COUNCIL OF THE DISTRICT OF COLUMBIA
COMMITTEE OF THE WHOLE
DRAFT COMMITTEE REPORT
1350 Pennsylvania Avenue, NW, Washington, DC 20004

TO: All Councilmembers

FROM: Chairman Phil Mendelson
Committee of the Whole

DATE: December 4, 2018

SUBJECT: Report on Bill 22-207, the "East End Grocery Incentive Act of 2018"

The Committee of the Whole, to which Bill 22-207, the "East End Grocery Incentive Act of 2018" was referred, reports favorably thereon, with amendments, and recommends approval by the Council.

CONTENTS

I. BACKGROUND AND NEED

Bill 22-207, the "East End Grocery Incentive Act of 2018" was introduced by Councilmembers Gray, Bonds, Evans, Todd, and White on March 21, 2017.[1] The purpose of Bill 22-207, as amended, is to establish an East End Grocery Construction Incentive Program within the Office of the Deputy Mayor for Planning and Economic Development to incentivize the establishment of new grocery stores in Wards 7 and 8.

The goal of the East End Grocery Construction Incentive Program (Program) is not only to bring grocery and retail stores to Wards 7 and 8 but also to address the issue of food deserts which can lead residents in these Wards to experience food insecurities and health inequities. The Program will allow the District government to finance the construction of grocery stores, and retail stores if they co-anchor the development of a grocery store. To be eligible for the Program, a

[1] The title of the bill has been updated to reflect that the bill was introduced in 2017 but is being considered by the Council in 2018. Also, the new title reflects that the bill, as amended, only pertains to incentives for the construction of new grocery stores in Wards 7 and 8.

grocery store must: (A) have a primary business of selling food, including fresh food such as vegetables, fruits, meat, diary, and eggs; (B) have at least 5,000 square feet of selling area; (C) meet the eligibility requirements for the Supplemental Nutrition Assistance Program (SNAP); and (D) accept SNAP and Women, Infants, and Children Program benefits.

Food Desert

A food desert is defined as an area where: (1) the walking distance to a supermarket is more than 0.5 miles; (2) more than 40 percent of households have no vehicle available; and (3) the median household income is less than 185 percent of the federal poverty level for a family of four.[2] A recent report issued by the DC Policy Center found that the District has 6.5 square miles of food deserts overall, which is about 11 percent of the District's total area.[3] The report indicated the areas of the District that contain the majority of food deserts include Historic Anacostia (Ward 8), Barry Farms (Ward 8), Mayfair (Ward 7), and Ivy City (Ward 5).[4]

Using the analysis above, the DC Policy Center concluded that more than three-quarters of the food deserts in D.C. are located in Wards 7 and 8.[5] By area, Ward 8 has the majority (51 percent) of all food deserts and Ward 7 contains the second largest portion of food deserts (31 percent).[6] Out of the 45 supermarkets that are located in the District there is only one supermarket in Ward 8 and two in Ward 7 that serve a combined population of about 150,000 people.[7] Residents living in Wards 7 and 8 have substantial obstacles to access healthy, fresh, and affordable food. Most residents have to take significant time out of their day to either drive, take public transportation, or walk to the closest food store.

These obstacles have led residents in Wards 7 and 8 to experience food insecurities. Ms. Karol Gilmore, Director of Family and Community Engagement for the DC Promise Neighborhood Initiative (DCPNI), testified at the hearing on Bill 22-207 that DCPNI conducted a neighborhood survey in 2013 that revealed 49 percent of families in the Kenilworth-Parkside Community (Ward 7) were food insecure.[8] She added that this was four times the overall rate of food insecurity experienced by District households.[9] Dr. Wheeler, Executive Director of the D.C. Hunger Solutions, testified that "[f]ood insecurity may be one of the most significant social determinants of health."[10]

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[2] Sasha-Ann Simons, *Where Eating Health Means Trekking Out Of A Food Desert*, WAMU (February 12, 2018), https://wamu.org/story/18/02/12/eating-healthy-means-trekking-food-desert/
[3] Randy Smith, Food Access in D.C. is deeply connected to poverty and transportation, DC Policy Center (March 13, 2017), https://www.dcpolicycenter.org/publications/food-access-dc-deeply-connected-poverty-transportation/
[4] *Id.*
[5] *Id.*
[6] *Id.*
[7] *Supra* note 2.
[8] Karol Gilmore, Director of Family and Community Engagement, D.C. Promise Neighborhood Initiative, Testimony before the DC Council Committee of the Whole, 1, May 19, 2017.
[9] *Id.*
[10] Beverly R. Wheeler, Director, D.C. Hunger Solutions, Testimony before the DC Council Committee of the Whole, 1, May 19, 2017.

In addition, the lack of access to healthy, affordable, and nutritious foods caused by living in a food desert may lead to poor nutrition. This in turn leads to health issues which increases the health disparities among residents in the District. Poor nutrition is a significant driver of disease, diminished quality of life, and increased health care costs.[11] Moreover, it is virtually impossible for people to eat healthy and comply with medical advice if they do not have access to healthy, affordable food.[12]

Bill 22-207 intends to address the issues of food insecurity and health disparities by creating more opportunities to allow residents to have adequate access to healthy, fresh, and affordable foods. Constructing more grocery stores will lead to better health outcomes for residents in Ward 7 and 8. Also, it will bring more equity to the number of grocery stores located in each Ward across the District.

Financial Incentives

In order to attract more grocery retailers to Wards 7 and 8, Bill 22-207 will allow the District to pay for the construction costs of new grocery stores that provide affordable food and food-related grocery items. The construction costs will be financially supported by a new capital project budgeted under the Office of the Deputy Mayor for Planning and Economic Development (DMPED). The District will own the buildings and will lease the buildings to a grocery retailer or any associated retail stores. The Council will be granted authority to approve any contract to pay for site preparation and infrastructure development, design, and construction for a new grocery store.

The incentives provided in the bill are a new and innovate way to support the recruitment of grocery retailers to open grocery stores in Wards 7 and 8. Mr. Warren Williams, Chair of the Ward 7 Economic Development Advisory Council (W7EDAC), testified that government incentives are needed to close the significant disparities of the food deserts located in the District.[13] Further, he stated that assisting with the constructions costs will make it easier to attract retailers to the East End.[14] The Committee agrees with the assessment made by the Chair of the W7EDAC and believes these financial incentives are necessary to guarantee that Wards 7 and 8 residents are receiving the same level of access to healthy and fresh food as the rest of the District.

Further, the incentives provided in Bill 22-207, will build on the District governments efforts to address the issue of food deserts. In 2010, the Council approved the Food, Environmental, and Economic Development in the District of Columbia Act (Feed Act) which established a Grocery Store Development Program in DMPED to attract grocery stores to the District's food deserts.[15] The goal was to expand access to healthy foods in order to fight obesity

[11] Committee on Government Operations and the Environment, Report on Bill 18-967, the "Food, Environmental, and Economic Development in the District of Columbia Act of 2010", 4, December 2, 2010.
[12] *Id.*
[13] Warren Williams, Director, Chairman, Ward 7 Economic Development Advisory Council, Testimony before the DC Council Committee of the Whole, 1, May 19, 2017.
[14] *Id.*
[15] *See* D.C. Law 18-353; D.C. Official Code § 2-1212.01 *et seq.*

and create jobs.[16] Pursuant to the Feed Act, the District is able to distribute grants, loans, federal tax credits, other financial assistance, and technical assistance if funding is available through local or federal appropriations to fund the Grocery Store Development Program. It also allows the District government to provide assistance to corner stores, farmers markets, and other small food retailers in order to expand access to healthy foods in underserved areas.

The Committee notes that even with the adoption of the Feed Act more assistance has to be offered to address the food deserts that currently exist in Wards 7 and 8. In fact, since the passage of the Feed Act the number of full-service grocery stores in Wards 7 and 8 has actually decreased from five to three.[17] The combination of these two financial incentive programs will give the District more tools to attract grocery stores to Wards 7 and 8.

The Committee recommends approval of Bill 22-207 as it will allow residents of Wards 7 and 8 to have convenient access to affordably priced groceries and retail goods. Further, it will serve as a catalyst for additional business development in neighborhood retail corridors.

II. LEGISLATIVE CHRONOLOGY

March 21, 2017	Bill 22-207, the "East End Health Care Desert, Retail Desert, and Food Desert Elimination Act of 2017" is introduced by Councilmembers Gray, Bonds, Evans, Todd, and White.
April 4, 2017	Bill 22-207 is sequentially referred to the Committee on Health, the Committee on Business and Economic Development, and the Committee of the Whole.
April 7, 2017	Notice of Intent to Act on Bill 22-207 is published in the *DC Register*.
April 28, 2017	Notice of Public Hearing on Bill 22-207 is published in the *DC Register*.
May 19, 2017	A Joint Public Hearing is held on Bill 22-207 by the Committee of the Whole, the Committee on Business and Economic Development, and the Committee on Health.
October 5, 2017	The Committee on Health marks up Bill 22-207.
November 20, 2018	The Committee on Business and Economic Development marks up Bill 22-207.

[16] *Supra* note 11 at 1.
[17] James Marshall, *Southeast D.C. residents march in "grocery walk" against food deserts*, Street Sense Media (November 1, 2017), https://www.streetsensemedia.org/article/southeast-d-c-residents-march-in-grocery-walk-against-food-deserts-2/#.W_3Ch-JOmUl

December 4, 2018 The Committee of the Whole marks up Bill 22-207.

III. POSITION OF THE EXECUTIVE

Wayne Turnage, Director, Department of Health Care Finance, testified on behalf of the Executive generally supportive of Bill 22-207. Director Turnage testified only to the provisions of Bill 22-207 that dealt with the construction of a new community hospital and its funding. His testimony is summarized below.

IV. COMMENTS OF ADVISORY NEIGHBORHOOD COMMISSIONS

The Committee received no testimony or comments from Advisory Neighborhood Commissions on Bill 22-207.

V. SUMMARY OF TESTIMONY

The Committee of the Whole, the Committee on Business and Economic Development, and the Committee on Health held a joint public hearing on Bill 22-207 on Friday, May 19, 2017. The testimony summarized below is from that hearing. Copies of written testimony are attached to this report.

Dr. Wayne A. I. Frederick, President, Howard University, testified in support of the legislation, and spoke to the historic role Howard University has played in serving as the District's safety net hospital, as well as its expertise and commitment in recognizing and impacting health outcomes of District residents, notably those of Wards 7 and 8. "As an academic center, Howard University has a broad scope of expertise and research programs that it can bring to bear that does not exist in any health care setting on the East End of the City, and can provide support for addressing some of the social determinants of health to help achieve better health outcomes" Dr. Frederick expressed.

Warren Williams, Chair of the Ward 7 Economic Development Advisory Council, testified in support of the legislation, stating that it will help economic development in Ward 7 by producing jobs, creating thriving businesses and much needed amenities in retail and grocery, and will aid in the production of a world-class healthcare facility.

Dontrell Smith, Commissioner, ANC 7E06, testified in support of the legislation, stating that investments in full grocery stores in Ward 7 and 8 will provide residents access to healthier food options and bare essentials.

Travis Nembhard, Ward 7 Resident, testified in support of the legislation, expressing his concern for the overt disparity in the District, and noting that the need for grocery and

retail stores east of the river has been an ignored issue for too long.

Jimmie Williams, President, Penn Branch Citizens Civic Association, testified in support of the legislation, stating that despite some positive changes, development plans and proposals, Ward 7 still lags behind many areas of the city when it comes to healthy food options and access to healthcare facilities. "I support this legislation, and we will work to ensure it is followed by actions and proposals that provide Ward 7 and 8 with access to quality healthcare, healthy food and restaurant options, viable retail options, and the jobs and community confidence that follow as a result" Mr. Williams concluded.

William H. Dietz, MD, PhD, Chair, Sumner M. Redstone Global Center for Prevention and Wellness, Milken Institute School of Public Health, George Washington University, testified in support of the legislation, stating that it establishes a much-needed system of health in the East End that could reduce the substantial health disparities and increased rates of chronic disease experienced by residents in Ward 7 and 8 compared to other parts of the city. He also noted that a new hospital at St. Elizabeths will improve the access and treatment of chronic disease, stating that it could serve as the core of a "health hub", provide access to health care, healthy food and support for physical activity, and drive wellness and prevention programming throughout the East End community.

Lauren Shweder Biel, Executive Director, DC Greens, testified in support of the bill, stating that it lends to the idea of creating a revenue fund that addresses health disparities on the city's East End by investing in long-overdue infrastructure that offers tangible benefits to residents; however, she spoke to several necessary adjustments the bill needs to ensure that it is living up to its intentions – one being the changing of the bill's name to something similar to "The East End Health Act" to clarify the spirit of the law.

Paula Reichel, Chief of Staff, Capital Area Food Bank, testified in support of the bill, stating that it allocates significant resources to lay the groundwork for the development of institutions that support community health where they are needed most. Ms. Reichel offered a handful of suggestions that would strengthen the bill and structure it effectively so that retailers choose to participate, and that the community significantly benefits from development. One of her recommendations included mandating that a certain percentage of the initial funding be specifically applied toward the construction of grocery stores and ensuring that mixed retail eligible projects have sufficient grocery store components.

Alexander Moore, DC Central Kitchen, testified in support of the bill, stating that it is a bold proposal that reflects the seriousness of the public health crisis facing residents east of the Anacostia. "It shows a willingness to marshal the resources necessary to address this crisis, and an understanding that grocery retailers are an important part of a larger ecosystem of healthy food access" he expressed. He suggested that the bill add some flexibility to the list of specific sites in Wards 7 and 8 where projects can access this subsidy, as well as reduce the occupancy requirement from 30 years to 15, and expand the definition of eligible projects

from "large anchor stores that sell affordably prices groceries and/or retail goods" to include "operations related to processing, procurement, storage, or production of food, meals, or nutrition services."

Tyrell M. Holcomb, Advocacy Specialist, Capital Area Food Bank, testified in support of the bill, stating that access to quality healthy food is a basic human right every resident in the District of Columbia should enjoy. "The Food Bank applauds Councilmember Gray on undertaking the task of ensuring residents East of the River have access to affordable healthy retail" Mr. Holcomb expressed.

Danielle Apugo, Ward 7 Resident, testified in support of the bill, stating that the passage of this bill will ensure the food justice and access to dignified eating options that residents of Ward 7 deserve.

Shenita-Ann Grymes, Operations Consultant & Researcher, BrittNelle Health Services Group, LLC, testified in support of the bill, and provided examples of the hardship of living in a food desert. Ms. Grimes noted that with the closing of Safeway on Central Ave, she was unable to pick up some needed ingredients for dinner; yet pizza, Chinese food, and fast food were readily accessible. She also noticed the few options for fresh whole foods in her area (at local corner stores) are usually small selections of overpriced and usually low quality foods.

Jacqueline D. Bowens, President & CEO, District of Columbia Hospital Association, testified in support of the bill, stating that it outlines the core elements of a successful health care strategy on the East End, including an integrated and sustainable health care system that included a right-sized hospital, appropriate primary, specialty, diagnostic, emergency, acute and long-term care services based on the current and future needs of the community, and recognition of the need and inclusion of appropriate resources to address the social determinants of health that create barriers to achieving better health outcomes. She also applauded Councilmember Gray's forward-thinking efforts to expand telehealth services in the city.

Karol Gilmore, Director of Family and Community Engagement, DC Promise Neighborhood Initiative, testified in support of the bill, stating that the right to food is fundamental to the survival of humans and necessary for individuals to thrive in all facets of their lives. She mentioned that 11.3% of DC is a food desert, and three-quarters of food deserts are located in Wards 7 and 8.

Thomas Houston, Poverty Center Lead, Medici Road, testified in support of the bill, stating that the bill speaks directly to the work Medici Road does in striving to reduce generational poverty by linking education and public health outcomes. A resident of Ward 7, Mr. Houston also spoke to realizing that hospital options are extremely limited should he and

his currently expecting wife need immediate health care. He went on to offer three recommendations that he believes would enhance the bill: 1) Mandate that the Director of DHCF transfer the surplus funding to DMPED, 2) Reconsider the type of store you want to anchor the five chosen sites, and 3) Add a percent of sale/taxes penalty to the fine for retailers not leasing 30 years.

Michelle A. Tingling-Clemmons, Ward 7 Resident, testified in support of the bill, highlighting the disparities in and shear number of Ward 7 grocery stores versus those on the west end of the city; she however voiced her concern that the legislation fails to set and require that potential vendors benefitting from the bill ensure employment for local residents. "We need jobs to ensure that our residents can afford healthy food products coming to our neighborhood!" she exclaimed.

Beverly R. Wheeler, Director, D.C. Hunger Solutions, testified in support of the bill, stating that by closing the full-service grocery store gap, the District of Columbia can make great strides in combating hunger, reducing disparities in the city's income, poverty, unemployment, and obesity rates between racial and ethnic groups, and take advantage economic development opportunities. She noted that the bill must ensure sustainability by requiring SNAP and WIC be accepted in the grocery store, having community input early in the planning process, and entertaining the idea of some form of food access in the hospital complex.

Tamara Smith, President and CEO, DC Primary Care Association, testified in support of the bill, stating that it is irrefutable that District residents living on the East End deserve better health. She also noted that investments made with the goal to improve health outcomes must aggressively link clinical care to community supports. "If we want to change health outcomes in Ward 7 and 8, then we have to change the environment in which residents live, work, and learn. We are excited about the potential for community change new investment may bring" she emphasized.

Tariq Habash, Ward 7 Resident, testified in support of the bill, stating that it will transform the health care, retail, and food deserts that overwhelm his community. Mr. Habash however expressed his concern about the exclusion of the Kenilworth-Parkside community in the bill when considering the proposed economic development incentives. "Currently, over 6,000 live in Kenilworth-Parkside today, and at least a 1,000 more are on the way. A grocer in this region could serve this high density community, but when given the high congestion and transit concerns, support from the Council is essential to ensure that the needs of our community and our residents do not go overlooked" he testified.

Cecil Byrd, Executive Director, National Association of Concerned Veterans, testified in support of the bill, commending the Councilmember Gray's efforts in bringing overdue visibility and economic stimulus to Wards 7 and 8, and noting that the same approach can be used to create desert elimination acts for returning veterans, returning citizens, and all of the disenfranchised

and underserved citizens of the District in areas of employment, housing, education, accessibility to services, benefits, health care, and quality of life.

Ramesh Butani, President, HRGM Corp., testified in support of the bill, pushing for more economic development in Ward 8.

Dr. Bruce Purnell, Executive Director, The Love-More Movement, Inc., testified in support of the bill, recognizing Councilmember Gray's vision for the social reconstruction of Far Northeast and Southeast, and his role in pushing for an infrastructure that creates healthy, healing, safe, thriving, creative, and resilient communities on the east end of the District.

Donald Blanchon, Executive Director, Whitman-Walker Health, testified in support of the underlying intent and substance of the bill, stating that it is in the best interests – namely health and well-being – of District residents who live and work on the east of the city; however, he offered some recommendations that would enhance the legislation, notably that it should provide sufficient flexibility to relocate the new medical center in the event that there are unanticipated planning, development, and/or construction issues at the St. Elizabeths site.

Artilie Wright, Ward 7 Resident, testified in support of the bill, but pleaded to the committee to list Kenilworth Parkside as a location to receive financial incentives to alleviate the food and retail desert in that community. "Nearly every other sizable commercial development both in and outside of Ward 7 is getting this subsidy. Leaving out Parkside will hinder our community's progress and leave us without competitive options for fresh food." she testified.

Ruth Gonzales, Ward 7 Resident, testified in support of the bill, applauding its aim of attractive affordable grocery and retail shopping opportunities to underserved areas, but expressing concern for her neighborhood of Kenilworth-Parkside not being included in the list of specific sites.

Reverend Dr. Wanda Thompson, Pastor, Ambassador Baptist Church, testified in support of the bill, emphasizing that the time is now to focus on providing access to on-demand behavioral health services for underserved youth on the east end of the city. "Unmet health-related social needs, such as food insecurity and inadequate or unstable housing, bullying, abandonment, and neglect are often exposed in the school environment by students acting out." she noted.

Reverend Dr. Kendrick E. Curry, Pastor, Pennsylvania Avenue Baptist Church, testified in support of the bill, highlighting that a fragmented healthcare access and delivery system are devastating the communities on the east end of the city. "Unmet health-related social needs, such as food insecurity and inadequate or unstable housing, increase the risk of developing chronic conditions, reduce and individual's ability to manage these conditions, cause avoidable miscues of the healthcare system, and increase healthcare costs" Reverend Curry noted. He went on to give an overview of the East End Medical Home Neighborhood Partnership, a collective of engaged community leaders, advocates, businesses, and social services organizations who

recognize the need and opportunity to scale community engagement based on the premise that community health can be raised to an optimal level through collaboration.

Reverend Dr. L. B. West, Senior Pastor, Mount Airy Baptist Church, testified in support of the bill, stating that the District is experiencing a transformative period in which there is a need to bridge gaps within the city for the betterment of all citizens, particularly those who live on the east end of the city where there seems to be a lack of access to needed services, be it Health Services or Community Social Services. He also spoke to bridging the gap between medical providers and faith based institutions.

Justin A. Lini, Commissioner, ANC 7D07, testified in support of the bill, but spoke to its exclusion of the Kenilworth-Parkside community from its list of subsidized areas. "Nearly every other sizable commercial development in the ward is getting this subsidy, but our community has been left off this list" he noted. "To ensure that the next phase of the Parkside development brings in affordable, healthy, business-friendly, child-friendly, and community-friendly options, support from the Council is extremely important."

Mark LeVota, Executive Director, DC Behavioral Health Association, testified in support of the bill, emphasizing that the East End should have a right-sized hospital that acts as a catalyst for a robust health system, and that District residents who live on the East End of the city deserve access to nutritious foods and a new grocery stores that can be a valuable anchor for further commercial development. "We join East End residents in their efforts to build a robust health system for the East End community, and we look forward to cooperating with a new hospital to achieve that goal" Mr. LeVota concluded.

Allison Tepper, Instructor, Department of Health Studies, American University, testified in support of the bill, expressing that access to healthful foods is important, as four of the leading causes of death in the US are associated with food choices. Ms. Tepper shared the results from a research project she conducted in Ward 7 a few years ago that focused on grocery store options and food marketing, and how it influenced buyers' decisions in low income food areas. The majority of participants in this study stated that nutrition was the most important factor when making food choices compared to cost, convenience, and taste. "An increase in large grocery stores in low-income areas can serve to provide nutrition education resources and an opportunity for healthful food choices for these populations" she concluded.

Peter Espenschied, Ward 7 Resident, testified in support of the bill, highlighting that it is well-established that there is a lack of supermarkets in Wards 7 and 8. He stated "[t]he East End needs good supermarkets, and the provision that the DC government will build and lease the facilities is a creative and viable plan." He added that he thinks the legislation should contain language that requires that the ownership of the property will remain with the D.C. Government for the foreseeable future, as defined.

Oliver Spurgeon III, Public Witness, testified in support of the bill, focusing his statement on the Council's effort to establish the East End Grocery and Retail Incentive Program. He expressed that if the program is successful in incentivizing a full service grocer to open up, it

could boost access to fresh fruits and vegetables, empower Ward 8 residents who make smarter food choices, improve health outcomes throughout the east end, and lower the District's health care spending. More importantly, he noted, it could provide a much needed boost for Ward 8's local economy and create dozens of local jobs.

Tom Brown, Executive Director, Training Grounds, testified in support of the bill, stating that it is helpful and smart legislation that will begin to lay new tracks of opportunity for residents and business on the east end of the city. "The simplest impact we can hope is the upgrade of valuable health services, healthy food options, and quality amenities that enrich the lifestyle and experiences of all residents and visitors to this portion of the Nation's Capital" Mr. Brown emphasized. He also noted the continued strategy around working with organizations that are leading conversations around health and wellness for families and children, including the Ward 7 Health Alliance, Ward 8 Health Council, and East River Collaborative and Far Southeast Family Collaborative.

Malik Hubbard, Political Organizer, 1199 SEIU United Healthcare Workers East, testified in support of the bill, applauding the Council's efforts on moving forward with the development of the East End medical center, as many of his union members within the District reside in Ward 7 and 8, and having an updated full service medical center is important for the benefit of their health; however, he voiced concerns that the plans for this hospital may move forward without an operate in place. He expressed that a working partnership with the operator, District officials, stakeholders and the community during the developmental stages will cultivate a healthy and productive relationship and produce a hospital that fits the needs of "the people". He recommended that the Council create a working group with stakeholders that have an interest in the success of this hospital, to provide input and guidance and ensure the hospital's productive efficiency and positive impact on the community.

Vernon Oakes, ***Founder & President, Oakes Management, Inc.,*** testified in support of the bill, focusing his statement on food cooperative and their benefits. "Unlike their conventional counterparts, co-ops are owned democratically governed by employees or member-shoppers and rooted in principles like community, voluntary and open membership, economic participation, education, and cooperation. Because of these principles and practices, food co-ops inherently serve and benefit the communities where they are located" Mr. Oakes noted.

Theodore Ngatchou, Galaxy Healthcare, testified in support of the bill, expressing his gratitude for the bills intention of improving public health in one of the more underserved communities in Ward 7 and 8. "I'm in support of this Bill B22-207 to empower new local stores to bring healthy food in Ward 7 and 8 and to provide funding for a new community hospital that will contribute to improving the Health equity in these communities." he testified. Mr. Ngatchou recommended that the bill require that the new community hospital utilize local NSA for their staffing needs, and open funding to Home and Community Based Services with cultural competency to provide more immunization, substance abuse prevention, referral services, and HIV testing.

Sean Moore, Director of Small Business Development, Congress Heights Community Training and Development Corporation, testified in support of the bill, noting that having a first-rate hospital and eliminating the food desert ranks among the top three issues of residents living in Congress Heights. The bill, he stated, addresses Ward 8's lack of adequate healthy food retail and grocery options, the lack of retail options that forces residents to leave their community, and the need for a new state of the art facility to serve the needs of his community. "Furthermore, relocating the hospital to St. Elizabeths will further activate development on the campus, incentivize community retail development, and better integrate the campus into the community.

