

DURING MY YEARS as a hospital administrator, I became familiar with the impact that poverty and poor-quality housing tend to have on a person's health. I learned that chronic health concerns such as asthma, heart disease, and diabetes are all tied to the root problem of substandard housing, not to mention lead poisoning. I saw that the emergency room was often filled with people who were living in unhealthy conditions and suffering from malnutrition and preventable communicable diseases. Mentally ill patients with limited incomes had trouble sustaining housing they could afford—a fact that often contributed to their mental instability. People trying to get by on low incomes were forced to spend most of their resources on housing—no matter how inadequate it might have been—instead of paying for critical follow-up care and prescriptions. It became clear to me that health care institutions had the capacity, the position of leadership in their communities, and the compassion to make an impact on housing in those communities.

Six years ago, Mercy Housing and seven national Catholic health care systems created what they called the Strategic Health Care Partnership (SHCP) to build healthy communities by increasing access to affordable housing and health care. SHCP's members are Ascension Health, St. Louis; Bon Secours Health System, Inc., Marriottsville, MD; Catholic Healthcare West (CHW), San Francisco; Catholic Health Initiatives, Denver; Catholic Healthcare Partners, Cincinnati; Catholic Health East, Newtown Square, PA; and St. Joseph Health System (SJHS), Orange, CA. Together we have substantially increased our impact on communities across the country. SHCP is currently working in 19 states and is responsible for more than 11,000 units of affordable housing, either completed or in development. In addition, local hospitals and health care facilities are providing health-related services to our residents, including immunizations, nutrition classes, and visiting nurses. By using our varied expertise and resources, Mercy Housing and our partners are working together to create healthy communities.

Allying Health Care and Housing

*Mercy Housing's Leaders
Believe That Good Health
Requires High-Quality,
Affordable Housing*

BY SR. LILLIAN MURPHY, RSM
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LINBROOK COURT

A tangible example of how SHCP works is Linbrook Court, a Mercy Housing affordable housing development for seniors in Anaheim, CA. In 1999, CHW and SJHS financed the opening of Mercy Housing's southern California office and assisted in introducing its staff to city officials. The introductions and financial support resulted in a new construction development that today provides attractive, high-quality housing for 81 senior citizens, including 25 apartments that are eligible for Section 8 vouchers available only to the poorest seniors.

Accessible to public transportation and just blocks from a commercial district, Linbrook Court's location makes it easy for its residents to remain active in the community. On-site resident services foster connections with neighbors and healthy lifestyles, and social and educational activities occur weekly.

Mercy Housing collaborated with CHW and SJHS to expand those systems' "healthy communities" efforts by increasing the supply of high-quality affordable housing for low-income families and individuals in southern California. Linbrook Court is the first development to emerge from these relationships. Its success is a testament to the determination of our health care partnership.

HOW SUBSTANDARD HOUSING AFFECTS POPULATIONS

Recent studies have confirmed the critical link between substandard housing and ill health in three population segments: children, seniors, and the chronically homeless.

Children Children in poor-quality housing especially seem to suffer from health problems at an alarming rate. Researchers at the Department of Pediatrics at Boston Medical Center have sug-

gested that children who live in substandard housing suffer greater incidences of injuries, lead poisoning, and malnutrition.¹ In addition, researchers have found that:

- Exposure to lead-based paint can lead to mental retardation, learning disabilities, and death.²
- Poor housing maintenance can lead to pest and mold-related health problems; for example, cockroach allergens present in substandard housing can cause respiratory problems and mold can trigger asthma attacks—particularly in children.³
- Children under age 18 who were below the federal poverty line (\$18,850 for a four-person household in 2002) were much more likely to have an activity limitation than nonpoor children.⁴
- One fourth of the uninsured, including children, live below the poverty level; more than a half (54 percent) live below 200 percent of the poverty level.⁵
- In 1999, 10 percent of homeless families reported that their children needed to see a doctor or a nurse but were unable to do so.⁶

At several Mercy Housing properties, health care professionals from SHCP member hospitals and clinics provide residents with direct, often free health care services through their mobile health clinics and visiting nurse programs. These visits give uninsured residents access to high-quality health services.

Seniors The elderly also suffer. According to a 2001 report by the Joint Center for Housing Studies of Harvard University and the Neighborhood Reinvestment Corporation, the quality of one's housing can create or compound health problems for seniors.⁷ The elderly are more likely to remain healthy and independent when their

SUMMARY

There is a wealth of evidence that health is inextricably linked to housing. For instance, research has shown that those in substandard housing have poorer health outcomes than other groups, and they often must forgo costly medication in order to pay for housing.

Further, the health care and housing concerns faced by the underserved often compound one another—people with poor health often have trouble maintaining housing, and those with substandard homes, in turn, often have trouble maintaining their health. Three groups are especially vulnerable to the health care risks associated with housing issues: children, seniors, and the chronically homeless.

As the research suggests, substandard housing is a con-

tributing factor to the U.S. health care crisis. Therefore, as part of its efforts to reform the nation's health care system, the ministry should address housing issues as well. Seven Catholic health systems are doing this through the Strategic Health Care Partnership.

The partnership, in collaboration with Mercy Housing, enables the seven organizations to work together to create healthy communities. The partnership's key goal is to increase access to affordable housing and health care. Just providing homes often is not enough, however. A holistic approach, through which supportive services are offered to the underserved, is most effective.

living environments are affordable and suitable. By the same token, a healthy person is better able than an unhealthy one to maintain his or her living environment.

The author of the 2001 report suggests that "undercare," which she defines as "the inadequate provision of health or housing services with regard to an individual's level of need," is a growing concern in housing the elderly.⁸ "Undercare" can occur when, because of a lack of mobility or accessible transportation, a person receives less than the level of care he or she needs to maintain good health and prevent illness or catastrophe. Because it results in neglect of the person's health or home, "undercare" can incur unnecessary related expenses.

