develop their skills, or have implemented mentoring programs for less experienced staff.

Promising Practice: Cambridge Health Alliance

Cambridge Healthcare Career Advancement Program: This program provides Bunker Hill Community College courses onsite to 22 program participants (community members and employees). This program prepares participants to apply to associate degree programs in Nursing and Radiology by fulfilling the necessary pre-requisite courses. The goal of the program is to increase the number of employees/community residents who apply to degree programs in the shortage areas, fill key positions in shortage areas, increase economic self-sufficiency, provide opportunities to advance their career and education. This program also includes onsite individualized tutoring and career counseling. This program is funded by the City of Cambridge’s Division of Community and Economic Development. To date, 3 program participants are planning on enrolling in college (2 in Nursing and 1 in Radiology) for Fall 2004. The remainder of the program participants plan on enrolling in Fall 2005.

BEST Grant for Older Youth: This program provides colleges preparatory training to participants ages 18-24 who are Metro-North residents. This training includes both members of the community as well as employees. In addition to the college prep training, a healthcare skills training module is included in the program. Examples of topics include multiculturalism, patient care skills, infection control, safety, HIPAA, and other related competencies. This training is designed to help participants test higher on the college placement test as well as increase the number of participants who apply to college. The program also offers internship and job shadowing opportunities to community residents and employees. Three out of 10 program participants were planning on enrolling in college classes in Fall 2004 and the remainder at future dates.

Promising Practice: Bon Secours Baltimore Health System

Bon Secours administers two workforce development programs:

- The Youth Employment and Entrepreneurship Program (YEEP) helps youth in high school plan for future employment and their career. More than 200 youth have completed program to date and 15 are now attending college.
- The Adult Employment Program provides job readiness, skills training and placement services for neighborhood adults along with career/job coaching post-placement. Over 300 people have been placed in employment over first three years of program with a 55% retention rate. Bon Secours began working with Goodwill Industries of the Chesapeake in 2000. Since that time, over 300 residents have been placed in jobs.

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Promising Practice: Sinai Health System: North Lawndale Employment Network (NLEN)

Sinai served as the incubator for NLEN, a partnership of community-based organizations, economic development agencies and businesses working together to meet the workforce development needs of North Lawndale residents and employers. SCI also served as the NLEN fiscal agent, provided office space to the network, and the SCI executive director served as NLEN's board chair until NLEN has received its own 501(c)3 status. NLEN's Welfare-to-Work program, housed at and staffed by Sinai, has been running since July of 1998. As of May 2000, the NLEN/SCI Welfare-to-Work program had placed 79 people in jobs over 18 months. Of those 79, 41% had remained on the job for over 180 days and 71% were still employed. Currently, NLEN is collaborating with the Chicago Jobs Council (CJC) to implement a health care sector intervention strategy. NLEN and CJC has recently generated an extensive report called *Understanding Entry-Level Health Care Employment in Chicago* and are currently working one-on-one with employers and training programs to implement some of the report's recommendations, including a health care career awareness campaign in North Lawndale. For more information: http://www.nlidt.com/corridor_assets/nlidt/nlen.html

Promising Practice: Kentuckiana Healthcare Workforce Initiative (KHWI)

KHWI, a partnership of hospitals, local educational institutions and community-outreach organizations, has developed an innovative program that aims to securely integrate the limited English proficiency (LEP) population into healthcare workforce positions that embark on a career ladder. The joint Certified Nursing Assistant/English as a Second Language (CNA/ESL) program provides the state-regulated CNA training to the LEP population with an integrative ESL component that has been added to assist the LEP population in overcoming communication and cultural barriers to CNA employment where direct patient care is an essential part of their job function. The CNA/ESL program requires employer sponsorship of student before and throughout the program and also includes a diverse mentoring program in collaboration with the Hispanic Nurses' Association. The program's target population is legal immigrants who form a rapidly growing sub-part of the Greater Louisville regional workforce - a twenty-four county area that includes eight counties in Southern Indiana. To date, 35 legal immigrants were able to secure employment prior to the training, 28 (80%) completed the training, 5 are currently in training, and 2 were terminated before training was completed. Twenty-two (79%) have received state certification as a result of training, which made them eligible for wage increases and promotions from nurses' aids to certified nursing assistants and allowed them to retain employment. Three (< 10%) students are currently pursuing higher education at the local community college with assistance from the healthcare industry. Participating hospitals include Bashford East Health Care, Jewish Hospital – Shelbyville, and Norton Healthcare.

Promising Practice: Yale New Haven Hospital

The Yale-New Haven Hospital (YNHH) and Washington Elementary School (WES) Partnership began in 1988. Washington Elementary is a K-5 school with a high proportion of minority and economically disadvantaged students. Because education plays a key role in the health and well being of individuals and communities, YNHH reached out to WES in the hope of developing a successful partnership to benefit the students. The partnership has continued to grow and today each grade level is partnered with a YNHH department. The goal of the partnership is to provide students with health education, hands-on learning experiences that link to classroom curricula and exposure to careers in the healthcare field. All partners agree upon objectives for each grade level. The school partnership has become an integral part of Washington School and each student's learning experience. Teacher evaluations indicate that the programs successfully link to classroom curricula and reinforce students' learning experiences. The programs bring classroom curricula to life and students retain what they learn, share their knowledge throughout the school year, and apply their learning to their environment.

Promising Practice: Exempla Healthcare

WorkStart is Exempla's welfare-to-work program designed to help members of the community gain job skills and secure employment. The Enterprise Foundation, a national not for-profit dedicated to rebuilding low-income communities, is a key community partner. The Enterprise Foundation contracts with the Community College of Denver and the Center for Women's Employment and Education to provide basic job-skills training, post-employment support and continuing education for WorkStart participants. Each participant completes coursework at the community college in preparation to fill medical-clerical positions within the hospital. Exempla provides three month Work Experience Internships and possible employment. The Mayor's Office of Workforce Development reimburses Exempla for 100% of the hourly wage for participants placed in Work Experience Internships. The departments where the participants are placed are responsible

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for payroll taxes. Exempla's Community Development operating budget funds the part time program coordinator. Twenty women have participated in the WorkStart program since it began in the summer of 1999. Three participants are still employed by Exempla Healthcare, and two are currently in Work Experience Internships.

Real Estate Developer: Health institutions can make real estate and capital improvement choices that advantage underserved and underdeveloped neighborhoods. These projects provide an opportunity to make improvements that can anchor geographic areas and catalyze future development.

Recommendations: Health institutions should strive to use real estate purchasing and construction/capital improvement purchasing decisions to anchor local economic growth. This may include:

- Considering and participating in local community planning efforts when making real estate purchasing and building decisions;
- Building on empty/abandoned properties to avoid resident and business relocation. For example, the University of Pittsburgh Medical Center Health System purchased and converted a facility of a financially distressed organization. This was more cost effective for the organization than building a new facility and substituted a viable replacement for the original organization, avoiding economic devastation in the surrounding community.³⁰
- Designing effective waste management programs that pay attention to environmental justice issues and emphasize resource conservation.

