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MAYOR'S COMMISSION TO COMBAT POVERTY

PUBLIC HEARING: CORE SERVICES

Examining How the Accessibility of Basic Needs Affects
the Growing Number of People Experiencing Poverty

DATE : Thursday, February 18, 2016; 6-9 p.m.

BEFORE: Amanda L. Longmore,
Court Reporter, Notary Public

PLACE : Reynolds Middle School
605 West Walnut Street
Lancaster, Pennsylvania

P R O C E E D I N G S
(6:03 p.m.)

1
2
3 MR. JURMAN: Good evening. We're going to get
4 started. Folks, if you find your seat, please. Let's
5 get situated and get started. This is exciting. People
6 are still coming in, that's awesome.

7 Good evening, everybody, and welcome to the
8 first public hearing of the Mayor's Commission to Combat
9 Poverty.

10 My name is Dan Jurman. I am the chair of the
11 Mayor's Commission and also chief executive officer of
12 the Community Action Program of Lancaster County. It's
13 a real pleasure to have you here tonight. We are going
14 to start with some words of welcome from our school
15 district superintendent, Dr. Rau, in just a moment.

16 First, I would remind everybody we are
17 offering childcare at the event, so if anybody needs to
18 take advantage of childcare, we do have childcare folks
19 around the corner in the gym, and our volunteers are
20 fine to help you if you need it. And there's a lot of
21 pizza, so make sure that you get some pizza.

22 With no further adieu, I'm going to bring up
23 Dr. Rau. Thank you.

24 DR. RAU: So welcome. Welcome to our school.
25 We are excited to have you, and we're excited to begin

1 this process of hearings for the Commission.

2 The mayor has charged this Commission to come
3 up with a real plan of action. Not another report, not
4 a long-term strategic plan that will take ten years, but
5 what can we do now to combat poverty. And for many of
6 us, including myself, you know, here by the grace of
7 God, we could have been in those shoes.

8 I like to tell my story to the district
9 employees, to the children when I meet with them,
10 because I want to be that model for them that you can
11 come out of poverty.

12 When I was a teenager, I went into the foster
13 care system. I was in foster care some three, four
14 years. And typically those children are the children
15 that are most at risk of not being successful, for being
16 in poverty, for getting into drugs and all kinds of
17 other troubling areas. But it doesn't have to be that
18 way, and it takes us as a community to make sure that we
19 take care of each other, to take care of our most
20 at-risk kids and to take care of our at-risk families.

21 And so this Commission is just the beginning
22 of that, to bring our community together, to work
23 together, to do what we need to do to take care of our
24 community and to take care of those who are most needy
25 in our community.

1 So thank you for being here today. It's a
2 cold night, so I know you took time from out of your
3 schedule. Please feel free to have some pizza and some
4 soda to drink, engage with us because we're interested
5 in hearing what you have to say to us so we can make a
6 difference.

7 Thank you, and enjoy the night.

8 MR. JURMAN: So I'm going to go through some
9 housekeeping and some set up tonight, and then get
10 quickly out of your way so we can get to the important
11 part of the evening.

12 As you may be aware, following the LNP
13 coverage of the F&M report, Lancaster Prospers, this
14 past summer, Mayor Gray announced the formation of the
15 Mayor's Commission to Combat Poverty. Mayor Gray has
16 created the following charge:

17 Conduct a thorough examination of the factors
18 that contribute to high levels of poverty in the City of
19 Lancaster in order to increase our understanding of the
20 realities, challenges and multiple dimensions of poverty
21 in our community;

22 Recommend policies and practices that can be
23 adopted by government, business community, service
24 providers, advocates, and individuals to help reduce
25 poverty in our community;

1 Produce an action plan that includes specific
2 action steps, priorities, and measurable poverty
3 reduction goals with a timeline to reach those goals.
4 So as Dr. Rau said, not a study to put on a shelf, an
5 action plan.

6 The mayor also created four core groups to
7 focus on four key areas. They are our focus tonight,
8 Core Services:

9 Is healthy food, quality housing, adequate
10 healthcare, transportation and childcare accessible and
11 affordable for working families in single-parent
12 households? To what extent does unmet need for these
13 basic essentials contribute to our growing poverty?

14 Our focus on April 21st, Education and
15 Training. Are our residents job-ready? Are we training
16 for the job market? Do we take full advantage of
17 apprenticeships, mentorships, and internships? What are
18 we doing to provide opportunities for those re-entering
19 our community from prison?

20 Our focus on June 23rd, Access to Capital -
21 both social and financial. Examine the impact of public
22 and private sector wage and hiring practices on poverty.
23 What resources are available for small business
24 start-ups? How is financial literacy, credit rating,
25 predatory lending, et cetera, contribute to poverty?

1 And our final focus area on August 25th,
2 Barriers and Best Practices. Identify institutional,
3 systemic, situational, cultural, and behavioral barriers
4 to achieving financial self-sufficiency. What has been
5 done by other communities to reduce poverty, and what
6 specific actions, policies, or programs have been
7 successful?

8 Now that you've heard the general overview,
9 I'd like to take a moment to go through and recognize
10 the 12 commissioners who -- any that could be with us
11 tonight chosen by Mayor Gray ultimately to complete this
12 charge.

13 For commissioners, would you please stand when
14 I call your name?

15 Sonjia Anderson; Tom Baldrige; Marlyn Barbosa;
16 Jesus Condor; Carlos Grupera; Ollie C. Jones; Jessica
17 King; Shayne Meadows; Dr. Damaris Rau; Sue Suter; and
18 Blanding Watson. Thank you for your service.

