5-19-2017

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"

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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.