Wayne Turnage, Director, Department of Health Care Finance, testified to the bill, stating that it aligns with the administration's commitment to building a comprehensive health care delivery system in Ward 7 and 8, but that in order to achieve that goal and ensure the new facility is financially sustainable, it is imperative that the District make an informed decision after planning a deliberate and meticulous course. "The ultimate goal…is to identify a financial partner that will share in the capital cost of the project. If that is not possible, the City must secure an operator that has the expertise and experience to establish a robust medical practice, capable of building a talented physician practice and attracting a diversity of public and private pay patients" Director Turnage expressed. He gave a brief background on the Department of Health Care Finance, and its mission of improving health outcomes by providing access to comprehensive, cost-effective and quality health care services for residents of the District of Columba through Medicaid, Alliance, Immigrant Children, and CHIP Programs. He also emphasized Mayor Bowser's commitment to establishing a new hospital facility in Wards 7 and 8 that will provide residents with access to high quality health care, and after providing a brief history of United Medical Center, gave an overview of the Mayor's process in identifying the optimal site, design, structure, financing, and potential partnerships for a new hospital facility. Director Turnage concluded his testimony by recommending that the Work Group convened by the City Administrator in 2017 be permitted to complete its analysis before finalizing plans or the location and design of a new facility.

The Committee received no testimony or comments in opposition to Bill 22-207.

VI. IMPACT ON EXISTING LAW

Bill 22-207 is a freestanding bill and has no impact on existing law.

VII. FISCAL IMPACT

The attached November 20, 2018 fiscal impact statement from the District's Chief Financial Officer states that funds are sufficient in the FY 2019 through FY 2022 budget and financial plan to implement Bill 22-207.

VIII. SECTION-BY-SECTION ANALYSIS

Section 1 States the short title of Bill 22-207.

Section 2 Provides the definitions for Bill 22-207.

Section 3 Establishes the East End Grocery Construction Incentive Program (Program).

Subsection (a) provides that the Program shall: (1) attract affordable grocery shopping opportunities to underserved areas and (2) pay for the construction costs of new grocery stores in Wards 7 and 8.

Subsection (b) provides that a grocery store must accept SNAP and WIC benefits and offer fresh food items to be eligible for the Program.

Subsection (c) provides that the Program will be financially supported by a new capital project budgeted under the Office of the Deputy Mayor for Planning and Economic Development.

Subsection (d) requires the Program to oversee the construction of buildings to house grocery stores. Requires the District to develop each site in coordination with the grocery store operator. In addition, it allows the Program to lease the buildings it constructs to grocery stores and any associated retail stores.

Subsection (e) authorizes the Mayor, subject to Council approval, to enter into contracts to pay for the construction of new grocery stores participating in the Program.

Subsection (d) allows a retail store to participate in the Program only if that retail store co-anchors the development with a grocery store that is eligible for the Program.

Subsection (e) includes a clawback provision that requires a grocery store that ceases to operate in less than 15 years, to reimburse the District for a portion of the costs of construction of the building that houses the store.

Section 4 Provides that the Program shall expire on December 31, 2029; provided, that it shall not terminate any projects already awarded prior to the sunset date.

Section 5 Adopts the Fiscal Impact Statement.

Section 6 Establishes the effective date (standard 30-day congressional review language).

IX. COMMITTEE ACTION

X. ATTACHMENTS

1. Bill 22-207 as introduced.
2. Written Testimony.
3. Fiscal Impact Statement for Bill 22-207.
4. Legal Sufficiency Determination for Bill 22-207.
5. Committee Print for Bill 22-207.

COUNCIL OF THE DISTRICT OF COLUMBIA
1350 Pennsylvania Avenue, N.W.
Washington D.C. 20004

Memorandum

To : Members of the Council

From : Nyasha Smith, Secretary to the Council

Date : March 31, 2017

Subject : Referral of Proposed Legislation

Notice is given that the attached proposed legislation was introduced in the Committee of the Whole on Tuesday, March 21, 2017. Copies are available in Room 10, the Legislative Services Division.

TITLE: "East End Health Care Desert, Retail Desert, and Food Desert Elimination Act of 2017", B22-0207

INTRODUCED BY: Councilmembers Gray, Todd, T. White, Bonds, and Evans

CO-SPONSORED BY: Councilmember Cheh

The Chairman is referring this legislation sequentially to the Committee on Health, the Committee on Business and Economic Development, and the Committee of the Whole.

Attachment

cc: General Counsel
Budget Director
Legislative Services

Councilmember Trayon White

Councilmember Vincent C. Gray

Councilmember Anita Bonds

Councilmember Brandon Todd

Councilmember Jack Evans

A BILL

IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

To amend the Department of Health Care Finance Establishment Act of 2007 to require the construction of a new community hospital on the St. Elizabeths campus; to establish the East End Medical Center Fund; and to establish the East End Grocery and Retail Incentive Program within the Deputy Mayor for Planning and Economic Development.

BE IT ENACTED, BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this act may be cited as the "East End Health Care Desert, Retail Desert, and Food Desert Elimination Act of 2017".

TITLE I. EAST END MEDICAL CENTER CONSTRUCTION AND FUNDING.

Sec. 101 The Department of Health Care Finance Establishment Act of 2007, effective February 27, 2008 (D.C. Law 17-109; D.C. Official Code § 7-771.01 *et seq.*), is amended by adding a new section 13 and 14 to read as follows:

"Sec. 13. East End Medical Center.

"(a) The Department of Health Care Finance shall establish a new capital project, the East End Medical Center, HT01-UMV01.

"(b) The East End Medical Center shall be constructed on the Saint Elizabeths East Campus, subject to the following conditions:

"(1) Approximately $330 million shall be allocated to fully fund site planning, design, and construction of a high-quality full-service community hospital that is sufficient to meet the emergency health care needs of the District residents on east end of the city, an urgent care center, and an ambulatory care clinic;

"(2)(A) The District of Columbia shall lease the East End Medical Center to a private operator for 90 years at a cost of $1 per year, and shall retain the right to terminate the lease if agreed upon patient-care metrics are not met.

"(B) The lessee shall be responsible for maintaining the capital facilities of the East End Medical Center.".

"(c) There is established as a special fund, the East End Medical Center Fund ("Fund"), which shall be administered by the Department of Health Care Finance in accordance with paragraphs (1), (2), and (3) of this subsection.

"(1) Funds from the following sources shall be deposited into the Fund:

"(A) Annual appropriations;

"(B) Any funds designated by § 47-392.02(j-2)(4)(B)

"(2) Money in the Fund shall be used:

"(A) To complete the capital projects identified in subsection (a) of this section; and

"(B) At the discretion of the Director of the Department of Health Care Finance, funds may be transferred to the Deputy Mayor for Planning and Economic Development's East End Grocery and Retail Incentive Program, upon certification by the Chief Financial Officer that funds are not budgeted or contractually encumbered to the capital projects identified in subsection (a) of this section.

"(3)(A) The money deposited into the Fund shall not revert to the unassigned fund balance of the General Fund of the District of Columbia at the end of a fiscal year, or at any other time.

"(B) Subject to authorization in an approved budget and financial plan, any funds appropriated in the Fund shall be continually available without regard to fiscal year limitation.".

"(d) The Fund shall sunset upon the completion of the capital project identified in subsection (a) of this section and the completion of 5 eligible projects through the East End Grocery and Retail Incentive Program.

TITLE II. ESTABLISHMENT OF THE EAST END GROCERY AND RETAIL INCENTIVE PROGRAM.

Sec. 201. Chapter 2 of Title 12 of the District of Columbia Official is amended by adding a new subchapter XVI to read as follows:

"Subchapter XVI. East End Grocery and Retail Incentive Program.".

"§ 2-1228.01.

"(a) There is established the East End Grocery and Retail Incentive Program "(Program") to do the following:

"(1) Attract affordable grocery and retail shopping opportunities to underserved

Areas;

"(2) Pay for the construction costs of new large anchor stores that provide affordable grocery and retail to the residents of Wards 7 and 8.

"(b) Funding for Program shall be provided by:

"(1) Annual appropriations; and

"(2) Funds transferred from the East End Medical Center Fund.".

"(c) Subject to the approval of the Council by resolution, the Mayor of the District of Columbia is authorized to pay for the cost of site preparation and infrastructure development, design, and construction for large anchor stores that sell affordably priced groceries and retail goods on the follow sites:

"(1) Skyland Town Center;

"(2) Capitol Gateway;

"(3) East River Park;

"(4) St. Elizabeths East Campus; and

"(5) United Medical Center.

"(d)(1) If an anchor store, built under subsection (c) of this section, is constructed on District-owned land, then the District shall lease the store for $1 per year, but shall retain ownership of the building.

"(2)(A) An anchor store, built under subsection (c) of this section, that ceases to operate in less than 30 years, shall owe the District for a portion of the cost of construction of the store.

"(B) The anchor store's liability for the cost of construction shall be

forgiven annually by the District by dividing the amount owed evenly by 30 years, and subtracting the years that the store has been in operation.

TITLE III. APPLICABILITY; FISCAL IMPACT; EFFECTIVE DATE

Sec. 301. Applicability.

(a) Section 13(b) of Title I of this act shall apply upon the date of inclusion of its fiscal effect in an approved budget and financial plan.

(b) The Chief Financial Officer shall certify the date of the inclusion of the fiscal effect in an approved budget and financial plan, and provide notice to the Budget Director of the Council of the certification.

(c)(1) The Budget Director shall cause the notice of the certification to be published in the District of Columbia Register.

(2) The date of publication of the notice of the certification shall not affect the applicability of this act.

Sec. 302. Fiscal impact statement

The Council adopts the fiscal impact statement in the committee report as the fiscal impact statement required by section 4a of the General Legislative Procedures Act of 1975, approved October 16, 2006 (120 Stat. 2038; D.C. Official Code § 1-301.47a).

Sec. 303. Effective date.

The act shall take effect following approval by the Mayor (or in the event of veto by6 the Mayor, action by the Council to override the veto), a 30-day period of congressional review as provided in section 602(c)(1) of the District of Columbia Home Rule Act, approved December 24, 1973, (87 Stat. 813; D.C. Official Code § 1-206.02(c)(1)), and publication in the District of Columbia Register.

HOWARD
UNIVERSITY

Testimony of

Dr. Wayne A. I. Frederick

President, Howard University

BILL 22-207, "East End Health Care Desert, Retail Desert, and Food Desert Elimination Act of 2017,
Friday, May 19, 2017

Good morning, Councilmember Gray, Chairman Mendelson, Councilmember McDuffie and members of the D.C. Council. Thank you for holding this hearing on Bill 22-207, "East End Health Care Desert, Retail Desert, and Food Desert Elimination Act of 2017". I am here on behalf of Howard University to express our

support for expansion of health care services in the East End of the City.

Howard University Hospital is a major academic medical center which has a rich tradition of providing comprehensive healthcare services in the District of Columbia which dates back to 1862 and the founding of its predecessor, Freedman's Hospital. As a 430 bed trauma level 1 care hospital with over 200 medical staff, including our Faculty Practice Plan Physicians (FPP), the hospital serves a vital role in the D.C. healthcare community. The Hospital also serves an important academic and educational role as the primary teaching facility for 265 residents and 475 medical students from Howard University's College of Medicine, Dentistry, Nursing and Allied Health

Sciences, and Pharmacy. Since their inception, the University's Health Sciences programs have graduated over 25,000 healthcare professionals including physicians, dentists, nurses, pharmacists, physician assistants, and other allied health professionals. The hospital offers a wide array of health care services and is well regarded for our commitment and encouragement of preventative care. This commitment is embodied in its special initiatives and Centers of Excellence, including but not limited to cancer, diabetes, sickle cell disease, HIV/Aids, obesity and health management, drug abuse and addiction, chronic disease prevention and other areas of emphasis.

Historically, Howard University Hospital has been the safety net hospital for the District for a very long

time. Our hospital's important role in the D.C. healthcare community was enhanced by the closure of DC General Hospital. In a City where over 250,000 of the District's 681,000 residents are Medicaid eligible, HUH serves a large number of Medicaid and uninsured patients, and is well positioned to play a larger role especially for those residents on the East End of the City.

Howard University has the expertise and commitment to recognize and impact health outcomes of District residents, particularly residents of Wards 7 and 8. In our residency training program, a large number of our physicians are practicing today at the United Medical Center or establishing themselves to serve that population. During FY 2016, our hospital

handled over 37,000 cases for patients who travelled across the City from Wards 7 and 8 for services. Unfortunately, these patients are travelling long distances to address their health care needs due to the lack of a comprehensive health care infrastructure in these communities. There is no doubt that our academic medical staff possess the expertise and commitment to impact the health outcomes of these patients, including breast and prostate cancer, maternal health and OB/GYN issues, diabetes and other issues.

It should be noted Howard University Hospital previously attempted to make its services more accessible to the residents of Wards 7 and 8. In January 2006, the University and then DC Mayor, Anthony

Williams, signed an Exclusive Rights Agreement that called for the development of what was to be called the National Capital Medical Center (NCMC) a 200 – 300 bed, level 1 trauma hospital, with a medical office building, and a research center. The location of NCMC was to be on Reservation 13 in Ward 6, as it was property recently made available to the DC government near the old DC General Hospital. The cost to the District was estimated to be a total of $157 million, including infrastructure costs. For reasons not sufficiently explained publicly, Mayor Williams withdrew from this development project.

Many have asked, "How is Howard University Hospital doing now." I am here to tell you that after several difficult years of restructuring Howard

University Hospital is doing fine. Like other DC hospitals, we experienced significant declines in acute inpatient admissions several years ago due to the changing demographics of the District and changing patterns in medical treatment. A new HUH management partner in collaboration with senior management has implemented a series of corrective actions to reduce costs and improve efficiency without compromising the quality of care. To support this turnaround, HUH senior management and our partners have embarked on a large scale restructuring plan, including but not limited to a comprehensive reorganization of the Emergency Department, improved case management processes throughout the hospital, updated employee work rules and robust quality plans

designed to strengthen and measure medical care and patient experiences. Quality outcomes and financial performance flows from our focus on patient safety and well-being. Through our developing partnerships with the Institute for Healthcare Improvement and the American Hospital Association Health Research and Educational Trust, we are accessing tools and guidance as we focus on patient safety and well-being. No other DC hospital has those connections with these two organizations to the extent that Howard University Hospital does. All of these efforts are paying off.

I am pleased to report that the hospital is no longer in a loss position. Although the Howard Hospital is in the midst of a turnaround, our current facility is 51 years old; and, furthermore, we are looking at new

models of care delivery. The health care environment is transforming to provide care closer to where people live. The industry is rebalancing health care services from a hospital only setting to a broader health care system to provide ambulatory, emergency and preventative care. As an academic center, Howard University has a broad scope of expertise and research programs that it can bring to bear that does not exist in any health care setting on the East End of the City, and can provide support for addressing some of the social determinants of health to help achieve better health outcomes. While Howard takes no position on the location and scope of a new facility, we are well positioned to play an important role in a larger D.C. health network of accountable care and population health management.

The University endorses the principles adopted by the DC Hospital Association which supports an integrated and sustainable health care system that includes a right sized hospital and leverages existing health care partners and resources.

In conclusion, after a difficult financial period, the Howard University Hospital has emerged a stronger institution ready to continue our service to the residents of the District of Columbia and contribute to a comprehensive health care system for the residents on the East End. Thank you for this opportunity to testify before the Committee today.

Ward 7 Economic Development Advisory Council (W7EDAC)

Testimony of Warren Williams, Chair of the Ward 7 Economic Development Advisory Council, for the Committee of the Whole, Committee on Business & Economic Development, & Committee on Health Joint Public Hearing on Bill 22-207, the "East End Health Care Desert, Retail Desert, and Food Desert Elimination Act of 2017"

Good morning.

My name is Warren Williams, Jr. and I am the Chairman of the Ward 7 Economic Development Advisory Council. I rise today to offer my enthusiastic support for Bill 22-0207: "The East End Health Care Desert, Retail Desert, and Food Desert Elimination Act of 2017."

In September of 2015, the Department of Health published a Physician and Physician Assistant Workforce Study that found that Ward 7 and Ward 8 are medically underserved despite the presence of United Medical Center. Other wards of have prestigious medical facilities like Georgetown, George Washington, and Howard University's medical centers. But the East End needs to have access to a world-class, integrated health care system. Title I of the "East End Health Care Desert, Retail Desert, and Food Desert Elimination Act of 2017", will allow for creation and construction of a new East End Medical Center, in order to best attract an elite private operator. Title I also requires construction of an Ambulatory Care Clinic and an Urgent Care Center that will support the new hospital. These new facilities will attract doctors and medical specialists to be the foundation of a vibrant and necessary healthcare community on the East End.

Title II of "The East End Health Care Desert, Retail Desert, and Food Desert Elimination Act of 2017" is enormously important because more than 75% of all food deserts in the district are currently located in Ward 7 and Ward 8. We need additional government incentives to help close this significant disparity. Assisting with the construction costs for the new retail, grocery, and restaurants will make it much easier to attract these opportunities to the East End. In addition, I am fully supportive of the specific locations selected as the five sites, as they are excellent locations for construction.

As Chairman of the Ward 7 Economic Development Advisory Council, I am strongly in favor of all three of this piece of legislation, which will help economic development in Ward 7 by producing jobs, thriving businesses and much needed amenities in retail and grocery, and will aid in the production of a world-class healthcare facility. We are excited by the promise of this of legislation and urge it's immediate passage.

Thank you.

Warren Williams

Good Morning Chairman Mendelson, Council Member McDuffie, and Council Member Gray. Thank you for the opportunity to provide my testimony to enact the East End Health Care Desert, Retail Desert, and Food Desert Elimination Act of 2017.

My name is Dontrell Smith, Commissioner for Ward 7E06. I am a native Washingtonian. In March 2010, DC Hunger Solutions and Social Impact released a reporting that stated access to nutritious food is a serious challenge especially for many low-income communities in Washington, DC. The report finds that full-service grocery stores[1] are distributed unevenly across the city. Ward 3 has one grocery store for every 7,300 people, while Ward 8 – the Ward with the lowest average income – has one store for every 23,000 people. Further, the report stated that Wards 4, 5, 6, 7 and 8 were labeled as underserved by full-service grocery stores compared to other areas. The report concluded that the District loses approximately $112 million in annual grocery revenues to neighboring jurisdictions because existing grocery retail is insufficient to meet residents' demand.

In March 2017, DC Policy Center released a report entitled "*Food Access in DC is Deeply Connected to Poverty and Transportation.* The report stated that over 75 percent of food deserts are located in Wards 7 and 8. In fact, 50 percent of food deserts are located in Ward 8. According to DC Business and Economic Development open date site there are currently 45 Large Chain Grocery stores in the District but only 3 are located in Wards 7 and 8 combined.

I chose to highlight those reports to emphasis how unchanged the presence of food deserts in Wards 7 and 8 remain largely unchanged. As a commissioner and resident of Ward 7, I would be doing myself, family, and constituents a disservice if I didn't take the time today to discuss the challenges many of us face to get fresh produce, meat, and other daily essentials. The

[1] According to DC Alcoholic Beverage Regulation Administration (ABRA) a full service grocery store is defined as stores that sell, at a minimum, the fresh produce, fresh and uncooked meats, dairy, canned foods, frozen foods, dry groceries, baked goods, and nonalcoholic beverages.

nearest full service grocery store that offer these items is located approximately is the Safeway on 40th street NE and on Alabama Avenue SE and they are respectfully 1.9 miles and 2.8 miles away from my residence. To commute by automobile it would take 9 and 12 minutes respectively. To commute by public transportation, it would take take 24 and 30. While I am fortunate to have mobility in my legs, if I desired to walk because I could not afford local transportation it would take me 39 minutes and 1 hours and 5 minutes respectively.

Investments in full grocery stores in Wards 7 and 8 will provide residents access to healthier food options and bare essentials. Using the areas where Wal-Mart planned to open stores would be an opportunity to explore development for the community, increase jobs, and

Thank you for the opportunity to speak with you today regarding the Retail and Food Desert currently in Ward 7.

Public Testimony by Travis Nembhard
Council of the District of Columbia
Committee of the Whole
Committee on Business and Economic Development
Committee on Health
Joint Public Hearing On East End Health Care Desert, Retail Desert, and Food Desert Elimination Act of 2017
May 19, 2017

Good morning Chairman Mendelson, Chairpersons McDuffie and Gray, and staff of the respective joint committees present today. My name is Travis Nembhard. I am a homeowner in Ward 7 and I work in Ward 8 as an administrative law judge for the District of Columbia. I am testifying today as a resident who is concerned about the overt disparity in the District; in particular, the lack of food and retail stores in Wards 7 and 8.

I first want to commend my Ward 7 Councilmember Vincent Gray on his early efforts to bring this critical issue to the level of priority that it deserves.

The need for grocery and retail stores, east of the river, has been an ignored issue for too long. And the problem seems to be getting worse. For example, in a 2010 report done by D.C. Hunger Solutions, the store-to-resident ratio in Wards 4, 5, 7, and 8 were lower than the overall District average.[1] To highlight this disparity further, in 2010 there were seven grocery stores servicing Wards 7 and 8 (i.e., one-third of the District or approximately 142,903 residents), versus 11 grocery stores servicing Ward 3 alone. To make matters worse, since that 2010 report, the circumstances have grown more dire for Wards 7 and 8, as we now have only three grocery stores servicing both Wards (with over 145,000 resident). Of the District's total food desert areas, more than 75% of the food deserts are in Wards 7 and 8; moreover, almost half of all the food deserts exist in Ward 8.

Working in Ward 8, in Anacostia, I have come to realize that – aside from the one or two small stores that I frequent for lunch – I often need to cross the Anacostia River in order to access the vast offerings provided in the Waterfront area or the rest of the District.

Last, although my fiancée and I live in the District, we are forced to shop for groceries, supplies, clothes, etc. in Maryland. Thankfully, we are one of the fortunate households with a car for trips to the store, which usually is inaccessible via public transportation. This 30 min roundtrip for shopping each week is just an inconvenience for us. It is far more problematic for families that do not own a car, or for those who cannot pay for back-and-forth Uber, Lyft, or taxicab rides to non-DC locations. It is unthinkable that we are living in a Metropolitan area and sitting here discussing the importance of creating opportunities for residents to have

[1] According to the "Grocery Gap" report, the average number of full-service grocery stores was 5.4 per ward.

TESTIMONY -- JIMMIE WILLIAMS AT JOINT PUBLIC HEARING BEFORE THE COMMITTEE OF THE WHOLE, COMMITTEE ON BUSINESS AND ECONOMIC DEVELOPMENT AND COMMITTEE OF HEALTH, FRIDAY, MAY 19, 2017

Good Morning Council Chair Mendelson, Committee Chair McDuffie, and Ward 7 Councilmember Gray, thank you for the opportunity to testify.

My name is Jimmie Williams, and I am in my second term as president of the Penn Branch Citizens Civic Association (PBCCA) representing ward 7 residents who live in the Penn Branch Community along the Pennsylvania Avenue, SE corridor in Ward7. I am the newly elected chair of the Ward 7 Democrats representing approximately 46,000 democrats living in ward 7, and I am the executive director of the Washington Literacy Center, a nonprofit that has operated in the District of Columbia for more than 50 years. The Washington Literacy Center teaches adult literacy and workforce and other skills DC residents residing in all 8 wards; however, a high percentage of our students live in wards 7 and 8. I am pleased to testify in strong support of the B22-207 "East End Health Care Dessert, Retail Desert, and Food Desert Elimination Act of 2017."

Several recent studies have cited what the residents in Ward 7 know all to well -- that despite some positive changes, development plans and proposals, Ward 7 still lags behind many areas of the city when it comes to healthy food options and access to healthcare facilities. Regardless of income, or community, there are still few viable options, and many residents travel to other parts of the city or out of the city for food and healthcare options. For example, residents were pleased when a YES organic food store opened on Pennsylvania Avenue, SE in the Gray's apartment building; however, the healthy food option was short-lived, the grocery store is now closed, and slated to become one of several day care centers operating along Pennsylvania Avenue in the east end. A recent D.C. Policy Center report highlights food dessert issues impacting residents east of the river, including the lack of grocery stores, and access to the few grocery stores in the area. The access to food stores is even worse, when you take into account the residents express concerns about the quality of the few stores that exist, and the well-founded cynicism about the success of proposals to address the issues. Almost daily, we hear announcements about the opening of a brand name food or retail opening in other parts of the city, and I reminded by residents of my ward, community and the adult students and staff where I work, that viable food, healthcare, retail and access are priority issues and the options are few.

As the new guardian of a 10 year old, I was recently reminded what all of what residents on the East End experience. Teaching him about the habits of healthy eating and shopping will always, mean a car trip because there are very few options within a mile of my house. When he needed to have necessary eye surgery, I was referred to an eye doctor in Bethesda Maryland, and a surgery center in Rockville, Maryland. However, my choice would have been to have the same options to both planned and emergency care and modern facilities in my own community. This demonstrates the need for specialty physicians in Ward 7 and an Urgent Care and Ambulatory Care Integrated Health Care facility on the East End of the District.

The lack of access has a negative impact on home values and the pride and self esteem on many in our community. Residents constantly talk about quality and the lack of quality when it comes to food, healthcare, retail, stores, and walkability.

Penn Branch Citizens Civic Association recently held the second of several meetings focused on Economic Development in Ward 7. The Pennsylvania Avenue East Development Committee which started as a community group, and has grown to a group of concerned community leaders along the Pennsylvania Avenue, SE corridor, that was formed to work closely with developers, retailers, Councilman Gray, the mayor and District Government to work together to bring much needed development and employment of our residents, and to support legislation that benefits ward 7.

I support this legislation, and we will work to ensure it is followed by actions and proposals that provide ward 7 and 8 with access and access to quality healthcare, healthy food and restaurant options, viable retail options, and the jobs and community confidence that follow as a result.

Testimony Before the Committee of the Whole
Council of the District of Columbia
Hearing on: B22-176 "Health Care Revolving Fund Act of 2017" and B22-207 "East End Health Care Desert, Retail Desert, and Food Desert Elimination Act of 2017"

William H. Dietz, MD, PhD
Chair, Sumner M. Redstone Global Center for Prevention and Wellness
Milken Institute School of Public Health
The George Washington University

May 19, 2017

Good morning, and thank you for this opportunity. I am Bill Dietz, a pediatrician and Chair of the Redstone Global Center for Prevention and Wellness at the George Washington University. Prior to coming to Washington, I was the Director of the Division of Nutrition, Physical Activity and Obesity at the Centers for Disease Control and Prevention (CDC) for nearly 16 years. I currently co-chair the Diabesity Committee at the D.C. Department of Health, and serve as a Commissioner on the District's Healthy Youth and Schools Commission and chair its Subcommittee on Physical Activity.

