

A Case Study

Bon Secours Asks Neighbors to Help Redesign Community

By DOUGAL HEWITT

Nearly a decade of research on links between the built environment and public health has led to growing understanding of how man-made features — everything from buildings and parks to roads and air pollution — affect people’s health and well-being. Thus hospitals can exert an enormous impact upon neighborhoods, cities and regions not only as civic institutions that provide medical care and jobs, but as a collection of structures that create and affect a community on many different levels.

Bon Secours Health System believes its mission expands beyond illness to include the context of its buildings, campuses and neighborhoods. Bon Secours therefore requires each of its regions to participate in “healthy community” efforts that explicitly engage local residents in planning and service.

For example, the Bon Secours Richmond Health System initiated public visioning sessions known as charrettes to develop future plans that address community needs. One of these charrettes supported growth in a new, suburban community. Another sought to plan and prepare St.

Mary’s Hospital, the Richmond system’s 45-year-old flagship facility, for the future. This case study, however, describes a neighborhood’s transformation supported by the primary anchor institution in the city’s East End district: Bon Secours Richmond Community Hospital.

Both the hospital and the neighborhood in which it resides are rich in history. Richmond’s East End may be best known for Church Hill, site of St. John’s Church where in 1775 Patrick Henry inspired Colonial rebellion with the words “Give me liberty or give me death.” The church is just one landmark among the area’s collection of buildings dating to the 18th century.

After World War II, however, many Richmond residents headed for the suburbs and the East End fell into decline, further exacerbated by urban renewal efforts that led to the destruction of historic blocks and construction of multiple public housing projects built without regard for the neighborhood’s block grid and scale.

Richmond Hospital, as it was then known, was founded at the turn of the 20th century by Dr. Sarah Garland Jones, the first woman and the first person of color to achieve Commonwealth of Virginia board certification in medicine. Opened

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to serve the black population during those segregated times, the hospital was strongly supported by Richmond's African-American community, which provided funds to keep it operational and for the move to its present East End location in the 1980s.

NEIGHBORHOOD LIAISON HIRED

In 1995 the hospital joined Bon Secours in an acquisition widely hailed as a demonstration of the health system's commitment to the inner city. Significant enhancements have been made to the hospital since it joined Bon Secours, including a new emergency department and a medical office building, national certification as a stroke center, additional service lines and renovation of existing facilities.

The neighborhood surrounding the hospital, however, has experienced only modest and incremental improvements, and Richmond Community Hospital's location has limited its choices

of patients and physicians. Over the years there have been pressures to close the facility, which is the largest employer in the East End. To support positive growth, Bon Secours leadership decided in 2008 to go beyond the hospital's walls to build a shared vision with the community that would help the entire neighborhood flourish.

Many Bon Secours staff had been actively engaged with neighborhood residents in a multitude of ways over the years. However, there was no single individual assigned to that responsibility until Derek Battle was hired in 2008 as Bon Secours Richmond's first "healthy neighborhood" liaison. He built on the existing relationships and formed new ones with those who lived near the hospital, local business leaders, members of civic associations, city officials, leaders of church and community organizations, philanthropists and many more.

Battle also received specialized training in an inclusive community visioning process through

the National Charrette Institute in Portland, Ore. This education provided tools to engage the community and expertise in charrette management intended to accelerate positive development. Bon Secours already had held two successful charrettes in the region and produced effective campus plans that engaged the community. Battle's job was to expand this process even further and to deepen the levels of public engagement.

PARTNERS ENGAGED

From the beginning of the community visioning process, Bon Secours leaders recognized that the hospital should not and could not be the sole owner, payer, designer or leader — there must be multiple partners. The City of Richmond's planners, along with the Richmond Redevelopment and Housing Authority, were eager to participate and brought funds as well as staff time and commitment to the process. Local philanthropies were also engaged and provided financial support for the charrette.

Elizabeth Plater-Zyberk, dean of the University of Miami School of Architecture and co-author of *Suburban Nation: The Rise of Sprawl and the Decline of the American Dream* (North Point Press, 2000), brought a team of designers to Richmond and led the week-long charrette in June 2010. In addition to her other roles, Plater-Zyberk is an internationally renowned urban planner and principal of Duany Plater-Zyberk & Company.

Preliminary work with the constituent groups, and a charrette schedule publicized through print and electronic media — including a website, EastEndVision.org — spread the word. Thousands of people attended the public and key-stakeholder meetings where they were invited to shape the future of central and north Church Hill, with designers and artists on hand to provide a visual representation of ideas and themes as they emerged.

The process's transparency was essential to its success. All sessions were accessible to the public, and the venues were deliberately selected to be



in the heart of the study area. The opening and closing sessions were held in Church Hill's recently renovated, art-deco Robinson Theater, built in 1937 and named for a local celebrity — the tap dancer Bill "Bojangles" Robinson. Both sessions were filled to capacity, such was the level of interest.

A highlight of the week was the children's charrette at which young people shared their hopes and dreams for the future. Bon Secours and partner agency staff facilitated groups composed of members from ages 4 to 19 who advised the team to "make the bad people go away," provide "more places to shop and play" and achieved a nearly unanimous consensus that "we need an ice cream parlor."

