



# Tapping into a Collective Vision

## Emerging Strategies for Integrating Health and Housing

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**The Vita Health & Wellness District is a one-mile corridor in Stamford, Connecticut, that has positioned itself as a “health-themed neighborhood,” offering mixed-income housing, health care services, community farming, early childhood education programming, and supportive services to residents. Led by the city’s public housing authority Charter Oak Communities and Stamford Hospital, this collaboration of city agencies and community-based organizations has focused on building physical and social capacity in a distressed neighborhood, with an emphasis on leveraging collective investments to yield a positive impact on neighborhood health and well-being.**

## Introduction

The neighborhood-based collective impact initiative known as the Vita Health & Wellness District has its roots in early efforts by the two leading partners to revitalize their respective facilities on Stamford’s West Side, a community that had suffered from years of disinvestment. Around 2000, the city’s public housing authority, Charter Oak Communities (COC), was launching a decade-long campaign to revitalize its aging, often substandard, public housing stock. Meanwhile, new leadership at the nonprofit Stamford Hospital were working on transforming the facility into a state-of-the-art regional medical center.

Their efforts converged unexpectedly in 2010. Charter Oak Communities owned a public housing site (Vidal Court) next to the hospital that would allow the hospital to expand its facilities; the hospital owned land elsewhere in the neighborhood that could be redeveloped as low-density, mixed-income

housing. What began as a mutually beneficial, although unconventional, land swap (no monies were exchanged) blossomed into an ongoing partnership between two of the community's anchor institutions. They recognized that by working together, they could more effectively address the broader challenges that were undermining health and stability in the neighborhood.

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#### BOX 1

##### **Community Context: Stamford, Connecticut**

Population (all ages): 125,401

*Black: 13 percent*

*Hispanic: 27 percent*

*White: 50 percent*

Low-income rate among children (birth to age 17): 32 percent (where the median household income is \$77,221)

People living below federal poverty level: 10.2 percent

Unemployment rate: 7.9 percent

Diabetes rate: 8 percent

High blood pressure and hypertension rate: 24 percent

Obesity rate: 22 percent

Asthma: 9 percent

Health care insurance rate: 90 percent (only 68 percent for adults earning less than \$30,000 a year)

Reported use of emergency rooms: 25 percent

**Source:** Stamford Hospital, *Community Health Needs Assessment* (Stamford, CT: Stamford Hospital, 2013).

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## **Charter Oak Communities**

Like many agencies responsible for public housing across the United States, Charter Oak Communities entered the 21st century with an aging and dilapidated housing stock built shortly after World War II, which was ill-suited to serve the needs of its residents. Over the following decade, COC developed a different approach to public housing that would replace high-density developments with mixed-income housing that was better integrated into the community while preserving the units available for low-income residents (a policy known as one-to-one replacement). Two Hope VI grants from the US Department of Housing and Urban Development (HUD) played an instrumental role in galvanizing efforts to renovate and replace COC housing units. Charter Oak Communities also received significant

funding from the state and the City of Stamford. Additional land to build mixed-income housing was acquired through the 2010 land swap with Stamford Hospital.

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## BOX 2

### The HOPE VI Program

HOPE VI was a \$5 billion Department of Housing and Urban Development (HUD) investment that demolished hundreds of the nation's most distressed public housing developments. These developments were rehabilitated, reconfigured, or replaced to make physical and management improvements as well as to provide social and supportive services for families with receiving housing assistance. To date, HUD has awarded 446 HOPE VI grants in 166 cities.

**Source:** Susan J. Popkin, Bruce Katz, Mary K. Cunningham, Karen D. Brown, Jeremy Gustafson, and Margery Austin Turner, *A Decade of HOPE VI: Research Findings and Policy Challenges* (Washington, DC: Urban Institute, 2004).

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The Hope VI grants also encouraged COC to explore partnerships to provide supportive services to the residents it served. Charter Oak Communities began exploring the possibility of engaging the community around activities that were complimentary to, but distinct from, housing, such as early childhood education, physical activity, public safety, food and nutrition, and health. Early on, it tapped into the community through focus groups at the Stamford's local hub for social services, Building One Community (previously Neighbor's Link). In these sessions, leaders expressed concerns about the availability of healthy foods, whether families had active-living opportunities, and the lack of community services available to them. Charter Oak Communities took these lessons and started to conceptualize a collective impact effort to strengthen and align delivery of much-needed services for its residents. It pitched the idea to Stamford Hospital and began approaching various community-based organizations and local agencies to get input on the development of a comprehensive health and wellness plan. The idea of the Vita Health & Wellness District was born.