I'd like to speak today about both the "East End Health Care Desert, Retail Desert, and Food Desert Elimination Act" and the "Health Care Revolving Fund Act." Both pieces of legislation could establish a much-needed system of health in the East End that could reduce the substantial health disparities and increased rates of chronic disease experienced by residents in Wards 7 and 8 compared to other parts of the city. By itself, a new hospital at St. Elizabeth's will improve the access and treatment of chronic diseases. Improved access and treatment, while valuable goals, will not reduce the rates of the chronic diseases prevalent East of the river unless they are part of a broader approach. Nonetheless, a new hospital could serve as the core of a "health hub," providing access to health care, healthy food and support for physical activity, and drive wellness and prevention programming throughout the East End community.

We know that health is greatly influenced by the "social determinants of health," which include access to healthy food, good jobs, opportunities for education and advancement, affordable housing in safe neighborhoods with opportunities to play and be physically active. As the table below illustrates, rates of chronic disease in the East End are significantly higher than in the rest of the District. In addition, key indicators representing the barriers to health, including unemployment and poverty, are also much higher.

Table. Comparative rates of chronic diseases in Wards 7 and 8 compared to DC. Disease rates are self-reported from the Behavioral Risk Factor Surveillance System 2013, 2014 and 2015. Poverty and employment data from DC.gov.

Disease	DC Prevalence	Prevalence in Wards 7 & 8
Cardiovascular disease	3%	7%
Hypertension	29%	46%
Diabetes	8%	16%
Obesity	22%	36%
Unemployment (9/16)	7.2%	12.3%
Poverty	19%	30%

A new health hub, with a hospital at the center and in collaboration with other DC institutions, could become an "anchor institution" for the East End community. Such an institution could provide essential health care and address social determinants of health, such as high unemployment. For example, in Cleveland Ohio, University Hospital has supported a hydroponic vegetable farm, a laundry, and a business-to-business supply company for the hospital, all in the community surrounding the hospital. These efforts increased local employment, enhanced the tax base, and provided stability for the community. A recent estimate from the American Hospital Association indicated that each hospital job supports two additional jobs, and every dollar spent by a hospital generates $2.30 of additional business activities.

A new hospital, along with incentives for new medical practices through the Health Care Revolving Fund Act (B22-176), could improve critical access to subspecialty and pediatric care, and ultimately help to prevent the burden of chronic disease. The deep health disparities in Wards 7 and 8 are fueled, in part, by a major gap in access to subspecialty medical and pediatric services. Even though less than 4% of District residents lack insurance, the transportation necessary to access subspecialty services at existing District hospitals and provider offices is a major barrier to care, particularly for residents with chronic health conditions or difficult economic circumstances.

A health hub in the East End could also create opportunities for partnerships with other District hospitals, assuring high quality care for patients. Such partnerships could provide those hospitals with clinical opportunities for medical, nursing, and other health care students and residents, and training programs for residents of the East End. Expanded services in Wards 7 and 8 would provide community experience for medical students and residents that would improve their understanding of the social determinants of chronic diseases. Furthermore, coupling hospital and community service with a revolving loan program would attract

physicians or other health professionals, and increase the likelihood that trainees would remain in the community after completing their training.

These two pieces of legislation offer an opportunity to align the prevention of chronic diseases with community health and economic development. For example, the health hub could provide sites for the Diabetes Prevention Program (DPP), a cost-effective prevention program that has been successfully adapted for delivery in the community, such as in YMCAs or churches. Currently, few sites deliver the DPP or other strategies for diabetes self-management in the District. Through partnerships with District nursing schools, a health hub could support a coterie of community-based nurses focused on diabetes prevention. Importantly, they could also provide training for community health workers or physician assistants to deliver the DPP and provide outreach services or follow up visits for high-risk, high-cost patients.

A health hub could significantly impact the health of children in the East End. For example, rates of breastfeeding initiation and duration among African American mothers are lower than in the general population. Prenatal programs to increase breastfeeding based at the new health hub could reduce a number of acute diseases in infants, including the prevention of obesity.

Food insecurity and physical activity levels should become "vital signs" collected during patient visits. Both could be linked to local resources, or, where local resources are lacking, provide a sound basis for economic development. A growing number of health plans around the country are expanding pharmacies to provide food in response to prescriptions by plan providers who identify hunger or food insecurity during patient visits. Additionally, new space for physical activity programs for wellness, prevention, and rehabilitation could be staffed by public health students who require community experience as a requirement for an advanced degree, and by training programs for physical therapists.

In summary, the opportunities provided by B22-176 and B22-207 to construct a health hub and support a comprehensive system of health care provide a unique opportunity to address the substantial burden of chronic disease in the East End. A hospital that increases access to care, coupled with community providers and services focused on prevention of chronic diseases constitute a transformative health care system, and one that comprehensively addresses the social determinants of health.

Thank you for this opportunity.

East End Health Care Desert, Retail Desert, and Food Desert Elimination Act of 2017
Lauren Shweder Biel
Executive Director, DC Greens
May 19, 2017

I'm the Executive Director of DC Greens, a nonprofit that uses the levers of food education, food access and food policy to advance food justice in the District. I am here to support the idea of creating a revenue fund that addresses health disparities on the city's East End, by investing in long-overdue infrastructure that offers tangible benefits to residents east of the river.

While I think that the current Act is a move in the right direction, I believe that there are several necessary adjustments to ensure that the legislation is living up to its intentions.

First - and it's a small thing - I think you should rename this something like "The East End Health Act." By doing so, you clarify the spirit of the law and bring together the hospital and the grocery stores, which currently feel like they are two ideas forced into the same frame. A frame shift will draw out the key relationship between health care and food access as one of the key social determinants of health.

Some other thoughts, in bullet form:

- I worry that the Act does not push strongly enough to ensure that grocery stores are privileged over other kinds of retail options. If there was language that required SNAP and WIC to be utilized at the store, it would guarantee that there were sufficient grocery options available.
- If this truly is a health bill, I believe that it would benefit greatly by including language that funds **"healthy food incentive programs,"** such as the Produce Prescription Program, currently supported by the Department of Health and run at a number of health clinics in the city. This program provides patients with prescriptions that can be redeemed for fresh fruits and vegetables. By including support for programs like this, the Act would explicitly link your proposed hospital to your proposed grocery stores, bolstering healthy food access and building in a revenue stream that encourages grocers to actually fully stock fresh, healthy items. It would put blood into the veins of the East End Health System.
- In speaking with developers, it is not at all clear to me that the provisions put in place in this Act (as it stands) would provide sufficient incentive to persuade a large-scale grocer to open shop. I have attached as an addendum to this testimony a list of questions and concerns raised by one such developer, including his strong reservations about anyone entering into a 30-year agreement.
- I am concerned that the various benefits within the Act are reserved for big box stores that have indicated in so many ways that they don't want to locate on the East End, while providing no parallel support to local stores, co-ops or other beneficial

infrastructure projects led by local entities that very much *would like* to open on the East End.

- I believe that the Act should include language that leaves the door open for other sorts of capital projects that have a direct effect on community health to draw on this fund. One that comes to mind is the Central Processing Facility that has been long-discussed as a key (and missing) component for producing healthier school food. Something like that has capital costs, but pays enormous dividends in benefiting both community health and job growth. If a project like that could be included as an "anchor" co-located with grocery options, if would exponentially expand the impact of this bill.

Again - I am delighted to see the potential for real dollars being put towards these key projects on the East End of the city. I hope that the legislation can be sharpened and expanded to make sure that every dollar out the door is maximally beneficial to community health.

Appendix 1:

Comments from a local developer in response to the proposed Act

1. There should be qualitative and quantitative requirements for candidate grocery store consideration ... e.g., creditworthiness of store, size of store, comprehensiveness of merchandise selection, etc.
2. The specification of the five (5) site opportunities are assumedly of equal importance ... i.e., there is no preference nor priority of one location or another; furthermore, the implication is that each of the five (5) sites is represented as "District-owned land " ... is that true?
3. Pursuant to the proposed bill, the District will pay for all costs involved in preparing the property for commercial development and building the subject grocery store; specifically, off-site and on-site infrastructural costs, building pad preparation, complete store construction costs, and all related third party costs. The importance of this point is that the grocer will receive its building ready to be fixtured, furnished, and stocked per its work letter with the District. All "external-to-store" costs will be paid by the District, including parking lot provisions (surface and/or structure), site lighting, landscaping, signage, and everything else. Further, the candidate grocer will have approval rights over adjacent merchandising and leasing of retail space in the center, and site plan considerations which would impact grocery store performance.
4. The base lease term for the grocer should not exceed 15 years (forget about 30 years!), with options to extend the lease for a minimum of seven (7) five (5) year periods.
5. The grocer should be obligated to provide annual sales volumes to the District so as to evaluate the profitability (or loss) of the enterprise during the operation of the store.
6. Should the store cease to be profitable after a minimum of three (3) years of business history, the store may discontinue operations of its facility ... with the obligation to pay the District the pro rata construction costs of building the store, calculated as the remaining base term of the lease divided by 15. As an example, if the store ceased to operate after eight (8) years of doing business at the subject location, the obligation for payment would be 7/15 (or .467) times the original cost of the building.
7. Finally, the District and the grocer must agree upon the capped cost of constructing the grocery building so as to unambiguously define the amount of repayment potential the grocer would be obligated to repay should it decide (objectively) to shutter its operation at this location.

CAPITAL AREA FOOD BANK

Testimony Submitted for the Public Hearing on the East End Health Care Desert, Retail Desert, and Food Desert Elimination Act of 2017
Before the DC Council Committee of the Whole, the Committee on Business & Economic Development, and the Committee on Health
May 19, 2017

Paula Reichel, Chief of Staff
preichel@capitalareafoodbank.org, 202-644-9827

Good morning Committee Chairmen and members. My name is Paula Reichel and I am the Chief of Staff at the Capital Area Food Bank and a member of the DC Food Policy Council. Today I am testifying in support of the East End Health Care Desert, Retail Desert, and Food Desert Elimination Act of 2017. This Act allocates significant resources to lay the groundwork for the development of institutions that support community health where they are most needed.

For many years the Capital Area Food Bank has been working to address the high rates of food insecurity and associated chronic diseases in Wards 7 and 8 through targeted interventions, the most recent being the Joyful Food Market program run in collaboration with Martha's Table. Joyful Food Markets provide families of elementary-aged children with monthly free, healthy groceries, eliminating the financial risk for parents looking to introduce their children to whole grains and fresh fruits and vegetables. Through regular access to nutritious food and low-barrier nutrition education we hope that families develop lifelong healthy habits. Those habits will then drive increased demand for and purchases of nutritious foods at neighborhood grocery stores. If those stores don't exist, the barriers to follow through become much more significant.

To build healthy, well communities we need to create opportunities for access not just to free, emergency food, but to healthy, affordable food. Affordable grocery retail access in Wards 7 and 8 is one of the major challenges facing the city today. Given the strong link between hunger and health outcomes it's imperative that in the short term we do not prioritize clinical over community-based operations.[1] We also need to make sure the Act's incentives and requirements are structured effectively so that retailers choose to participate and that the community is invested in and significantly benefits from development. To that end, I'd like to suggest the following changes to the Act:

[1] Food insecurity exacerbates chronic health conditions, most prominently diabetes and heart disease. Food access has shown to decrease healthcare costs. One study showed SNAP participation reduced healthcare costs by $1,409 per person over one year. *Berkowitz, S., & Seligman, H. K., & Basu, S. ,Impact of food insecurity and SNAP participation on healthcare utilization and expenditures. (2017).*

- Mandate that a certain percentage of the initial funding is specifically applied toward the construction of grocery stores[2] and ensure that mixed retail eligible projects have sufficient grocery store components. While a need for non-food retailers exist, grocery stores will show the greatest returns to resident health.
- Increase the likelihood that funds will be utilized by adding a clause that allows for the funding to be applied anywhere in Ward 7 and 8 so long as the location is deemed to meet the purposes of the Act and by expanding the definition of eligible projects to include substantial modernization of existing stores that improve healthy, fresh food offerings. We not only need to support new grocers, but to elevate the work of existing grocers who would like to better serve the community.
- Create opportunities for resident entrepreneurship and culinary jobs by expanding the definition of eligible projects to include operations related to processing, procurement, storage, or production of food, meals, or nutrition services that also provide substantial grocery retail operations.
- Require that eligible grocery projects accept both SNAP and WIC and consider expanding the Department of Health's Produce Plus program to help subsidize the cost of fruits and vegetables for residents within new or modernized stores.
- Require that eligible grocery projects identify one or more community-based partners to ensure that the store is responsive and accountable to the community and to potentially embed additional services such as nutrition education, cooking classes, and health screenings into stores per community demand.

We commend the Council for this bold piece of legislation and hope that with these recommended changes grocery retailers see the opportunity to serve and enrich our strong, vibrant communities.

[2] Experts from Philadelphia's Reinvestment Fund suggest $5.4 million is needed to finance the construction of a 40,000 square foot store and $8.8 million is needed to finance a 65,000 square foot store.

Hearing on the East End Health Care Desert,
Retail Desert, and Food Desert Elimination Act of 2017
DC Central Kitchen Testimony
May 19, 2017

Honorable Councilmembers,

Thank you for convening today's discussion on the East End Health Care Desert, Retail Desert, and Food Desert Elimination Act of 2017. My name is Alexander Moore and I'm here today representing DC Central Kitchen, a nonprofit organization that prepares District residents with histories of incarceration, addiction, homelessness, and trauma for culinary careers while employing 75 of our own graduates to prepare 3 million annual meals for our neighbors in need. As you may know, DC Central Kitchen is committed to expanding access to healthy food in the District's underserved neighborhoods. Our holistic model includes serving more than 1 million scratch-cooked, locally sourced meals at 15 District schools each year, including 11 DC Public Schools in Ward 7,[1] as well as delivering fresh, nutritious foods to 70 corner stores while teaching healthy eating and cooking strategies to more than 3,600 DC residents of all ages annually. In a personal capacity, I'm also honored to serve on the DC Food Policy Council, which is working to build the type of public-private partnerships we need to ensure equitable access to nutritious food across our city.

My testimony today is focused on this bill's strategy for attracting and building grocery stores in Wards 7 and 8, rather than the question of building a new hospital, which is outside DC Central Kitchen's area of expertise. **In short, we applaud the approach laid out in this bill.** It is a bold proposal that reflects the seriousness of the public health crisis facing our residents east of the Anacostia. It shows a willingness to marshal the resources necessary to address this crisis, and an understanding that grocery retailers are an important part of a larger ecosystem of healthy food access – an ecosystem that includes our Healthy Corners and Healthy School Food programs, as well as the important work of farmers' market champions like DC Greens and Arcadia, food pantry programs supported by Capital Area Food Bank and Martha's Table, and home-delivered meal programs like that of Food and Friends.

We also deeply appreciate that the staff who worked on this bill have been responsive and open to feedback on how to further refine its proposed solution to our city's food deserts. To that end, DC Central Kitchen believes this bill will be even more effective in expanding access to healthy, affordable food if it can be refined in a few strategic ways.

First, we would propose adding some additional flexibility to the list of specific sites in Wards 7 and 8 where projects can access this subsidy. Explicitly empowering DMPED to add to this list and invite proposals for additional site development will diversify the pool of potential grocery partners and more effectively reduce the distances between where our residents live and where they can shop. Moreover, allowing existing stores to undertake substantial modernization efforts

[1] DC Central Kitchen is the foodservice vendor of the following DC Public Schools: Kelly Miller Middle School, Thomas Elementary School, Alton Elementary School, Burrville Elementary School, CW Harris Elementary School, Drew Elementary School, Houston Elementary School, Nalle Elementary School, River Terrace Education Campus, Ron Brown College Preparatory School, Smothers Elementary School, and Walker Jones Education Campus.

with some of these funds could have similarly valuable impacts on increasing their selections of fresh, healthy food.

Second, it remains unclear if this incentive, substantial as it may be, will be enough to attract grocers to these communities. As hard as it is to imagine after looking at our own personal grocery receipts, these businesses run on remarkably thin margins, and they are clearly skittish about taking on the labor costs of doing business here in the District when the viability of their business model remains in question. For that reason, **we would suggest reducing the occupancy requirement from thirty years to fifteen.** Fifteen years of consistent grocery access would still represent a substantial win for our community, and we would hate for the perfect to become the enemy of the good in this instance. Let's get a grocery store or two built, and then, as needed, ratchet up the requirements if we find we're somehow inundated with eager grocery partners.

Third, the traditional large, anchor retailer may be a valuable addition to our communities, but it is not the only strategy for improving access to healthy food. Because the grocery industry is so focused on its thin bottom lines, it may take years to attract and open the type of anchor retailer envisioned by this bill. In the years since the FEED DC Act was passed, we may not have seen large, national grocery chains moving to Wards 7 and 8, but we have seen a dramatic flourishing of local food businesses and social enterprises who are committed to the District and ready to do more.

Thus, **we would suggest expanding the definition of eligible projects** from "large anchor stores that sell affordably priced groceries and/or retail goods" to include "operations related to processing, procurement, storage, or production of food, meals, or nutrition services" that also provide substantial, co-located grocery options in Wards 7 and 8. Eligible projects under this definition could include food hubs or community kitchens offering jobs, job training, and entrepreneurial assistance to District residents while operating adjoining mid-size, locally-owned grocery storefronts selling affordable, healthy food products.

If the District is going to make visionary investments in equitable access to healthy food, we believe it's worth giving our homegrown innovators a fair shot alongside these national grocery and retail chains. After all, DC isn't just facing a shortage of grocery options. The District's ability to serve healthy meals at schools, early childhood education programs, and summer feeding sites is painfully constricted due to a lack of infrastructure for food production and distribution. Our city's restaurants and consumers of all incomes want to buy local, but there is no suitable aggregation facility to connect these buyers with our area farmers, including those farming right here within the District. And in the event of a natural or manmade disaster, the District has no reserve of meals or meal production capacity to keep our city's residents, especially our children and our seniors, fed during an emergency.

For years, DC Central Kitchen and our many community allies have fought to expand access to healthy food in our underserved neighborhoods. I believe that we've reached a turning point. I can't go to a community meeting of any sort without residents of Wards 7 and 8 declaring their

desire to see more fresh, nutritious food options in their neighborhoods. The demand is there, and programs like Healthy Corners, Produce Plus, and Joyful Markets are proving and further stimulating that demand.

We are confident that our community will rally around new grocery stores if we build them. All we ask is that the incentives we offer as a city be structured in ways that sufficiently appeal to anchor retailers, effectively serve additional neighborhoods east of the Anacostia, and fairly provide opportunities for our innovative, homegrown solutions to expand and meet the needs of this community.

CAPITAL AREA FOOD BANK.
Tyrell M. Holcomb
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Testimony Submitted for the East End Health Care Desert, Retail Desert, and Food Desert Elimination Act of 2017
Before the DC Council Committee on Health
Chairperson Vincent C. Gray
May 19, 2017

Good morning Chairperson Gray and members of the Health Committee. Thank you for the opportunity to testify this morning. My name is Tyrell Holcomb I'm the Advocacy Specialist and Spokesperson at the Capital Area Food Bank and an Advisory Neighborhood Commissioner in Ward 7. Access to quality healthy food is a basic human right every resident in the District of Columbia should enjoy. While access to quality healthy food is a basic human right there are 150,000 residents East of the River who have access to only three full service grocery stores, while the rest of the District has an average of eight full service grocery stores.

In April I served as a mentor to a group of 11th graders at Capital City Charter School for their annual Food Justice Summit. Their topic of study was food deserts; initially one of the students was under the assumption all of his peers had access to shop at Whole Foods or Harris Teeter. As the group began its research he was amazed that so many people East of the River don't have access to quality grocery stores. I shared how my passion for healthy food access was shaped by growing up in the area I serve as Commissioner and an area that to this day is a food desert. Born and raised in Ward 7 I saw my single mother with diabetes struggle to access the food we needed. She couldn't travel far for food and our neighborhood didn't have many choices. When she shopped at the stores we could access, my Mother didn't always make good choices because she didn't know much about nutrition and there was no one there to teach her nor was there sufficient access for her to get those resources. My mom's story isn't uncommon, for so many in Ward 7 her story rings true. Now as an adult and working for the CAFB I help her select the right foods, but I still see people in my community make those same poor decisions every day. As both a CAFB representative and a Commissioner, it is my primary focus to make sure that this is the last generation of Washingtonians that grow up without sufficient knowledge or choice.

What's bothersome is while the narrative of grocery shopping East of the River hasn't changed, the number of District residents living with obesity and chronic disease has continued to rise. With the highest rates of residents living with obesity and chronic disease living East of the River, access points to quality healthy food should not be heavily outweighed by carryout's and fast food restaurants. Currently those afflicted with food related medical issues like diabetes, hypertension, and high cholesterol have limited access to food options. Our most vulnerable are subjected to grocery shopping experience that looks like this; long lines with 2 to 3 hour waits, a limited selection of fresh produce, lack of organic products, and lack of quality meat. While many areas in the city have seen this narrative shift with economic development that created opportunities for new grocery stores, East of the River has been left to lean on community based organizations as a continued source of food while grocery stores have been constructed and renovated in other wards.

The Capital Area Food Bank believes that quality healthy food access in many cases means a better quality of life. We must ensure a better quality of life isn't afforded only to those of a certain social class or those living in a particular portion of the city. The Food Bank applauds Councilmember Gray on undertaking the task of ensuring residents East of the River have access to affordable healthy retail. Moreover we believe any grocer occupying any of these spaces be mandated to be a part of an established strategic partnership with community based organizations as a means of community engagement. Lastly, we believe it is of importance to ensure proper thought and consideration is given to the location of potential stores and the long term sustainability. In close, "it's not about feeding 150,000 people it's about equipping 150,000 people with the means to feed themselves."

Food Justice

Testimony for Joint Public Hearing
May 19, 2017
John A. Wilson Building
1350 Pennsylvania Ave. N.W.
Washington, D.C. 20004

Danielle L. Apugo
2515 R. Street SE
Washington, DC 20020

Good morning everyone;

Thank you, committee members, for this opportunity to speak.

My name is Danielle Apugo. I am a researcher and the assistant professor of urban education at the university of the District of Columbia—and a resident of ward 7.

I am here **for and in favor of bill 22-207 entitled "The East End Health Care Desert, Retail Desert, and Food Desert Elimination Act of 2017".**

The passage of this bill will ensure the food justice and access to dignified eating options that we deserve. The politics of food in the District of Columbia and nationwide have deeply impacted the quality of life for those already facing economic and health disenfranchisement. As an educator in many capacities and in several other large urban cities throughout the United States, I have learned that food is the fueling source behind educating children, and the communities from which they come.

In Eric Jensen's (2009) book about poverty and what being poor does to kid's brains—there are boundless linkages between food desert crises and psychological development—which oftentimes begins before birth. The support of this bill would also mean enhancing the

community experience of teachers within our ward--providing greater incentives for teachers to *live* in the communities where they invest their talents and time.

I can remember teaching in two different locations in ward 8 and cursing myself on the days I did not pack a lunch. A forgotten lunch meant relying on your school's neighborhood options for food—which usually meant piecing together a lunch from a tiny, overcrowded corner store. On these days, my coworkers and I would take a reluctant drive across town to secure safer and healthier food options.

During my drives with coworkers to find food, I would often reflect upon my students and families that did not have the option to drive to seek out healthier or safer food options. They were stuck—***Where will they go?*** Will they make it home in time for dinner and homework ***after*** standing in line at their local grocery store for an hour—due to high demand and low employee numbers to open *all* the lanes for checkout?

I am here urging you to consider this bill towards igniting the conversation about food in our community, and as a tool to educate and empower community members. Please consider this bill as a fundamental instrument of restorative food justice within our ward.

Thank you all again.

Danielle L. Apugo MEd,PhD

Testimony Before: Friday, 5/19/2017 11:00am
Committee on Health Prepared by: Shenita-Ann Grymes, CHC BrittNelle Health Services Group, LLC
Public Hearing Re: B22-207 "East End Health Care Desert, Retail Desert and Food Desert Elimination Act of 2017"

The overview of this proposed legislation provides solutions for disparate opportunities faced in Ward 7. I will mostly be able to give input as a resident of Ward 7 and give vivid examples of the hardship of living in a food desert. Most recently with the closing of Safeway on Central Ave; it was not until then that I realized after a long day of work I was unable to pick up some needed ingredients for dinner; yet if I wanted pizza, Chinese food, or Popeye's these were readily available (open and within walking distance). And it is not my position to be against the fast-food options that are available in my area, yet the atrocity of not being able to produce a home cooked meal for my family (without planning a half day trip and navigating 2 metro bus rides) was unacceptable. In addition, I noticed the few options for fresh whole foods in my area (at local corner stores) is a small selection of overpriced and usually low quality foods (bruised apples, one or two onions to choose from, etc.

Based on my own research I have looked at some other solutions in urban areas across the country.

Other solutions from Urban areas experiencing food desert

NEW YORK CITY-

To fill this void, the city started its Green Carts program, which has been bringing affordable fresh fruits and vegetables to underserved areas while providing jobs for vendors since 2008. Hundreds of Green Carts are already on the streets in food deserts, and that number is rapidly increasing as prospective vendors obtain training, licenses and permits from the city. [1]

CHICAGO-

Some food justice activists have sought to close this gap by opening food co-ops in underserved areas where supermarkets have historically been unsuccessful. In addition to selling fresh and organic fruits and vegetables, bulk whole grains and beans, and soy-based meat substitutes, some of these stores (like Fresh Family Foods on the city's South Side) also offer cooking and nutrition classes to educate the public about making healthy food choices. [2]

LOS ANGELOS-

Having fewer fast food restaurants created greater demand for more and better food choices, so Councilmembers subsequently passed another measure offering grocery stores and sit-down restaurants serving healthier meals financial incentives to open up in underserved communities. [3]

PHILLADELPHIA, PA-

Lessons learned from the Healthy corners programs. The Healthy corners program is the same program that has launched in DC; although Philly noticed that the small business store owners needed support.

