

# Forum

FRANCISCAN HEALTH SYSTEM OF CINCINNATI

## Housing for the Poor

To help a growing number of persons who are homeless or live in substandard housing, Franciscan Home Development, Inc. (FHDI), began operation in 1987. Originally a subsidiary of a local Catholic social service center, the organization is now a

part of Franciscan Health System of Cincinnati (FHSC).

FHDI's primary objective is to provide safe, healthful, and affordable low-income housing for residents of Cincinnati's inner-city Over-the-Rhine neighborhood. The organization also works to involve residents in the management and maintenance of their units. FHDI primarily serves the elderly, female heads of households, minorities, and others who live at or below the poverty line.

According to Executive Director Mark Brunner, the city of Cincinnati has supported FHDI even though it has limited resources. "The city gives us more than our fair share of what they have available," said Brunner. However, he continued, "the federal government has bailed out of housing. They don't do enough, in my opinion, to take care of the overwhelming need."

Start-up costs, which totaled about \$225,000, were shared by FHSC and St. John's Social Service Center. But since its inception, FHDI has kept housing costs down by working to attract private investors through

the low-income housing tax credit program, securing private and state grants, and enlisting volunteer labor. Since 1989, the organization has not received an operating subsidy from FHSC, but relied on grants from the city, on rents, and on fund-raising efforts.

One important fund-raiser for FHDI is its annual "Bash for the Homeless." The 1990 party, which was hosted by a local youth group, brought in \$17,000, with proceeds going to purchase renovation materials for FHDI rehab projects.

In 1990 FHDI completed a \$1.8 million renovation of 45 apartments. Late in 1991 the city of Cincinnati approved a \$5 million project for FHDI to rehab 85 units in two years. The city will make a \$2 million loan, with payback deferred indefinitely as long as FHDI provides low-income housing; and local investors and corporations will contribute the remaining \$3 million in exchange for federal tax credits.

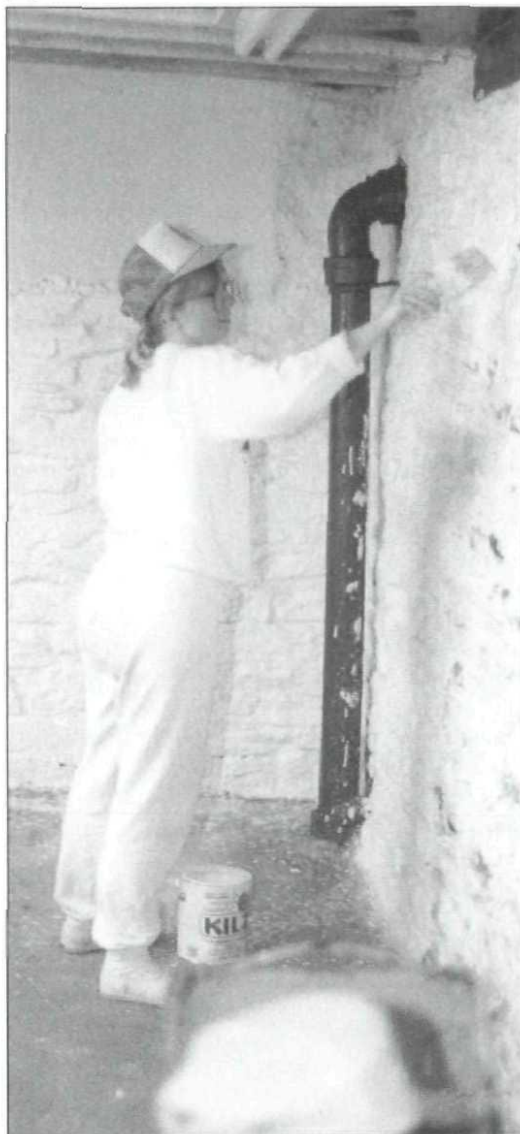
FHDI also works with people to get them directly involved in improving their own lives. Through its Over-the-Rhine Job Training Program, FHDI helps unemployed residents develop job-related

skills. Participants in the program gain experience in such areas as carpentry, painting, plumbing and heating, and electrical repair by working on Over-the-Rhine renovation projects.

As Brunner explains, this aspect of the program allows FHDI staff to see more directly the difference their organization is making in the lives of the people it serves. FHDI is planning to expand the program from three trainees to six, requiring it to add another person to its 12-member staff to train residents in construction work. Brunner is confident that FHDI will receive a state grant to fund the program's expansion in addition to the city grant it has secured for the current program.