19 I would also ask that the 48 members of the
20 work groups to stand to be recognized as a group. And
21 we have 60 people total who are working on this and
22 giving up their time and volunteered. If we have any
23 work group members in the audience, please stand to be
24 recognized.

25 So thank you to our commissioners and our

1 working members for the time that they give.

2 Mayor Gray has purposefully avoided appointing
3 any politicians to this group. He said so in the press.
4 He's talked about that many times, and he goes on so far
5 as to remove himself and his staff from the process for
6 the purpose of not allowing the work we do to become
7 politicized. So you will not see him at these hearings.
8 He has expressed that it's difficult for him to stay
9 away, but that's very purposeful.

10 These hearings are also structured with a lot
11 of other very specific strategies in mind. We are
12 beginning our process with community meetings and public
13 hearings because as a commission, we feel strongly that
14 any anti-poverty plan that does not include community
15 input will not succeed.

16 We will begin each hearing with up to three
17 minutes of public comment with no fewer than 15 people,
18 unless we don't get enough sign-ups. I'm not sure where
19 we are tonight for the first one, but hopefully the word
20 will get out.

21 For those that are not heard during that time,
22 we will also be taking video comments from residents
23 throughout the process, and we'll have a camera set up
24 at key events for people who want to go on record with
25 their observation and their ideas. We're asking the

1 community to contribute their creative ideas, as well,
2 to how we start to move the chains on poverty.

3 As we try to chart a new path forward for
4 Lancaster City's anti-poverty efforts, we will be
5 focusing on specific things to judge our final
6 recommendations. We will treat poverty as a public
7 health issue in the sense that we'll be looking more to
8 address causes rather than symptoms. We want to get
9 upstream of key challenges that help poverty grow. We
10 will take into consideration the context of the people
11 we're trying to serve in terms of the definition of
12 poverty, circumstances people living in poverty deal
13 with every day, especially their lack of time while
14 coping with the urgency of day-to-day survival. Just
15 getting by when they want to get ahead.

16 We will take into consideration the extent to
17 which institutional racism plays a part in driving our
18 poverty numbers higher. There are survey takers who
19 will be present after the hearing doing a survey on food
20 and food access, particularly for low-income residents
21 of Lancaster, and the participants, so leave your phone
22 numbers and be entered into a raffle for a grocery gift
23 card. So please let us know what's going on for you,
24 what are you experiencing.

25 This is going to be a marathon of information,

1 so restroom and other breaks are not built into our
2 schedule because of the sheer amount of information we
3 need to cover in a relatively short amount of time.
4 Please feel free to come and go as needed whenever you
5 need a break. We won't be insulted.

6 Questions after each presentation are
7 time-limited to a five-minute session for each
8 presentation in order to respect everyone's time
9 tonight. Staff and I will stick around after the
10 hearing to answer any other additional questions. There
11 is also a Contact Us form on our website,
12 www.combatpovertyLancaster.org, and you can submit
13 written comments and questions there. If you do not
14 have the Internet, we also have comment forms here on
15 paper. You can fill out your questions or comments
16 there. Please print clearly, especially when giving us
17 your contact information if you want an answer. We will
18 respond to every question that we get if you give us
19 your contact information, either by e-mail or by phone.

20 Public comment will begin shortly. I would
21 also say that we will have the video of tonight's
22 hearing in its entirety unedited. It is on our website
23 after tonight's hearing. We also have a stenographer
24 here taking down every word as we say it, so we'll also
25 have a document. These will all be available to anyone

1 in the public on our website following the hearing, and
2 we will do the same for all of our four hearings.

3 For public comment, we will be strictly
4 enforcing the three-minute time limit for each speaker
5 out of respect for everyone who signed up. If you can
6 make your point in less than three minutes, please do so
7 so we can fit in more time for more speakers and more
8 questions throughout the night.

9 If we don't get to -- or past 15 or if you
10 were Number 21 and signed up and you didn't get a chance
11 to talk, again, please use those comment forms or use
12 our website or stick around afterwards. We do want to
13 hear from you.

14 Thank you for coming. It's really, really
15 important, as Dr. Rau said, this is a community effort,
16 and that this starts from the ground up. We could not
17 do this, and we will not do this without the whole
18 community pulling together. Lancaster City will not be
19 the city we want it to be without your help.

20 Thank you. We will now begin public comment.

21 PUBLIC COMMENT SECTION

22 SPEAKER 1: Hi, my name is Doug, and I wanted
23 to, first of all, I commend the effort and I think this
24 is great, especially as an apolitical body. And I
25 actually want to bring to the Commission's attention

1 something that I've become aware of that's fairly
2 specific and related to a property in Lancaster on North
3 Queen Street. That's the former Bulova Building.

4 In reviewing the due diligence documents
5 related to the public auction, online auction that's
6 scheduled to take place from the 22nd to 24th, next
7 week, much of which is based on public records of deeds
8 and so forth, I discovered that it looks like it might
9 be worth looking into for the City to reassess the
10 potential environmental and public health liability that
11 the property might pose, given that since 1980, when it
12 was converted from a department store to a munitions
13 manufacturing facility, it has not been renovated, so
14 between 1980 and 2008, in conducting those operations,
15 making munitions and other weapons, contracting-related
16 things for the military, it involved the production of
17 hazardous waste and byproducts like lead.

18 So in addition to potentially having a great
19 deal of lead-based paint, given that the -- when it was
20 constructed and also potentially asbestos in the
21 building material, it's also been on the EPA's list for
22 the super-fund site and deemed no further action
23 required, but I think that given the timing of those
24 decisions and the public record that reflects the
25 different transactions that had taken place, I think

1 that it would be in the best interest of the public to
2 reassess the situation. Given that things with lead
3 affect people in poverty disproportionately more than
4 the rest of the population, I also think that it's well
5 within the Commission's mandate to bring this to the
6 City's attention, ideally before the auction next week.