Testimony Before: Friday, 5/19/2017 11:00am
Committee on Health Prepared by: Shenita-Ann Grymes, CHC BrittNelle Health Services Group, LLC
Public Hearing Re: B22-207 "East End Health Care Desert, Retail Desert and Food Desert Elimination Act of 2017"

Status in the District

District of Columbia Overview: Demographics, Access to Grocery Stores, and Health[5]

Ward	Population	Avg. Household Income	# of Full-Service Grocery Stores	% Over-weight or Obese	% with Diabetes	% African-American	% Hispanic	% non-Hispanic Caucasian
Ward 1	79,290	$63,000	6	57.5	6.0	43.2	23.4	35.2
Ward 2	83,827	$98,000	8	47.9	8.2	30.4	8.6	56.2
Ward 3	80,775	$128,000	11	42.2	3.5	6.3	6.5	83.6
Ward 4	76,880	$78,000	2	61.2	8.1	77.9	12.8	10.3
Ward 5	73,634	$49,000	3	67.8	12.5	88.2	2.5	7.9
Ward 6	65,928	$69,000	6	49.2	6.3	68.7	2.4	27.2
Ward 7	73,856	$39,000	4	72.9	13.8	96.9	0.9	1.4
Ward 8	69,047	$29,000	3	71.5	18.3	91.8	1.5	5.8
D.C.	603,238	$74,000	43 (avg. 5.4 per ward)	55.0	8.0	60.0	7.9	30.8

Table notes: The shaded rows indicate Wards that have fewer full-service grocers than the District's average.

5 Population and income source: Social Compact, "Washington, DC Drill Down," (2008). Existing grocery store source: ACNielsen-Claritas (2008).
Planned grocery store source: Washington DC Economic Partnership (2009). Health indicators source: District of Columbia Department of Health, Center
for Policy, Planning and Epidemiology. "Behavioral Risk Factors Surveillance Survey," *2007 Annual Report* (May 2009). Race/ethnicity source: U.S. Census
(2000).

Although there are obvious obstacles such as:

- Understanding policies with using EBT (SNAP, etc.) with the food delivery companies like Peapod, Safeway delivery, etc.
- Expanding the current initiatives of Hydroponics, home & rooftop, along with other urban gardens/research to become accessible for all residents of the District
- Translating research with the CAUSES (UDC CC) Urban agriculture research team on public health initiatives to increase Fresh Farm foods supply
- Navigating resources for Farm Fresh food during off seasons and winter months

The proposed Act B22-207 does provide the nesicarry framework and allows for mandates to open the roadway and make clear any ambiguity to the concerns of District residents East of the River: as 'truly' having the same opportunities.

DCHA
District of Columbia
Hospital Association

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Testimony before the

Council of the District of Columbia

Committee of the Whole

Committee on Business and Economic Development

Committee on Health

B22-207

East End Health Care Desert, Retail Desert, and Food Desert Elimination Act of 2017

* * *

Presented by

Jacqueline D. Bowens

President & CEO

May 19, 2017

Good afternoon Chairman Mendelson, Councilmember Gray, Councilmember McDuffie and members of the Council. My name is Jacqueline Bowens, and I am the President and CEO of the District of Columbia Hospital Association (DCHA). I appreciate the opportunity to present testimony on B22-207, the "East End Health Care Desert, Retail Desert and Food Desert Elimination Act of 2017." As you know, DCHA represents the interests of its 14 member hospitals. Our mission is to provide leadership in improving health care in the District of Columbia. In 2016, DCHA members admitted over 121,000 patients for a total of more than one million patient days. Our hospitals provide essential care to everyone that walks through their doors regardless of their ability to pay.

On behalf of DCHA's member hospitals, I want to thank you – particularly Chairman Gray – for your tireless efforts to ensure that the *all* District residents have access to a fully functional and integrated system of health care. This includes the residents of the East End. As I noted in my testimony before the Committee on Health last week, the DCHA Board recently approved a resolution supporting proposals to enhance hospital services in this community. The Board's resolution further outlined what we believe are the core elements of a successful health care strategy in the East End. They are as follows:

1. An integrated and sustainable health care system, that includes a right-sized hospital, other appropriate health care facilities and leverages existing health care partners and resources;
2. Appropriate primary, specialty, diagnostic, emergency, acute and long-term care services based on the current and future needs of the community and market dynamics;
3. Education and training for future health care professionals; and
4. Recognition of the need and inclusion of appropriate resources to address the social determinants of health that create barriers to achieving better health outcomes.

In furtherance of this vision, DCHA has convened a working group of member hospitals to discuss how our members can expand upon these core principles. We will also be exploring ways in which DCHA can continue to partner with the District realize these goals. The working group will be discussing these issues over the coming months. We look forward to sharing our collective thoughts and recommendations with you later this year.

As we proceed with the transition from United Medical Center to a new system of care, however, it is critical to ensure that UMC has all the tools and resources it needs to bridge the gap and continue serving the residents of the East End. DCHA is committed to providing technical assistance to support the hospital's business and quality initiatives where appropriate. For instance, in recent weeks, we have initiated conversations with the District about offering expertise and best practices in coding and billing to UMC. We believe there is significant room for improvement in these areas and that doing so would provide the hospital with greater resources to focus on needed quality of care issues.

We are also fully supportive of Chairman Gray's forward-thinking efforts to expand telehealth services in the city. Our hospitals are committed to sharing our experience and knowledge of how telehealth can benefit District patients. We believe that telehealth holds the greatest potential benefit for the residents of the East End and others impacted by the lack of proximity to health services. Becoming early adopters of telehealth will also place our hospitals, which are some of the District's largest private employers, at a competitive advantage relative to hospitals in other areas of the region and country. Thus, we are pleased that District will be at the forefront of addressing the licensing and payment barriers currently impeding the greater use of technology to provide health care.

In closing, while we believe that issues of size and location of a new hospital are best left to policymakers working in conjunction with a future private operator and using the best available data, DCHA fully supports the goals of Bill 22-207. The existence of a quality hospital on the East End is critical to our entire health care system. The absence of such a hospital would have catastrophic consequences

for *all* District residents. This is why over the years our members have partnered with the District and UMC on items ranging from pediatric emergency care, cancer screening and treatment, and behavioral health initiatives. We look forward to expanding our efforts in the future.

Thank you for allowing me to testify today and I am happy to answer any questions you may have.

DCPNI
DC PROMISE NEIGHBORHOOD INITIATIVE

The right to food is fundamental to the survival of humans and necessary for individuals to thrive in all facets of their lives. Every human being has a right to not only have access to food, but access to nutritious sustenance. When a human's right to quality food is compromised due to limited access based on availability, affordability, and distance, this is considered a food desert. Food deserts yield food insecurity, which has major health and wellness implications that are particularly concerning for children and the elderly dwelling in such areas.

It is worthy to mention that, 11.3% of DC is a food desert, and three-quarters of food deserts are located in Wards 7 and 8 (DC Policy Center 2017 report of food deserts). According to the USDA's report: Household Food Security in the United States, 2013 , 13.2 percent of households in DC were food insecure.

At DC Promise Neighborhood Initiative (DCPNI), we conducted a Neighborhood Survey in 2013 where we collected household data from a representative random sample of the 5800 residents living in the Kenilworth-Parkside community. The results from the food security portion of the survey revealed 49% of families were food insecure. This is 4 times the overall rate of food insecurity experienced by DC households reported in 2013. This also corroborates the aforementioned findings of majority of the food desserts being located in Wards 7 and 8.

A significant challenge of living in a food desert is lack of transportation, which was also captured in the DC Policy report that indicated over 40% of households in food deserts do not have access to a vehicle.. The lack of personal transportation forces people to rely on metro buses and metro rail to access grocery, which is not conducive for parents to obtain adequate amounts of food to provide a balanced meal for their families. Also, the travel time increases significantly for those using public transportation whereas the average travel time from the Kenilworth-Parkside neighborhood to the nearest grocery store is 22 minutes, which is almost twice the distance the average American travels. Another challenge for residents in Kenilworth-Parkside is the closest option for food items is located at a convenience store, where prices tend to be inflated and the quality of the food is not comparable to that of a full service grocery store.

DCPNI leveraged the key findings above to develop our own methodology for supporting communities. The methodology comprises a comprehensive engagement model to address the findings above through its Racial Equity and Anti-poverty Platform (REAP). The curricula/methodology is known as REAP Platform TM. REAP focuses on three key areas which include; education supports for students and schools, community supports for residents and families, and capacity building assistance for local leaders and stakeholders.

Our REAP platform has enabled us to partner with local organizations such as DC Greens, Arcadia Food Market, Community Foodworks to implement interventions to address food access and insecurity in Kenilworth-Parkside. Through our collaborative efforts we are making fresh fruits and vegetables available to residents through the operation of mobile food markets located in Kenilworth-Parkside. Residents are incentivized through the Produce Plus program and the Food Prescription program that offers vouchers towards their purchase at the markets. DCPNI also supports families with understanding nutrition and the preparation of meals using fresh produce through food demonstrations, family and elder cooking clubs, and food education workshops.

Respectfully Submitted by:
Karol Gilmore
Director of Family and Community Engagement

Medici Road

Good afternoon Chairman Mendelson , Chairman McDuffie, Chairman Gray and members of the committee. My name is Thomas Houston, III and I am here representing both Medici Road and the Houston household as a Ward 7 resident.

Medici Road is a think tank based in Ward 7 with a mission of reducing generational poverty by linking education and public health outcomes. We do our work out of three centers: education, poverty, and public health. I run the poverty center. This bill is important to us as it speaks directly to the work we do. On the surface medical access is in the purview of the public health center while food deserts and economic development are a major component of the poverty center. But underneath it also speaks to a child doing better in school because his family's money goes further in a grocery store versus a corner store. This is the focus of our education center. However, this bill is important to me on a personal note.

My wife and I purchased a home in Ward 7 last year and are currently expecting our first child. As we think through feeding our son and me calming her down from the "what if" scenarios that could land our son in a hospital we realized our options are extremely limited. This is why the East End Act of 2017 is so important and why I'm here.

I'm here as an advocate for the bill and bring the support of Medici Road and my entire block of Jay St. There are a few bill additions we would like to recommend. They are:

1. Mandate that the Director of DHCF transfer the surplus funding to DMPED
2. Reconsider the type of stores you want to anchor the five chosen sites
3. Add a percent of sales/taxes penalty to the fine for retailers not leasing 30 years

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www.mediciroad.org

Mandating surplus funding

The bill is written well in that it keeps the funds from ever being consumed by the general fund. However, it doesn't offer a front-loaded protection that guarantees the East End Medical Center funds ever make it into the incentive program. Priorities and personnel change and we would hate to see East End residents suffer due to an unintended consequence.

Reconsidering the anchor stores

The way we read the bill is that the store must be large and sell both retail and grocery. This essentially leaves Walmart, Target, and Meijers with the latter showing no interest in the District. I have nothing against them but in their industry they're known as category killers...or in essence the end of the small businesses in those categories in the East End. This goes against the newly budgeted plans for a food incubator and non-profit/grocery co-op. Instead I challenge you to consider a plaza that brings retail and grocery but also casual dining and entertainment:

1. I.e. Capital Gateway could be anchored by Lidl grocery, a bakery, a fish market, a Friday's, an Ace Hardware, an Urgent Care Center, and a bowling alley.
2. This gives you three urgent care centers instead of one
    a. If they partner with the operator of the East End Medical Center it will increase urgent care visitors while decreasing the medical center's Hospital Readmission Reduction Program penalties

Adding a monetary penalty for not adhering to the 30 day lease

Retailers like Walmart's highest returns come from "new doors." They average $100M a store annually in the US. Assuming it averages $25M to build and open a store the penalty for not sticking around is non-existent. We recommend adding a penalty equivalent to 25% of the average of their property, franchise, and sales tax relief received multiplied by every year of the 30-year lease they don't complete.

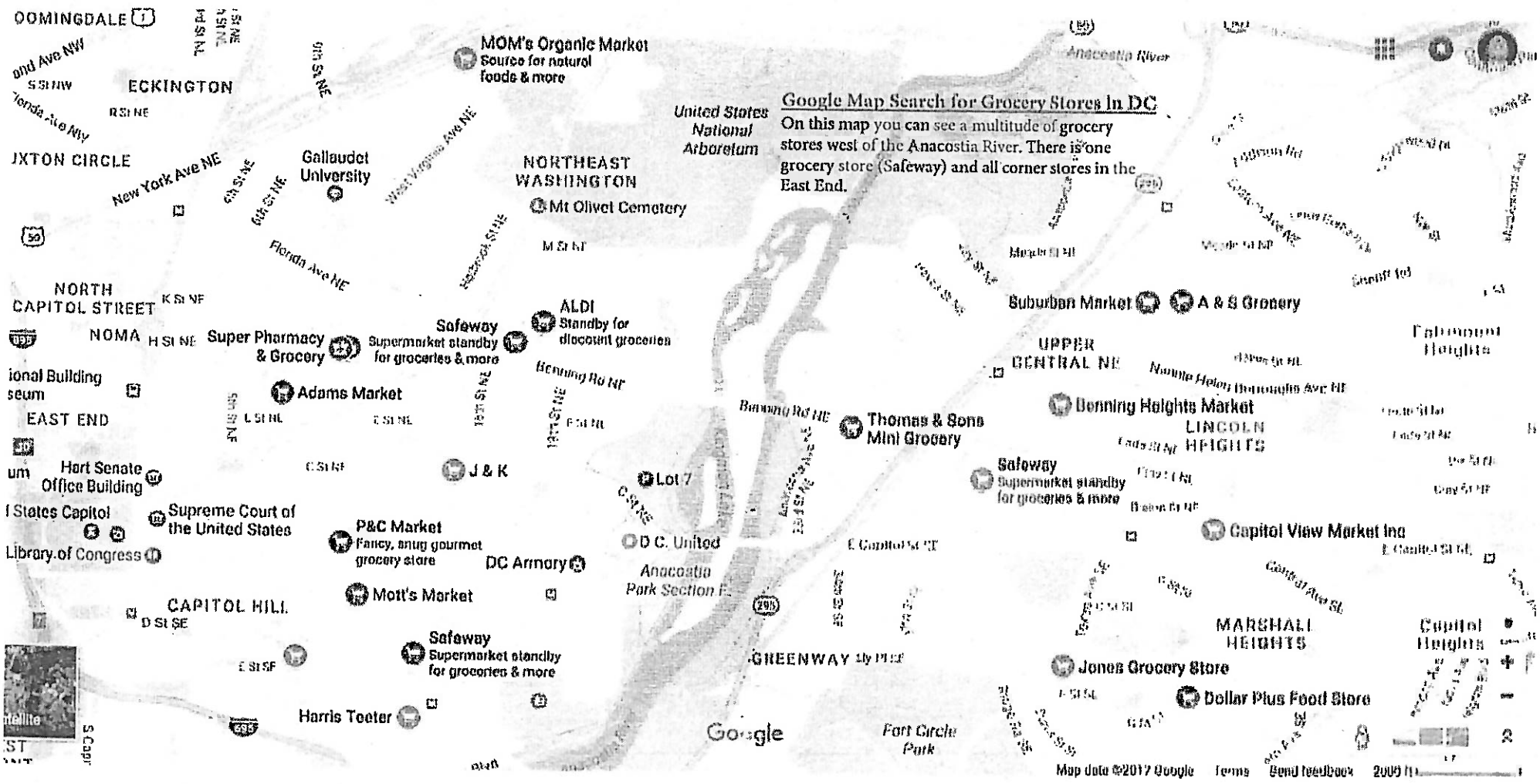
Medici Road

Medici Road feels these three additions would financially strengthen the bill and incrementally increase the quality of life for District residents.

I thank you for your time. Medici Road thanks you. My wife also thanks you for being proactive with this bill.

If there are any follow-up questions to this testimony I can be reached at thouston@mediciroad.org. Thank you and have a great weekend.

info@mediciroad.org
www.mediciroad.org


Google Map Search for Grocery Stores in DC
On this map you can see a multitude of grocery stores west of the Anacostia River. There is one grocery store (Safeway) and all corner stores in the East End.
MOM's Organic Market
Source for natural foods & more
Gallaudet University
Mt Olivet Cemetery
United States National Arboretum
NORTHEAST WASHINGTON
ECKINGTON
NORTH CAPITOL STREET
NOMA
Super Pharmacy & Grocery
Safeway
Supermarket standby for groceries & more
ALDI
Standby for discount groceries
Adams Market
EAST END
Hart Senate Office Building
Supreme Court of the United States
Library of Congress
P&C Market
Fancy, snug gourmet grocery store
DC Armory
Mott's Market
CAPITOL HILL
Safeway
Supermarket standby for groceries & more
Harris Teeter
J & K
Lot 7
D.C. United
Anacostia Park Section F
GREENWAY
Thomas & Sons Mini Grocery
Suburban Market
A & S Grocery
UPPER CENTRAL NE
Fairmount Heights
Benning Heights Market
LINCOLN HEIGHTS
Safeway
Supermarket standby for groceries & more
Capitol View Market Inc
MARSHALL HEIGHTS
Capitol Heights
Jones Grocery Store
Dollar Plus Food Store
Fort Circle Park
Google
Map data ©2017 Google
Terms
Send feedback
2000 ft

TESTIMONY OF MICHELE A. TINGLING-CLEMMONS AT JOINT PUBLIC HEARING BEFORE THE COMMITTEE OF THE WHOLE, COMMITTEE ON BUSINESS AND ECONOMIC DEVELOPMENT AND COMMITTEE OF HEALTH, FRIDAY, MAY 19, 2017

GREETINGS COUNCIL CHAIR MENDELSON, COMMITTEE CHAIR MCDUFFIE, WITH SPECIAL ACKNOWLEDGEMENT OF MY OWN COUNCILMEMBER AND COMMITTEE CHAIR GRAY.

ALTHOUGH I AM TESTIFYING TODAY AS AN INDIVIDUAL WITH A LONG HISTORY OF WORK IN THE DISTRICT IN THE AREA OF FOOD AVAILABILITY – FIRST AS AN ORGANIZER FOR FOOD RESEARCH AND ACTION CENTER, A BOARD MEMBER OF THE CAPITAL AREA FOOD BANK, AS STATE DIRECTOR OF SPECIAL NUTRITION AND COMMODITY DISTRIBUTION PROGRAMS, AND LASTLY AS BUREAU CHIEF OF NUTRITION AND PHYSICAL FITNESS FOR THE DEPARTMENT OF HEALTH – I ALSO HAVE THE HONOR TO BE PRESIDENT OF THE CENTRAL NORTHEAST CIVIC ASSOCIATION. I AM PLEASED TO TESTIFY TODAY IN SUPPORT OF B22-207, THE "EAST END HEALTH CARE DESERT, RETAIL DESERT, AND FOOD DESERT ELIMINATION ACT OF 2017."

AS A 38-YEAR RESIDENT OF THE MARSHALL HEIGHTS COMMUNITY OF WARD 7, FROM THE CARVER APARTMENTS TO NOW BEHIND THE SHRIMP BOAT, I HAVE WITNESSED MANY CHANGES IN FOOD AVAILABILITY IN OUR AREA, AS THE FOOD DESERT HAS GROWN. WHEN DC HUNGER SOLUTIONS DID ITS SURVEY IN PREPARATION FOR ITS HEALTHY CORNERS INITIATIVE A FEW YEARS BACK, WE HAD 4 GROCERY STORES IN WARD 7, 2 OF THEM MURRY'S. SINCE THAT CHAIN WENT OUT OF BUSINESS, WE ARE DOWN TO 2 STORES FOR OVER 70,000 RESIDENTS, AMONG THE MOST POORLY-RUN AND UNAPPEALING SAFEWAYS IN THE REGION. A RECENT D.C. POLICY CENTER REPORT HIGHLIGHTED THE DEARTH OF HEALTHY GROCERY OPTIONS ON THE EAST END, SHOWING THAT MORE THAN ¾ OF ALL FOOD DESERTS IN D.C. ARE LOCATED IN WARDS 7 AND 8. YET, WE SEE THE INJUSTICE EVERYDAY WHEN A WHOLE FOODS JUST OPENED 3 BLOCKS DOWN FROM A RELATIVELY NEW GIANT ON H STREET NE, JUST ONE MORE EXAMPLE OF HOW OUR COMMUNITY HAS AND CONTINUES TO

BE DISMISSED AND DISRESPECTED. I DON'T THINK IT NECESSARY TO CATALOGUE THE DISPARITY WE ALL KNOW EXISTS THAT JUSTIFIES THE CRITICAL NEED FOR THIS LEGISLATION.

WE DESERVE FAR BETTER. WE ARE AWARE THAT WE LIVE UNDER A [FOOD] SYSTEM THAT MAKES ITS MONEY OFF OF THE SUFFERING OF THE PEOPLE, WHICH WE REFUSE TO TOLERATE ANY MORE. THE DIVIDE AND CONQUER ASPECTS OF THAT SYSTEM PLAY A CRITICAL ROLE IN THE DEVELOPMENT OR LACK THEREOF, IN A FIGHT FOR BETTER, SAFE, AFFORDABLE, MORE NUTRITIOUS FOOD. WE KNOW THAT BETTER, SAFE, AFFORDABLE, MORE NUTRITIOUS FOOD DOES EXIST, AS MANY ACTIVISTS IN THIS QUEUE ARE SHOWING DAILY, AND WE APPRECIATE THE RECOGNITION BY THIS BODY THAT EVEN EAST OF THE RIVER RESIDENTS ARE ENTITLED TO ENJOY IT. EAST OF THE RIVER'S (EOTR) HISTORY IS ONE OF CONSISTENT EFFORTS BY RESIDENTS TO ADDRESS OUR FOOD NEEDS THROUGH ENTREPRENEURSHIP AND OTHER SELF-SUFFICIENCY EFFORTS THAT CONTINUE TO THIS DAY WHERE EVEN THE U.S. DEPARTMENT OF AGRICULTURE SUPPORTS SUCH ALTERNATIVES AS COMMUNITY GARDENS,

FARMERS MARKETS, FOOD BANKS AND PANTRIES, COOPERATIVE GROCERY STORES AND OTHER STRATEGIES TO MEET THIS MOST BASIC OF HUMAN NEEDS. WE THANK YOU FOR JOINING THEM.

HOWEVER, ONE OF OUR MAJOR CONCERNS IS THE FAILURE OF THIS LEGISLATION TO SET AND REQUIRE THAT POTENTIAL VENDORS BENEFITING FROM THIS LEGISLATION ENSURE EACH WILL PROVIDE EMPLOYMENT FOR OUR RESIDENTS. IT IS RARE TO SEE ANY DEMOLITION OR CONSTRUCTION PROJECTS EMPLOYING ANYONE RESEMBLING ME OR OTHER OF OUR EOTR RESIDENTS IN OUR NEIGHBORHOODS – SOMETHING MY HUSBAND RICK STRUGGLED TO ADDRESS CONSISTENTLY AS AN ANC COMMISSIONER 10 YEARS AGO. I URGE THAT STAFF WORKING TO REFINE THIS BILL INTERVIEW AND LEARN FROM THE EXAMPLE SET BY GIANT FOODS AND ITS SUCCESS IN THIS REGARD WITH ITS ALABAMA AVENUE STORE IN EMPLOYING LOCAL RESIDENTS. WE NEED MORE ATTENTION TO AND ASSURANCE THAT YOU, AS OUR REPRESENTATIVES, ARE COGNIZANT THAT WHILE WE ARE CIVIC-MINDED, WE DO NOT WANT

TO SUPPORT AND SUFFER THROUGH THE ADVERSE CONDITIONS THAT WILL ONLY BENEFIT THE POPULATION COMING AFTER US. WE NEED JOBS TO ENSURE THAT OUR RESIDENTS CAN AFFORD HEALTHY FOOD PRODUCTS COMING TO OUR NEIGHBORHOOD! WE NEED TO BE ASSURED THAT THE INCOME COMING FROM THESE NEW FOOD STORES WILL NOT ONLY BE GOING TO THE STORE OWNERS, WHILE WE ARE PUT IN THE UNREASONABLE POSITION OF SUPPORTING THEIR WELL-BEING AT OUR EXPENSE. BUT, HAVING SAID THAT, PLEASE DON'T BUY THE LINE THAT OUR AREA DOES NOT HAVE THE PRICE POINTS TO ATTRACT FOOD STORES, SINCE IT IS A FACT THAT WE HAVE MANY RESIDENTS WHO ARE ALREADY GOING OUTSIDE OF THE WARD AND OFTEN THE DISTRICT TO PROCURE THEIR FOOD ITEMS. WE MIGHT LIVE EAST OF THE RIVER, BUT WE ARE NOT STUPID AND WE DO HAVE DEMANDS!

THANK YOU FOR YOUR ATTENTION.

D.C. Hunger Solutions

Ending hunger in the nation's capital

JOINT PUBLIC HEARING

On
B22-207, the "East End Health Care Desert, Retail Desert, and Food Desert Elimination Act of 2017"

Friday, May 19, 2017
11:00 a.m.
Room 500 - John A. Wilson Building
1350 Pennsylvania Avenue, NW, Washington, D.C. 20004

Chairman Phil Mendelson, Chairman of the Committee of the Whole,
Councilmember Kenyan McDuffie, Chairman of the Committee on Business and Economic Development
Councilmember Vincent C. Gray, Chairman of the Committee on Health,

Good Morning, Chairman Mendelson, Councilmember Gray, and Councilmember McDuffie. My name is Beverley R. Wheeler, Ed.D, and I am the Director of D.C. Hunger Solutions (DCHS). D. C. Hunger Solutions is a non-profit policy and advocacy group that works to create a hunger free community and improve the nutrition, health, economic security, and well-being of low-income residents of the District of Columbia.

Thank you for the opportunity to speak on B22-207, the "East End Health Care Desert, Retail Desert, and Food Desert Elimination Act of 2017" Food insecurity may be one of the most significant social determinants of health. Lack of grocery stores and access to healthy affordable food in Wards 7 and 8 are racial equity issues. The combination of food insecurity and lack of access in the nation's capital is a travesty. However, the proposed bill goes a long way to addressing the issue.

Food insecurity is defined as the state of being without reliable access to a sufficient quantity of affordable, nutritious food. Grocery store access influences the health and economy for individuals and communities. Better access leads to improved dietary intake and overall health. Lack of grocery store access exacerbates food insecurity, a

current problem in the District, where one in seven households is food insecure. People living in areas with low grocery store access must travel farther to access healthy, affordable foods. This costs more money, which is already scarce for low-income consumers. Not surprisingly, many rely on smaller local corner stores, which often lack a variety of healthy food products and charge higher prices for the few nutritious items they sell.

Reduced access to grocery stores is a particular problem for households receiving federal nutrition assistance programs like the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and Supplemental Nutrition Assistance Program (SNAP). Nearly half of the District's SNAP and WIC enrollees live in Wards 7 and 8, but only 6.1 percent of DC's total grocery stores are in these two wards. While all full-service grocery stores in DC accept SNAP, many District SNAP recipients spend their benefits in neighboring jurisdictions where the stores are closer and the food is often more affordable. Losing SNAP redemptions to other jurisdictions is a missed economic opportunity for both clients and the District economy—every $5 spent in new SNAP benefits generates roughly $9 in economic activity.

