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HEALTH AND HOUSING CONNECTED

## Affordable Housing Next Frontier in Health Care

New Programs, Partnerships and Funding Prioritize Health Improvements

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SPECIAL TO BANKER & TRADESMAN



**A**ffordable housing is the next big frontier in health care, and community development practitioners are catalyzing the growing discussion on social determinants of health, defined by the Centers for Disease Control and Prevention (CDC) as “conditions in the places where people live, learn, work and play that affect a wide range of health risks and outcomes.”

In Massachusetts, we are at a critical juncture: health care policymakers seek to rein in high costs while their housing counterparts are increasing efforts to reduce chronic homelessness and address affordable housing shortages. These challenges are intertwined, especially when reviewing the growing body of research that demonstrates the negative health outcomes and high health costs for homeless and rent-burdened families.

On the housing side, the Department of Housing and Community Development (DHCD) and CEDAC have funded over 3,000 supportive housing units since 2013. We’ve achieved this through a twofold effort that includes improved coordination between housing and health/human services agencies, and increases to the state’s capital budget for housing, especially supportive housing for people experiencing homelessness, elders,

persons with disabilities, veterans and unaccompanied youth.

The state makes innovative use of health care and human services resources, including Medicaid, to pay for clinical supports and services that stabilize tenancies and allow residents to succeed in community-based housing. This year was a very important year, as the Legislature and the Baker administration enacted a \$1.8 billion housing bond bill, which authorized the capital funds that the state uses to construct supportive housing.

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For decades, CEDAC has managed supportive housing capital programs on DHCD’s behalf. Several of these programs, including the Facilities Consolidation Fund and the Community Based Housing program, help to ensure that people with chronic disabilities may live in the community rather than the institutions that housed them previously. Residents of this housing access care and supportive services in their own homes. Medicaid waivers pay for many of these services;

we know that they help to keep people out of institutions and can save health care dollars. So it’s nothing new for Massachusetts to capitalize on the intersection of housing and services: for decades, we’ve provided capital and operating subsidies for buildings while Medicaid has covered the supports.

In recent years, the health care sector has begun to connect its growing understanding about the impacts of these social determinants into their planning and investment decisions. The federal Patient Protection and Affordable Care Act established new opportunities to foster increased collaboration between housing and health care providers. Attorney General Maura Healey and the Department of Public Health have issued updated guidance for community benefits from hospitals and determination of need rules, both of which serve as the oversight framework for hospital performance and accountability. The health sector is responding, with innovative approaches in the community health needs assessment process and plans to utilize financial and real estate assets to align with their mission.

For instance, Boston Medical Center (BMC) recently announced it would invest \$6.5 million and work with community partners to support new affordable housing to reduce medical costs. As BMC’s Dr. Megan Sandel has said, “housing is a critical vaccine that can pave the way to long-term health and wellbeing.”

BMC’s initiative was significant not only because of the \$6.5 million but also because, as stated in its press release, it “represents the first time that a Massachusetts hospital has put all its required community health investment into one

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social determinant of health – in this case, housing – to satisfy the requirements of the Massachusetts Department of Public Health for a determination of need.”

BMC’s efforts are not restricted to the housing stabilization initiative it is creating with two non-profits, Pine Street Inn and Boston Health Care for the Homeless Program. The hospital’s Elders Living at Home Program is working with the non-profit Roxbury-based Madison Park Development Corporation and Winn Management to create a

pilot project, a community based Complex Care Management program, at Madison Park Village. A community health advocate and a community wellness nurse work on-site to provide services with the goal of improving health outcomes, independence and housing stability for residents.

These activities bode well for future collaboration between the health care and affordable housing sectors.

A vibrant community development sector in Massachusetts with a proven track record in real

estate development is working to strengthen the relationship with health care institutions. And as our experience with supportive housing shows, CEDAC stands ready to help with policy development, early stage financing and technical assistance. ◀

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