FIGURE 1

### Fairgate Development

*Before and after image of a 1930s-era public housing complex rebuilt through HOPE VI program*



Sources: Vincent Tufo, Pamela Koprowski, and Gregory Kearns, “The Importance of Community Development for Health.” Presentation given during the HPOE Live! Webinar series, Stamford, CT; Charter Oak Communities.

### Stamford Hospital

In 2000, new leadership at Stamford Hospital, a Planetree patient care center, created a strategic plan to become a state-of-the-art regional medical center.<sup>1</sup> The primary goal was to construct a specialized cardiology department and to upgrade its facilities. The 2010 land swap negotiated with COC gave rise to a new \$450 million addition, including new emergency and pediatric departments, which opened in 2016.

During the expansion planning process, the hospital was approached by COC about its desire to better address chronic health issues in the community. The ensuing conversations about the challenges facing neighborhood residents mirrored the findings from the hospital’s 2012 completion of a Community Health Needs Assessment (CHNA), as required by new provisions for nonprofit hospitals in the Affordable Care Act.<sup>2</sup> The needs assessment, completed jointly with the City of Stamford, found that some of Stamford’s unhealthiest residents (with high rates of obesity, heart disease, diabetes, and cancer) lived close to the hospital. The assessment also revealed that 40 percent of adults making less than \$30,000 a year relied heavily on the emergency room to attend to their health needs. Few had regular contact with a primary care provider, which meant that chronic conditions like diabetes, obesity, and hypertension were not being properly managed. Sixteen percent of residents were unable to get a prescription filled because of cost (Stamford Hospital, 2013).

Beyond inadequate health care access, the assessment revealed that there were insufficient social supports within the neighborhood. In particular, there had been a significant growth in Stamford's immigrant population, where 42 percent of the population spoke a language other than English at home (Stamford Hospital, 2012) and culturally competent resources were needed to support these community members. The hospital's growing appreciation for the challenges facing its neighbors meant it needed to engage more fully with other partners in the community if conditions were to improve.

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*When hospitals seek to address the gaps identified in their community health needs assessment, they realize that the social determinants of health go way beyond the walls of the institution into the community. There is a real benefit to working in collaboration with community partners. – Pam Koprowski, Stamford Hospital*

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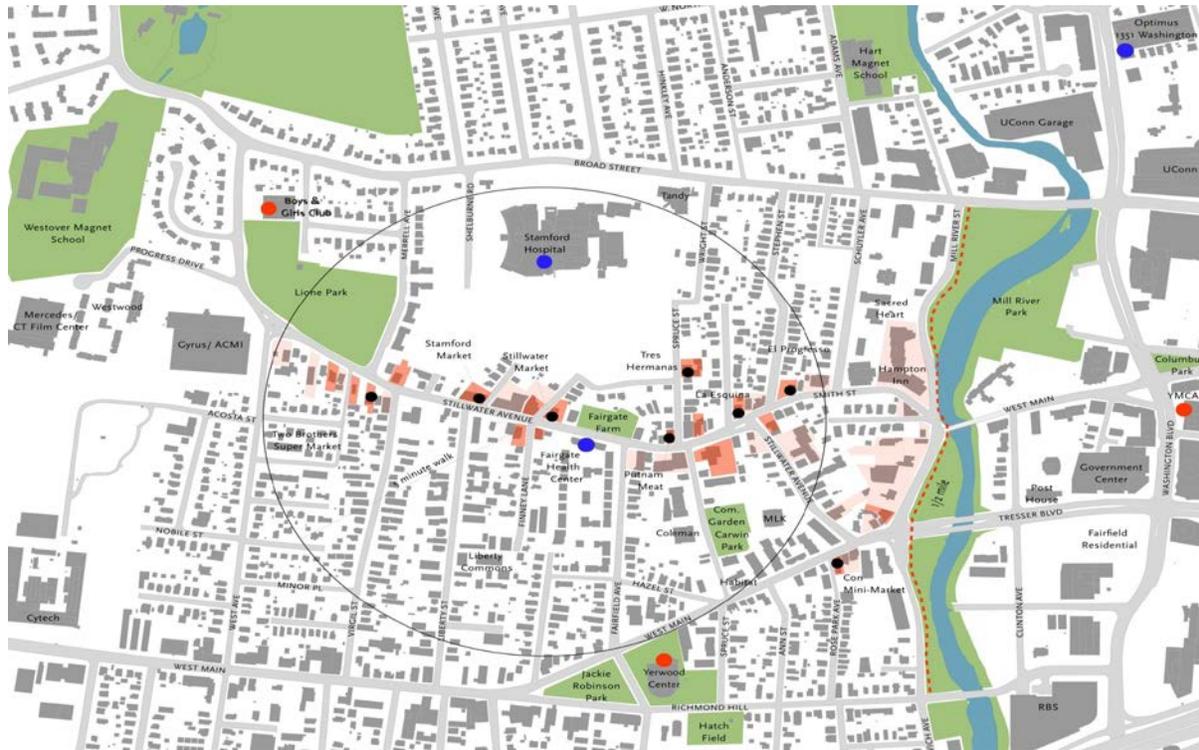
## **Vita Health & Wellness District**