Only 55.1 percent of DC's full-service grocery stores accept WIC. Not all stores are eligible to accept WIC benefits because the District has several stricter retailer requirements than the federal requirements. This restricts the number of full-service grocery stores where WIC families can use their benefits to access healthy food. WIC families often have to travel farther to acquire the necessary food and other health-related items for mothers and their children. This is especially burdensome for families in Wards 7 and 8. Although more than 41 percent of WIC recipients are enrolled in these wards, they contain only 11.1 percent of the District's grocery stores that accept WIC.

There are three full service grocery stores in Wards 7 and 8 to serve 149,750 residents versus ten full service grocery stores to serve the 82,092 residents in Ward 6. Put another way since DC Hunger Solutions did its first grocery store report in 2010, Wards 7 and 8 have gone from 7 grocery stores to 3 and Ward 6 has gone from 4 grocery stores to 10.

District of Columbia Overview: Demographics, Access to Grocery Stores, and Health

Ward	Population, 2014	Median Household Income, 2014	# of Full Service Grocery Store, 2010	# of Full Service Grocery Store, 2016	% Obesity, 2012	% with Diabetes, 2012	% Black 2014	% Hispanic, 2014	% White Non Hispanic 2014
Ward 1	81,637	$80,794	6	8	19.2%	8.0%	31.4 %	20.8%	54.7%
Ward 2	75,780	$99,422	8	7	10.4%	5.6%	9.0%	9.8%	74.7%
Ward 3	82,795	$109,909	11	9	11.8%	3.8%	6.0%	9.4%	82.2%
Ward 4	82,375	$71,545	2	5	28.4%	8.8%	58.6 %	19.3%	26.1%
Ward 5	80,307	$55,063	3	7	29.5%	14.4%	72.8 %	8.3%	18.3%
Ward 6	82,092	$90,903	4	10	18.4%	7.2%	36.7 %	6.0%	54.1%
Ward 7	70,094	$39,828	4	2	36.2%	14.1%	94.9 %	2.8%	2.5%
Ward 8	78,636	$31,642	3	1	34.9%	14.0%	93.7 %	1.4%	4.3%
D.C.	633,736	$69,235	43 (avg. 5.4 per ward)	49 (avg. 6.1 per Ward)	21.9%	8.2%	49.6 %	9.9%	40.2%

Note: A precise comparison between 2010 and 2016 data is challenging due to ward boundary changes in 2012 and a modest change in the application of full-service grocery store definition between D.C. Hunger Solutions' 2010 report and this report.

D.C. Hunger Solutions

Ending hunger in the nation's capital

The District's grocery gap is a health and racial equity issue that must be addressed. Closing the full-service grocery store gap must continue to be a goal of the District government. By doing so, the District of Columbia can make great strides in combating hunger; reducing disparities in the city's income, poverty, unemployment, and obesity rates between racial and ethnic groups; while taking advantage of economic development opportunities. This bill is an excellent first step. However, we believe the bill must ensure sustainability. This can be done by:

1) Supporting a real grocery store;
2) Requiring SNAP and WIC be accepted in the grocery store;
3) Having community input early in the planning process;
4) Entertaining the idea of some form of food access in the hospital complex; and
5) Including language that has some percentage of funding carved out specifically for a grocery store.

Thank you.

Respectfully Submitted,

Beverley R. Wheeler, EdD
Director

DISTRICT OF COLUMBIA
PRIMARY CARE ASSOCIATION

Council of the District of Columbia

Hearing on

B22-207: "The East End Health Care Desert, Retail Desert, and Food Desert Elimination Act of 2017"

May 19, 2017

Committee on Health

The Honorable Vincent C. Gray, Chairperson

Tamara Smith

President and Chief Executive Officer

District of Columbia Primary Care Association

1620 Eye Street NW • Suite 300 • Washington, DC 20006 • www.dcpca.org • 202.638.0252

Good morning Chairperson Mendelson, Chairperson Gray, Chairperson McDuffie, and distinguished Council members. My name is Tamara Smith, and I am the President and Chief Executive Officer for the DC Primary Care Association (DCPCA.) While I am new to my role as CEO, I am not new to health care in the District; as Chairman Gray may know, I have been working in the health and human services sector in the District for the last 34 years. It is a pleasure to be before you today to offer DCPCA's perspective on B22-207. DCPCA works toward a health system that helps everyone in the District get and stay well, no matter the color of their skin, the language they speak, where they live, how much money they have, or who they love. Our partners in this work are community health centers who serve nearly 1 in 4 District residents in every ward.

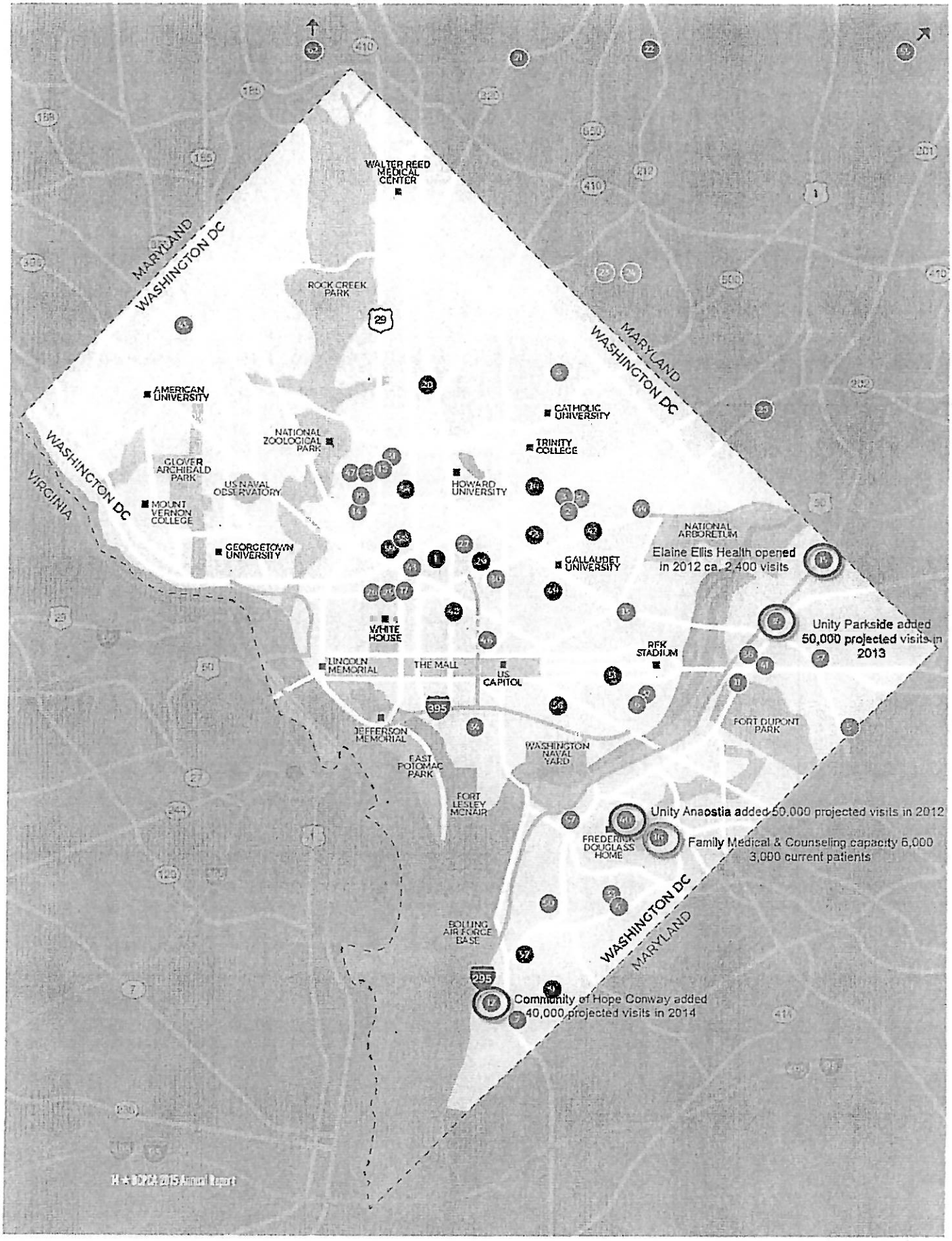
First, it is irrefutable that District residents living East of the River deserve better health. Residents in Ward 7 and 8 consistently face poorer health outcomes, higher rates of chronic illness, and shorter lifespans than their neighbors in any other ward. Health disparities in the District persist and deepen along race and economic lines.

Addressing pervasive inequity requires a comprehensive approach, and even a robust state-of-the-art hospital facility serving Wards 7 and 8 cannot alone solve long-standing disparities. Business as usual will not change the fact that in the District, the color of your skin and where you live may dictate whether you will live to see your grandchildren grow and thrive. Investments made with the goal to improve health outcomes must aggressively link clinical care to community supports. If we want to change health outcomes in Ward 7 and 8, then we have

working with our health center members with sites in Ward 7 and 8 to provide accurate estimates of current health center patient capacity. We must add that capacity to serve more patients is as much a function of success hiring providers as it is a function of the space to serve them. In addition, DOH is calculating new Health Professional Shortage Area (HPSA) scores for 2017 with a further revision likely in 2018. Current HPSA scores are based on 2009-2011 data. DOH also has a primary care needs assessment underway with an expectation of a final report in 2018. This data will be important for workforce and facility decisions.

In closing, DCPCA is committed to staying engaged with the Council to use all means at our collective disposal to fight for health equity and ensure every resident in every ward has a fair shot at a long, full, healthy life.

I appreciate the opportunity to testify, and I look forward to working with you to build a healthier DC.


WALTER REED MEDICAL CENTER
MARYLAND
WASHINGTON DC
ROCK CREEK PARK
AMERICAN UNIVERSITY
CATHOLIC UNIVERSITY
NATIONAL ZOOLOGICAL PARK
TRINITY COLLEGE
GLOVER ARCHBALD PARK
US NAVAL OBSERVATORY
HOWARD UNIVERSITY
MOUNT VERNON COLLEGE
NATIONAL ARBORETUM
GEORGETOWN UNIVERSITY
GALLAUDET UNIVERSITY
Elaine Ellis Health opened in 2012 ca. 2,400 visits
WHITE HOUSE
Unity Parkside added 50,000 projected visits in 2013
RFK STADIUM
LINCOLN MEMORIAL
THE MALL
US CAPITOL
JEFFERSON MEMORIAL
FORT DUPONT PARK
WASHINGTON NAVAL YARD
EAST POTOMAC PARK
FORT LESLEY MCNAIR
Unity Anaostia added 50,000 projected visits in 2012
FREDERICK DOUGLASS HOME
Family Medical & Counseling capacity 6,000
3,000 current patients
BOLLING AIR FORCE BASE
Community of Hope Conway added 40,000 projected visits in 2014
VIRGINIA

DCPCA Member Health Centers

1. **Bread for the City**
   1525 7th St NW
2. **Children's Health Project - Brentwood Apartments (Ward 5)**
   14th and Saratoga SE
3. **Children's Health Project - St. Coletta Of Greater Washington (Ward 6)**
   14th and Saratoga SE
4. **Children's Health Project - Children's Health Center at THEARC**
   1902 Mississippi Ave SE
5. **Children's Health Project - Benning Park Community Center (Ward 7)**
   601 53rd St SE
6. **Children's Health Project - DC General Campus (Ward 6)**
   1900 Massachusetts Ave SE
7. **Children's Health Project - Atlantic Terrace Apartments (Ward 8)**
   4319 3Rd Street SE
8. **Children's Health Project - Washington Jesuit Academy (Ward 5)**
   900 Varnum Street NE
9. **Children's Health Project - Ferebee Hope Community Center**
   3855 8Th Street SE
10. **Children's Health Project - Edgewood Terrace**
    611 Edgewood Street NE
11. **Children's Health Project - Fort Dupont Community Center**
    24 Ridge Road, SE
12. **Community Of Hope - Conway Health And Resource Center**
    4 Atlantic Street SW
13. **Community of Hope - Family Health and Birth Center**
    801 17Th Street NE
14. **Community Of Hope - Marie Reed Health Center**
    2250 Champlain Street NW
15. **Elaine Ellis Center Of Health**
    1605 Kenilworth Ave Ne
16. **Family & Medical Counseling Service**
    2041 Martin Luther King Jr. Ave SE Suite 303
17. **Health Services for Children with Special Needs**
    1101 Vermont Avenue NW Suite 1200
18. **La Clinica Del Pueblo**
    2831 15Th St NW
19. **Mary's Center - Adams Morgan**
    2333 Ontario Rd NW
20. **Mary's Center - Petworth**
    3912 Georgia Avenue NW
21. **Mary's Center - Montgomery County**
    8709 Flower Avenue
22. **Mary's Center - Prince George's County**
    8908 Riggs Road
23. **Mary's Center - The Mama & Baby Bus Outreach Mobile Unit**
    Traveling Throughout DC and Prince George's County
24. **Mary's Center - Dental Cruiser Pediatric Mobile Unit**
    Serving Prince George's County Public Schools
25. **Metrohealth (Formerly Carl Vogel Center)**
    1012 14th St NW Suite 700
26. **Planned Parenthood of Metropolitan Washington - Downtown Center**
    1108 16th St NW
27. **Providence Hospital - Perry Family Health**
    128 M St NW Suite 050
28. **Providence Hospital - Fort Lincoln**
    4151 Bladensburg Road
29. **So Others Might Eat (Some)**
    71 O St NW
30. **Unity Health Care - Walker-Jones (Ward 6)**
    40 Patterson Street NE
31. **Unity Health Care - Upper Cardozo (Ward 1)**
    3020 14Th Street NW
32. **Unity Health Care - Unity @ DC General (Ward 6)**
    1900 Massachusetts Ave SE Building 29
33. **Unity Health Care - Stanton Road (Ward 8)**
    3240 Stanton Road SE

34 **Unity Health Care - Southwest (Ward 6)**
850 Delaware Ave SW

35 **Unity Health Care - Parkside (Ward 7)**
765 Kenilworth Terrace NW

36 **Unity Health Care - Minnesota Ave (Ward 7)**
3924 Minnesota Ave NE

37 **Unity Health Care - East Of The River (Ward 7)**
123 45th Street NE

38 **Unity Health Care - Columbia Road (Ward 1)**
1660 Columbia Road NW

39 **Unity Health Care - Brentwood Health Center (Ward 5)**
Israel Baptist Church
1251 Saratoga Avenue NE

40 **Unity Health Care - Anacostia (Ward 8)**
1500 Galen Street SE

41 **Unity Health Care - Woodson Student Health Center**
540 55Th Street NE Room W 101

42 **Unity Health Care - Homeless Services Center- New York Ave. (Ward 5)**
1355 New York Avenue NE

43 **Unity Health Care - Homeless Services Center - N Street Village (Ward 6)**
1333 N Street NW

44 **Unity Health Care - Homeless Services Center - Harbor Light (Ward 5)**
2100 New York Avenue NE

45 **Unity Health Care - Homeless Services Center - Friendship Place (Ward 3)**
4713 Wisconsin Ave NW

46 **Unity Health Care - Homeless Services Center- Federal City - CCNV (Ward 6)**
425 2Nd St NW

47 **Unity Health Care - Homeless Services Center - Christ House (Ward 1)**
1717 Columbia Rd NW

48 **Unity Health Care - Homeless Services Center - Central Union Mission (Ward 2)**
811 5Th Street NW

49 **Unity Health Care - Homeless Services Center - Blair (Ward 6)**
635 I St NE

50 **Unity Health Care - Homeless Services Center - 801 East (Ward 8)**
2700 Martin Luther King, Jr. Ave SE

51 **Unity Health Care - Eastern HS Center**
1700 East Capitol St SE Room W130

52 **Unity Health Care - Ballou Student Health Center**
3401 4Th St SE Room 114

53 **Unity Health Care - Homeless Services Center- Pathway to Housing**
101 Q St NE Suite G

54 **Unity Health Care - Cardozo Campus Student Health Center (Ward 1)**
1200 Clifton St, NW

55 **Unity Health Care - Challenge Academy Student Health Center**
3201 Oak Hill Dr

56 **Unity Health Care - Homeless Services Center - Community Connections**
801 Pennsylvania Ave SE

57 **Whitman-Walker Health Max Robinson Center**
2301 Martin Luther King, Jr. Ave SE

58 **Whitman-Walker Health: Elizabeth Taylor Medical Center**
1701 14th St NW

59 **Whitman Walker Health**
1525 14th St NW

Tariq Habash, Ward 7 Resident

Testimony to :

Bill 22-207, the "East End Health Care Desert, Retail Desert, and Food Desert Elimination Act of 2017"

Dear Councilmembers:

Thank you for giving us the opportunity to speak today on this very important legislation that will transform the Health Care, Retail, and Food Deserts that overwhelm our communities in Wards 7. I am Tariq Habash, a taxpaying, voting homeowner residing in the new K Hovnanian Parkside Townhomes, built in the last year, in Ward 7.

I am here today to express my concerns about the exclusion of the Kenilworth-Parkside community from the recently proposed bill B22-0207 –East End Health Care Desert, Retail Desert, & Food Desert Elimination Act of 2017.

Like many of my neighbors, some who have lived within this community for 10 to 15 years, and others even longer, I feel it would be a huge mistake to leave the Kenilworth-Parkside community out when considering the proposed economic development incentives. Our community has fought tooth and nail to push the developer to meet many of our demands. And one of our highest priorities has been the elimination of the food desert in the region.

But without support from the District through economic incentives, our community will likely be unable to compete to bring high quality, healthy, and affordable grocery vendors. And unlike other areas where the development projects will take time, the development in our community is shovel ready, where construction on retail and office building will begin in a few short months. Subsidies for grocers and other retail in our community would go a long way to create, support, and maintain affordable, healthy, community-friendly, business friendly, and child-friendly options (as you probably know, we have 3 schools in our community as well).

And because of the location of our growing community and its proximity to the Minnesota Ave Metro Station and I-295, the District has a unique opportunity to address the retail and food desert by supporting our this ongoing development. Currently, over 6,000 live in Kenilworth-Parkside today, and at least a 1,000 more are on the way. A grocer in this region could serve this high density community, but given the high congestion and transit concerns, support from the Council is essential to ensure that the needs of our community and our residents do not go overlooked.

After speaking with my neighbors who have lived in the community for years, it is clear that they have been wanting to address many of these issues for some time. Bringing in a fresh food grocery store has been on the priority list since 2006! And given the various developing projects in the Ward, our community is one of the only projects excluded from the existing legislation. It is clear that this would

disadvantage us as we attempt to bring in retailers to our community. Our goal is not to bring in another liquor store or pawn shop. We do not want to see another McDonald's or Wendy's. We want to support the existing community and future residents with healthy and affordable options. We want to support the new office spaces with lunch time options that do not have a dollar menu! We want our community to grow and flourish like so many other areas of Washington D.C. have, but this time, we need your support as our city council to make that happen.

The Parkside community does not want to be overlooked again. If you truly want to address the retail and food deserts that permeate Ward 7, then please make sure the single most shovel-ready project in Ward 7 is recognized and supported. We get one chance to do things right. This is the chance to make sure this new development addresses the needs of the community and its residents. Please support including the Kenilworth-Parkside development in this legislation.

Regards,

Tariq Habash
Ward 7 Resident
District of Columbia

National Association of Concerned Veterans
Testimony before the Joint Public Hearing

CHAIRMAN PHIL MENDELSON, CHAIR
COMMITTEE OF THE WHOLE

AND

COUNCILMEMBER KENYAN MCDUFFIE, CHAIR
COMMITTEE ON BUSINESS AND ECONOMIC DEVELOPMENT

AND

AND COUNCILMEMBER VINCENT C. GRAY, CHAIR
COMMITTEE ON HEALTH

ANNOUNCE A JOINT PUBLIC HEARING ON

B22-207, THE "EAST END HEALTH CARE DESERT, RETAIL DESERT, AND FOOD DESERT ELIMINATION ACT OF 2017

FRIDAY, MAY 19, 2017
11:00 A.M., ROOM 500, JOHN A. WILSON BUILDING
1350 PENNSYLVANIA AVENUE, N.W.
WASHINGTON, D.C. 20004

Chairman Mendelson, Council Member McDuffie and Chair of the Committee on Health Ward 7 Council Member Gray I would like to thank you for the opportunity to testify on behalf of the National Association of Concerned Veterans and the veterans in the District of Columbia who would benefit from B22-207 along with the rest of the Nation's Capital residents. My name is Cecil Byrd. I am the Executive Director for one of the oldest active Vietnam veteran

organizations in the United States of America. NACV has advocated on behalf of all veterans in the District since coming to the District in 1972. We would like to strongly and enthusiastically support the east end heath care, retail and food desert elimination Act and to commend you on this exciting effort and initiative.

In the 30 plus years that I have had the opportunity to testify before the DC Council this may be one of the most optimistic and creative initiatives I can remember which would have a direct and significant impact on perhaps the neediest part of our city.

This ACT could be a major step in bringing some long overdue visibility and economic stimulus to Wards 7 & 8 and begin to shine some light and give opportunity to some of our neediest and most maligned citizens. This ACT will bring jobs, health and nutrition, educational opportunities, hope, and the path to a better life to tens of thousands of DC's most ignored and neglected residents. I want to publicly commend you Former Mayor Gray for your leadership and commitment to Ward 7 as well as Ward 8 and the entire city. Now let's make it a reality as quickly as possible.

I have a selfish reason for testifying and commending the Council on this Elimination Act and that is because I believe that the same approach can be used to create desert elimination acts for returning veterans, returning citizens and all the disenfranchised and underserved citizens of our nation's capital in areas of employment, housing, education, accessibility to services, benefits, health care, equality, and quality of life.

A finance fund using a similar method as the Social Impact Bond to fund programs for those in need at a realistic level rather than the 10 dollars a year per veteran and his or her family that has been the average for many years.

I apologize for being unable to testify in person but I would like to submit my testimony for the record and also submit additional testimony within the allowable specified period. We will do everything in our power to mobilize the thousands of veterans and their families to support the council in this initiative. Thank you again for this opportunity to give some positive testimony to the Council.

Chairman Mendelson

Chairman Kenyan McDuffie

Chairman Gray On Health Committee

My name is Ramesh Butani, President of HRGM CORP and Land owner @2120 Shannon Place SE. HRGM has been located in Anacostia since 1978 and has been continuously in business since. Currently we have 39 employees.

My beef with Myriad of Administrations over that time is that nothing significant is located in ward 8. No codependency with the rest of the wards. It is as if we are on an Island. Everyone comes on our Island to get votes but once in power forgets about actual development. We got 11th street bridge which has positively changed approach to Anacostia after years of deliberations. Some of it is the fault of our leaders who seem to fight with each other. It appears that to keep the citizenry poor and dependent is the goal of most politicians. We have some beautiful scenic land and space for development but we do not get the kiss. Ward 8 is vote rich but influence poor. I wish Ward 8 at some point delivers a shock to politicians who take us for granted that we will only elect leaders who look at us as the folks who need freebies.

The St Elizabeth grounds are finally seeing some excavation. Still not sure if development will be fast and furious. Martin Luther King Jr Avenue developers have received free money from Administration but appears that moving forward is so lethargic. State of art hospital that is proposed by Chairman of the Health committee seems like a great idea but will there be sense of urgency to build it??...

Transition does not mean gentrifying the neighborhood.....Those who have lived here for years and seen their houses and property appreciate should be able to sell and not feel guilty of selling out. Let us bring upscale restaurants and housing to ward 8. Don't want to hear any poor ward 8 sighs...Give us opportunity and we will make ourselves rich...

To imagine I have been here 39 years and have hardly seen any change is saying something....Where as look at wards 1 2 3 4 5 and 6 and I feel we have been discriminated against...Time to bring Development FAST AND FURIOUS NOW....Thanks

Testimony of Dr. Bruce Purnell
Executive Director, The Love-More Movement, Inc., May 19, 2017

The Committee of the Whole, the Committee on Business & Economic Development, & the Committee on Health will hold a Joint Public Hearing on the following Legislation:

Good Morning Councilmembers. Thank you for allowing me to speak with you today about the "East End Health Care Desert, Retail Desert, and Food Desert Elimination Act of 2017"
My name is Dr. Bruce Purnell and I am Executive Director with The Love-More Movement, Inc., or Love-More for short. We used to be Higher Hopes, but our youth and seniors told us that without a foundation of Love, there is no Hope, which changed our name and mission. This is so fitting because this legislation is a tangible indication of having Love for the most vulnerable communities in DC. Three committees coming together on this shows that a unified energy within City Council believed in this type of social equity. I remember when Council Member Gray was visiting Far Northeast and Southeast communities talking to the people about their thoughts, feelings and behaviors. He shared that he had a vision for unified leadership, with indigenous grassroots leaders being at the table and a comprehensive plan for the social reconstruction of Far Northeast and Southeast. Wow, it is so refreshing to see that he and others who talked this talk are walking the walk. Therefore, I would like to thank you and say that this legislation speaks to us.

We feel that government should play a role of a community partner helping us build the infrastructure to create healthy, healing, safe, thriving, creative, resilient and drug free communities. We know that positive community change has to come from us and do not expect government to solve our social problems or direct our movements. Therefore, we say that this model feels right and challenge you to take it a step further and make this time historical and call it the DC Renaissance. We have some exciting things happening in our grassroots community:

- DCPNI's Racial Equity Antipoverty platform within the Promise Onward movement
- Our Collaboratives' as social architects providing support and platforms for innovation
- Grassroots and Community led Best Practices like the DC Campaign for Teen Pregnancy
- Prevention and Intervention being embraced and supported more than punishments
- Grassroots Non-Profits coming together like the ward 7&8 coalition,
- The Arts community truly becoming the culture of the city
- Our politicians embracing innovation, inclusion and creativity

This is the recipe for a renaissance and platforms of social equity, including housing, health, economics, education, food and creativity are the kind of energy we need to start this social reconstruction project. There can be no more models of logic without Love and Hope in our city… That's a DC Best Practice. Join the Love-More Movement as we carry the Promise of our ancestors Onward, embracing the Racial Equity Antipoverty Platform, bringing a more familiar culture of Love back into this City. I'm a 5th generation Washingtonian and have every intent to live out the legacy of my Bruce, Shadd, Whipper and Purnell ancestors. Many had to leave in 1850 because of the fugitive slave act; this time lets protect our indigenous leaders.