In 1992 FHDI will establish a five-year plan. "We have grown very quickly, and I think we have to pull back and look at where we're going in the long run," said Brunner. FHDI will focus on managing the units it is renovating: making sure the units are kept up, establishing an application system that ensures FHDI is serving those who most need help, and assisting tenants with housekeeping and child care.

Participants in the Over-the-Rhine Job Training Program gain experience in painting by working on renovation projects.





WHEATON FRANCISCAN SERVICES

## Collaboration Means Long-Term Continuum of Care

Convinced that high-quality nursing home care was an emerging need of the growing elderly population, Wheaton, IL-based Wheaton Franciscan Services, Inc. (WFSI), began seeking long-term care facilities in communities where it already offered acute care and home health services. It entered a joint venture with Marian Catholic Home, Milwaukee, and then added Marian Franciscan Home, Milwaukee, in 1986 and acquired Franciscan Care Center, Appleton, WI, in 1987. That same year Marian Franciscan Services, Inc. (MFSI), was created as a functional holding company to develop and manage WFSI long-term care and elderly care products and services.

MFSI residents are placed at an appropriate level of care within WFSI's facilities. The facilities share a mutual mission and values and maintain a continuum-of-care philosophy. Marian Catholic Home and Franciscan Care Center primarily serve geriatric residents. Marian Franciscan Home serves the elderly, youths who are physically disabled, and persons with developmental disabilities. All three facilities are equipped to care for pa-



MFSI residents are placed at an appropriate level of care within WFSI's facilities.

tients with Alzheimer's dementia. MFSI's expertise in nursing home management enables it to focus on continuous quality improvement and opportunities for expanded services.

One example of system integration occurred when St. Joseph's Hospital, a Milwaukee-based WFSI facility, asked Marian Franciscan Home for help in serving cancer patients who no longer required acute care services but who were not ready to go home. Marian Franciscan responded by establishing the Extended Care Cancer Program, which provides patients with specialized nursing care, pain management, and other services at an appropriate level of care. St. Joseph's personnel train the home's nurses in caring for patients with cancer, and the hospital's oncologist serves as the medical di-

rector for that unit in the home. In turn, Marian Franciscan Home helps the hospital's discharge planners by accepting patients the planners were previously unable to place in other facilities.

MFSI leaders persuade other local agencies to work together to enhance the quality of life in the facilities' communities. For example, intergenerational programs encourage residents to tutor area elementary school students or bring the elderly together with preschool children to celebrate holidays.

Through interfacility workshops and training sessions, MFSI staff also benefit from the joint venture. And recently one facility loaned staff to another during a personnel crunch.

MFSI facilities have access to specialized expertise, especially in the area of reimbursement maximization, which none could afford alone.



SISTERS OF PROVIDENCE CORPORATIONS

## The Defeat of Washington's Initiative 119

The defeat of Initiative 119, the referendum that would have legalized physician-assisted suicide, "affirms physicians as healers and institutions as places where healing can take place," asserts Donald A. Brennan, president and chief executive officer of Sisters of Providence Corporations, Seattle.

In an effort to quell the initiative, the Sisters of Providence worked with a coalition that included three Washington religious congregations, the Washington State hospital and medical associations, Physicians Against 119, the Washington State Catholic Conference, and No on 119.

In addition to sending a representative to weekly coalition meetings, the Sisters of Providence held forums for employees and physicians to discuss and debate Initiative 119 at each of its 11 facilities in the state. "We used our strength and influence, but we also tried to educate and inform our publics about Initiative 119," explains Brennan.

In October the Sisters of Providence mailed 20,000 brochures to anyone with a connection to its facilities, such as benefactors and foundation board members. The brochure urged readers to think carefully about how they would vote. It also emphasized that the Sisters of Providence "support all legal, medical and social efforts to help the dying maintain their personal dignity, including withdrawal of medical technology or nutrition and hydration which only prolong the natural dying process." Finally, the brochure asked voters to think about how physician-assisted suicide could be regulated. Response to the brochure was positive. Each facility also mailed its own materials discussing the death-and-dying issue.

In October Brennan reflected on Initiative 119 in the *President's Report*, a newsletter that goes to managers and physicians at Sisters of Providence facilities. He pointed out that "in the voice of this initiative is a genuine need to be met." Brennan recognized that people fear prolonged suffering and saddling family members with high medical bills. But, he remarked, "Solutions are available for these, the real, issues." He listed better pain management and the need to continue addressing healthcare cost, quality, and access as examples.

Although Initiative 119 is dead, its ghost lingers: In the face of heavy voter turnout it failed by only about 8 percent. And California and Oregon may see similar issues in the future. "We will continue to work with other state associations to amend legislation" on the death-and-dying issue and in defining the meaning of terminal, Brennan says.