Promising Practice: Council on Higher Education in Newark (CHEN), University Heights Development Program

CHEN is a partnership among several institutions of higher education (Rutgers, State University of New Jersey, Newark, New Jersey Institute of Technology, University of Medicine and Dentistry of New Jersey, and Essex County College) and other Newark institutions to stimulate the redevelopment and economic growth of New Jersey's largest city. Among the most noted collaborative efforts of the CHEN schools is the creation of the University Heights Development Program in 1986, which formed a coalition of community, educational, political and business leaders around a consensus plan for the revitalization of the University Heights neighborhood which hosts the University's campuses. In recent years improvements have included a major focus on new housing, both affordable and market rate. In the area of retail and services, several new developments including a movie theater and several shopping malls have been completed since 1986 that reflect the spirit of the consensus development plan. Minority businesses participate significantly in this effort to increase the attractiveness of the neighborhood in order to encourage additional commercial and residential investment. In 1997 the city of Newark designated the University Heights/Science Park District as one of the city's "Engines of Growth", viewing it as an area that continues to be ready for redevelopment of housing, science and technology business, new employment opportunities, retail, services and amenities. In addition, in 1992, four schools in collaboration with private industry launched the University Heights Science Park (UHSP) as a mixed-use science and technology park on a 50-acre site adjacent to the sponsoring schools. With some of its facilities already in place, the Science Park will ultimately include one million square feet of research, technology, business incubation and office space.

Promising Practice: Sinai Health System

The Hollenbach Sausage Factory began production at its Ogden and Washtenaw facility around 1920 and stayed at the site for 60 years. After the company moved, the factory sat vacant until for almost a decade until Sinai Health System purchased and completed a \$7 million renovation on the 12,000 square foot building to provide a home for the various health and human services it provides. The former sausage factory now houses the Center for Families and Neighbors, a human services center operated by Sinai which has a childcare center, open and flexible offices for case managers, a secure mental health facility and a 350-seat meeting room for community use. In addition, Sinai partnered with the City of Chicago's Affordable Housing program to develop 20 units of moderate income housing for purchase on lots owned by Sinai and donated to the project.

Promising Practice: Bon Secours of Baltimore Health System

In 1995, Bon Secours purchased a vacant potato chip factory building and engaged local community groups and organizations in a planning process to decide the best use for the building. A \$1.8 million Community Support Center was built on the property.

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Promising Practice: Southside Institutions Neighborhood Alliance (SINA)/Hartford Hospital

Hartford Hospital was one of the founding members of SINA in 1997 along with Trinity College and The Institute of Living. Since then SINA has expanded to include Connecticut Children’s Medical Center and Connecticut Public Television & Radio. SINA has been a national model for urban neighborhood renewal. Several efforts involving leadership roles from Hartford Hospital are described below:

- One example of SINA’s approach is the creation of The Learning Corridor, a 16-acre campus of public magnet schools on what had been perhaps the most blighted and environmentally contaminated property in the city. SINA member institutions provided initial capitalization of \$10 million and Hartford Hospital has been a key player in construction oversight and financial planning as well as on-going facilities management. is one of several member institutions.
- As part of SINA’s initiative to purchase and develop distressed properties, Cityscape Homes, Hartford Hospital provided acquisition funds and construction financing. The hospital’s leadership has allowed Cityscape to avoid costly delays and to sustain an ambitious development program.
- As part of SINA’s Streetscape program, Hartford Hospital funded the \$1.5 million project to improve hospital campus and bordering streets with benches, lighting, sidewalks, brick treatments, and new trees.

Community/Neighborhood Developer: Health institutions can contribute to quality of the physical environment of the community by collaborating with community development corporations, public housing agencies, or private-sector investors to improve housing or physical spaces. Health institutions may also support community quality-of-life activities including working with local police to improve safety, developing a recreation center, promoting ties across diverse ethnic communities, or organizing cultural celebrations.

Recommendations: Health institutions should strive to contribute to the quality of the community’s physical environment. This may include:

- Collaborating with community development corporations, public housing agencies, or private-sector investors to improve housing or physical spaces;
- Acting as a socially responsible investor;
- Supporting community quality-of-life activities such as working with the local police to improve safety or organizing cultural celebrations. For example, the Medical Academic and Scientific Community Organization, Inc. has worked in collaboration with the Massachusetts Bay Transportation Authority to reduce congestion and improve traffic flow in the surrounding neighborhood by developing alternative commuting solutions and implementing improvements to transportation system.
- Supporting home ownership/rehabilitation programs for employees and/or residents.

Promising Practice: Sinai Health System

Sinai was instrumental in bringing Neighborhood Housing Services (NHS) into the North Lawndale community and in partnership with NHS, Ryerson Steel and Sinai, tens of millions of dollars in neighborhood improvements were brought to the community.

Promising Practice: Bon Secours of Baltimore Health System

Bon Secours has been developing affordable housing and working to improve physical conditions that will encourage residents to remain in the neighborhood and help to attract new residents.

- Rental Housing: 479 units of rental housing for low- and moderate-income families and seniors have been completed or are under development.
- Home Improvement Grants: Bon Secours developed a home improvement loan program for homeowners living in “solid blocks”. Over the past two years, 25 grants and loans worth over \$200,000 have been made to residents for needed repairs.
- Homeownership Counseling: Bon Secours provides classes on home buying and for residents needing long-term assistance with credit repair and savings, the Homebuyers’ Club includes matching funds to help with down payments.
- Open Space Management: Working with area residents and non-profits, Bon Secours is improving and maintaining abandoned open space throughout the community (improved the appearance of 185 vacant parcels

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of land on the major corridors in the first year and the ownership of 23 parcels have or are being transferred to local institutions for their use), helping homeowners acquire vacant lots (4 parcels were transferred to homeowners as sideyards); and promoting stewardship of open space and “cleaning and greening” vacant lots (throughout the summer/fall of 2003, residents kept up the maintenance on 50% of the 185 vacant land parcels).

Promising Practice: Yale-New Haven Hospital (YNHH)

In the Hill Housing Rehabilitation Project, a low-income housing tax credit program, YNHH contributed \$200,000 to a collaborative project sponsored by the Hill Development Corporation to bring 65 new housing units to the neighborhood adjacent to the medical center. The new homes are targeted to low-income families. As part of the Hill Modular Home Project, YNHH committed \$50,000 to the Hill Development Corporation for a project that includes 20 single-family modular homes to be built in the Hill neighborhood. Other contributors to the development are the City of New Haven, Yale University and the Federal Home Loan Bank of Boston. The plan has two components. One calls for 10 homes to be targeted for families that make 80% or below the Area Median Income Level, which means an income for a family of four of approximately \$52,250 or less. The other component is for 10 homes for families with no income restrictions. In keeping with its community service mission, YNHH's contribution will be directed toward the first component or construction of the low-income homes.

Promising Practice: Medical Academic and Scientific Community Organization, Inc. (MASCO)

The Longwood Medical and Academic Area (LMA), the 213-acre area formed by the Riverway, Fenway, and Huntington Avenue, constitutes one of the premier medical, research and academic communities in the world. In 1972, representatives from several institutions in the LMA, recognizing their interdependence in this tightly confined district, formed the Medical, Academic and Scientific Community Organization (MASCO) to address issues of common concern. MASCO's mission is to pursue shared programs that promote a sense of community among its members and the citizens who live and work in the LMA, and to lessen the burdens of government with regard to planning, development, and enhancement of the LMA. MASCO has been a successful prototype of a business improvement district by working cooperatively with member institutions and state and city agencies to identify and implement improvements in traffic, pedestrian, and bicycle access, shepherd development projects through to completion, establish a framework for long-range planning, formulate appropriate responses to legislative and regulatory issues, enhance community relations, and create and maintain open space. Recent accomplishments include: landscape design and open space improvements at eight sites in the LMA; CommuteWorks, an initiative designed to reduce the number of cars entering the LMA each day by promoting alternative commuting methods that has reduced by 11 percent the number of single-occupant vehicles entering the LMA; and production of the pamphlet, “How to Apply for Jobs in the LMA,” that clarifies different application procedures of the 21 MASCO member and associate member institutions to assist the hiring local residents from surrounding neighborhoods who can easily walk to work.