7 Thank you.

8 MR. JURMAN: Can you hold the mic closer? Oh,
9 the speaker's not working?

10 SPEAKER 2: My name is Taraya Wright. I am --
11 not only am I single parent, I also have three degrees,
12 and I just would like to overall voice my concerns with
13 specifically about women in transitional shelter. We
14 have families who -- a family three, a family of four
15 where the head of household has a GED or high school
16 diploma, and we require that these families obtain and
17 sustain housing for their family. So the are concerns
18 that I have is most property managers or realtors are
19 expecting our families to make three times the amount of
20 rent. My concern is relative to the state's budget or
21 others organizations who should be able to provide some
22 kind of financial assistance for families are not able
23 to do so. And my concern is we are continuing to
24 re-traumatize our families who are already in need, and
25 we're telling them, although you are saving your money

1 and doing what you need to do, you still don't make
2 enough to provide for your family.

3 Again, I say that as an individual who worked
4 very hard to obtain my master's degree, and as a single
5 parent, at times it is difficult for me to sustain
6 myself, so here I am trying to provide for a family and
7 encourage them to do well, but unrealistic expectations
8 as a community, we are unable to provide for families
9 with the necessary resources.

10 We all know that these families begin work, if
11 they do have CCIS, when they look at their income and
12 say, oh, well, you make more than the income, however
13 the guidelines, you're responsible for providing your
14 own financial support for childcare. Again, CCIS goes
15 up, they no longer receive welfare benefits, and they
16 are at risk of losing housing because they can't afford
17 their rent.

18 So I just wanted to voice my concerns from a
19 social worker's perspective and some of the concerns I
20 see in the community regarding housing and whether
21 there's a shortage of housing or just a need for more of
22 the community involved in financial assistance for
23 families in need. Thank you.

24 SPEAKER 3: Can you hear me in the back? So I
25 don't need this. Good afternoon. I hope everybody

1 okay. The reason why I came today is for that word,
2 poor. Nobody's poor. Nobody in here, nobody in
3 Lancaster is poor. Okay? I think what we need to do in
4 Lancaster is more united, and the people of Lancaster
5 need to work together, neighbor to neighbor, street to
6 street. There's nobody poor. They say, sure, we poor.
7 You know what? And happiness, and you can buy a house,
8 but you cannot buy a home because you don't have a
9 family. You can buy medicine, but you cannot buy
10 health. There's people that got millions of dollars,
11 and they don't got no happiness.

12 Being poor, it's not somebody choose to be. I
13 worked since 14, and I -- everything I have, I earned
14 it. Nobody give it to me. So let's think about that
15 this poor in this Lancaster is something that somebody
16 got some rent, some money and we coming out and we doing
17 something to study.

18 Ladies and gentlemen, if you look around the
19 City of Lancaster, it needs help. It's not only with
20 the poor people, not just a thing they just put on. We
21 need help with the trash, we need help with the sewer,
22 we need help with the city, the streets. That's what we
23 need. We poor in that situation, and if you don't agree
24 with me, I think I'm rich. I'm rich without money. I
25 can wake up, I can move my arm. I'm rich because I have

1 help. I fought for this country for 20 years. It's a
2 shame the way that we see Lancaster City. People try to
3 push us out. We have to push those pushers out of the
4 City of Lancaster so we can make the place a clean
5 place, a healthy place where it's a safe place where all
6 people can live, and those that want to live poor, it's
7 because they choose to live poor with all these program.

8 We got people that come from another
9 countries. They didn't know how to speak English. They
10 isn't born in this country. But if you see it here,
11 those refugees, those immigrant, they got somebody.
12 They got something. Why? Because they work and they
13 don't want to believe it. They don't want to be given
14 it.

15 We got public welfare, we got Medicare. You
16 know after I retire at 65 what I have to pay to
17 Medicare? No, that's not right. We are not poor, and
18 this is not a poor situation. Thank you.

19 MR. JURMAN: Thank you all. Is there anyone
20 else who did not sign up who would like to make a public
21 comment? A couple people. We have a little bit of
22 extra time. Why don't we do that.

23 MR. SMITH: I think it's bouncing off the mic,
24 so why don't you come forward.

25 MR. JURMAN: Yeah, come forward.

1 SPEAKER 4: All right. Everybody hear me?

2 All right. Thank you very much.

3 My name is Tim Purcell. I'm a recent graduate
4 of Millersville University, and since the summer, I've
5 been working in Lancaster City. I actually happen to
6 work with the refugee community, so we do work with
7 people in the poverty level that they're talking about.

8 Something that I'm very interested to hear
9 from this Commission is how, not only for those
10 refugees, but also for people of a young age as myself,
11 how the City's going to deal with the housing population
12 situation. Housing is -- almost extinct in Lancaster
13 City, as far as the renting goes. It's very hard to
14 rent in Lancaster City, and we see that in my job with
15 working with refugees. It's very hard to find housing.
16 And I know as a person coming out of college, I'm
17 dealing with debt above my head, as we all know. And
18 that's something that myself, if I even wanted to live
19 in Lancaster City with working in Lancaster City, it's
20 very hard for me to do, even with having income.

21 So for myself having an income and for other
22 of my colleagues that are coming out of universities or
23 even those who don't have a chance to go to a university
24 and are coming out of high school, how are they supposed
25 to live? How are they supposed to live in a city that

1 can really offer so much? And I'm very interested to
2 see how these core services are going to be played out
3 in the city and especially with the component of housing
4 that people can have the opportunity to live in such a
5 great city.