Led by Charter Oak Communities and Stamford Hospital, the Vita Health & Wellness District (vita means “life” in Latin) is operated by a group of city agencies, child care and educational entities (including local schools), health clinics, and other community-based organizations—collectively known as the Stamford Community Collaborative—that formalized their efforts in 2013.

In addition to providing medical care and affordable housing, the Collaborative's place-based vision has extended to better opportunities for physical activity, increased public safety, availability of nutritious food, educational achievement, and specialized supports for immigrant and non-English-speaking families. The Collaborative has taken advantage of its location, visibility, and access to resources to work with the city government on broader social and economic issues as well. They have the ear of elected officials, schools, local police, and fire departments and have built a reputation as a community resource with social capital to leverage.

FIGURE 2

### Vita Health & Wellness District Boundary



Source: Charter Oak Communities.

## Activities

The partners in the Stamford Community Collaborative are committed to measuring the collective impact of the Vita District’s physical redevelopment and service programming on the community’s social, economic, and physical health. These partners meet monthly to plan and implement Vita’s goals to do the following:

1. Improve the health of a vulnerable population
2. Help to reduce excessive spending linked to the inefficient delivery of medical services
3. Strengthen the neighborhood surrounding Stamford Hospital through a variety of strategies, including access to healthy food, workforce development, economic development, and physical activity

TABLE 1

## Vita Health &amp; Wellness District Community Collaborative, 2016

Member organization	Services
All Our Kin	Training support for community child care
AmeriCares Free Clinic	Primary care and diagnostic services for the uninsured, including mobile van
Boys & Girls Club	After-school and recreation programs for school-aged children
Building One Community	Health, legal referrals, education, empowerment, and employment training for new immigrant families
Charter Oak Communities	Affordable homes and housing support
Child Guidance Center of Southern Connecticut	Mental and behavioral health services for children and teens
City of Stamford	Health and social services
Communities4Action	Initiative support and public awareness of substance misuse
Cornerstone Pharmacy	Neighborhood pharmacy
DomusKids	Education, after-school, and social services
Fairgate Farm	Seed-to-table produce, nutrition education, urban farming
Family Centers Inc.	Social support to residents from mixed-income housing communities including immigrant families
Franklin Street Community Health Center	Comprehensive federally qualified health center operated by Stamford Health
New Covenant Center	Job skills programming, medical and immigration services, and other charitable assistance (food, clothing, personal hygiene)
Norwalk Community College	Norwalk Community College School of Nursing and Allied Health operating a new workforce development program in health sciences in the district
Optimus Health Center	Federally qualified health center that provides a range of medical and preventive health care services to adults, children, and families; opened site in Fairgate housing development
Sarner Health & Fitness Institute at (Tully) Stamford Hospital	Medical fitness center
Stamford Hospital	The city's only acute care hospital

Source: Vita compilation from partnership website. See "The Vita Health & Wellness District Community Collaborative," Vita, accessed July 11, 2017, <http://vitastamford.com/partnerships/>.