Incubator: Health institutions are a source of technology, expert personnel, and business and community knowledge. These attributes contribute to health institutions' ability to support and ‘spin-off’ new entities.

Recommendations: Health institutions should strive to offer services to support for-profit start-up businesses and/or non-profit organizations. This may include:

- Establishing a community development corporation.
- Offering assistance to expedite research commercialization which has local economic benefit.
- Offering technical assistance and expertise to improve the economic and community environment.

Promising Practice: South Providence Development Corporation (SPDC)

The SPDC is a non-profit, 501-c (3) organization designed as a partnership between the residents of South Providence, Rhode Island Hospital, St. Joseph Hospital and Women & Infants' Hospital. SPDC is an economic development corporation that seeks to “bring about *business development and employment opportunities within the healthcare, small business and corporate sectors, in order to renew the social, economic and health status of the community.*” SPDC's hospital partners have provided \$1 million in core support during the Corporation's first five years. The organization has effectively leveraged this support by securing additional funding from city and state governments, the United Way, and several foundations and corporations. Some of SPDC's some notable achievements:

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- SPDC's job training and placement services resulted in job placements for 216 neighborhood residents - most of them former public assistance recipients.
- SPDC financed and launched CleanScape, a for-profit neighborhood-based recycling company; and assisted in the creation of two other local enterprises - Horton Interpreting and AccuLab. Together these three firms employ 26 local residents.
- SPDC developed The Center at 570 Broad as a focal point for its business development and community service efforts.
- SPDC purchased and restored vacant and deteriorating real estate for use as a small business incubator whose tenants that include businesses that provide goods or services of an environmental nature.

Other major initiatives now in the planning stage include the development of a cooperative child care center and a small business incubator, expansion of SPDC's environmental business, and restoration of Grace Church Cemetery.

Promising Practice: Crozer-Chester Medical Center

Crozer-Chester Medical Center has been a major part of the Chester economy and community for over 100 years and has been one of the largest employers of Chester residents. In 1996, Crozer-Chester partnered with another longstanding community institution, Widener University, to purchase a city block of deserted land that was located equidistant from their two campuses to construct a technology-equipped, 30,000 square foot building. By offering below market rents, they sought to attract technology-dependent employers to locate in Chester. That building, the University Technology Park, was opened in September of 1999 and has attracted nine new employers with over 200 new jobs. A second 40,000 square foot building is now under construction. Both buildings benefited from grants from the U.S. Department of Commerce, Economic Development Administration.

Promising Practice: Citrus Valley Health Partners

The Institute for Community Leadership was formed by CVHP along with three universities and the Department of Health Services. CVHP provided start-up funds for the Institute, which has four initiatives:

1. Leadership Conferences where nationally recognized speakers are brought in to speak to the leaders in the public as well as private sectors.
2. Two-year academy offering eight courses as follow-up to the Leadership Conference.
3. Oral archives program to the stories of community leaders.
4. Sabbatical residential program for community leaders.

Promising Practice: Bon Secours of Baltimore Health System

Bon Secours has served as the incubator for three local non-profit organizations:

- Our Money Place (OMP): Bon Secours helped to finance this business venture which opened in March 2003 as a community operated financial service center in Southwest Baltimore. OMP conducts financial management classes on retirement planning, credit repair, and basic money management. OMP projected to be self sustaining after three years of operation.
- You Are Never Alone, Inc. (YANA), a program of outreach and services to women engaged in prostitution, was initially funded by Sisters of Bon Secours Ministry Fund and is now an independent 501c3 non-profit organization.
- Bon Secours was asked and agreed to support the Vision for Health Consortium, a group working on health access for residents of Sandtown Winchester neighborhood in West Baltimore, as a founding member of the consortium.

Services Provider:

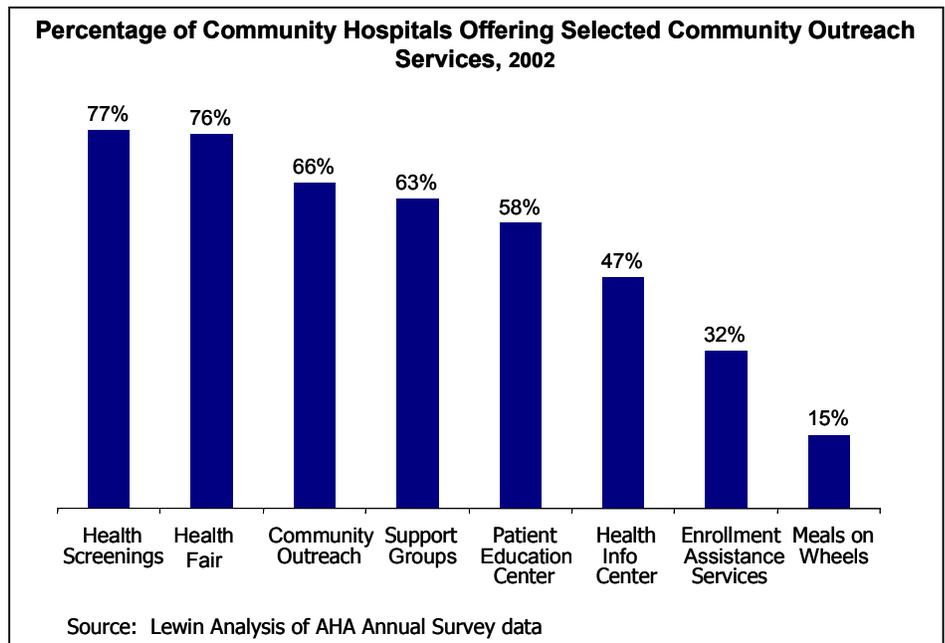
Health services provider: The provision of health care services is the primary role associated with health institutions. In addition to the services provided for paying and insured clients, health institutions also provide the important service of medical care for those unable to pay. According to the latest American Hospital Association Survey,³¹ U.S. hospitals provided \$22.3 billion in uncompensated care in 2002, up from \$21.5 billion in 2001.

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Social service/Community service provider: In addition to providing traditional health care services, health institutions offer an array of special programs and activities to meet communities' broader health and social needs and fill service gaps in the community. Many health institutions are also serving increasingly important roles as centers for emergency preparedness and response.

Recommendations: Health institutions should strive to go beyond the basic health care and prevention services provided by health institutions. This may include:

- Providing uncompensated medical care to those unable to pay.
- Filling service gaps in the community, for example providing child care services to institution employees, as well as the broader community.
- Supporting paid time for employees to volunteer in the community.



Promising Practice: Sinai Health System

The health system's Sinai Community Institute has nineteen discreet programs, providing health education, educational training, community focused economic development, leadership development, case-management, intervention, prevention and outreach programs geared to improving family health and promoting wellness throughout the community. Including:

- SCI is the fiscal and lead agency for the Lawndale Restorative Justice Collaborative. Recently, SCI has partnered with Schwab Rehabilitation Hospital and Chicago Police Districts 10 and 11 Youth Divisions, and the Illinois Department of Corrections to establish a re-enter restored program for youth offenders scheduled to be released and returning to the North Lawndale community.
- WIC (Women, Infants and Children) provides nutrition education and appropriate food items to eligible pregnant women, infants and children up to age 5.
- Sinai Parenting Institute/The School for Parents provides parenting education to Chicago area.