WHITMAN-WALKER HEALTH

Testimony before the Committee on Health
Honorable Vincent Gray, Chairman
May 19, 2017

On

East End Health Care Desert, Retail Desert, and Food Desert Elimination Act of 2017

Submitted by
Donald Blanchon

Good day, Chairman Gray and distinguished members of the Committee. My name is Donald Blanchon. I am the Executive Director of Whitman-Walker Health (WWH). I am here today to provide testimony on the *East End Health Care Desert, Retail Desert, and Food Desert Elimination Act of 2017*.

About Whitman-Walker Health

In 2016, WWH provided affirming, high quality health care to 16,253 individuals including 11,354 DC residents. Our team provided 120,664 encounters across all programs last year, or more than 600 encounters per day of operations. That team is comprised of more than 270 employees—including 50 medical and behavioral health care practitioners—who serve on the front lines of the city's health care system and at the crossroads of health care reform.

Our patients live and work in metro Washington—a region increasingly shaped by diversity and intersectionality. 6 in 10 WWH patients are people of color. More than half of our patients self-report that they are LGBT community members. 6 in 10 WWH patients report annual income less than 200% of the federal poverty level. 1 in 5 WWH patients—3,285 individuals—are living with HIV.

In 2013, WWH was designated as a federally-qualified health center by the federal Health Resources and Services Administration. WWH serves our patients and the community at large by operating 4 program sites—Elizabeth Taylor Medical Center and 1525 14th St NW health center in Logan Circle, Youth Services (formerly Metro TeenAIDS) in Eastern Market and the Max Robinson Center in the east end of the city in Anacostia.

WHITMAN-WALKER HEALTH

Comments on Proposed Legislation

Overall, WWH supports the underlying intent and substance of this legislation. Beyond any policy considerations, WWH believes that this legislation is in the best interests—namely health and well-being—of District residents who live and work east of the Anacostia River.

We do have some comments regarding Title I. East End Medical Center Construction and Funding as follows:

- First, regarding specific location/siting of the medical center, the Committee may want to amend the legislation to state that the St. Elizabeth's site is the priority location yet funding could be used to construct the new medical center at another location in the east end of the city. Our suggestion here is provide sufficient flexibility to relocate the new medical center in the event that there are unanticipated planning/development /construction issues at the St. Elizabeth's site. From our perspective, the core issue is bringing a new medical center online as soon as practical to serve the community.

- Second, regarding the medical center's composition of a full-service community hospital, an urgent care center, and an ambulatory care clinic, the Committee may want to request a preliminary feasibility study on the benefits and costs of collocating both the urgent care center and ambulatory care clinic at the same site. This study, which could be completed within one year of enactment, should assess at how such an ambulatory care clinic aligns with the District's significant investments in community health centers in the east end of the city.

Thank you for the opportunity to share Whitman-Walker Health's perspective on this very important legislation.

May 19, 2017

Council of the District of Columbia 1
1350 Pennsylvania Avenue, NW
Washington DC 20004

Dear Councilmember,

My name is Artilie Wright, native Washingtonian and new resident Ward 7 – more specifically the Parkside neighborhood. I am testifying today to express my concerns about the exclusion of the Parkside community from the recently proposed bill B22-0207 –East End Health Care Desert, Retail Desert, & Food Desert Elimination Act of 2017.

I am here to ask you to choose to actively and aggressively support Ward 7 by listing Kenilworth Parkside as a location to receive financial incentives that alleviate our food and retail desert. Nearly every other sizable commercial development both in and outside of Ward 7 is getting this subsidy. Leaving out Parkside will hinder our community's progress and leave us without competitive options for fresh food.

As a native Washingtonian and former resident of Wards 2 and 6, I've seen how much economic success and growth other parts of the city have had. And honestly, I was very hesitant about moving to and purchasing in Ward 7 because of the continued overlooking of the Ward. However, what ultimately led me to Ward 7 is that despite it being one of the largest food deserts in the city Parkside is, in my opinion, a homerun in terms of a retail project that would be successful. It is right off Highway 295 and is metro accessible via the Minnesota Ave station. We have all been on the highway and saw a grocery store/Target/or other retail and pulled off to shop. Why is it okay for us to spend DC dollars in other states (MD and VA) but not have those same states dollars build up our community? Based on geographic location and time, I am not going to other parts of DC to shop and get groceries. It's quicker (15-20 minutes) for me to leave my community and DC and go to Bowie, Arlington, Alexandria, and Lanham just to name a few to get fresh food, take in a movie, go to a restaurant, go to the bank, and get supplies needed to maintain my home. I should be able to do this in Ward 7 and there is no better geographic spot in the Ward than Parkside. Ward 7 has no reliable restaurants or fresh food. Parkside is shovel ready! Construction is slated to begin in late 2017 – we just need your help to attract QUALITY grocery and retail that makes Ward 7 and Parkside a destination for not only residents in the surrounding areas (Parkside, Kenilworth, River Terrace, Deanwood, Eastland Gardens, Dakota Crossing, Benning Heights, and Lincoln Heights among others) but also DC as a whole. Council investment here would have a nearly instant effect in quality of life for Ward 7 residents who use the Minnesota Ave. Metro or 295.

We are forfeiting tax dollars from our neighbors in MD and VA! As a native of the city, I am confused as to how Parkside, an economically and racially diverse food desert with an ideal retail footprint, be left off this proposal? The other new residents, who are not represented in most city data, are asking, "Why *wouldn't* our council actively support this development in the area they are targeting?"

If you are concerned about private entities, I want to alleviate this concern. We are an informed community actively making requests to benefit the common good when dealing with the companies working in the neighborhood. Parkside residents have been making clear asks of private entities in Kenilworth Parkside in the way that all of us here would like. An example is a Community Benefits Agreement to CityInterests that the Council would be proud of. We are not just asking investment from the Council, but also those companies in Parkside.

To live and thrive in our community, our home needs another ally in the form of the DC Council. Please add Kenilworth Parkside to the communities that will receive incentives and our residents will thank you.

Most Respectfully,

Miss Artilie Wright
604 Parkside Pl NE
Washington, DC 20019
(202) 460-9284
artilie@gmail.com

Ruth Gonzalez

669 Anacostia Ave. NE• Washington, DC 20019

Date: 5/18/17

Councilmembers
Committee of the Whole
Committee on Business & Economic Development
Committee on Health
John A. Wilson Building
1350 Pennsylvania Ave., NW
Washington, DC 20004

Dear Councilmembers:

Thank you for convening this hearing in consideration of Bill 22-207, the "East End Health Care Desert, Retail Desert, and Food Desert Elimination Act of 2017".

My name is Ruth Gonzalez, a tax paying and voting resident of Kenilworth-Parkside in Ward 7. I have been a DC resident for over five years and I am writing to express my concerns about the exclusion of the Kenilworth-Parkside community from the proposed bill.

I applaud the aim of the East End Grocery and Retail Incentive Program to "Attract affordable grocery and retail shopping opportunities to underserved Areas" but am troubled that my neighborhood is not included in the list of specified sites.

Kenilworth-Parkside is growing rapidly. DC Housing Authority is moving forward with its redevelopment of Kenilworth Courts that will transform it into a mixed income, mixed use community. We've seen investments in the Anacostia River Trail, and celebrate the restoration of dedicated FY2018 funds in your capital budget proposal for hazardous material remediation of Kenilworth Park and the Anacostia River bottom sediments.

Once complete, the Parkside development alone will bring 1,500 new homes, 30,000 square feet of retail and 250,000 square feet of office space to Ward 7. It will generate millions of dollars of economic activity, millions of tax dollars for the district and hundreds of jobs.

Today our community is in the middle of Ward 7's most stubborn food desert. The community has struggled for years to get quality grocers into this neighborhood. We twisted the arm of developers at Kenilworth Courts to get them to commit. Now we have a commitment from City Interests to put a grocer in Parkside. This legislation could help make this happen, or render our retail spaces uncompetitive. Nearly every other sizable commercial development in the ward is getting this subsidy. These are shovel ready projects. Construction of retail spaces in Kenilworth Courts and Parkside are slated to begin in late 2017. Subsidies here will have nearly immediate impacts on northern Ward 7.

East End Medical Home Neighborhood Partnership for Our Community

District of Columbia City Council Testimony

Reverend Dr. Wanda Thompson
Affiliation: Pastor, The Ambassador Baptist Church; Sister Clergy

May 19, 2017

Good Morning Council Members, my name is Wanda Thompson and I am Pastor of The Ambassador Baptist Church and work closely with Rev. Patricia Fears, Pastor of Fellowship Baptist Church and Co-founder of Sister Clergy, and with Faith Based Health Management Systems.

I would like to begin with **NOW IS THE TIME to focus on our future by providing access to behavorial health services on-demand in the schools to the underserved youth in our communities East of the River.** Trauma and toxic stress too often are left undetected and unaddressed. Expanding access to behavioral health services through the institution of patient centered health care in the schools will significantly impact social determinants of health. We know the biggest drivers of health care use and costs are beyond the scope of health care alone. Lack of access can be mitigated by advances in technology which will expand the impact of care beyond the school clinic...but we must start in the schools. Unmet health-related social needs, such as food insecurity and

inadequate or unstable housing, bullying, abandonment, and neglect are often exposed in the school environment by students acting out. With no option for health care dismissed youth are cycled out of school and placed back into the environments that cultivated, created, or enhanced the unresolved behavioral health issue. Having quality behavioral health resources in the school will help boost students' self-esteem, improve the quality of their attachments, and help the students better regulate their emotions and behaviors, three key indicators to reduce or eliminate trauma in children.

In conclusion, we need to act now to bring technology and the essential resources into our schools to help diminish the lack of behavioral health services East of the River.

THE COUNCIL OF THE DISTRICT OF COLUMBIA
Committee on Health
Councilmember Vincent C. Gray, Chair

East End Health Care Desert, Retail Desert, and Food Desert Elimination Act of 2017

Testimony for
East End Medical Home Neighborhood Partnership
Revered Dr. Kendrick E. Curry
Faith-Based Health Medical Systems

May 18, 2017

Good Morning, Chairman Gray and members of the Health Committee. I am Reverend Dr. Kendrick E. Curry, a Ward 7 resident, Pastor of The Pennsylvania Avenue Baptist Church, and Vice President of the Faith-Based Health Medical Systems.

Now is the time to act! Toxic stress and a fragmented healthcare access and delivery system are devastating our communities East of The River. Toxic stress and health-related social needs often are left undetected and unaddressed. Unmet health-related social needs, such as food insecurity and inadequate or unstable housing, increase the risk of developing chronic conditions, reduce an individual's ability to manage these conditions, cause avoidable miscues of the healthcare system (i.e., increase Emergency Room visits), and increase health care costs. Much of health care spending in the US is used for direct medical services, but a far greater share of health outcomes can be attributed to the social determinants of health—the interplay and influence of social, physical, and economic environments on health behaviors.

For many individuals and families East of The River, the "medical neighborhood" appears as a disconnected group of clinicians and institutions with little or no coordination between them, leaving patients and their families to navigate this system on their own. Many patients and their families have little understanding of how their primary care practice coordinates (if at all) with other clinicians, organizations, and institutions in the neighborhood—and often may assume that the system is much more coherent, organized, and coordinated than it really is. These systematic, avoidable disadvantages are interconnected, cumulative, intergenerational, and associated with lower capacity for full participation in society.

Now is the time to build on longstanding neighborhood institutions, like the faith-based community and other partnerships, to strengthen healthcare, social service providers and economic development networks. **The East End Medical Home Neighborhood (EMHN) Partnership is the long overdue solution** to the chronic, critical challenge that has stifled our community for far too long. EMHN is a collective of engaged community leaders, advocates, businesses and social services organizations who recognize the need and opportunity to scale community engagement based on the premise that community health can be raised to an optimal level through collaboration.

Our community of providers, advocates, stakeholders and faith-based institutions developed this collaborative framework to demonstrate their deep commitment to improving the health and economics East of the river. The **EMHN public-private partnership,** as solution to a broken health care system on the East End, builds on the *hospital community benefit requirements* within the Affordable Care Act of 2010 (ACA) that shine light on non-profit hospitals' special obligation to invest in community needs. The ACA requires all non-profit hospitals to develop a community health improvement plan (CHIP) to guide hospitals' investment to the identified priority areas.

A detailed community needs assessment and a community health improvement plan have identified and addressed health care issues affecting vulnerable communities. Through analyses of the quantitative and qualitative data, the plan identified the top health priorities East of the River—kidney disease, behavioral health and substance abuse, obesity/overweight, asthma, access to care, and stress-related conditions.

Based on these top health priorities, EMHN Partnership aims to connect community based healthcare providers, social services providers and community health navigators to identify and address healthcare and health-related social needs in following core areas:

- Housing instability and quality
- Food insecurity
- Utility needs
- Interpersonal violence
- Transportation needs

Healthy People 2020 (www.healthypeople.gov) provides a road map to assess health care for DC residents. The following actions emerged as EMHN's "priority community solutions": 1) Behavioral Health (Mental Health & Opioid Abuse Disorders) prevention and treatment of psychological, emotional, and relational issues that lead to higher quality of life. 2) Expand East End healthcare access to care sites that provide care options that are convenient and culturally sensitive. 3) Patient-Centered Integrated Care Coordination across organizations providing patient care activities and information sharing protocols among the participants concerned with a patient's care to achieve safer and more effective care. 4) Increase Health Literacy training (patient and providers) to improve patient's ability to obtain, process, and understand basic health information and services needed to make appropriate health decisions.

Improving healthcare access and outcomes in underserved communities requires community trust and access. **Engaging the faith-based community as a trusted agent,** social services provider and convener of community stakeholders in medical neighborhood is a major untapped opportunity. Leveraging technology to facilitate connections to and between hospitals and community social services will support collaboration and build trust. Technologies like the MYCRCDC.ORG are readily deployable in clinical and social services settings to assess individuals and families' social determinants of health, connecting them to relevant resources and improving the effectiveness of primarily non-clinical staff manage these needs in a population. Building coalitions around scalable community resource databases is part of the execution, but the main benefits come from collecting data on social health needs and following up on referrals to assess the strengths and weaknesses of an extended care network. The need for improving hospital/community collaboration is based on emerging evidence that addressing health-related social needs through enhanced clinical-community linkages can improve health outcomes and reduce costs.

EMHN will promote clinical-community collaboration through:

1. Screenings to identify certain unmet health-related social needs;
2. Referrals to increase awareness of community services;
3. Provision of navigation services to assist high-risk individuals with accessing community services; and
4. Encouragement of alignment between clinical and community services to ensure that community services are available and responsive to the needs of the community.

So, to address the social determinates of health on DC's East End, what is needed is faith-based led community engagement coupled with bi-directional web-based technology. The potential benefits of care coordination through technology include easier tools to benefit case management, social worker, and community health worker staff, improved health outcomes, and reduced costs through fewer medically unnecessary hospitalizations. Technology driven database of resources for medically underserved patient populations who

suffer from disparate health outcomes would allow for methods to either directly analyze patients' social health needs, connect them to helpful resources, and allow appropriate staff members to coordinate and oversee this information in a case management system. To facilitate this work and strengthen coordination, the platform should contain some means of outreach to both the community resources in the database and the patients who are being referred. Connecting community social services providers and healthcare providers with individuals in need can be scaled with modern forms of outreach such as text messaging or geolocation.

In closing, I submit to the Committee for your consideration, a resolution recognizing the East End Medical Home Neighborhood Partnership.

Resolution recognizing the East End Medical Home Neighborhood Partnership

Whereas: In the United States, more than 95% of health care spending is dedicated to the provision of direct medical services. A far greater share of health outcomes, as much as 70%, can be attributed to the interplay and influence of social, physical, and economic environments on health behaviors. These "social determinants of health" include influences as diverse as early childhood development, employment opportunities, nutrition, air and water quality, transportation, educational attainment, public safety, and housing.

Whereas: The Center for Medicaid and Medicare Services (CMS) has established Accountable Health Communities (AHC) model under Section 1115A to address the critical gap between clinical care and community services to address health-related social needs to reduce total health care costs, while improving total health, and quality of care.

Whereas: The East End community stakeholders have established the East End Medical Home Neighborhood to spearhead this effort by bringing stakeholders together to design and implement a blueprint towards making the District of Columbia the national leader in creating an Accountable Health Communities.

Whereas: This model, the most comprehensive in the nation, focuses its efforts on high cost and high frequency health conditions including, mental health and substance abuse, sexual health and obesity.

Whereas: The East End community stakeholders is implementing this program to increase family and individual awareness of available community services through information dissemination and innovative linkages to community services.

Whereas: The District of Columbia will closely monitor and track the outcomes of recipients that utilize these services to determine the overall impact on the health status and the costs to the health care system and will report that data to the Council.

IT IS HEREBY RESOLVED, BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, that the East End Collaborative be recognized as the East End Medical Home Neighborhood Public-Private Partnership as a community led integrated healthcare model for the country and that its citizens will greatly benefit from this initiative towards the improvement of the overall health of our community.

THE COUNCIL OF THE DISTRICT OF COLUMBIA

Committee on Health

Councilmember Vincent C. Gray, Chair

Hearing for the Committee on Health

Testimony for

Faith Based Health Management Systems (FBHMS)

Rev. Dr. L. B. West

May 19, 2017

Grace and Peace be with you Chairman Gray and members of the Health Committee. I am Reverend Dr. Larry B. West, Senior Pastor of the Mount Airy Baptist Church and Vice President of the Faith Based Health Management Systems, Inc.

In this, our wonderfully great Capitol City of Washington, D.C., we are confronted with a time when public health is at a critical level for addressing some of our city's major disparities. We live, work and have our being in a city that demonstrates that we care for all of our citizens, regardless of race, religion, national origin, or socio-economic status. We show our care and concern for all of our citizens in the fact that If there is a need, we make good faith attempts to address it. Through growth, needed resources have proven to be available but they seem to be scattered, fragmented and disjointed. The fragmentation and lack of cohesive coordination lends itself to a repetitious effort in a perpetual cycle of systemic propagation, which suggests that we make progress and we make ourselves feel good by creating new ways to do the same old things, and in the final analysis we find ourselves looking at similar results because we have simply travelled down roads of parallelism; moving but never closing any gaps.

In this transformative period, there is a need to bridge gaps within this city for the betterment of all of our citizens, particularly for those who live east of the river, where there seems to be a lack of access to needed services, be it Health Services and/or Community Social Services. Perhaps this is the place where we should

focus the attention to end the structure of never connecting parallelism and develop a comprehensive model that will better connect people to health-related Community and Social Services. There is a need for all of us to consider the ways in which public health and social determinants are inextricably connected. Connected by the mission of being Patient Centered; Connected by the mandate of offering an integrated approach of both healthcare and social determinates of health; Connected by access to mental health service on demand and Connected by technology to extend care beyond the typical medical clinic.

The mission of Health Providers for the patient is quite similar to the mission of Faith Based Institutions, in a good many cases, for the same patients. We give personalized attention in similar ways. We give follow-up attention in similar ways. We care about the whole person, in similar ways. Bridging the gap between Clinical and Community Service Providers across our city to improve outcomes for thousands of Washingtonians, seems to be a natural when connecting Faith Based Institutions with Medical Providers.

The use of Faith Based Community Health Center Stations and innovative technology tools connected with Health Providers will empower City Hospitals and dedicated Physicians to provide greater service by identifying a patient's social and health needs while navigating the patient to essential resources for continued care. Technology today offers a unique opportunity for medical Providers to bridge some gaps being influenced by Social Determinants. By connecting with trusted institutions of Faith, bridges can be built through "Tele-Health" that will reduce health care costs by decreasing the frequency of visits to the Emergency Room as primary care. "Tele-Health" will also allow greater access to Medical Practitioners, including Specialists, on demand. "Tele-Health will create an atmosphere for and a desire to fulfil the continued medical follow-up. "Tele-Health" will provide a hands on approach by the Nurse Practitioner and structured continual follow up phone calls by Navigators to remind and ensure patient compliance with orders from the attending Physician. Navigators will also ascertain the need for interaction with social entities to ensure that connected services are enabled for the benefit of the patient.

Health is truly about all of us and this comprehensive model, through **Faith Based Health Management Systems (FBHMS)** is the answer to 1.) Connect HealthCare

Providers to, 2.) The Faith Community (Social Determinants of Health) and, 3.) Takes responsibility for the whole Patient, the entire family and therefore the neighborhood.

Mr. Chairman and Committee Members, I submit that what is needed within our City to make Healthcare work for all of our citizens, is a system that discards parallelism and exchanges it for one that embraces a comprehensive model that connects by building bridges which close gaps between services. What is needed is a faith based led community engagement connected with web-based technology to help manage health information and address social determinates of health for patients. The benefits of connected services utilizing technology will include technology driven database of resources for medically underserved patient populations who suffer from disparate health outcomes. The technology will allow for methods to analyze patients' social health needs and enable the appropriate staff member to coordinate or connect patients to accessible resources. The technology will allow the appropriate staff member to manage data within a case management system. Building bridges between Healthcare Providers and Community Social Service Providers is the next logical step to closing the gaps that exist in improving our Healthcare delivery system.

In these transforming times, what better bridge to build than to build it with two age old, tried and true, trusted entities; Medical Providers and Faith Based Institutions

Justin A. Lini
Advisory Neighborhood Commissioner
Paradise and Parkside - 7D07
721 Anacostia Ave NE
Washington DC, 20019

5/18/2017

Dear Councilmembers;

I'm writing to you today in my capacity as Advisory Neighborhood Commissioner 7D07, representing Ward 7's Paradise and Parkside communities. This letter is to express my support for bill B22-0207 –East End Health Care Desert, Retail Desert, & Food Desert Elimination Act of 2017 as well as to express my concern about the exclusion of the Kenilworth-Parkside community from its list of subsidized areas. This letter contains my testimony for the May 19, 2017 hearing of this bill.

Kenilworth-Parkside is a rapidly growing community in northern Ward 7, nestled between 295 and the Anacostia River. In the last year we added 100 new market rate townhomes and nearly 200 apartment homes. DCHA is moving forward with its redevelopment of Kenilworth Courts that will transform it into a mixed income, mixed use community. We've seen investments in the Anacostia River Trail, and are anticipating the opening of a new Recreation Center by the end of the month. The Parkside development alone will bring 1,500 new homes, 30,000 square feet of retail and 250,000 square feet of office space to Ward 7. It will generate millions of economic activity, millions of tax dollars for the district and hundreds of jobs.

However all is not well. Today our community is in the middle of Ward 7's most stubborn food desert. The community has struggled for years to get quality fresh food into this neighborhood. We had to twist the arm of developers at Kenilworth Courts to get them to commit even a modest space for retail in what is otherwise a massive project. Today we have a commitment from City Interests to bring a grocer in their Parkside Planned Unit Development. This legislation could help make this happen, or render our retail spaces uncompetitive. Nearly every other sizable commercial development in the ward is getting this subsidy, but our community has been left off this list. Kenilworth-Parkside we have shovel ready projects. Construction of retail spaces in Kenilworth Courts and in Parkside are slated to begin in late 2017. Subsidies here will have nearly immediate impacts on northern Ward 7.

In addition Kenilworth-Parkside are transit oriented communities, with high levels of density which would put make a grocer available to a large number of people. Our proximity to metro stations, 295 and bus lines make this area accessible to people from across the ward.

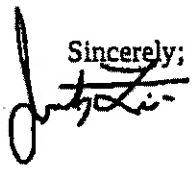
The proposed legislation acknowledges that the District must investment its resources in underserved areas in order to spur retail and economic development. This has translated into financial support towards ongoing projects like Skyland Town Center, Capitol Gateway, East River Park, St. Elizabeth East Campus, and United Medical Center. This Council has a responsibility, and a unique opportunity, to support the ongoing development in Kenilworth-Parkside with this legislation.

To ensure that the next phase of the Parkside development brings in affordable, healthy, business-friendly, child-

friendly, and community-friendly options, support from the Council is extremely important. By excluding the Parkside PUD from the existing legislation, the community could end up with liquor stores, fast food chains, predatory lenders, and pawn shops as future retail options.

The Parkside PUD is now over a decade old. Some of my neighbors have been talking about the problems of retail development for years. We want to have successful community that improves the quality of life, brings jobs, opportunities, amenities, and solves problems like our food desert. This legislation is an opportunity to advance the goals of my fellow Ward 7 residents.

Sincerely;



Justin A. Lini
ANC 7D 07

DISTRICT OF COLUMBIA
BEHAVIORAL HEALTH ASSOCIATION

District of Columbia Behavioral Health Association
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Testimony of the District of Columbia Behavioral Health Association
B22-207, the "East End Health Care Desert, Retail Desert, and Food Desert Elimination Act of 2017"
Before the Committee of the Whole, the Committee on Business & Economic Development, & the Committee on Health
May 19, 2017

Mr. Chairman and Councilmembers, thank you for the opportunity to speak today as you review the legislation before you. The DC Behavioral Health Association is grateful to the Council for its consideration of this bill.

The DC Behavioral Health Association commends District leaders for their focused attention to the needs of the East End of the District. Ten DC Behavioral Health Association members[1] operate facilities and deliver programs and services in Wards 7 or 8. We actively participate in the Health Alliance Network in Wards 5 and 7 and in the Behavioral Health Subcommittee of the Ward 8 Health Council. No further evidence is needed that the East End should have a right-sized hospital and that the hospital should be a catalyst for a robust health system for the East End. District residents on the East End also deserve access to nutritious foods, and new grocery stores can be a valuable anchor for further commercial development.

We applaud the principles developed by the DC Hospital Association for development of an East End health care strategy, namely its calls for:

1. An integrated and sustainable health care system that includes a right-sized hospital, other appropriate health care facilities and leverages existing health care partners and resources.
2. Appropriate primary, specialty, diagnostic, emergency and acute care services based on the current and future needs of the community and market dynamics.
3. Education and training for future health care professionals.
4. Recognition of the need and inclusion of appropriate resources to address the social determinants of health that create barriers to achieving better health outcomes.

DC Behavioral Health Association members are already present delivering behavioral health services in the East End, and I would offer our experience and perspective as the community reviews its ability to leverage existing health care partners and resources. We address current needs fully aware that many

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[1] Bread for the City, Children's National Health System, Community Connections, Community of Hope, Family Preservation Services, Hillcrest, MBI Health Services, SOME, Unity, and Whitman-Walker operate facilities and programs in Ward 7 or Ward 8.

needs remain unmet, and we look forward to addressing future needs in collaboration as additional providers and organizations come to serve the East End. Our programs are already training future health care professionals, and those capabilities will be more robust when they contribute improved career pathways within a vibrant health care ecosystem. We join the physical health community in stressing the urgent need to address social determinants of health.