6 I happen to live in York, and I think
7 Lancaster is a hundred times better than York. So for
8 that matter, I really think that if people want
9 opportunity to live in such a great city that is making
10 tremendous strides, they should have the opportunity to
11 do so with lower housing costs and more opportunity to
12 have housing in Lancaster. Thank you very much.

13 SPEAKER 5: Hello. Thank you for letting me
14 speak. My name is James Ambrose, and I live on the
15 south side of Lancaster. I live in the area where you
16 talk about the 40 percent of the people that live in
17 poverty, poor people in Lancaster on the southeast side.
18 I live in city housing. I live at 524 South Ann Street,
19 directly across the street from Washington Elementary
20 School. I have a nine-year-old son. I have a
21 16-year-old daughter.

22 Recently, we was just notified that we were
23 gonna be evicted out of our home simply for technicality
24 where my son's mother forgot to put my name and my son's
25 name on the lease, and that was the reason why she

1 was -- she received a letter of eviction for March 14th
2 of this year.

3 My only question to the Commission is, we
4 already live in poverty. We already poor. There are a
5 lot of people living in city housing on the south side
6 who have brothers, sisters, aunts, uncles all shacking
7 up and living together. People are doing whatever they
8 have to do to survive to take care of one another.

9 So my only question to the Commission, if
10 you're going to help fight poverty for poor people, how
11 is it good to evict a family of four, which you're going
12 to make them homeless and put them out on the street
13 again for a simple technicality of not putting someone's
14 name on a lease form or something, I think that's
15 something pretty minor considering the fact of how
16 severe the poverty level is on the south side of
17 Lancaster. So one of the best things for me is that
18 Mayor Gray did put this commission together because we
19 need everybody here to put their minds together and try
20 to figure out some way to help the people on the south
21 side of Lancaster. Thank you.

22 MR. JURMAN: Thank you. I know we have some
23 different providers who are in the house. Anybody who
24 is a housing provider, if you could raise your hand so
25 James can see who's here, and some folks back there and

1 some folks back there. James, please make sure you talk
2 to somebody after tonight. We're doing a long game of
3 chess to get to December 31st when we have to give our
4 recommendations to Mayor Gray, but we don't want you to
5 wait until then for us to try to figure out how to help
6 you, so please make sure you talk to somebody tonight.

7 Thank you.

8 I will now bring up Ismail Smith, who is our
9 research associate with the Commission. We have two
10 staff with the Commission, Ismail and Emerson Sampaio,
11 who you may have seen running around making sure
12 everything works tonight. I want to thank -- just take
13 a second to thank our staff for putting this together.

14 Ismail will be introducing the different
15 speakers that we have tonight and will be giving expert
16 testimony on the different areas that Mayor Gray has
17 asked us to look at. And so I will turn it over to him.
18 Thank you.

19 MR. SMITH: Before I get -- before I get
20 going, let me say thank you all for being here.
21 Probably the most important part of this to me is just
22 being able to put the data together with people's lived
23 experience, like you just heard about.

24 So the first presenter will be presenting on
25 the core service area of food and food access. So what

1 you see here is a map of all of the food banks which
2 receive food from the Central Penn Food Bank in the
3 downtown corridor of Lancaster. What you see here is a
4 map of different kinds of grocery stores, your typicals,
5 they might be your Giant or Weis or your Save-a-lot, and
6 the greens are the farmer's market, Central Market and
7 whatnot, and then purples -- all right. That's one.
8 And then the purples are going to be the imported food
9 store, the Asian grocery store.

10 And I mentioned these two things to mention
11 that that is the grocery store network in the city, and
12 that that is the charitable food network in the city.
13 But even on that map, you don't see the things that are
14 exclusively soup kitchens, the youth nutrition programs,
15 and other programs. With the charitable food network,
16 with grocery stores like that, one has to ask, how is
17 there still hunger in Lancaster City?

18 I think for many people, Lancaster County is a
19 place of plenty. We drive the highways and the byways,
20 you see corn and fresh food and farmer's markets and all
21 that, and yet somehow something is preventing that food
22 from making its way to the people who need it most.

23 So to help shed a little light on that, I'd
24 like to welcome Jennifer Powell, director of
25 development, Central Pennsylvania Food Bank.

1 MS. POWELL: Thank you, Izzy. I'm not going
2 to use the mic. Can you hear me okay, or shall I use
3 the mic? It seems a little echoey.

4 Thank you, Izzy. Thank you for the invitation
5 this evening. Mayor Gray, Commission Chair Jurman,
6 Lancaster City residents, thank you.

7 I am Jennifer Powell, director of development
8 at the Central Pennsylvania Food Bank. The Central
9 Pennsylvania Food Bank's mission is fighting hunger and
10 improving lives and strengthening the communities. Our
11 mission statement is just six words, and improving lives
12 and strengthening communities are just as important as
13 fighting hunger.

14 Our food bank serves 27 counties, many of them
15 for over 30 years, and Lancaster County is our largest
16 in terms of population, in terms of resource potential,
17 and perhaps surprising to many sitting here tonight, our
18 county of greatest need. I'll present more on that in a
19 few minutes.

20 I would also like to thank Senator Mike
21 Brubaker as chairman and the partners in Hunger-Free
22 Lancaster County, a coalition of nonprofit leaders,
23 government, private and public sector members committed
24 to providing access to enough nutritious food for every
25 Lancasterian struggling with hunger in three years.

1 I also would like to thank Lancaster General
2 Health for its backup role in Lighten Up Lancaster and
3 its 2015 Lancaster Community Food Needs Assessment and
4 related report examining opportunities to improve
5 access. Several of my testimony citations this evening
6 will come from their work.