Promising Practice: Bon Secours of Baltimore Health System

Bon Secours offers the following range of diverse services to strengthen the community.

- Family Support Center: Serving more than 30 young families each month in GED preparation (15 GEDs obtained by participants during 2002-2003), parenting skills, computer training and social services, the center also provides a complete early childhood development program for infants and toddlers.
- Women's Resource Center: In partnership with the House of Ruth, this center offers the only domestic violence assistance in West Baltimore and provides hospitality services (breakfast, laundry, telephone, etc.); case management and counseling services to about 25 women each day.

Funder: Many health institutions practice philanthropy in the community. Some health institutions have foundations (including those that result from ownership status conversions), endowments, and/or grant making or tithing programs that support community programs. In addition, health institutions have acted as conduits for philanthropy, serving as a vehicle for attracting donated funds.

Recommendations: Health institutions should strive to provide resources to support local community economic development. This may include:

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- Operating foundations (including those that result from ownership status conversions), endowments, and/or grant making or tithing programs that support community programs.
- Providing resources to support local efforts including: personnel, space and facilities, and materials and equipment.
- Acting as conduits for philanthropy, serving as a vehicle for attracting donated funds for community programs.
- Leveraging engagement of local financial institutions to support local economic development or secure contributions for community programs.

Promising Practice: Catholic Healthcare West

CHW's Community Investment Program provides below-market interest rate loans to non-profit organizations that are working to improve the health and quality of life in their communities. These borrowers develop affordable housing for low-income families and seniors, provide job training for unemployed or underemployed persons and create wealth in low-income and minority neighborhoods. Since 1992, CHW has lent more than \$49 million to 88 different nonprofit organizations. Sixty-one percent of those loans have been repaid and slightly more than \$19 million is outstanding. In addition, CHW has made a total of seven loan guarantees amounting to more than \$23 million. Two examples of these investments include: 1) Stocktonians Taking Action to Neutralize Drugs (STAND), Stockton, CA received a line of credit not to exceed \$500,000 to purchase and rehabilitate houses in the south and east side of neighborhoods of Stockton for low-income, first-time homebuyers; and 2) The Northern California Community Loan Fund, San Francisco, CA received a loan of \$500,00 for their revolving loan fund.³²

Promising Practice: St. Joseph Health System

The system's policy document, A Vision of Value, states that all "system entities will return a percentage of their net income to outreach programs which serve the poor." The percentage of net income that each hospital is required to contribute has grown from five to ten percent.

Promising Practice: Bon Secours Baltimore Health System

Since 1999, Bon Secours Baltimore has provided 34 community partnership awards to community and non-profit groups totaling \$93,000. At the system Level, the Investment Committee of the Board of Directors, Bon Secours Health System, Inc., designated \$5 million of long term reserves for the Community Investment Fund, which was subsequently leveraged with Small Business Administration resources to create the \$20 million leveraged investment partnership. The fund makes investments in four low-to-moderate income areas. Investments are made in small, private companies seeking financing for business expansion, acquisitions, buyouts or start-ups that typically stimulate local economies by creating employment, enhancing the tax base and increasing real estate value and other types of supply/purchasing activity.

Advisor/Network Builder: Health institutions can play a leadership and facilitating role in bringing organizations and community members together for advocacy of community-wide development efforts. Several health systems have taken the lead in forming coalitions or initiatives to address issues as diverse as racism, the need for low-income housing, and the need for early childhood education. Health institutions have many resources which can help support these efforts including: personnel (both paid and volunteer capacities), space and facilities (places to meet, or to incubate initiatives, meeting rooms, but also kitchens, cafeterias, gyms, auditoriums); materials and equipment (computer, photocopier, fax, audio-visual and medical equipment, books); expertise (in health promotion, grant writing, project administration, evaluation). Health institutions have also worked with community members to develop local leadership skills. Many health institutions also make recommendations and advocate locally and nationally for policies that support communities and advocate on behalf of health and other types of programs that are means-tested or have an economic or low-income assistance aspect, including Medicaid, the State Children's Health Insurance Program, community clinics, and public housing. Lastly, health institutions play a vital role in conducting and supporting research into the prevention, causes, and cures of various diseases, injuries and conditions that can benefit the entire community. A growing number of academic and other health institutions are engaging local communities in collaborative community-based research activities that address community health concerns and build community capacity.

Recommendations: Health institutions should strive to channel institution expertise to increase local capacity or improve local economic environment. This may include:

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- Playing a leadership and facilitating role in bringing organizations and community members together for advocacy of community-wide development efforts.
- Providing leveraged engagement (i.e. leadership to secure the support of key stakeholders).
- Engaging in research activities that address community health concerns and build community capacity.
- Making recommendations and advocating locally and nationally for policies that support the local community.
- Advocating to encourage local public policy reforms. For example, a group of hospitals in the Northwest formed a coalition and communications campaign to pressure state legislators not to cut state programs serving low-income children and families.³³

Promising Practice: Citrus Valley Health Partners (CVHP)

Partnership is such a strong concept for this hospital system the word even appears in its name. Part of its mission is a commitment "to empower the communities it serves to take control over their health." In large part it does this by convening various institutions such as schools, social service agencies, police, and fire departments to address problems that any institution alone could not solve.

CVHP, along with three universities and the Department of Health Services, provided start-up funds for the Institute for Community Leadership. This institute seeks to develop and "enhance leadership capacity by educating and strengthening community leaders toward the transformation of their communities." The institute has four initiatives:

- Leadership Conferences where nationally recognized speakers are brought in to speak to the leaders in the public as well as private sectors.
- Two-year academy offering eight courses as follow-up to the Leadership Conference.
- Oral archives program to record the stories of community leaders.
- Sabbatical residential program for community leaders (six to eight weeks to think, rest, reflect, study, and write).

Since the Institute's beginning in 1999, twenty-six community leaders have completed the program. For more information: <http://www.ph.ucla.edu/icl/index.html>

Promising Practice: Catholic Healthcare West (CHW)

CHW has established a set of Standards of Mission Integration. These standards "*identify areas in which we can concretely improve and measure the ways in which the mission of our health care ministry is carried out at all of our facilities.*" Some standards detail the role that CHW should play as an advisor/network builder: "Through effective advocacy efforts, CHW addresses the social, political and economic structures that impact the health of persons, especially those most vulnerable. The system devotes resources (time and personnel) to public policy and shareholder advocacy. CHW collaborates with other organizations that share our values to coordinate public policy and shareholder advocacy efforts." Two examples include:

- Public policy advocacy: The system's achievements in this area have included identifying, training, and mobilizing Policy Advocacy Liaisons for action alert process and organizing leadership advocacy in Sacramento and Washington DC which enabled several members of the CHW Board of Directors, Executive Management Team, and Hospital Presidents to participate and become fully engaged in strategic public policy and advocacy efforts.
- Shareholder advocacy: Through dialogue with corporate management, education, proxy voting and shareholder resolutions at company annual meetings, CHW uses its rights as a shareholder in certain corporations to raise issues of social and/or environmental concern. During the 2003 proxy season, CHW engaged 25 corporations on 17 issues. Examples of the progress of CHW's initiatives include 1) A second year proposal at General Electric received 22.6% shareholder support and the company agreed to assess its greenhouse gas emissions at 600 manufacturing and business centers world wide; and 2) Bank of America continues to lead its peers in developing products for and increasing lending to those who are historically underserved by financial organizations.