## Access to Health Care

The 2012 Stamford Hospital's community health needs assessment revealed striking challenges with access primary care services. To address this problem, the Collaborative activated health care providers on multiple fronts, with the goal of increasing access to primary health care services in the community while decreasing emergency room use as a primary care destination, and to improve access to a variety of other services, including dental, behavioral health, and preventive and wellness services.

- Optimus Health Care**, a nonprofit health care organization, operates multiple federally qualified health center sites (FQHCs) in the surrounding area, including the newly established **Fairgate Community Health Center** located within the Fairgate Housing Development (part of Charter Oak's properties). The presence of the FQHC was deemed as important for expanding primary medical care, dental, and behavioral health services

to the uninsured and underinsured population in the area, which includes a significant percentage of low-income residents in the Vita District. Before joining the Collaborative, Optimus enjoyed a long-standing relationship with Stamford Hospital. In addition to encouraging this FQHC to open a clinic in the Stamford community, Stamford Hospital provides funding to supplement its federal allocation and outfitted the Optimus clinic. Residents overusing the hospital's ER department for non-emergency visits were referred to Optimus to receive more efficient and appropriate care. Optimus also offers wellness programs targeting smoking cessation, oral health, nutrition, and exercise.

- The Collaborative also includes **Franklin Street Community Health Center**, an FQHC operated by Stamford Health (part of Stamford Hospital). The center has launched a telehealth arm where on-call specialists can support patients who may need additional assistance adhering to their prescribed medications or treatment plans. The goal is to offer residents a convenient way to receive accurate, patient-centered medical advice from a trusted source.
- **AmeriCare Free Clinic** works with many of the district's hardest-to-reach residents. Through its mobile van health services, AmeriCare offers preventive care to support residents who might otherwise be high ER users.
- In 2013, **Cornerstone pharmacy** opened in the District as one of the storefronts to further the neighborhood's health and wellness commitment. This was a significant addition because there had not previously been a pharmacy.
- Finally, like other large hospitals, Stamford Hospital funds community-based clinics to facilitate easier access to medical services by providing services such as home-based care and portals, where patients can receive acute care services. This approach to medical care supports people with varying abilities to pay; signs patients up for Medicaid, the Affordable Care Act and other eligible reimbursement plans; and reduces the inefficiency costs of nonemergency visits to the ER.

## Improving Healthy Food Access and Teaching Healthy Eating Habits

Vita provides several programs that promote physical activity and nutrition. At the heart of those activities is its communal farm, which was originally envisioned as an interim use for vacant property and has evolved into a core part of the Collaborative's activities. Rather than building a small community garden for individual families, the Collaborative wanted to create an open field farm that could serve multiple stakeholders, including food-insecure residents, soup kitchens, food banks, and shelters. The partners converted blighted lots into four farmable plots, and Fairgate Farms was born.

Centered around building a sense of social cohesion and mutual accountability, Fairgate Farms seeks to build the infrastructure for neighborhood-wide health and wellness. In addition to regular events and seminars, a dietician and nutritionist from Stamford Hospital teaches regular cooking and nutritional classes using the fruit and vegetables harvested from the farm.

Locals (COC and non-COC residents alike) are encouraged to tour the farm and are asked to volunteer their time or areas of expertise. Charter Oak Communities explains its approach as providing “neighborly love” to help people feel comfortable and cared for to set a foundation for deeper engagement on things like nutrition and healthy eating. The farm combines the ability to be outdoors and engage in healthy and enjoyable physical activity and is a learning environment where people receive information about gardening, composting, and soil science. The Collaborative also sees the farm as an opportunity for professional growth and job development. More than growing vegetables, the partners see the farm as growing community.

**FIGURE 3**

**Beet Harvest at Fairgate Farm**



Source: Charter Oak Communities.

## Reducing the Achievement Gap

Within their service area, the Vita members recognize that children with disadvantaged backgrounds who were born outside of the United States or to immigrant parents with varying ability challenges (including having an undocumented status) trailed behind their peers in school and educational achievement. In response to findings from the needs assessment, the Vita Collaborative launched its

Parents as Co-Educators program. The three-year demonstration project focuses on a cohort of children of immigrant parents living in the Vita District with a goal of enhancing existing educational opportunities by engaging families, building parent skills, and providing wraparound services.

Using an evidence-informed curriculum called Parents as Teachers,<sup>3</sup> the cross-disciplinary implementation team educates families about parents' role as teachers and advocates for their children. A lead outreach psychiatrist helps the families understand their child's behaviors as well as how to model skill-building traits (e.g., using parent-to-child communication techniques to improve a child's communication abilities).