HEALTH TO THE FOREFRONT

In a neighborhood that suffers from high rates of infant mortality and rampant obesity, along with cardiac disease and diabetes, the charrettes brought health-related issues to the forefront. Much discussion also focused on the need for safe schools and streets, with retail destinations that encourage walking and that provide access to healthy food choices. Although the East End includes many churches and institutions such as SunTrust Bank which provides retail banking, there is no supermarket, and the numerous corner stores do not provide sufficient access to fresh fruits and vegetables — resulting in what is commonly called a "food desert." Community-based urban agriculture organizations have come forward to address this gap, while a community-wide effort seeks to attract a supermarket and establish a stronger retail core for the neighborhood.

The participants' many perspectives and voices enlightened discussions on the neighborhood and the hospital. After open discussions and design sessions, ideas were tested, adjusted and refined into a plan that wove the many interests and ideas into a coherent whole. The results included a medical district providing expansion areas for the hospital as well as for key public institutions such as the library and the police station that serves as a



sentinel and could become a gathering place for the neighborhood.

The hospital is accurately perceived as a crucial anchor in the community, and as with each significant institution, the design of the facility and its edges establish a character for its immediate surroundings. Together, observed the planners, these could form a strong network and identity for the East End. The prominence and extension of each institution into the streets and sidewalks around it demonstrates the strength and diversity of the institutions which together ensure an economically thriving and physically secure place.

During the sessions, both young people and adults indicated they looked to Bon Secours Richmond Community Hospital as an important source for mentorships and after-school internships. But one aspect of their discussions surprised many Bon Secours participants: the call for a public strengthening of our Catholic identity.

ACTION ON MANY FRONTS

Regionally, Bon Secours is highly regarded for excellent and compassionate services, and Richmond Community Hospital has made significant advances in clinical outcomes and quality of care. On multiple occasions during the charrette, residents asked for a closer and more tangible connection between their hospital and Bon Secours. Over and over, they asked why the hospital doesn't carry a saint's name like other Bon Secours facilities.

Ironically, the Bon Secours leadership team had been treading carefully since the acquisition, believing we were being respectful of the neighborhood's history and the existing hospital name. The residents upended this thinking with their vocal advocacy for more of what they viewed as the hallmarks of Bon Secours to the neighborhood.

The public forum enabled open discussion among the hospital staff and key constituents regarding the role of the hospital and hopes for its future. By engaging the internal and external community through the charrette sessions, the post-acquisition timeline for

change was accelerated and concerns were immediately aired and addressed — thus reducing or entirely avoiding re-work.

The feedback loops integral to this style of charrette process led to enhanced collaborative creativity and resulted in unexpected solutions and shared learning. The degree of public engagement was far higher than we could have imagined — so high, in fact, that a local filmmaker chose to make a documentary about it, called “Passion for a Place.”

The charrette advanced engagement between the community and multiple private, philanthropic, civic and governmental organizations and estab-

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lished a foundation of relationships that supports implementation of a plan.

But what happened afterwards? Well, the work becomes even harder once the planners depart. Far too often, residents of inner-city neighborhoods have been brought together to plan for the future with little tangible result. Determined not to allow that to happen, Bon Secours, the city and the Richmond Housing Authority developed an implementation team.

The team has worked with private and public partners to advance on many fronts. The neighborhood serves as an eastern entrance to the city, and improvements have been made along this key gateway. New housing has been built, and sidewalks have been installed. The City Health Department has opened a wellness center in one of the housing projects that the housing authority is presently renovating. Though the search for a supermarket continues, the East End now has a bi-weekly farm stand to improve access

to fresh, local produce. An awards program (Supporting East End Entrepreneur Development/SEED) has been established to provide funding for new businesses.

HOSPITAL BECOMES ST. ANNE

Leadership of these efforts has been critically important, and a local magazine, *Style Weekly*, recently recognized Bon Secours Virginia's Chief Executive, Peter J. Bernard, for his concern for the region's vulnerable residents and as the driving force for change in the East End.

The inner city provides an unparalleled opportunity for Catholic hospitals to demonstrate the promise inherent in the words “Christ's healing ministry.” Undoubtedly there are challenges to serving in urban settings, but these never proved to be an insuperable impediment to the courageous women religious in whose footsteps we tread.

Research demonstrates the health benefits of walkable neighborhoods. Studies also suggest that aging boomers are finding urban life more amenable to maintaining independence and wellness. The composition of inner-city residents represents a diversity that adds a depth and richness of interest to the neighborhood that strengthens each of its members.

Through careful management, tenacity, creativity and vision, the Bon Secours hospital in Richmond's East End has now achieved a positive financial status.

What's more, after dynamic discussions with staff and the community, the hospital's advisory board has recommended a most significant change. To honor the legacy of strong women in the hospital's history — its foundress, Dr. Sarah Garland Jones, and, of course, the Sisters of Bon Secours — this extraordinary institution will now be known as Saint Anne Hospital.

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