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Promising Practice: St. Joseph Health System

The health system has a policy that calls for each hospital to budget 1.5% of operating expense for healthy communities and community health. Each entity has chosen focus goals in the areas of affordable housing, education, food and nutrition and water quality. The health system staff has affordable housing as a focus. Since the initiative's beginning in 1999, the SJHS system office staff has:

- Initiated a new advocacy organization, the Kennedy Commission, whose mission is to create systemic ways to build new housing for those learning earning under \$10/hour. Membership represents over 30 service organizations, health organizations, public officials, lenders and other interested individuals. In the last year, the system staff assisted in raising \$65,000 to hire staff. The commission holds monthly meetings and actively advocates at public hearings.
- Convened a large group of diverse stakeholders in October 1999 to envision a better Orange County for those needing this housing. The group of 60+ participants holds quarterly education meetings now called the Orange County Affordable Housing Collaborative, to expand broader stakeholder discussions and solutions.
- Funded Mercy Housing \$5 million nationally with six other Catholic health systems.³⁴ The monies were obtained through the Community Investment loan pool. They will allow for increased organizational capacity to build low-income housing. Loan funding of an 81-unit senior housing project in Anaheim occurred recently.
- Achieved public policy changes in local housing finance, increasing the likelihood of funding for those under \$10 an hour and for those with large families.
- Staff has effectively been seen as a leader in healthy communities and is frequently called upon to speak and offer recommendations on public policy. The health system and a key staff member both received an award this year at the annual Affordable Housing Awards breakfast for their work.

Promising Practice: The Medical College of Wisconsin (MCW)

MCW's Center for Healthy Communities is currently partnered with the Housing Authority of the City of Milwaukee, public housing residents, S.E.T. Ministry, Inc., the Boys and Girls Clubs of Great Milwaukee and Froedtert Hospital in Partners for Progress. The goal of this urban partnership is to strengthen communities and improve the quality of life for residents in 18 Milwaukee public housing sites. Based on the philosophy of doing "with" instead of "for" or "to", the partnership addresses the community-identified concerns including economic development and home safety and ownership. Currently the partnership is funded in part through the U.S. Department of Housing and Urban Development Community Outreach Partnership Center program. As part of this partnership, the Neighbors Helping Neighbors: Turning Ideas into Action has been holding Community Dialogues that brings public housing residents together to discuss community assets and concerns to help generate new ideas for community improvement. The second part of the program is a Community Action Fund that provides residents with a small grant of \$500 or less to help implement an idea they have to improve their community. As of August 2002, Dialogues have been held at 17 of the 18 public housing sites, and 15 Community Action Fund awards have been granted.

Promising Practice: Columbus County Hospital (CCH)

CCH acts as the fiscal agent and funds the Director/Facilitator of the Columbus County Healthy Carolinians program. This program is part of the Program for the Rural Carolinas funded through MDC Inc. and The Duke Endowment to help strengthen rural communities. The Columbus County Health Carolinian program is playing a leadership and facilitating role in bringing organizations and community members across the entire county (Columbus is the 3rd largest geographic county in the State of North Carolina) to advocate for community-wide development efforts including initiatives regarding leadership and entrepreneurial development, agri-business development and heritage, eco-tourism efforts, and promotion of the earned income tax credits (EITC). In 2003, the program's EITC campaign resulted in 218 families receiving \$268,241.

Promising Practice: Sinai Health System

Sinai acts as facilitator for many of the community capacity building activities that have occurred on Chicago's Westside. Sinai Community Institute (SCI) provides technical assistance to other community organizations either through serving on their boards of directors, serving on committees or in a leadership role on multi-organization projects, serving as the key organizer for special projects that the city and state have brought or want to bring into the community. SCI has also taken a leadership role in bringing the participatory research concept and implementation to the communities we serve. Sinai's Urban Health institute, created in March 2000, conducts community-based epidemiological research on urban health

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issues. Lastly, SCI conducts a town hall meeting program called “Voices from the Community” that provides a formal vehicle to engage the community in meaningful dialogue around community concerns and potential solutions.

Promising Practice: Bon Secours of Baltimore Health System

In 1994, launched *Operation ReachOut*, a partnership with nearby community-based organizations and churches. The ambitious goal of this partnership was the revitalization of the neighborhoods surrounding Bon Secours Hospital. While most hospitals and their foundations focus on funding for healthcare, Bon Secours focuses more broadly on the well-being of the entire community: its people, its organizations, and its businesses. In 1997, Bon Secours staffed a planning process and steering committee with Operation ReachOut to create a strategic plan to identify the most pressing community problems and develop workable solutions. The steering committee emerged as a formal coalition called Operation ReachOut Southwest (OROSW). In 2002, OROSW updated the plan and it was formally adopted by the Baltimore City Planning Commission as the official blueprint for the development and improvement of neighborhoods in the OROSW area.

Context for Health Institution Decision-Making: Some of the types of activities and changes suggested in the previous sections and promising sections may seem like small steps that are easy to incorporate and some may seem like a larger shift in philosophy that will need to happen over a longer period of time. It is hoped that these examples will inspire more institutions to reflect on their roles as community members and use this capacity to advance their anchor roles in community and economic development.

A number of critical issues impact how health institutions view their roles and responsibilities in community and economic development. It is important to consider the implications of these issues and especially how they affect health institutions’ capability and perception of their capability to devote resources to community and economic development. Leaders from the field and those at institutions represented in the report’s promising practices shared their views on factors that facilitated their institutional engagement as anchors, and challenges they faced when engaging as anchors. These are not listed in order of importance.

Factors Facilitating Institutional Engagement

- **Mission, values and leadership:** Many non-profit, religious, and public health institutions consider it an integral part of their mission, organizational philosophy, and tradition to serve the needs of the broader community. Frequently, the leadership of one or a few individuals in key positions within the institution can advance an institutional commitment to community and economic development. These leaders’ involvement with the community – socially, fraternally, developmentally, and as an advocate – provide a mandate for engagement.
- **Enlightened self-interest:** Many health institutions irrespective of their profit status have recognized that the economic competitiveness of their communities directly correlates to the health of their institutions and vice versa. In addition, trust is an important competitive factor in the health care business that community partnerships can help in garnering.
 1. Community, Political, and Financial Support: Health institution contributions act as public relations and can ultimately enhance good will and cooperation between the institution and the community by demonstrating that the institution is concerned and invested. Enhanced relationships with key community leaders can lead to community, political, and financial support for the institution.
 2. Community and Economy Attractiveness: Being physically based in the community provides institutions with compelling incentives to address issues like neighborhood and public safety. With more economically vibrant surroundings, health institutions can more readily attract current and prospective staff, patients, faculty, and students.
 3. Operational Efficiency and Effectiveness/Economic Bottom Line: Though any single act or decision made to benefit the community has its unique cost/benefit ratio, a health institution's financial bottom line is generally improved by this practice. The business advantage, such as more customers, becomes a potent stimulus for community activity.