7 Although I'm proud to represent Central
8 Pennsylvania Food Bank as its director of development,
9 I'm also testifying as Jennifer Powell, former executive
10 director of a shelter for homeless women and children
11 here in the city. I am also here as a proud long-time
12 city resident and homeowner. I am also a single mom
13 trying to raise my children in the southeast section of
14 Lancaster. And though I am blessed with a good
15 professional job, I remember as if it was yesterday that
16 I lived through domestic violence, was on welfare, and
17 waited in long lines in food pantries.

18 Although I don't know the specific dictionary
19 definition of poverty, I will never forget living it and
20 helping other women and children survive it with
21 dignity.

22 So that is my introduction. Let me describe
23 food insecurity. Food insecurity, one of the most
24 insidious symptoms of poverty we observe in the City of
25 Lancaster.

1 Per the US Census Bureau in 2014, Lancaster
2 City has just over 59,300 residents, of which about 29
3 percent live below the stated federal poverty level.
4 This compares with about ten and a half percent for the
5 county and 13.3 percent for Pennsylvania.

6 The City's concentration of poverty is three
7 times greater than the county. Three times greater than
8 the county. And the county itself has experienced
9 steady increases in food insecurity. The federal
10 poverty threshold, which serves as the basis for many
11 assistance programs, was \$24,250 for a family of four in
12 2015. By comparison, per PA Pathways studies, the
13 sustainability threshold for this same family would have
14 been well over \$50,000. And sustainability does not
15 mean and does not include saving for education or
16 retirement, entertainment. It just means keeping up
17 with living expenses.

18 The sustainability level also equates to about
19 three and a half full-time minimum wage jobs. Also,
20 most federal and state assistance programs cease
21 providing benefits well below the sustainability
22 threshold, which explains in part why food banks and
23 their emergency food networks continue to serve record
24 high levels of people.

25 Although most schools in Lancaster County show

1 increases over the last five years in the portion of
2 students eligible for free and reduced lunch, the City
3 had by far the highest at over 80 percent in 2014,
4 almost twice the Pennsylvania state rate average of 44
5 percent. Four out of five of our city children are
6 using this program -- staggering -- actually are
7 eligible for this program.

8 City residents face higher barriers to
9 accessing healthy food, including lack of supermarkets,
10 lack of transportation, lack of healthy choices at
11 neighborhood stores and, of course, the cost of food.

12 Nothing highlights this better than Lighten Up
13 Lancaster's 2015 report finding that City respondents
14 noted they were more likely to get their food from a
15 charitable food bank or food pantry, church or community
16 organization, 42 and 30 percent respectively, than from
17 a neighborhood store or farmer's market, 37 and 23
18 percent respectively.

19 Equally telling, the primary mode of
20 transportation for City residents to obtain food was
21 walking, 63 percent; car, 23 percent; and public
22 transportation, 23 percent.

23 Finally, cost ranked as the highest barrier to
24 obtaining desired foods. The Lancaster County Emergency
25 Food Network, anchored by Central Pennsylvania Food

1 Bank, the Community Action Program and the Lancaster
2 County Council of Churches, served about 43,000
3 unduplicated individuals in 2015, about double the total
4 in 2010. Soup kitchens and other congregant meals more
5 than doubled to about 375,000 meals.

6 Completing our evidential testimony, our food
7 bank also conducts extensive surveys every four years as
8 part of our National Feeding America study series,
9 called Hunger in America. During the 2014 study, client
10 responses indicated several relevant trends:

11 Nearly all respondents indicated facing the
12 impossible decision of affording food versus either
13 housing, utilities or medicine, or a combination of all
14 three.

15 Over 60 percent were out of work but desired
16 to be working. Over 40 percent listed caring for
17 grandchildren as a barrier to work.

18 Regarding foods available at pantries, the top
19 three food products desired by those in need were fresh
20 fruits and vegetables, milk and dairy products, and
21 meats and proteins.

22 Health-related questions indicate high
23 incidence of heart issues, diabetes -- and diabetes,
24 showing alignment with the community health assessment.

25 We believe that it is profoundly disturbing

1 that the Great Recession has technically ended over six
2 years ago, that the measured unemployment rate has
3 steadily improved during this period, yet poverty and
4 food insecurity levels remain at shockingly high levels.
5 This is, in part, why Central Pennsylvania Food Bank is
6 a proud partner in Hunger-Free Lancaster County and have
7 transformed our operations and our food acquisition to
8 emphasize healthier food offerings.

9 And, of course, this work is in progress for
10 all of us, and some very profound questions are arising
11 in our coalition work, and these are shaping our efforts
12 and solutions.

13 How can we influence the food system so that
14 healthy food is accessible and affordable to working
15 families and single-parent households?

16 To what extent is unmet need for these basic
17 essentials contribute to growing poverty and vice versa?

18 Do we have a food desert problem, a
19 transportation problem, or a combination of both?

20 How can we better leverage SNAP, formerly food
21 stamps, the largest anti-federal, anti-hunger program,
22 and how can we influence better food choices?

23 How can we better leverage our schools so that
24 all students, regardless of income, have access to
25 nutritious breakfast, after-school meals and summer

1 meals at a level approaching the success of the National
2 School Lunch Program?

3 How can we increase the accessibility and
4 nutrition levels of groceries in meals provided at the
5 Lancaster Emergency Food Network of pantries, soup
6 kitchens, city congregant meals and community meals?

7 How do we help educate our neighbors in need
8 to make healthier food choices and obtain the tools
9 needed to prepare healthy meals?