The program measures the parent training participation as well as pre- and post-engagement of the parents' children using standard program inputs (e.g., how many visits, referrals made, attendance, interaction with outreach worker). Every six months, over the course of two years while the program enrollee's children are in prekindergarten, the children are assessed along 30 different indicators across four criteria: cognitive, socioemotional, creative, and physical development. After the first year of kindergarten, the children's outcomes are measured again with follow-ups through third grade.

Clients enrolled in the Parents as Co-Educators program can access dental care or other medical attention during their program visits. This level of convenience not only alleviates transportation scheduling barriers, but it attempts at a collective impact model. In essence, the program is using education as a proxy for long-term community health and well-being. By working in parallel with children and their parents, the team hopes to reduce the pervasive achievement gap seen in children from low-income or immigrant families in the area.

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*The Vita partners wanted to focus on a particular population that we know has multiple challenges...by taking a collective impact approach, we could be more effective at achieving agreed upon goals. – Tania Recinos, Family Centers*

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## Funding

Early on, COC and Stamford Hospital joined forces to raise the roughly \$636 million needed for predevelopment costs for the Vita District. The organizations braided together Low-Income Housing Tax Credits, Community Reinvestment Act funds, private equity, and a variety of state, local and federal grants to create 12 mixed-income revitalization developments (six within the Vita District and six outside of the boundary) and complete the \$450 million hospital reconstruction (table 2).

TABLE 2

**Raising Predevelopment Funds**

Sector	Funding type	Amount
Housing	Low-Income Housing Tax Credit	\$90.7 million
	Traditional mortgages	\$57.3 million
	State grants	\$15.7 million
	Federal grants (HOPE VI, Sustainable Communities Grant, etc.)	\$10.4 million
	Local loans and city obligation grants	\$9 million
	Charter Oak Communities investment loan	\$300,000
Health	State-insured bonds	\$250 million
	Grants and donations	\$200 million

Stamford Hospital is most focused on leveraging its endowment and other capital campaigns for future investments in its medical center, envisioning long-term returns for community health and wellness. As a nearly self-sustaining real estate entity, COC finances the community farm, consulting services for an interactive website, and outreach and communications. It also sponsors research and often front-loads the costs for new initiatives. Both entities collaborate on fundraising efforts. Additionally, all Vita Collaborative members pay an annual fee or contribute support for day-to-day operations.

## Evaluating Success

The Vita Health & Wellness District has raised the profile of a once disinvested neighborhood through its neighborhood-wide initiatives. Although no assessment of collective impact has yet been commissioned, several initiatives are monitoring their program outcomes.

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*I've been in this community for a long time, and I interact with lots of organizations...but until the Vita group, [Collaborative partners] sat around the table and shared what each of us were doing I didn't really have a clear picture of all that [was] happening within the city around health and wellness. – Bob Arnold, Family Centers*

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## Successes

The Parents as Co-Educators program has started to observe increased parent involvement in schools, both for enrolled and unenrolled families. They posit that some of the life skills taught by the program have trickled down throughout the neighborhood. Given the district's goal for neighborhood-wide

transformation, this “contagious” effect is encouraging. But because the program is engaging a small cohort, it will be challenging to assess the program’s overall effectiveness.

## Challenges

This cross-sector approach to health is multilayered, ambitious, and complicated. From its multiple funding sources to attaining community buy-in, the Vita District is not short of challenges.

From the beginning, some homeowners opposed the district’s expansion and redevelopment plans citing neighborhood congestion, diminishing property value, and concerns about crime. Food access, too, is a challenge for some in the community. Without adequate transportation options, residents are limited to nearby options that predominantly stock unhealthy foods, sugary drinks, and alcohol.

Additionally, not all residents are partaking equally in available services. The recent uncertainty around immigration policy has contributed to a reluctance by many families to access needed services for fear of possible deportation. In addition, recent and undocumented immigrants are ineligible for certain or public benefits, such as Medicaid, which further constrain options. Although the community farm is open to everyone in the neighborhood, it is rarely used by those who live in COC’s public housing development. One Vita member speculated that these residents may have full-time jobs that prevent them from volunteering their time. Additionally, the farm relies heavily on word-of-mouth to promote its events and classes; it is possible that COC residents are simply not aware of the opportunities.