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- **Public responsibility:** The growing importance of health institutions as economic entities in communities engenders societal expectations of parallel increasing civic roles. Indeed, as discussed above these expectations for nonprofit organizations have been codified in federal and state tax laws. However, the social expectations for institutions to be actively and effectively engaged in the communities in which they operate extend far beyond most codified requirements.
- **Opportunities for collaboration:** There are often several health institutions serving the same urban or regional area. There are a number of examples where institutions have formed collaboratives to work together on implementing anchor role activities. The Council on Higher Education in Newark, New Jersey is one example described above. There are also numerous examples where health institutions have partnered with organizations in other sectors on similar goals, such as the Kentuckiana Healthcare Workforce Initiative that sits at the nexus of economic development and workforce development.
- **Improved community health:** While the above reasons may apply to all institutions, there is an additional and uniquely important incentive for health institutions to contribute to community and economic development. Community and economic development activities undertaken by health institutions can contribute directly to better health outcomes. An increasing understanding of the wide range of social and economic determinants of health that extend well beyond the provision of health care services have also contributed to health institutions' involvement in a broader set of activities, leading to better employment opportunities and economic circumstances.

Challenges in Institutional Engagement

- **The changing healthcare marketplace/cost pressures:** Growth in managed care, changes in the payment systems by Medicare and Medicaid programs, consumers' demands for less expensive health coverage and care, and the general economic downturn have all contributed to increased competition and price pressures in the health industry. This has in turn stimulated hospital budget cutting, downsizing, consolidation into larger entities, and conversions of institutional ownership status from non-profit and public to for-profit. Involvement in community and economic development may be different between non-profit, for-profit, and public health institutions. The for-profit health sector is growing relative to nonprofit and some have argued that under vigorous price competition, non-profits are being forced into competitive behavior that necessarily has come to resemble that of for-profits. There is some evidence that this pressure on hospitals to economize has eroded their commitment of resources to community and economic development. Institutions often struggle to find adequate monetary and staff resources to provide ongoing operational support to anchor role activities and must seek to supplement and leverage small amounts of direct support with applications for grants and gifts from external sources.
- **Mission pressure:** Several institutions described challenges in connecting and communicating community development goals and objectives to shorter term health care operational priorities of their institution's management and/or board. Faced with seemingly intractable problems and the long-term nature of effective solutions, many in health institution leadership struggle to identify areas where stakeholders feel confident that their efforts are making a contribution. Some institutions have found it beneficial to develop educational materials and initiatives to share information on the structure and benefits of their institution's anchor role activities with their system administrators, board, and staff.
- **The tax exemption debate and community benefit laws:** Non-profit health institutions are afforded certain tax and other advantages in exchange for the promise that they serve and benefit the community. In an era of increasing calls by policymakers and the public for accountability, many non-profit institutions are being asked to justify their tax-exempt status.³⁵ While there is extensive debate about whether non-profit health institutions provide more benefits to the community than those that are for-profit, a number of policy and ideological tools have been used to encourage health institution involvement related to its tax status. The concept of "community benefit" is used by the Internal Revenue Service code to interpret eligibility for tax exemption under Section 501(c) (3). As of 2000, 14 states have passed laws, regulations, or guidelines that relate to hospital community benefits. Although the traditional and tax-related definitions of hospital community benefits are primarily tied to the provision of free or reduced-fee care, some

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states and individual health institutions have interpreted “community benefit” more broadly to include community and economic development. While for-profits and public hospitals are not usually obligated to provide community benefits (except in cases where an explicit agreement has been reached after a for-profit conversion to maintain prior levels of a non-profit provider), for marketing and other reasons, these institutions often do provide some. For-profit health institutions are being called upon to be held accountable for community and population health outcomes as an obligation of being “good corporate citizens.”³⁶

- **Complexity of organizational systems:** Especially as an increasing number of health institutions are part of larger regional and nationwide systems, institutional policy may be structured in a way that is unfriendly to collaboration with small businesses and local organizations. Institutions describe challenges in seeking partners and providers who have the ability and infrastructure to meet the institution’s need.
- **Community expectations:** Focus group research, conducted by the American Hospital Association,³⁷ has indicated that the public believes that the vast majority of hospitals are for-profit businesses in good financial shape with no visible signs of hardship. The predominant public perception is that health institution outreach and community service activities are done for the purposes of marketing. Even as health institution’s face their own financial constraints, community members often view these large institution’s with deep pockets. This occasionally leads to disappointment and resentment on the part of the community that institutions are not doing all that they can to help.

Recommendations by stakeholder group

Leadership and trustees of health institutions:

- Ensure consideration of community and economic development needs in the institution’s organizational plan and policy-making.
- Actively participate in community and economic development initiatives in the community and public sectors.
- Develop and participate in educational/fellowship programs for administrative leaders/board members on anchor roles.
- Sponsor training/awareness events for staff throughout the entire organization about these issues/institution roles.
- Appoint dedicated staff to work on anchor role initiatives.
- Codify organizational policies that direct each department to consider anchor roles.

Elected officials and policymakers:

- Consider the role of health institutions in the city’s and/or region’s community and economic development strategies and initiatives.
- Hold educational and town hall events for hospital and business leaders and the public can help local leaders understand the importance of health institution investment to the local economy.
- Invite health institution leaders to participate in community and economic development initiatives.
- Help broker collaborative partnerships between health institutions and other community institutions or public agencies around community and economic development (e.g. promising practice examples of CHEN-NJ, Kentuckiana).
- Conduct additional studies/release information about the role of health institutions as anchors.
- Consider how regional collaboration between health institutions and public bodies may be effective.

Concerned community leaders:

- Seek out opportunities for partnership with local health institutions. Establishing working relationships with health institutions can facilitate community efforts to tap into the technical expertise or use them as a source for staffing specific projects.
- Seek opportunities to be involved in health institutions’ decision-making bodies and processes. Partnership arrangements also give communities a vehicle to express their views, gain access to decision-makers, and develop more knowledge of how health institutions are structured and behave. Engaging in working relationships with health institutions can put communities in a position to help control or shape the process of university or hospital expansion and other institutional practices that could be detrimental or helpful to their communities.

Observations/Issues for Further Exploration

- How have health institutions been involved with the movement surrounding “corporate citizenship”? Can this movement inform health institutions’ anchor roles?
- Do local community and economic development planning efforts typically include a consideration of the potential of health institutions? Why or why not?
- What is the ability of health professional schools and academic health centers to make economic decisions separately from their parent university?
- If the actions of a few key individuals can advance a health institution’s commitment to community and economic development, how can these individuals be recruited, their leadership cultivated?