10 We know that food insecurity does not live
11 when it's [inaudible], and that our efforts must be
12 aligned with broader effort by this Commission to combat
13 poverty. We also know that our efforts must be
14 conducive to people increasing their own resiliency and
15 their own sustainability.

16 And this last point brings me to close my
17 testimony -- testimony by sharing the challenges I face
18 daily as a single mom living on a low income, and
19 candidly, some challenges I still grapple with today.

20 How am I able to afford healthy food when it
21 is and was so expensive when I could barely pay for my
22 rent? Not having a car, how would I get to the grocery
23 store and then lug everything back, walking with my two
24 little children tagging behind me, or waiting for a
25 couple hours on a bus or waiting for someone to give me

1 a ride?

2 I grew up on foods that were anything but
3 healthy, yet every minute of my day was and still is
4 consumed with work, kids, homework, bath times,
5 meltdowns -- usually my kids, but not always -- daycare,
6 checking homework, keeping our home clean, how do I
7 climb the steep hill of healthier eating and cooking and
8 find time to do all of that?

9 When I landed my first good job, I was elated.
10 Then my eligibility ended for various programs, and I
11 really found out how expensive it was to afford
12 childcare and just how much medical expenses are not
13 covered, even when you have a good health plan.

14 Still today, I worry about the safety of my
15 neighborhood. By moving several blocks to a safer
16 neighborhood means at least double or tripling my
17 housing costs. Should it really be that expensive to
18 provide a safe home for my family? Should we have to
19 move to find safety?

20 As we all work together with the Commission to
21 Combat Poverty in Lancaster, I believe that these are
22 just some of the questions we will need to answer from
23 the perspective of your neighbors that face these
24 challenges daily.

25 Thank you for allowing me to testify today.

1 MR. JURMAN: Does anyone have any questions
2 about the data around food and food insecurity and food
3 access?

4 Q Are you aware that so much food been thrown
5 out by the school district at lunchtime, the milk, the
6 orange, the apple, when it's over and they can't give it
7 to nobody and goes straight to the trash?

8 A I think perhaps maybe the superintendent might
9 be better able to answer that question for us. The
10 Central Pennsylvania Food Bank and Hunger-Free Lancaster
11 County Coalition, one of the main objectives is to
12 increase participation in school breakfast and the
13 after-school meals, so that is one of the things that we
14 are focussing on, but I think the superintendent --

15 Q Thank you very much.

16 A -- might be better able to answer that.

17 MR. JURMAN: I'd like to say, too, part of
18 what we want to do is if there's a specific question, to
19 flip it around to how much is being thrown out and to
20 put real data behind that so that it's not just
21 anecdotal. We're looking at real numbers of what's
22 actually happening so that we can address the issue.

23 Q Hi. I heard you mention from the maps at the
24 beginning that showed the grocery stores, how many food
25 pantries we have. We have pretty good coverage of those

1 kind of services, but do we have data that correlates
2 the relative health of the available foods at the
3 grocery locations, the average price of those foods at
4 those locations? Do we have any kind of supplemental
5 data that might tell us what kinds of problems that
6 certain areas might be facing in regards to the
7 availability of food?

8 A There is data. We at the food bank do a
9 summer study every four years, and that is where we were
10 able to ascertain some of the health data that I
11 mentioned in my testimony. As far as specific
12 individual stores and their costs and their pricing of
13 food, that's something that I don't specifically have
14 information on, although many of our respondents, in
15 fact, a large percentage reported the cost of food was
16 one of the barriers to accessing the healthy items.

17 Q Thank you.

18 A Yes, ma'am?

19 Q Does the food bank have resources in the city
20 where people can go and get food?

21 A Yes, yes.

22 Q Is there a way of getting a list to people so
23 that that can be given out?

24 A Absolutely. On our website,
25 www.centralPAfoodbank.org, we have a tool that you can

1 put in your ZIP code, and all of the food pantries and
2 food banks will come up. In addition, if you call 211,
3 United Way's 211, there is a listing of all of the food
4 pantries. They even have it on their website, as well.

5 Yes, sir?

6 Q I work at Saint James one day during the week.
7 I want to know how much influence these church-based
8 meals are to your program, how effective are they?

9 A I'm sorry, how much of an --

10 Q How effective are they?

11 A How effective are they? I think one of the --
12 personally, what I think's not important -- one of the
13 things that Hunger-Free Lancaster County has been
14 evaluating is how are we able to meet the needs today,
15 the hungry people that are in need today, but then also
16 look at providing a sustainable network and access for
17 those moving forward.

18 So from my personal perspective, the
19 day-to-day need that people have, the church meals like
20 the Saint James breakfast that was meeting that need,
21 but moving forward, we need to look at those issues of
22 sustainability and access in a broader sense.

23 Yes?

24 Q I have a question real quick. Do we know what
25 percentage of those who qualify for SNAP, is that the

1 food stamps, are actually participating?

2 A We do. I do not have that information right
3 in front of me; however, I can give you my card or get
4 your name, and I can get that information for you.

5 Q Okay. My second question is, on the fruits
6 and vegetables availability, do we have any significant
7 urban garden program that would allow people to grow
8 their own?

9 A Yes, we do. In fact, one of the initiatives
10 with Hunger-Free Lancaster County, the coalition that I
11 mentioned, we are looking at growing -- growing the
12 urban gardening program, but also analyzing how many.
13 There are many school gardens, as well as urban gardens,
14 I'm getting pointed over here, that -- Saheeb, I guess
15 you're pointing to, knows maybe more about that. But
16 there are many urban gardens in the city, and we're
17 working to kind of map those out from a coalition
18 standard so people know where they are so they can go
19 and help and then also reap the benefits of the food.