Finally, Vita Collaborative members noted that it was difficult to ensure all partners were at the table for key strategy discussions. Given client caseload, staff capacity, and scheduling conflicts, not all Collaborative members could participate fully and felt like the initiative suffered from top-down decisionmaking.

## Looking Forward

Although each of the participating service providers can leverage activity and data tracking, the collective data sharing system is still evolving. There seems to be an opportunity for longitudinal data tracking to identify who is being served by multiple programs and organizations throughout the District and to move toward a collective impact assessment of the various activities and interactions on the lives and health of the residents. Additionally, given the uncertainty of the future of the Affordable Care Act and the availability of community benefit funds should uninsurance rates rise, Stamford Hospital will have to be even more creative about how to engage particularly vulnerable patients.

## Key Take-Aways

The Vita Health & Wellness District case study underscores two basic, but invaluable, points about neighborhood transformation: (1) having long-standing relationships and positive reputations in the

community is critical to any sustainable partnership, and (2) aligning visions and mapping out the mutual benefit at the outset of the partnership secures buy-in as well as dedicated stakeholders.

- **Anchor institution involvement.** Having the financial and social capital of two anchor institutions was fundamental to the development and evolution of the Vita Health & Wellness District. In addition to their own investments, COC and Stamford Hospital have convened a large set of actors who can apply for joint funding opportunities where they might otherwise have competed for service dollars. Like other place-based initiatives, the district also shows the value of being a good neighbor to residents and local businesses by making local investments in one concentrated area.
- **Mutual benefits and goals.** The land swap strategy between the housing authority and hospital proved to be a good investment for the immediate and long-term relationship of the anchor institutions. It met both of their needs and committed them both to the project's strategic planning. At the outset, this strategy made both parties accountable to making good use of the newly acquired land as well as by being a good neighbor to its residents and business owners in the surrounding area. Additionally, all the Collaborative members realized that they were serving (or needed to serve) the same population which was integral to their goal setting for holistic community health improvements.
- **Strategic leadership.** A neighborhood-wide approach to health and wellness requires multiple systems of support. Leadership from the housing authority, hospital, city, nonprofits, and other community stakeholders was integral to gaining the buy-in and trust of residents. At the same time, these leaders' continual investment increases the visibility of complex issues such as the social determinants of health, especially for local policymakers. Respondents stressed the benefits of working closely with the housing authority and the hospital given their political acumen and ability to make the case for the city and state's investment returns (i.e., how some of the health interventions could support reducing the budget deficit at the state level).
- **Community and stakeholder engagement.** Vita's close engagement with neighboring business owners, residents, community benefit organizations, and local agencies can facilitate more meaningful programming for the neighborhood. These community engagement efforts also help with "asset mapping," or understanding the existing resources in a neighborhood. Taking inventory of what is already available in the community and identifying gaps helps with leveraging opportunities without duplicating efforts. This partnership has built bridges between institutions and programs that were previously siloed and unable to think about strategic collaboration or collective impact.

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### BOX 3

#### Want to Learn More?

For further information regarding the Vita Health & Wellness case study, please contact Vin Tufo at [VTufo@CharterOakCommunities.org](mailto:VTufo@CharterOakCommunities.org) or Pam Koprowski at [pam.koprowski@gmail.com](mailto:pam.koprowski@gmail.com).

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## Notes

1. A philosophy of health care that prioritizes patient- and family-centered care to facilitate high-quality delivery and healing. For details on how on their approach to care and treatment, see “The Planetree Philosophy of Care,” Stamford Health, accessed July 11, 2017, <https://www.stamfordhealth.org/about/planetree/>.
2. Since 2008, tax-exempt hospitals must report their programs and activities that provide treatment and/or promote health in the community in which they operate otherwise known as their community benefit. As of 2010 and the passage of the Affordable Care Act (ACA), not for profit hospitals are also required to conduct Community Health Needs Assessments (CHNAs) every three year as well as create a responsive implementation strategy.
3. Parents as Teachers is an evidence based model that seeks to promote the optimal early development, learning and health of children by supporting and engaging their parents and caregivers. See “Evidence-Based Model,” Parents as Teachers, accessed July 11, 2017, <http://parentsasteachers.org/evidence-based-model/>.

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