Resources for Additional Information

The **Health Institutions as Community Anchors listserv** was created by Community-Campus Partnerships for Health to share information and resources related to the multiple roles that health institutions serve as instruments of community and economic development. To sign up, visit <https://mailman1.u.washington.edu/mailman/listinfo/anchors>

Organizations

- **Association for Community Health Improvement:** A program of the Health Research and Educational Trust (HRET) dedicated to strengthening community health through education, peer networking and practical tools delivered to people in hospitals, public health and community organizations. <http://www.communityhlth.org>
- **Catholic Health Association of the United States:** This organization is a great resource for community benefit information. <http://www.chausa.org/>
- **CEOs for Cities:** CEOs for Cities is a national, non-partisan alliance of cross-sector urban leaders, including mayors, corporate executives, university presidents, and heads of business leadership groups, foundations, and other civic organizations. <http://www.ceosforcities.org/>
- **CleanMed:** This is a national health care conference on environmentally preferable products and green buildings. The purpose of the conference is to accelerate the use of environmentally preferable products and the construction of green buildings in health care by convening health care professionals, university researchers, designers of professional buildings, and vendors. <http://www.cleanmed.org>
- **Hospitals for a Healthy Environment:** H2E recognizes health care facilities for environmental excellence. H2E works to educate health care professionals about pollution prevention opportunities in hospitals and health care systems. It is a joint project of the American Hospital Association, Environmental Protection Agency, Health Care Without Harm and American Nurses Association. For more, go to <http://www.h2e-online.org/programs/award/>.
- **Initiative for a Competitive Inner City:** ICIC is a national not-for-profit organization with a mission to eliminate economic inequality in America’s inner cities through private sector engagement that leads to jobs, income and wealth creation for local residents. ICIC brings together business and civic leaders to drive innovation and action, transform thinking and accelerate inner city business growth and investment. <http://www.icic.org>
- **Minority Contracting Tool:** This tool analyzes the challenges minority-owned businesses face and outlines comprehensive solutions for encouraging and financing minority contracting. The toolkit is online at www.policylink.org/EquitableDevelopment/
- **VHA Health Foundation:** VHA Health Foundation is working to share the learnings and disseminate innovations that have the potential to be replicated in other markets across the country beyond individual communities to improve America's health. **Innovation Exchange:** To encourage the exchange of new ideas, the Foundation has developed a searchable database containing approximately 450 executive summaries of the proposals submitted for funding consideration. Several of the health programming areas may be of interest to listserv subscribers including Workforce, Access, and Process Redesign. You may access the database at: <http://www.vhahealthfoundation.org/vhahf/>

Reports

- **[Advancing the State of the Art in Community Benefit: A User's Guide to Excellence and Accountability:](#)** Outlines a set of uniform standards and principles to enhance nonprofit hospital efforts to address the underlying causes of health problems in low-income, ethnically and culturally diverse communities. Public Health Institute, November 2004. <http://www.phi.org/pdf-library/ASACB.pdf>

Awards

- **American Hospital Association Foster G. McGaw Prize:** This award was created to recognize hospitals that have distinguished themselves through efforts to improve the health and well-being of everyone in their communities. <http://www.aha.org/aha/awards-events/foster/index.html>
- **American Hospital Association NOVA Award:** This award honor effective, collaborative programs focused on improving community health status. <http://www.aha.org/aha/awards-events/awards/novaaward.html>
- **Association for American Medical Colleges Outstanding Community Service Award:** This award is presented annually to a U.S. member institution or organization with a longstanding, major institutional commitment to addressing community needs. This commitment should be demonstrated through the development of exceptional programs that go well beyond the traditional service role of academic medicine and reach communities whose needs are not being met by the health system. <http://www.aamc.org/about/awards/ocsa.htm>
- **The Eugene Garfield Economic Impact of Medical and Health Research Award:** Generously supported by the Eugene Garfield Foundation, this award is given for outstanding research on how medical or health research impacts the economy. This award, which carries an honorarium of \$5,000, is given by Research!America. For complete information, please visit: <http://www.researchamerica.org/outreach/garfieldaward.html>
- **Health Care Environmental Award:** Hospitals for a Healthy Environment (H2E) recognizes health care facilities for environmental excellence. H2E works to educate health care professionals about pollution prevention opportunities in hospitals and health care systems. It is a joint project of the American Hospital Association, Environmental Protection Agency, Health Care Without Harm and American Nurses Association. For more, go to <http://www.h2e-online.org/programs/award/>
- **Monroe E. Trout Premier Cares Award:** The Cares Award recognizes exemplary, innovative efforts that provide the medically underserved with better access to healthcare and demonstrate superior health outcomes. Programs exhibiting these characteristics are requested to submit an entry. <http://www.premierinc.com/all/aboutpremier/social-responsibility/cares-award/>

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¹ The authors also recognize the extensive role other types of health-related institutions such as community health centers and long term care facilities but these are not included in the focus of this inquiry.

² Initiative for a Competitive Inner City and CEOs for Cities. (2003) "Leveraging Colleges and Universities for Urban Economic Revitalization: An Action Agenda."

³ Kauper-Brown J, Kleb G, Wesley D. Health Institutions as Economic and Community Anchors: Case Studies and Practical Strategies. Association for Community Health Improvement and Communities Joined in Action Conference: Community Health Solutions - Keeping the Drive Alive. March 5, 2005. Tampa, FL. Kauper-Brown J. Connecting Medical Education to Community Benefit Programs: Untapped Resources. Second Community Benefit Conference sponsored by the Catholic Health Association, VHA Inc., and VHA Health Foundation. January 29, 2004 Miami, FL.

⁴ The Health Institutions as Community Anchors **listserv** was created by Community-Campus Partnerships for Health to share information and resources related to the multiple roles that health institutions serve as instruments of community and economic development. To sign up, visit <https://mailman1.u.washington.edu/mailman/listinfo/anchors>

⁵ One way to gauge the economic impact of health institutions in rural areas is to observe the economic impact of hospital closures. A study of one Midwest hospital showed a loss of 1,200 employees and a decline in regional gross output of 2.12 % (\$106,164,100).

⁶ A recent report on the employment outlook in U.S. metropolitan economies, prepared for the U.S. Conference of Mayors and the Council for Investment in the New American City, examined the 10 sectors that lost the most jobs during the downturn and the 10 sectors that will lead the jobs recovery. The health care and social assistance industry is expected to average the second largest gain in employment (738,397 jobs) between 2001 and 2005, as the rising elderly population and national nursing shortage continue to increase opportunities and incentives for prospective workers. Many cities in the southern part of the nation are expected to record strong health care employment growth between now and 2005. Thus, both national and regional forecasts suggest that the health services will be a major source of new jobs in urban economies. "U.S. Metro Economies: Types of Jobs Lost and Gained, 2001–2005." United States Conference of Mayors (2003).

⁷ Department of Labor, Bureau of Labor Statistics, Current Employment Statistics Survey, seasonally-adjusted monthly employment data for March 2001 and November 2001. In The Lewin Group (May 2004). TrendWatch, Vol. 6, No.1.

⁸ The Other Side of the Ledger: Federal Health Spending in Metropolitan Economies. The Brookings Institution Metropolitan Policy Program. September 2004. Glitterman, D., Spetz, J., Fellowes, M.

⁹ Aggregate health spending in 2002 was 1.6 trillion Department of Health and Human Services, and federal health spending, according to the Office of Management and Budget, was \$473 billion.

¹⁰ This report and included statistics focuses exclusively on spending and jobs created by programs that provide healthcare services, although there are numerous additional sources of federal health spending including programs funded by the National Institutes of Health (NIH), the Centers for Disease Control (CDC), and the Health Resources and Services Administration (HRSA).

¹¹ <http://grants1.nih.gov/grants/award/rank/medttl03.htm>; Information: Go to <http://grants1.nih.gov/grants/award/awardtr.htm>

¹² The Lewin Group (May 2004). TrendWatch, Vol. 6, No.1.

¹³ Tripp Umbach Healthcare Consulting Inc. The Economic Impact of Medical College and Teaching Hospital Members of the Association of American Medical Colleges (2002). Association of American Medical Colleges. November 2003. Pittsburgh, PA, www.tuhealthcare.com

¹⁴ The Lewin Group (May 2004). TrendWatch, Vol. 6, No.1.

¹⁵ Department of Commerce, Bureau of Economic Analysis, The Lewin Group (May 2004). TrendWatch, Vol. 6, No.1.