20 Sir, in the back?

21 Q I work with within the Lancaster School
22 District. I'm a third grade teacher. I know that
23 within the schools, we hand out meals and we have the --

24 A Yes.

25 Q And teachers throughout the school are handing

1 out thousands of lunches [inaudible]. Also with regards
2 to the community gardens, a lot of the schools are also
3 starting gardens within their -- on their property to
4 help out, as well, LG gave our school, Lafayette, a
5 grant to grow the garden in our school. Also, curious
6 as to what the programs through the School District of
7 Lancaster to provide for students for families in the
8 neighborhood?

9 A I'm so sorry. I didn't hear the first part of
10 your question.

11 Q What other programs are there that go through
12 the School District of Lancaster to help provide healthy
13 foods for our students, as well?

14 A That was on I was just going to mention. The
15 Central Pennsylvania Food Bank and Hunger-Free Coalition
16 in partnership with Powerpass, which is a program that
17 goes in, I believe there are numerous schools. I
18 believe pretty much every school in the city, as well as
19 I believe 49 schools throughout the county, as well.

20 Yes, ma'am?

21 Q How far reaching is the summer lunch program?
22 I know it's in a few places, but I'm not clear on how
23 many students access summer lunches or summer meals.

24 A I don't -- I don't have that information right
25 here in front of me, but that's also one of the

1 objectives and goals that Hunger-Free Lancaster County
2 is working to leverage and increase access for during
3 the summer.

4 Yes, ma'am?

5 Q I have a question.

6 A Yes, ma'am.

7 Q You said to identify where the food banks are?

8 A Yes, ma'am.

9 Q Just go to www whatever?

10 A Yes, ma'am.

11 Q Okay. The person that need that service
12 probably doesn't have a computer.

13 A Yes, ma'am.

14 Q So we should be looking at how do we get this
15 information out so that everybody have access to it. I
16 didn't -- I mean, you see what I'm saying?

17 A Yes, ma'am, absolutely.

18 Q We have become so dependent upon the telephone
19 and the computer to access information, but if I am just
20 -- if I need your services, I don't have a computer.

21 A Yes, ma'am, that's an excellent point, and one
22 that I think our coalition needs to think about as we're
23 looking at distributing and getting that information
24 out, because we have the phone and we have the website,
25 but getting our boots on the ground is an important

1 point. Thank you.

2 Yes, Saheeb?

3 Q Good evening, everybody. I think we have a
4 great opportunity. My name's Saheeb, and we have an
5 urban garden program called the Dig It, and we're
6 located in the southeast area of Lancaster. And what
7 we've discovered in the few years that we've been doing
8 the Dig It program, is most of your youth, including
9 your son --

10 A Yes, sir.

11 Q -- who has worked with us in the Dig It urban
12 garden program have been informed and educated to follow
13 the seed to the table. So we can do backyard gardening.
14 We can do gardening wherever there's a platform. We
15 have an opportunity to take control of the poverty and
16 particularly the hunger in our city here. We have to
17 take the initiative to realize that whoever controls
18 your food controls your destiny, and as long as you
19 buying food that has chemicals on it, you're taking in
20 those chemicals that you eat and you can't wash it off.

21 And there was an example. We had an epidemic
22 of beetles, so we sprayed the vegetables with some
23 cayenne pepper, but when we harvest the vegetables, the
24 string beans were hot. What that told me was that when
25 you buy food that's been sprayed, you can't wash it off.

1 So we have an opportunity to buy fresh and buy
2 local and organic in Lancaster. We have a unique
3 opportunity, so let's take advantage of it.

4 Doing some things behind the schools, we're
5 doing some things throughout the city in little plots,
6 and we encourage the backyard gardening. And we can
7 contact families by sending notes home in school, and
8 everybody will know where they can go. Thank you.

9 A Thank you.

10 MR. JURMAN: We can take one more question,
11 and as I said, please submit any other questions either
12 online or through our forms after that.

13 Q Yeah. I'm Larry Girardi [phonetic]. We have
14 a Giant supermarket on the northeast side that borders
15 Walnut, Chestnut, Reservoir and Broad.

16 A Yes.

17 Q And I've spoken to the district manager about
18 modernizing that store and expanding it, and from what I
19 understand is that they make that determination based on
20 the income level of the community.

21 I recently upgraded the store on Oregon Pike,
22 and so we have to, you know, I think the business
23 community and the civic leaders need to get involved
24 with Giant to convince them that Lancaster City and
25 cities need a different measurement to expand and

1 modernize stores.

2 A Thank you.

3 MR. JURMAN: Thank you.

4 MS. POWELL: It was a pleasure. Thank you so
5 much.

6 MR. SMITH: Thank you again, Jennifer.

7 All right, everyone. I'll be presenting to
8 you on transit access, in the absence of anyone better
9 to do it. So let's get started.

10 So a question I've been asked a couple of
11 times is, why the focus on transportation? And it may
12 seem obvious, but it really does form this pin in
13 attempting to get to all the other core services. So if
14 you can't get to food, if your housing is too far from
15 work and you get can't a reliable bus there, if like 3.2
16 million American children last year, you've missed your
17 health appointment because of transportation
18 restrictions, then you have a problem, and one that we
19 can avoid.

20 This is a map of Lancaster. It's a little
21 small up here, but the traditional southeast has
22 remarkably low rates of vehicle availability. That's
23 Tracts 9 and 147, just there on the east side of Queen
24 Street where 32 and 42 percent of people don't own
25 vehicles. And, obviously, poverty often coincides with

1 low vehicle ownership sort of compounding those
2 problems. So if the question becomes, how did that
3 contribute to growing poverty, the inability to get from
4 one place to another, the inability to get time to do
5 the key things that you need to do because you have to
6 catch the bus uptown, downtown back and forth presents a
7 serious obstacle to lifting a family out of poverty.