We join East End residents in their efforts to build a robust health system for the East End community, and we look forward to cooperating with a new hospital to achieve that goal.

Please accept my thanks again for the opportunity to offer these comments.

Grocery Access Legislation Hearing Testimony

Hello Everyone,

First I would like to thank the DC Council Members for holding this hearing and considering the East End Grocery and Retail Incentive Program Tax Abatement Act, which could impact thousands of lives.

My name is Allison Tepper and I am on the faculty at American University in the Department of Health Studies. I am passionate about the topic of food access in low income areas and have come here today in support of the funding to provide incentives for grocers and retailers to create more opportunity for healthy food in Wards 7 & 8.

Access to healthful foods is important, as four of the leading causes of death in the US are associated with food choices. Further, the divide is expanding in the area of health disparities, as we know that access to affordable healthy foods is a critical step to improving the health of our most vulnerable populations.

I would like to share a few results from a research project that I conducted in Ward 7 a few years ago that focused on grocery store options and food marketing and how it influenced buyer's decisions in low income food areas.

Food deserts and limited access to healthy foods are a concern in low income areas when it comes to proper health and nutrition. The purpose of my research was to measure the effects of front-of-package food labeling on food preferences in a lower socioeconomic area of DC, where food options and establishments may be fewer and food environments less inviting.

I surveyed 110 residents shopping at two major grocery stores in Ward 7 regarding the factors that influence their food choices. These residents live either in Ward 7, or surrounding Wards, forty-five percent of individuals were SNAP participants.

The majority of participants in this study stated that nutrition was the most important factor when making food choices compared to cost, convenience, and taste. They also believed that front-of-package labeling plays a role in their food choices, and symbols can influence purchases. These findings indicate that this population has intent to make healthy choices in the grocery store and nutrition education and healthy food availability in low-income areas can be beneficial.

As the researcher, I hypothesized that cost would be the main factor for food purchases but the study found that despite certain barriers, the survey participants try to make healthy choices for themselves and their families; however, access remains an issue. Regardless of income status, selecting nutritious foods appears to be an important factor to shoppers. Based on these results, we can see that efforts made within the environment and the grocery store can aid in education and healthy eating practices in low-income areas

Of the 110 shoppers participating in the survey, the majority of participants frequently shopped at the supermarket where the survey was conducted, and used the grocery store as the main store for their regular food shopping. When data was broken down into SNAP and non-SNAP recipients there was no significant

difference between factors that influenced choices, with nutrition being the main reason for choosing a food for both groups.

Corner stores and fast-food outlets are abundant in this area, but during the survey, participants stated that they shopped mostly at Safeway, Giant, or other supermarkets, with no mention of corner stores. An increase in large grocery stores in low-income areas can serve to provide nutrition education resources and an opportunity for healthful foods choices for these populations.

I thank you for your time and appreciate your consideration of this bill.

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Council of the District of Columbia

B22-207: East End Health Care Desert, Retail Desert, and Food Desert Elimination Act of 2017

Testimony of Peter Espenschied, 1610 Olive Street, N.E., 20019, 202-362-0500; 19 May 2017

My focus is on the East End Grocery and Retail Incentive Program. It is well-established that there is a lack of supermarkets (large grocery stores) in Wards 7 and 8. There are two moderate-size Safeway stores. I live in Deanwood, for which the nearest supermarket is the Safeway at East River Park. One of the major product offerings in this store is D.C. Lottery tickets, which partly accounts for the very long checkout lines at all times of day and evening. In the men's restroom I have encountered an empty toiletpaper dispenser, no soap, no paper towels, and a sign that invites the patron to inform the manager if conditions are not satisfactory. This may be official sarcasm, but it is a reminder that (1) if there were serious competition these conditions would not exist, and (2) the store manager is very unlikely to have any power or influence with the decision-makers at the parent company of Safeway, Albertsons, which is the third-largest grocery chain in the United States. (In the past few years they have closed several Safeways in the nearby area [NW DC and Prince George's County].)

When I do major grocery shopping I go to the Giant on Rhode Island Avenue or at Third & H Streets NE. The East End needs good supermarkets, and the provision that the D.C. Government will build and lease the facilities is a creative and viable plan. I think that the legislation should contain language that requires that the ownership of the property will remain with the D.C. government for the foreseeable future, as defined.

Bill B22-207 would advance and protect the interests of D.C. residents, and I urge the Council to pass it.

Oliver Spurgeon III

Testimony to the Committee of the Whole, Committee on Business and Economic Development, and Committee on Health

B22-207, the "East End Health Care Desert, Retail Desert, and Food Desert Elimination Act of 2017"

Introduction

Chairman Mendelson, Councilmembers McDuffie and Gray, and distinguished members of the Council of the District of Columbia, on behalf of roughly 78,000 residents of Ward 8 who struggle each day with higher rates of diabetes, obesity, stroke, cancer, hypertension and other costly chronic diseases due to poor access to healthy foods, and thousands of my neighbors who have no grocery store within a ten minute walk of their homes, I appreciate the opportunity to submit testimony for the record as you embark upon your efforts to pass B22-207, the East End Health Care Desert, Retail Desert, and Food Desert Elimination Act of 2017. This testimony focuses on the Council's effort to establish the East End Grocery and Retail Incentive Program (the Program). If the Program is successful in incentivizing a full service grocer to open up, it could boost access to fresh fruits and vegetables, empower Ward 8 residents to make smarter food choices, improve health outcomes throughout the east end, and lower the District's health care spending. More importantly, it could also provide a much-needed shot in the arm for Ward 8's local economy and create dozens of local jobs.

Personal Background

For ten years, I have been steeped in nutrition, health care, education, and budget policy at the federal, state and local levels. I've worked with Members of Congress, ministers and clergy, pediatricians, food justice advocates, recreation leaders, and child development advocates to improve access to healthy food in DC and around the country. More recently, I obtained my MBA at Howard University with an emphasis on real estate finance. This was done with a mind towards someday opening a grocery store in a food desert, which is what I wrote my entrance essay on. Simply put, for the vast majority of my career, I have worked tirelessly to ensure that communities around the country – and my neighbors in Ward 8 – have better access to healthier food that is affordable and fresh.

Why Pass the East End Health Care Desert, Retail Desert, and Food Desert Elimination Act of 2017?

Most of Ward 8 is a food desert. This means that most folks in Ward 8 – 78,000 people – can't easily access the only full service grocery store that regularly sells fresh fruits and vegetables for miles around. To put this in perspective, most of my neighbors in Ward 8 don't have a single healthy and affordable place to shop within a ten minute walk of their homes. Passing this bill could change that dire statistic, and change the lives of so many Ward 8 residents.

We know all too well that folks in Ward 8 are more likely to suffer from the "social determinants of health." Mr. Chairman, where I live impacts my food choices, education status, water, air, and housing quality, health and overall livelihood. The lack of a full service grocery store within a ten minute walk means my neighbors have higher rates of costly and lethal chronic diseases like obesity and diabetes. The irony is that chronic diseases like these require specialized diets to improve glucose levels, blood pressure, and cholesterol numbers and to control weight. How do we expect district residents struggling

to find affordable and accessible fruits and vegetables to adhere to strict the strict dietary instructions they receive from their doctors? To put it mildly Mr. Chairman, living in a food desert has life or death consequences for residents of Ward 8.

Mr. Chairman, defeating hunger and improving nutrition in the east end of the city are attainable goals, and if the District follows through on its commitments, this bill can help change the lives of thousands of residents for the better. More importantly, two of our biggest tools to that help root out hunger including the Supplemental Nutrition Assistance Program (SNAP), which is commonly referred to as "Food Stamps" and helps family stretch their food dollars each month," and the Supplemental Nutrition Program for Women, Infants, and Children (WIC) that helps new mothers and their young children make healthier choices aren't as effective without healthy options to choose from at grocery stores. Our efforts to expand these options to corner stores aren't cutting it. Just take a look at the lack of healthy options in corners stores throughout Ward 8, which primarily sell frozen, processed, or unhealthy foods that tend to make chronic diseases like diabetes and obesity worse. We can do better!

Without readily available access to fresh fruits and vegetables at a full service grocery store, many of my neighbors struggle to manage their health complications. Opening an additional full service grocery store would throw a lifeline to thousands of residents who are drowning in a sea of unhealthy options. It also has potential ramifications for lowering health spending in the District, helping our young people succeed in the classroom, saving residents of Ward 8 time and money, and improving quality of life.

We know that the seeds of academic success are sown in the home, and that if mom and dad can't get to a grocery store or have to spend more money and time riding a bus and a train to buy healthy food, OUR KIDS...OUR KIDS well-being is affected. Hungry children perform worse in the classroom, and study after study has shown that serving more nutritious food in schools lowers rates of childhood obesity and improves academic performance. But in-school meals aren't enough. Kids consume most of their calories before and after school, as well as during the summer months. Passing this bill, and eventually opening a second grocery store in Ward 8 will clearly improve families' access to fresh, affordable fruits and vegetables, and can supplement the great work of DC schools to help students succeed in the classroom.

Opening a second full service grocery store also has the potential to save Ward 8 residents more time and money - two things which an increasing number of people DC have little of. Ladies and gentlemen, this is not just an issue of food justice... it's an issue of food fairness!

Far too many of my neighbors in Ward 8 are forced to spend more of their scarce time and hard-earned money just to eat healthy. For most, it means riding further, often out of their way, on buses and trains just to get to a full service grocery store. Sometimes, it means traveling to another Ward altogether. For others, it means spending precious dollars on cabs or ride sharing apps, and for a fortunate few, it means paying to have groceries delivered to their homes. Either way, or thing is clear: unless they're within walking distance of the Giant, residents of Ward 8 are forced to pay more and travel further just to find healthy food compared to other DC residents.

<u>Conclusion</u>

Mr. Chairman and distinguished members of the Council, on behalf of 78,000 Ward 8 residents, many of whom are struggling with hunger, food insecurity, chronic diseases and additional costs just to obtain healthy, affordable food, I urge you to quickly pass B22-207, the East End Health Care Desert, Retail

Desert, and Food Desert Elimination Act of 2017. I strongly believe that if we're truly going to end hunger and improve nutrition throughout the District, we must maintain our commitment to bringing affordable and healthy food options to the east end of the District. This legislation is a strong step in the right direction, and I applaud your commitment to improving health outcomes, bolstering public health and nutrition, lowering health spending, and promoting food justice in Ward 8. Thank you.

Good Morning to the Chairs, Mendleson, Gray, and McDuffie along with other distinguished members of the Council

My name is Thomas Brown, and while I have many titles, today I'd like to come from the position as an ordinary guy who lives is Ward 7. As a native Washingtonian, born in DC General Hospital I can appreciate a time where viable medical service, vibrant retail and food options were part of the experience of living in the "East End" portion of what I like to call Ward 15. However, it has became clear to me over the last 20+ years that a series of event, such as the closing of DC General Hospital, the under development of main corridors throughout Ward 7 & 8(Ward 15)i, the declining services in various schools have all led to a decrease in population up to this point. It is my opinion that this is symbolic of the lack of certain amenities that individuals and families look to when they decide on a place of residency. Bu I am here today in support of the East End Healthcare Desert, Retail Desert and Food Desert Elimination Act of 2017. Quite simply, I believe this is helpful and smart legislation that will begin to lay new tracks of opportunity for residents and businesses in "Ward 15" East End of our city. The simplest impact we can hope is the upgrade of valuable health services, healthy food options and quality amenities that enrich the lifestyle and experiences of all residents and visitors to this portion of the Nation's Capitol.

Though I have several solutions and strategies in support of this bill, I'd just like to mention just a couple this morning. One is a continued strategy around working with organizations that are leading conversations around health and wellness for families and children, like the Ward 7 Health Alliance, Ward 8 Health Council, East River Collaborative and Far Southeast Family Strengthening Collaborative along with others . Possibly by setting up, and supporting a strategic outline of services and tasks, in a collaboration of sort, it would enhance the capabilities to educate and galvanize the residents around healthy options utilize.

Additionally, there should be early preparation of Ward 7 & 8 CBEs for the various opportunities in building and running new businesses in health, retail and food. Working with organizations such as Ward 7 Business Partnerships, Anacostia Economic Development Corporation and TNB & Associates to assist and support capacity building and execution of services for these enterprises. This is a vital piece to the sustainability of current businesses in this part of the city, which can assist in growing the tax base, from utilization of these local small companies.

Lastly, I would like to submit that Training Grounds works other Workforce Development and human service organizations, to develop and execute a workforce intermediary strategy to ensure that maximum opportunities, for training and employment is extended to residents of Wards 7 & 8. This strategy will allow for a wholistic approach to the uplifting and sustainability of our neighborhoods, family and friends. This is inclusive of mental health, legal, educational, spiritual and clinical supports to ensure the well being of all who are engaged.

Again, I'd like to enthusiastically support this Act and thank you all for this opportunity to share a few of my thoughts and views on this very smart legislation.

Tom Brown, ward 7 resident and Ordinary Guy

Committee of the Whole, Business and Economic Development & Health Joint Public Hearing
Testimony
May 19, 2017
Malik Hubbard

Good Morning Chairman Mendelson, Chairman McDuffie and Chairman Gray. My name is Malik Hubbard and I am the Political organizer staff representative for 1199SEIU United Healthcare Workers East. 1199SEIU UHWE is the nation's largest and fastest growing healthcare union with over 400,000 members in New York, New Jersey, Florida, Massachusetts, Maryland and here in the District of Columbia.

First we would like to applaud the Council's efforts on moving forward with the development of the East End Medical center. Many of our members within the District reside in ward 7 and ward 8 and having a new updated full service medical center is important for the benefit of their health, the health of their families and members of the community.

While we are excited about these improvements to the community, we also have a few concerns. We are concerned that the plans for this hospital may move forward without an operator in place. We believe that a working partnership with the operator, District officials, stakeholders and the community during the developmental stages will cultivate a healthy functional, and productive, relationship that will produce a hospital to fit the needs of the people. Many aspects of building a hospital such design, development, dictation of service lines, operation systems, methodology and worker labor relations will have a significant impact on patient care and the community and this is why shared input is very important. Moving forward without an operator partnership may present unforeseen challenges that could produce unwanted outcomes

We would like to suggest to the Council to create a working group with stakeholders that have an interest in the success of this hospital, to provide input and guidance in the development and implementation to ensure the hospital's productive efficiency and positive impact on the community and patient care.

As the largest health care union in the nation, we have seen the development of many hospitals and are concerned about the current resource levels for building the new East End Medical Center. We believe that building a properly functioning full service hospital in the District of Columbia would require more than the $330 million dollars as outlined in the current legislation. We would suggest that additional analysis be conducted on overall cost of this project and encourage the Council to seek and acquire additional resources to ensure the necessary funding for a successful medical center.

Thank you for allowing me to testify in at this hearing and I will answer any questions that you many have.

TESTIMONY OF VERNON OAKES

JOINT PUBLIC HEARING ON
B22-207, THE "EAST END HEALTH CARE DESERT, RETAIL DESERT, AND FOOD DESERT ELIMINATION ACT OF 2017

FRIDAY, MAY 19, 2017

11:00 A.M., ROOM 500, JOHN A. WILSON BUILDING

1350 PENNSYLVANIA AVENUE, N.W.
WASHINGTON, D.C. 20004

Good afternoon Councilmembers, Committees, Neighbors. My name is Vernon Oakes, I live and work in Ward 7, have a property management business that I started 24 years ago and a radio show called "Everything Coop" which has aired for almost 4 years on Thursday morning from 10:30 to 11:30 on WOL 1450 AM. I learned about the benefits of cooperatives while managing affordable housing cooperatives; I did not get any information about cooperative business model while getting a BS in mathematics at Bluefield State College or at Penn State where I received a MS in Mathematics nor while I studied and received a MBA from Stanford Un. It was not in the curriculum at Howard were I taught marketing and ran their MBA program for 5 years . The things that I've learned about housing cooperatives are also true for food coops which is the reason that I'm testifying this afternoon.

The Benefits and Impacts of Cooperatives by Jessica Gordon Nembhard

Cooperative businesses have lower failure rates than traditional corporations and small businesses. After 5 years, 90% of cooperatives are still in business, while only 3 - 5% of traditional businesses are still operating. This is often because of the many people involved in starting a cooperative, the education and the high level of community support for cooperatives.

Cooperative businesses stabilize communities because they are community-based business anchors; and distribute, recycle, and multiply local expertise and capital within a community. They pool limited resources to achieve a critical mass. They enable their owners to generate income, and jobs, and accumulate assets; provide affordable, quality goods and services; and develop human and social capital, as well as economic independence. In addition, co-op enterprises and their members pay taxes, and are good citizens by giving donations to their communities, paying their employees fairly, and using sustainable practices.

A study, *Healthy Foods Healthy Communities: The Social and Economic Impacts of Food Co-ops,* quantifies the impact food co-ops have as compared to conventional grocery stores. The study's compelling results demonstrate the many ways that food co-ops do well while doing good. So, I would like the committees to consider food coops to occupy the stores that the city builds in Ward 7 and 8.

Unlike their conventional counterparts, co-ops are owned and democratically governed by employees or member-shoppers and rooted in principles like community, voluntary and open membership, economic participation, education, and cooperation. Because of these principles and practices, food co-ops inherently serve and benefit the communities where they are located.

Supporting Local Food Systems and Sustainable Foods

Though "local" has popped up in conventional grocery stores in recent years, retail food co-ops are leaps and bounds ahead of the pack. Where conventional grocers work with an average of 65 local farmers and food producers, food co-ops work with an average of 157. Likewise, locally sourced products make up an average of 20 percent of co-op sales compared to 6 percent at conventional stores.

Years after creating the market for organic foods, co-ops are still the place to find them. Of produce sales at food co-ops, 82 percent are organic, compared to 12 percent for conventional grocers. And, organics make up 48 percent of grocery sales in food co-ops, compared to just 2 percent in conventional grocers.

Local Economic Impact

The economic impact that a grocery store has on its local economy is greater than just the sum of its local spending, because a portion of money spent locally recirculates. For example, food co-ops purchase from local farmers who, in turn, buy supplies from local sources, hire local technicians to repair equipment, and purchase goods and services from local retailers. To some extent, conventional grocers do too, but the gap is still significant. For every $1,000 a shopper spends at their local food co-op, $1,604 in economic activity is generated in their local economy—$239 more than if they had spent that same $1,000 at a conventional grocer.

Employee Benefits

The average co-op earning $10 million per year in revenue provides jobs for over 90 workers. In total, 68 percent of those workers are eligible for health insurance, compared to 56 percent of employees at conventional grocers. Co-op employees also earn an average of nearly $1.00 more per hour than conventional grocery workers when bonuses and profit sharing are taken into account. In the cooperative the individual gets the tools they need to control their destiny.

Environmental Stewardship

Grocery stores—co-ops and conventional alike—generate a significant amount of waste. What sets retail food co-ops apart is what they do with that waste. Co-ops recycle 96 percent of cardboard, 74 percent of food waste and 81 percent of plastics compared to 91 percent, 36 percent and 29 percent, respectively, recycled by conventional grocers.

In the book, Cities Building Wealth shows what 20 different cities are doing to build wealth for its citizens which includes cooperative business enterprises. The city of Richmond has created a The Office of Community Wealth Building. Also, New York City has put in its budget $2.5 million dollars to create worker cooperatives for the last two years and Madison, Wisconsin has put in its budget 1 million dollars for each of the next five years to create worker cooperatives.

My request is that the City Council does the following:

1. Put money in its budget to create worker cooperatives,
2. Create a department to explore ways of creating wealth for its citizens through worker cooperatives,
3. Put food cooperatives in the stores that will be built in Ward 7 and 8. There is a group in Ward 8 called the Community Cooperative Grocery that was formed in 2015.
4. Create worker coops to fill the retail stores in Ward 7 and 8 such as REI

Testimony of Theodore Ngatchou in support of the Bill B22-207, the East End health Care desert, Retail Desert, and Food Desert Elimination Act of 2017

First, all my gratitude to:
Council Member Honorable Brandon Todd
Council Member Honorable Trayon White
Council Member Honorable Vincent Gray
Chair of the Committee on Health

I want to express my gratitude for your intention in this Bill to improving public health in one of the more underserved communities in Ward 7 and 8. I relate too much to this community because residents of these 2 wards happened to be left behind so often just like DC residents African recent immigrants.

And I'm here today as a Healthcare provider in the District targeting marginalized populations due to their disability, age, or limited access to English or any other limitation. I'm in support of this Bill B22-207 to empower new local stores to bring healthy food in Ward 7 ad 8 and to provide funding for a new Community Hospital that will contribute to improving the Health equity in these communities. All 8 wards should have equal access to a healthy style of life.

Ward 7 and 8 are home to a large and vibrant African Immigrant communities who wants to have their own share of the American dream. Not only they need access to healthy food, they need a near by Community Hospital. They need also more opportunities. Galaxy Healthcare Solutions is a home and Community Based services in the District and a Nurse Staffing Agency that hires qualified men and women and provide them with a Golden opportunity to serve as a Nurse or a Home Health Aide and make a difference in the life of a brother or a Sister. But challenges are everywhere. Sound businesses Certified by the District as CBE(Certified Business Enterprise) are not capable to secure a

contract with a DC Hospital to resolve their staffing needs in term of Nursing Personnel. It's lamentable that some of these structures are just closing their doors.

Please dear Council Members. in addition to this Bill:

1) Can you require that the new Community Hospital utilize local NSA for their staffing needs?
2) We need the department of Health also to streamline the CON process to certify more Agencies and give more choices to the Residents of Ward 7 and 8.of a competent Home Health Agency. Agencies are been turned down in the CON process after paying a $5.000 non- refunding fee and in the meantime, some Agencies have dealing with Home Health Care Services of more than 300people. This can easily result to poor supervision and bad health outcome. less prevention more readmission to hospitalization increasing at the same time the overall Healthcare Costs.
3) Open this funding to Home and Community Based Services with cultural competency to provide more immunization. substance abuse prevention. referral services. HIV testing and so on...
4) Again, I can't thank you enough for all your efforts to put together this Bill that I urge you to pass.

Washington DC May 19, 2017

Theodore Ngatchou
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CHCTDC
CONGRESS HEIGHTS
COMMUNITY TRAINING & DEVELOPMENT CORPORATION

TESTIMONIAL from Sean Moore, Director of Small Business Development, Congress Heights Community Training and Development Corporation

Good Afternoon,

Committee Chairs, he Committee of the Whole, the Committee on Business & Economic Development, & the Committee on Health; and all council members present today. I am pleased to be here today to thank the Council members for convening this hearing and considering The East End Health Care Desert, Retail Desert, and Food Desert Elimination Act and its goal of addressing the needs of resident in the city's East End, Wards Seven and Eight.

I am the Director of Small Business Development for Congress Heights Community Training and Development Corporation in Ward 8's Congress Heights neighborhood. CHCTDC's major focus is fostering community development by empowering entrepreneurs and existing businesses to succeed through our Small Business Technical Assistance program and fostering the development of our retail corridors through our Main Streets program, Destination Congress Heights.

We strongly support B-207 without reservation.

We manage the Congress Heights Main Streets Program and are very active in the Congress heights Community Association. To be sure, a first-rate hospital and eliminating our food desert ranks among the top three issues of the citizens of our community.

We received a DMPED grant to explore establishing a Congress Heights business improvement district and quickly learned that a first-rate hospital and eliminating our food desert ranks among the top three issues of our business district property owners and business owners.

We need your targeted and strategic investment to eliminate our glaring disparities and B-207 is a necessary civil rights and equity policy for the District of Columbia.

This bill is important to CHCTDC is that it addresses many of the issues face by our residents for years. For example:

- Ward 8 lacks adequate healthy food retail and grocery options, with just one full-service grocery store for 78,686 residents.
- The lack of retail options forces our residents to leave our community in search of goods and services that other communities take for granted. That takes dollars away from our neighborhoods that are available to support retail.
- United Medical Center continues to struggle, East End residents deserve a new state of the art facility to serve the needs of our communities, and St. Elizabeths campus is the right place for this new facility.

I care about these issues because I think this bill addresses East End resident's needs and seeks to correct the status quo, which deprives residents of retail and health services that we deserve. Furthermore, relocating the hospital to Saint Elizabeths will further activate development on the campus, incentivize community retail development and better integrate the campus into the community.

Once again, I would like to thank the council for its moving forward with this bill and ask the Committees and the Council to continue to invest in the communities in the East End and address the needs of our communities..

Regards,

Sean R. Moore
Director, Small Business Development

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Marshall Heights Civic Association- Submitted Written Testimony

Committee of the Whole, Business and Economic Development, & Health Joint Public Hearing

Date: Friday, May 19, 2017 at 11 AM

Delivered By: Keith R. Towery, Interim President of Marshall Heights Civic Association, 240-340-2198 cell and info@marshallheightsdc.org.

Re: Support for B22-207, the "East End Health Care Desert, Retail Desert, and Food Desert Elimination Act of 2017"

Support for B22-207, the "East End Health Care Desert, Retail Desert, and Food Desert Elimination Act of 2017"

The Marshall Heights Civic Association would like to give their support to the East End Health Care Desert, Retail Desert, and Food Desert Elimination Act of 2017.

Etymology:

Origin (dictionary.com):

From the Latin roots of a word loosely translated as abandon or something that has been forsaken.

Definition of Desert (dictionary.com):

1. A region so arid because of little rainfall that it supports only sparse and widely spaced vegetation or no vegetation at all.

2. Any place lacking in something

Synonyms of Desert (dictionary.com):

(A) Waste, (B) Wasteland, (C) Barren Wilderness

Current State of Ward 7 & 8 also known as the East End:

1. Concentration of poverty in East End (Urban Institute, 2015).

2. Higher Unemployment Rate in the East End compared to other wards.

3. Less Homeowners in the East End, more renters.

4. 2010: Ward 7-73,856/ 2 Full Service Grocery Stores (1:37K) and Ward 8-69,047/ 3 Full Service Grocery Stores (1:23K) (DC Hunger, 2010). –Murrys is closed!

5. Ward 7 had the highest rates of hypertension, diabetes, any chronic condition, and poor or fair self-reported health. These rates were statistically higher than the mean rate for all of DC. The highest rate of obesity was in Ward 8. Asthma prevalence among children was highest in Ward 7 (Rand, 2008).

6. Based on the physicians' self-reported primary office location, Ward 7 has the smallest ratio of adult primary care providers to the daytime population, with only 6 providers per 100,000, compared to an overall rate in DC of 54 per 100,000 (Rand, 2008).