In addition, the author contends, many seniors struggle to maintain a home that, although it served them well while they were raising a family, has since become too large and expensive for one or two people to maintain. In a November 1999 report, the U.S. Department of Housing and Urban Development (HUD) noted that "more than 1.45 million elderly households . . . still lack some of the most basic elements of housing security, such as complete plumbing or a reliable source of heat. A half-million of these elderly households live in severely inadequate units."⁹ Unless it gets basic home repairs, a house can rapidly deteriorate and create conditions that can impair the homeowner's health.

The Chronically Homeless Nowhere are health and housing needs more apparent than among our nation's chronically homeless population. For the most severely troubled and longest-term homeless, life on the streets is not just a housing problem—it is a physical and mental-health issue, as well as a behavioral one. These issues are inextricably linked: Behavioral problems often lead to the loss of housing, and life on the streets can lead to deepening physical and psychological disorders.

Supportive housing provides both a safe place for chronically homeless people to live and the services they need to address their health and lifestyle concerns. According to a recent study by the Corporation for Supportive Housing (CSH), within 12 months of moving into supportive housing:

- Emergency room visits by chronically homeless individuals fell by 58 percent.
- Hospital inpatient stays fell by 57 percent, with another 20 percent decline the following year.
- The need for residential mental-health programs virtually disappeared, falling from an annual average of more than 2.5 days per person to zero.¹⁰

The CSH study suggests that providing hous-

Sr. Lillian and Mercy Housing

Under the leadership of Sr. Lillian Murphy, RSM, Mercy Housing has become an award-winning national not-for-profit housing organization that operates in 35 states and the District of Columbia and serves more than 45,000 people in more than 11,000 units of high-quality affordable housing.

Sr. Lillian holds a master's degree in public health from the University of California at Berkeley and a bachelor's degree in social science from the University of San Francisco (USF). Before launching Mercy Housing, she worked in health care for 16 years. In 1998, the USF awarded her an honorary doctor of humane letters degree.

Sr. Lillian currently serves on the boards of Alegent Health, Omaha; The Colorado Trust, Denver (a health conversion foundation); the National Housing Trust, Washington, DC; and the Low Income Investment Fund, Oakland, CA. In the past, she has served on the boards of the Catholic Health Corporation, Omaha; Catholic Healthcare West, San Francisco; and the Federal Home Loan Bank of Topeka, KS.

ing options for people who are homeless addresses the basic concern of shelter but does not arrive at a long-term solution to homelessness. Safe, affordable housing accompanied by high-quality supportive services provided by dedicated people *does* address the root causes of homelessness and helps people stabilize their lives.

HIGH-QUALITY AFFORDABLE HOUSING

Where does high-quality, affordable housing fit into the picture?

One might argue that the solution is simple: Move people out of substandard housing and into dwellings that are healthier and safer for them. The reality, however, is that the nation lacks sufficient high-quality, affordable housing to meet the growing need. The gap between the number of affordable rental units available and the number of struggling Americans needing them continues to increase. In addition, despite rising wages, the gap between the cost of housing and the incomes of working Americans is growing at an alarming rate.

HUD reports that 5.4 million very-low-income households are either living in substandard housing or paying an excessive portion of their income for housing costs.¹¹ The majority of those families are stuck living in unhealthy conditions because there are only 36 affordable units available for every 100 households at or below 30 percent of the area median income.

I would argue that more high-quality, affordable housing with supportive services is what is needed if communities are to be healthy. This is the idea behind SHCP: creating a holistic approach to building healthy communities.

WHERE DO WE GO FROM HERE?

Leaders in government and in corporate America continue to search for ways to solve the growing affordable-housing crisis for lower-income people, but have been unable to devise real, workable solutions. SHCP is a real, workable solution that positively affects thousands of people every day. I believe that we now need to focus our energy on replicating SHCP's success in more communities across the country.

Doing so requires recognizing that housing is a social and economic justice issue that is a contributing factor to the health care crisis in this country. It is still not clear to some executives in Catholic health care why their brethren have partnered with a housing organization. Because this is so, SHCP's leaders need to share their success stories and encourage other health care systems to join the effort. In particular, they need to emphasize the linkage between housing and health and to promote participation in SHCP as a good business decision that is also consistent with their mission.

We also need to replicate our partnership in the direct delivery of high-quality health care services to low-income people living at Mercy Housing and other affordable housing communities. SHCP members have access both to people—many of whom have never seen a medical professional in their lives—and facilities where those people can receive treatment. Whether that treatment is provided by a visiting nurse who sees patients at a community center or by the staff of a mobile clinic, SHCP members have an opportunity to address a critical community need and reach more people.

The Catholic health ministry is a powerful voice that can help bring such social-justice issues as affordable housing and health care to public attention. Our ministry serves people who are rarely listened to by the leaders of this country; I believe that it is our moral responsibility to speak out on their behalf. Through organizations such as CHA, NETWORK, and the National Low Income Housing Coalition,* we should join together to tackle an issue that affects us all—affordable, assisted living for low-income seniors.

I often mention SHCP on occasions when I happen to meet with government officials, state and federal legislators, and business associates. In turn, they frequently say that SHCP is a model for how major not-for-profit organizations should work together to solve social problems. I am very proud of this partnership and applaud our seven partners for their vision and commitment to serving those in need in whatever ways they can. Our success has proven that, by working together, we may help bring about a day when all people not only live long and healthy lives but live life to the fullest as well. ■

For more information about Mercy's Strategic Healthcare Partnership, call 303-830-3300 or access www.mercyhousing.org.

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