¹⁶ The Business of Caring: The Economic Impact of Hospitals in Washington State, The Washington State Hospital Association.

¹⁷ Measuring the Economic Importance of the Health Sector on a Local Economy: A Brief Literature Review and Procedures to Measure Local Impacts by Gerald A. Doeksen, Tom Johnson, Chuck Willoughby, 1997, Southern Rural Development Center <http://www.rd.okstate.edu/health/doc/econimport.doc>

¹⁸ Milken Institute (2004). *America's Biotech and Life Science Clusters: San Diego's Position and Economic Contributions*. www.milkeninstitute.org

¹⁹ Measuring the Economic Importance of the Health Sector on a Local Economy: A Brief Literature Review and Procedures to Measure Local Impacts by Gerald A. Doeksen, Tom Johnson, Chuck Willoughby, 1997, Southern Rural Development Center <http://www.rd.okstate.edu/health/doc/econimport.doc>

²⁰ Hospital example: University of Cincinnati Economics Center for Education & Research. The Economic Impact of Cincinnati Children's Hospital Medical Center on Greater Cincinnati. August 2003. <http://www.cincinnatichildrens.org/about/corporate/cincy-impact.htm?view=content>. Hospital Association example: The Hospital and Healthsystem Association of Pennsylvania. Beyond Healthcare Pennsylvania Hospitals: Key Assets to the State's Economy. Fall 2004. http://www.haponline.org/downloads/Beyond_Health_Care_Pennsylvania_Hospitals_Key_Assets_to_the_States_Economy.pdf

Health professional school example: University of Medicine & Dentistry of New Jersey. Economic Impact Report 2004-2005. <http://www.umdnj.edu/about/econimpactlss.pdf>. Example from another entity: Through the KY Rural Health Works Program, the University of Kentucky's College of Agriculture's Department of Agricultural Economics, the Cooperative Extension Service, the UK Center of Excellence in Rural Health, and the Kentucky State Office of Rural Health are working collaboratively to assist Kentucky

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communities in promoting access to health care and economic development. Using Implan. IMPLAN is an input-output model that can be used to examine the economic impact of new industries, loss of an existing industry, fiscal impact analysis and the existence of supply demand gaps. IMPLAN production functions originally exist based on a national data set. Hospitals and other health care providers from across the nation, both urban and rural, are surveyed by the Census Bureau to determine their expenditure purchasing patterns. These national purchasing patterns are used by IMPLAN to create a regional version of a county's health care production function. Website: <http://www.ca.uky.edu/krhw/about.html>

²¹ This figure adapted from "Leveraging Colleges and Universities for Urban Economic Revitalization: An Action Agenda" A Joint Study by Initiative for a Competitive Inner City and CEOs for Cities, 2003

²² Devo RC, Koepf, R. America's Health Care Economy, Milken Institute, August 2003, p. 7. Doekson, GA, Johnson T, Willoughby C, Measuring the Economic Importance of the Health Sector on a Local Economy: A Brief Literature Review and Procedures to Measure Local Impacts., The Southern Rural Development Center, January 1997.

²³ Health Care Employment Projections: An Analysis of Bureau of Labor Statistics Projections, 2002-2012 University at Albany's Center for Health Workforce Studies at the School of Public Health. March 2004. Martiniano, R., Salsberg, E., McGinnis, S., Krohl, D. <http://chws.albany.edu/>

²⁴ U.S. Department of Housing and Urban Development Office of University Partnerships. (1999). Building Higher Education Community Development Corporation Partnerships. <http://www.oup.org/files/pubs/BuildingHigherEducation.pdf>

²⁵ The Hospitals for a Healthy Environment program currently represents over 5,000 health care facilities that have committed to becoming better environmental stewards and neighbors. <http://www.h2e-online.org/index.cfm>

²⁶ Premier is a leading healthcare alliance collectively owned by more than 200 independent hospitals and healthcare systems in the United States. Together, they operate or are affiliated with nearly 1,500 hospitals and other healthcare sites. Sinai Health System is a Premier owner.

²⁷ CERES is a non-profit organization comprised of leading social investors, environmental groups and public entities that promote environmentally responsible economic activity for a just, healthy and sustainable future throughout the world. The CERES Principles provide a model corporate code of conduct. Companies that endorse the CERES Principles pledge to monitor and improve their environmental audit and complete an annual public report according to a standard format.

²⁸ The Other Side of the Ledger: Federal Health Spending in Metropolitan Economies. The Brookings Institution Metropolitan Policy Program. September 2004. Glitterman, D., Spetz, J., Fellowes, M.

²⁹ Personal communication with Ann Chester, Assistant Vice President for Health Sciences for Social Justice, Robert C. Byrd Health Sciences Center, August 29, 2003. <http://www.wv-hsta.org>

³⁰ Longest, BB. (2002) *Nonprofit Health Systems: A Promising New Class of Corporate Citizen*. Inquiry 39: pp. 334-340.

³¹ American Hospital Association (2004). Hospital Statistics

³² Twenty-three percent of the CHW's borrowers are Community Development Financial Institutions, financial intermediaries (community loan funds, community credit unions, community development banks) which channel private investment capital to benefit low-income communities. They are organized and governed by people representing diverse constituencies: investors, community development borrowers and professionals with technical skills. They receive investments from individuals or institutions and provide capital and technical assistance to low-income people.

³³ <http://www.savehealthcareinwa.org>

³⁴ The Strategic Health Care Partnership (SHCP) increase the supply of America's affordable housing and draw attention to the importance of building healthy communities throughout the nation. The participating health care systems (St. Joseph Health System, Catholic Healthcare West, Bon Secours Health System, Catholic Health Initiatives, Ascension Health, Catholic Healthcare Partners, Catholic Health East) are investing \$10 million over five years to support the operation of Mercy Housing and with our staff, identify opportunities to develop housing in communities where SHCP clinics and hospitals are located.

³⁵ Recently, there has been an increasing number of class-action lawsuits filed against not-for-profit hospitals and health systems. More than 60 federal cases have been filed against hospitals and health systems in more than 20 states.

<http://www.caringforcommunities.org/caringforcommunities/classaction/>. There have also been recent examples of non-profit hospitals having their non-profit exempt status revoked. In February 2004, the Illinois Department of Revenue revoked a non-profit hospital's property tax exemption, making the financially stressed hospital subject to an estimated \$1 million in local property taxes. "Hospital Found 'Not Charitable' Loses Its Status As Tax Exempt," Lucette Lagnado, February 19, 2004, *The Wall Street Journal*.

³⁶ There has been an increasing interest in the ideas of corporate citizenship and corporate social responsibility. These movements refer to the way that companies align business operations with social values and use and leverage their assets to bring about measurable gains not only for itself, but for society as well. A good corporate citizen, or socially responsible business, integrates basic social values with everyday business practices, operations and policies, so that these values influence daily decision making across all aspects of the business, and takes into account its impact on all stakeholders, including employees, customers, communities, suppliers, and the natural environment <http://www.bc.edu/centers/ccs/index.html>

³⁷ Reality Check III: Searching For Trust: *America's Message to Hospitals and Health Systems*- A Report to AHA Members on Focus Groups with the Public and Hospital Nurses. Nationwide Focus Group Research by The American Hospital Association 1998-1999. http://www.hospitalconnect.com/aha/key_issues/patient_safety/contents/RealityCheck3.pdf