7. Patients with serious, acute conditions, such as heart conditions, strokes, and major trauma, are sometimes transported to hospitals that are not best suited to meet their needs. This is especially a problem for residents in Wards 7 and 8 (Rand, 2008).

8. Those who live in Wards 7 and 8 were more likely to die from homicides, to experience the death of an infant, to be obese, or to suffer from clinical depression. The life expectancy in Ward 2 is 86 years. The life expectancy in Ward 8 is 70 years. (The Atlantic, 2016)

9. Carry Out Heaven: Food Options/Restaurants/ Delivery. A search on the yellowpages.com yielded 20 carryout alone in my area 20019. Of those, you have to argue with delivery drivers just to have them meet you at your front door. In Marshall Heights, we have 5 that I know of...Grateful for the Thai Restaurants, but I still have to travel either downtown DC or Largo, MD in order to dine out with healthier option or expanded menus, to have entertainments like movies, and even to shop for goods and groceries. (Sala Thai Minnesota Ave vs other Sala Thai)

Proper Government Response:

Breaking up monopolies: In Ward 7, there is only one large retail grocery. The government has the responsibility to encourage and incentivize other grocers to break up the Safeway monopoly.

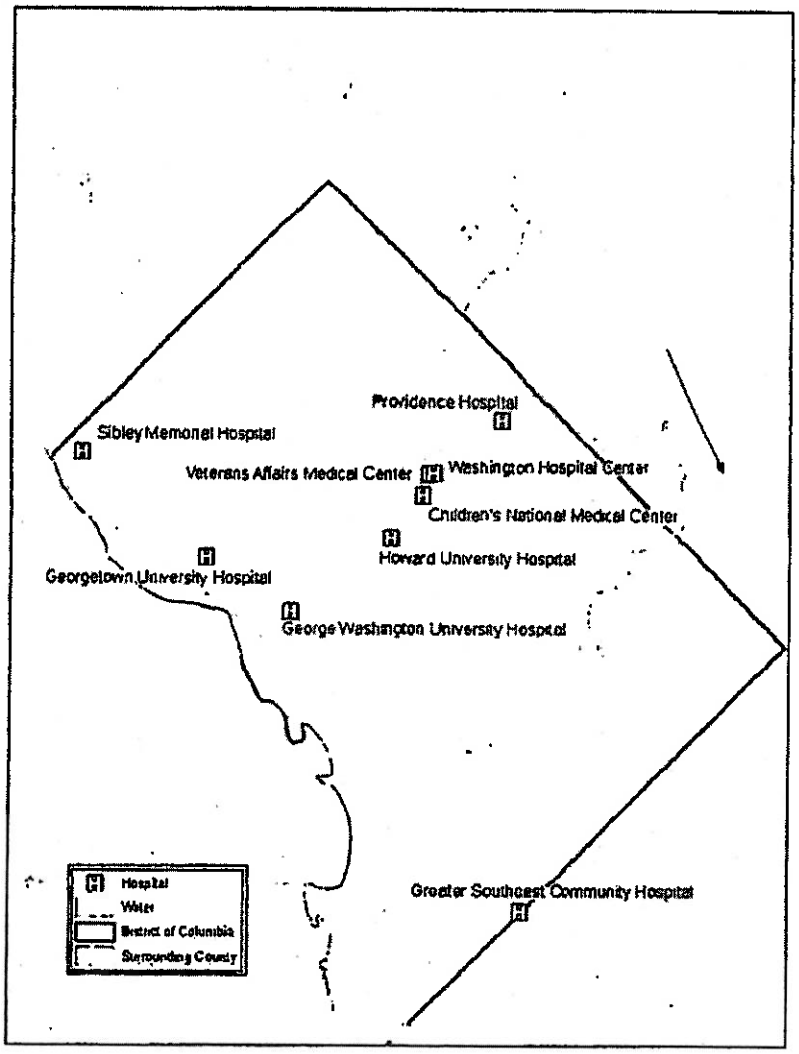
Incentivizing Business by reducing or eliminating their tax burden: Many "tax incentives" simply remove part or all the burden of the tax from whatever market transaction is taking place.

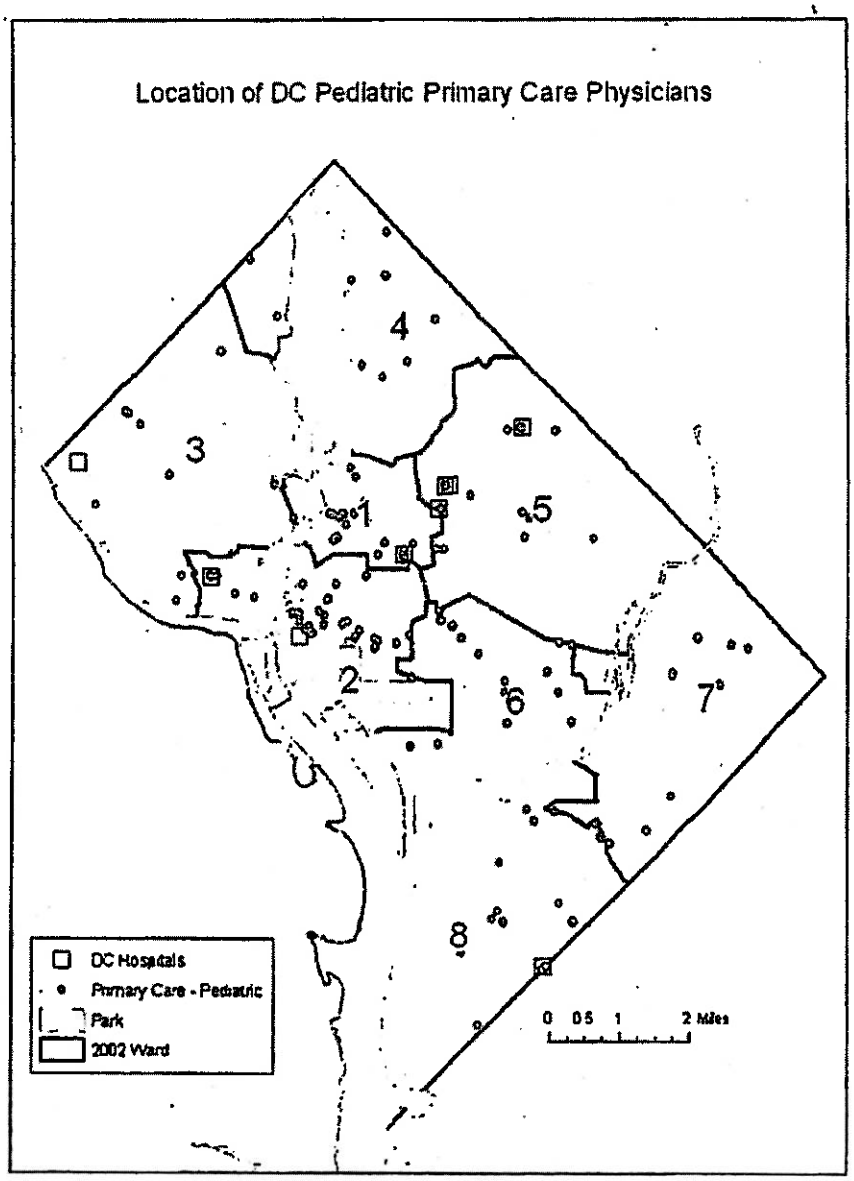
Incentivizing Business by reducing or eliminating start up charges such as construction or excessive regulatory compliance fees: If you build it, they will come. Building structures that can later be sold to private organizations is a solid fix to attracting more business in an area that some retailers may feel undesirable. This reduces the initial risk that a company may face, which initiatives.

Conclusion:

The members of the Marshall Heights Civic Association is in full support of B22-207, the "East End Health Care Desert, Retail Desert, and Food Desert Elimination Act of 2017". The East End has not yet witnessed the same economic development as the remaining of the District. Based on my testimony, I hope it is clear that the services we have currently in the East End are incredibly inequitable to the remaining of the Ward. It is also unfortunate that as the other wards continue to grow and revitalize their neighborhoods, many of those residents had have to relocate to the East End or have been displaced to other cities in Maryland due to increase rental rates and property taxes. Whit this legislation, the District has the opportunity to increase the health outcomes for residents in the East End a.k.a. Ward 7 & 8 residents, and to spur responsible economic development in the East End instead of furthering the displacement of Washingtonians.

General Medical and Surgical and Children's Hospitals In and Around the District




Location of DC Pediatric Primary Care Physicians
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DC Hospitals
Primary Care - Pediatric
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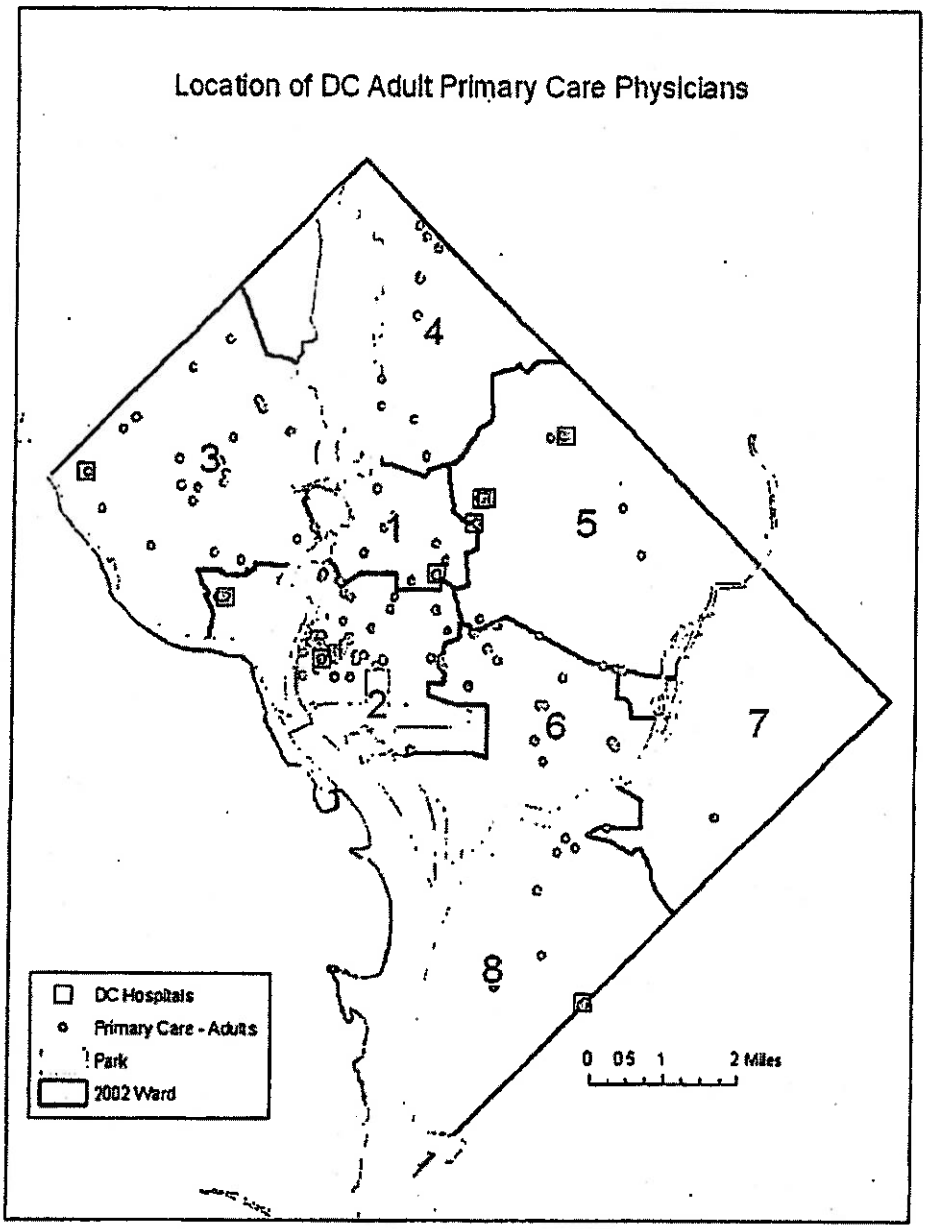
Location of DC Adult Primary Care Physicians
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DC Hospitals
Primary Care - Adults
Park
2002 Ward
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GOVERNMENT OF THE DISTRICT OF COLUMBIA

Department of Health Care Finance

B22-207, the "East End Health Care Desert, Retail Desert, and Food Desert Elimination Act of 2017"

Testimony of

Wayne Turnage

Director

Department of Health Care Finance

Before the

Council of the District of Columbia

Committee of the Whole

Committee on Business and Economic Development

Committee on Human Services

Friday, May 19, 2017, 11:00 a.m.

John A. Wilson Building

1350 Pennsylvania Avenue, NW

Introduction

Good morning Chairman Mendelson, Councilmembers Gray and McDuffie, and respective members of the Committee of the Whole, Committee on Business and Economic Development, and the Committee on Health. I am Wayne Turnage, Director of the Department of Health Care Finance (DHCF) and I am here today to discuss B22-207, the "East End Health Care Desert, Retail Desert, and Food Desert Elimination Act of 2017."

The stated purpose of B22-207 is to amend the Department of Health Care Finance Establishment Act of 2007 to require the construction of a new community hospital on the St. Elizabeths campus; to establish the East End Medical Center Fund; and to establish the East End Grocery and Retail Incentive Program within the Deputy Mayor for Planning and Economic Development. The bill also provides for an approximate $330 million allocation in a special fund administered by DHCF for site planning, design, and construction of a new hospital—and requires the District to enter into a 90-year lease with a private operator at a cost of $1 per year.

The mission of the Department of Health Care Finance (DHCF) is to improve health outcomes by providing access to comprehensive, cost-effective and quality healthcare services for residents of the District of Columbia through the Medicaid, Alliance, Immigrant Children, and CHIP programs. Together, these programs provide health care coverage to more than 240,000 District residents—roughly 40 percent of whom live in Wards 7 and 8 with significant health disparities and limited access to quality health care.

As you know, Mayor Bowser is committed to establishing a new hospital facility in Wards 7 and 8 that provides these residents with access to a high quality health care and has taken a number of affirmative steps in the past several months to chart a vision for achieving this goal. To that end, I will provide a brief overview of the initiatives recently undertaken by the

Mayor's Administration to identify the optimal site, design, structure, financing, and potential partnerships for a new hospital facility. My remarks today will pertain only to the components of this legislation that deal with the construction of a new community hospital and its funding.

Brief History of UMC and the Administration's Planning Process for a New Hospital

United Medical Center ("UMC") began as part of a safety net health care system for providing primary, acute and trauma health care services to low-income and uninsured residents. The safety net consisted of a hospital (formerly known as Greater Southeast Hospital, currently at the UMC site) located in Ward 8, and a number of primary care clinics. By the late 1990s, the hospital was in distress due to a confluence of factors and, by 2000, was practically insolvent. After the several partial and total closures, reorganization, and changes in ownership, in 2010, the District of Columbia purchased the hospital and established an independent board to oversee its operations. Since then, operations have been hampered by a lack of strategic planning, an antiquated business model, and poor billing and revenue collection systems, among many other issues. Multiple District relief packages over these past several years have attempted to salvage existing hospital operations without success.

In FY17, the City Administrator convened a Work Group to chart a long-term vision for the hospital that includes identifying potential sites for a new hospital facility and working with a health care consultant to design a sustainable business model that maximizes the potential for a viable partnership that brings quality health care to residents in Wards 7 and 8. At its conclusion, the Work Group will propose to the City Administrator several options to improve the health care delivery system in Wards 7 and 8. The Work Group's final recommendation will be rendered in the fall of 2017.

Site Selection Process for a New Hospital. The Work Group will rely on two key reports that will be produced in June and September of this year that are briefly described below. In 2016, the UMC board hired Healthcare Building Solutions (HBS) to conduct a site feasibility study to evaluate potential building sites for the construction of a new hospital. The sites evaluated included:

1) Hillcrest (Southern Ave @ Branch Avenue);
2) Poplar Point (Anacostia Drive);
3) St. Elizabeths East Campus (MLK Ave SE);
4) P.R. Harris Education Center (4600 Livingston Road SE);
5) Fletcher Johnson School (4650 Benning Road SE); and
6) United Medical Center (1310 Southern Ave).

HBS developed the selection criteria and analyzed all six sites, then recommended proceeding to the next phase, based on revised selection criteria, which produced the top three scoring sites: St. Elizabeths, Hillcrest, and the current UMC site. Shortly thereafter, the District was informed that the Hillcrest site was no longer available; accordingly, HBS added the Fletcher Johnson School site to its analysis.

While the St. Elizabeths East Campus site proposed in B22-207 has also been identified by HBS as a possibility for the new facility, significant analysis is still ongoing. For St. Elizabeths, this includes, for example, considering whether historic buildings located would help attract partners and financing for the new hospital, determining appropriate building use, considering renovations, or creating a new facility. This analysis will be weighed along with the respective positive and negative attributes of other top-scoring sites. HBS is expected to conclude its work in June 2017.

Timeline for Health Care Consulting Services. In March 2017, DHCF released an RFP to procure the services of a health care consulting firm to advise the City Administrator on the design and financing of a new hospital. On May 15, 2017, DHCF announced that the Office of

Contracting and Procurement executed a contract to procure the services of Huron in connection with this project.

The focus of the project will include the following:

- Analysis of changes in healthcare policy -- reimbursement, technology, new approaches to health care delivery -- and how these changes are likely to impact future inpatient admission rates, average lengths of stay, use of outpatient care, and emergency room visits in the District of Columbia;

- A market analysis on inpatient and outpatient trends for other health care systems in the District of Columbia to inform recommendations regarding the most appropriate hospital design for a replacement hospital in Wards 7 and 8;

- The range of financing options available to the District of Columbia; and

- An assessment of the possibility of viable partnership arrangements for the District, along with an analysis of the various management archetypes for a new hospital, which ultimately removes the District from its current role of hospital operator.

The consulting work for this project will conclude in November 2017 with a comprehensive report to the Office of the City Administrator that addresses the issues identified in the aforementioned project scope, informing recommendations to the Mayor for a proposal of a new hospital.

Capital Funding. Lastly, to address both the deferred maintenance needs for the UMC and reserve funds to support the construction of a new hospital, the Mayor has allocated $180 million for these projects in her six-year Capital Budget Plan. The general goal is to use most of the funds in the early years of the plan for needs that must be addressed to maintain patient health and safety standards. UMC's operator, Veritas, aims to balance the capital needs of the hospital with the competing priority to reserve funds in support of the goal to construct a new facility for the residents of Wards 7 and 8. Subsequently, the Mayor's budget team, under the direction of the City Administrator, subjects UMC's capital request to significant scrutiny. As a

part of this process, any of the resources planned for capital projects which are not approved in a given year of the six-year plan will be diverted and reserved to pay for part of the cost of new hospital construction.

Conclusion

In conclusion, the objectives of B22-207 align with the administration's commitment to building a comprehensive health care delivery system in Wards 7 and 8. However, in order to achieve this goal, and ensure the new facility is financially sustainable, it is imperative that the District make an informed decision after plotting a deliberate and meticulous course.

The ultimate goal, of course, is to identify a financial partner that will share in the capital cost of the project. If that is not possible, the City must secure an operator that has the expertise and experience to establish a robust medical practice, capable of building a talented physician practice and attracting a diversity of public and private pay patients.

Thus, it is the administration's recommendation that the Work Group be permitted to complete its analysis this fall before finalizing plans for the location and design of a new facility.

Government of the District of Columbia
Office of the Chief Financial Officer

Jeffrey S. DeWitt
Chief Financial Officer

MEMORANDUM

TO:	**The Honorable Phil Mendelson** **Chairman, Council of the District of Columbia**
FROM:	**Jeffrey S. DeWitt** **Chief Financial Officer**
DATE:	**November 20, 2018**
SUBJECT:	**Fiscal Impact Statement – East End Food Justice Act of 2018**
REFERENCE:	**Bill 22-207, Draft Committee Print as shared with the Office of Revenue Analysis on November 19, 2018**

Conclusion

Funds are sufficient in the fiscal year 2019 through fiscal year 2022 budget and financial plan to implement the bill.

Background

The bill creates the East End Grocery and Retail Construction Incentive Program (Program) to attract and construct affordable, full-service grocery,[1] retail, and sit-down restaurant options in underserved areas as anchor stores. The Program, which will be managed by the Deputy Mayor for Planning and Economic Development, should help pay for construction costs for eligible businesses at the following sites:

- Skyland Town Center;
- Capitol Gateway;
- East River Park;
- The Shops at Penn Hill;
- Parkside Planned Unit Development;
- St. Elizabeths East Campus;
- United Medical Center;
- Columbian Quarter; and
- Deanwood Town Center.

[1] Any grocery stores must accept Supplemental Nutrition Assistance Program and Women, Infants, and Children Program benefits and offer fresh produce, meat, and dairy.

The bill designates the first $200 million of future, unexpected surplus revenue that may be deposited into Pay-as-you-go capital funds[2] to support a new capital project that funds the Program. The District should allocate any construction costs it funds for a store equally over a fifteen-year time period and require the anchor store to pay back the unforgiven portion of the construction costs if it ceases operations in less than fifteen years.

Financial Plan Impact

Funds are sufficient in the fiscal year 2019 through fiscal year 2022 budget and financial plan to implement the bill.

The District currently requires that 50 percent of any excess funds at the end of a fiscal year – after four required reserve funds have been funded – be dedicated for Pay-as-you-go capital projects. The District has not had excess funds to dedicate to Pay-as-you-go capital projects in any fiscal year since this requirement became effective in fiscal year 2015, and there are not expected to be any available over the fiscal year 2019 through fiscal year 2022 financial plan period. A dedication of the first $200 million of excess funds to the construction of affordable grocery and retail anchor stores will have no impact on the District's budget or financial plan.

[2] The Fiscal Year 2015 Budget Support Act of 2014, effective (D.C. Law 20-155; D.C. Official Code § 47-392.02(j-2)), designated that any surplus funds at the end of a fiscal year, after the District has fully funded the Emergency, Contingency, Fiscal Stabilization, and Cash Flow Reserves, shall be split 50 percent to the Housing Production Trust Fund and 50 percent to Pay-as-you-go capital projects.

DRAFT COMMITTEE PRINT
Committee of the Whole
December 4, 2018

A BILL

22-207

IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

To establish an East End Grocery Incentive Program within the Deputy Mayor for Planning and Economic Development to incentivize the establishment of new grocery stores in Wards 7 and 8

BE IT ENACTED, BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this act may be cited as the "East End Grocery Incentive Act of 2018".

Sec. 2. Definitions.

For the purposes of this act, the term:

(1) "Grocery store" means a retail establishment that:

(A) Has a primary business of selling food, including fresh food; and

(B) Is a "retail food store," as that term is defined in section 3(o) of the Food Stamp Act of 1964, approved August 31, 1964 (78 Stat. 703; 7 U.S.C. § 2012(o)).

(2) "SNAP" means Supplemental Nutrition Assistance Program, established pursuant to section 4 of the Food Stamp Act of 1964, approved August 31, 1964 (78 Stat. 703; 7 U.S.C. § 2013).

(3) “WIC” means the Special Supplemental Nutrition Program for Women, Infants, and Children Program, established pursuant to section 17 of the Child Nutrition Act of 1966, approved September 26, 1972 (86 Stat. 729; 42 U.S.C. § 1786).

Sec. 3. East end grocery construction incentive program.

(a) There is established within the Office of the Deputy Mayor for Planning and Economic Development the East End Grocery Construction Incentive Program (“Program”) to:

(1) Attract affordable grocery shopping opportunities to underserved areas; and

(2) Pay the construction costs of new grocery stores that provide affordable food and food-related grocery items to the residents of Wards 7 and 8.

(b) For a grocery store retailer to be eligible to participate in the Program, the retailer shall accept SNAP and WIC benefits and offer fresh food items including vegetables, fruits, meat, dairy, and eggs.

(c) The Program shall be financially supported by a new capital project budgeted under the Office of the Deputy Mayor for Planning and Economic Development, which shall be funded pursuant to D.C. Official Code § 47-392.02(j-2)(4)(B).

(d)(1) The Program shall oversee the development and construction of buildings to house grocery stores to be occupied by grocery store retailers participating in the Program.

(2) The Program shall develop each grocery store site in consultation with the grocery store retailer that will occupy it.

(3) The Program shall lease the buildings it constructs to grocery store retailers for the operation of grocery stores and any associated retail stores.

(e) Subject to section 451 of the District of Columbia Home Rule Act, approved December 24, 1973 (87 Stat. 803; D.C. Official Code § 1-204.51), the Mayor is authorized to

enter into contracts to pay for site acquisition, preparation, and infrastructure development, design, and construction for new grocery stores to be occupied by grocery store retailers participating in the Program on the following sites:

(1) Skyland Town Center;

(2) Capitol Gateway;

(3) East River Park;

(4) The Shops at Penn Hill;

(5) Parkside Planned Unit Development;

(6) St. Elizabeths East Campus;

(7) United Medical Center;

(8) Columbian Quarter; and

(9) Deanwood Town Center.

(f) The Deputy Mayor for Planning and Economic Development may extend participation in the Program to a retail store that co-anchors a development with a grocery store retailer that meets the requirements of this act.

(g)(1) A grocery store retailer that is participating in the Program but that ceases to operate the grocery store prior to the expiration of 15 years from the date of first occupancy shall owe the District for a portion of the cost of construction of the building that houses the grocery store.

(2) A grocery store retailer's liability pursuant to this subsection shall be forgiven, in whole or in part, if it has operated for at least 5 years. The amount to be forgiven shall be calculated by dividing the total cost of constructing the building evenly by 15, multiplying the

quotient by the number of full years that the store was in operation, and subtracting the product from the total cost of constructing the building.

Section 4. Sunset.

This act shall expire on December 31, 2029; provided, that this expiration shall not be construed to terminate any development undertaken pursuant to section 3.

Sec. 5. Fiscal impact statement

The Council adopts the fiscal impact statement in the committee report as the fiscal impact statement required by section 4a of the General Legislative Procedures Act of 1975, approved October 16, 2006 (120 Stat. 2038; D.C. Official Code § 1-301.47a).

Sec. 6. Effective date.

The act shall take effect following approval by the Mayor (or in the event of veto by6 the Mayor, action by the Council to override the veto), a 30-day period of congressional review as provided in section 602(c)(1) of the District of Columbia Home Rule Act, approved December 24, 1973, (87 Stat. 813; D.C. Official Code § 1-206.02(c)(1)), and publication in the District of Columbia Register.