8 So the question is, is there affordable
9 quality transportation available to Lancaster City
10 residents? The first question, obviously, is how do we
11 define affordable?

12 The Department of Housing and Urban
13 Development and the Department of Transportation created
14 a combination earning standard; that is, if you spend
15 more than 45 percent of your income combined on housing
16 and transportation, you're considered burdened in that
17 combination area.

18 They recommend that no household spend more
19 than 30 percent of their pretax income on housing.
20 Otherwise, they're considered burdened. So what's left
21 in that is 15 percent of the pretax income, and we'll
22 see here what exactly that means.

23 So on the left here is the median income by
24 family size for Lancaster City. So a single parent with
25 one child, the median income in the city is just over

1 \$36,000. The income at the poverty line is \$15,930, and
2 it's important to note, those are the poverty lines
3 standards going down. It's important to note that right
4 around 30 percent of Lancastrians live underneath this
5 poverty line. So this is the amount the government
6 recommends they not spend more than annually in securing
7 transportation for themselves and their family.

8 So a single parent and one child at the
9 poverty line should be trying to avoid spending more
10 than \$2,389. And that's relatively difficult,
11 especially when you bring in the costs of attempting to
12 afford an automobile. AAA estimates the average sedan,
13 and we went with a sedan as opposed to truck or an SUV
14 because we didn't want to average a car that might be
15 out of the price range of many low income residents, at
16 \$5,044 a year. Now, that doesn't include the
17 depreciation costs that is often included, but it also
18 doesn't include the cost of actually buying the car, the
19 principal on the payment.

20 Now, you can obviously go over this, and
21 people often do, but in that case, they're often making
22 tradeoffs. I think everyone here is familiar with the
23 risk you sort of take in getting the, you know, a cheap
24 used car and whatever a family has to do to make ends
25 meet, but at the same time, when you have to replace the

1 carburetor or the solenoid, or if you skip out on
2 maintenance, that carries risk that can cause unexpected
3 costs. So not replacing a taillight carries a risk that
4 can create an unexpected cost if you get ticketed for
5 that.

6 So let's talk about an example family. A
7 family of four, the parents both use public transit
8 daily. They have two young children. Mom works in Zone
9 2, and there is a zone map, so Zone 2 is that ring,
10 Millersville, Willow Street, Rockvale, Greenfield, where
11 a lot of jobs that Lancaster City residents have are.
12 Dad keeps house, you know, the house husband, takes care
13 of the kids. And so we'll say the mom makes four trips
14 on RRTA day, and dad also uses four trips running
15 errands.

16 Now, just using the base fare price, they're
17 going to end up spending \$16 a day, which ends up with
18 them spending over \$7,000 a year in transit for the two
19 of them. However, using the RRTA all-day passes within
20 Zone 2, they can significantly reduce the price of that
21 to \$6.80 a day for the two of them, and we'll come to
22 why I say Zone 2 in a second. Now, \$6.80 by 365, you
23 can see that's 2,482 less than the 15 percent standard
24 for a family of four.

25 So you'll see in Zone 2 here, and those are

1 the fares, and this chart lets us know what the
2 ridership is. So you'll see the most used route is
3 Rockvale out Route 30. That serves the outlets, it
4 serves Wal-Mart, it serves HACC. But Millersville is
5 within the first two zones, as are PCC, PCA and PCB.
6 Those are all the Park City routes, and the majority of
7 transit that goes on from Lancaster City does not leave
8 the two zones.

9 And so here we'll see those are the rides used
10 most, again, the outlets, Millersville, and then out to
11 Columbia. When speaking to Jeff Glisson from RRTA, he
12 indicated that most of the Rockvale transit, it goes to
13 employment. And obviously some of that goes to
14 education, as well. Similarly with the routes out to
15 Millersville largely education and employment.

16 And then you can see these are the Park City
17 Routes 1, 2 and 3. And they each go to a different part
18 of the city, 6th Ward, Southeast, 8th Ward. But
19 combined, they make up almost half a million in annual
20 ridership, and they go to many of the places where low
21 income residents of Lancaster live, and that's important
22 because, otherwise they don't have access to things like
23 getting out, if they to Park City way for something, 42
24 percent of people in that Tract 9 don't have regular
25 access to a vehicle.

1 And then a thing that I should address before
2 I move on is time. So this is the Park City A. So
3 let's say that our family of four lives where their
4 closest stop is there at Ann and Chesapeake. Now,
5 that's a 15, 20 minute drive. On the bus, that can be
6 35 to 45 minutes to get out to Park City.

7 Now, if Dad has to get out to Park City,
8 that's 45 minutes. If he's gotta come back into the
9 city to Queen Street and catch another bus to the
10 grocery store to pick up groceries, he's gonna spend
11 another 35 minutes doing that. That right there, over
12 an hour. Now he's got to come back in. So what might
13 otherwise be a very brief trip is going to take Dad
14 three or so hours.

15 So when we talk about transit access, we
16 should talk about whether it helps the people that are
17 most in need or most wanting of these services. Three
18 groups in particular rely heavily on the access services
19 provided by RRTA. Those are the seniors, persons with
20 disabilities, and the working poor.

21 Now, many of you, I'm sure, have seen the Red
22 Rose Access buses that go around the town. They're
23 aware of the service for people with disabilities. What
24 they may not be aware of is that people receiving
25 medical assist rides to their medical appointments and,

1 additionally, if they do take the normal bus and not the
2 access bus to a medical appointment, they are often
3 eligible for fare reimbursement on those costs, which
4 can end up being a lot of money and, therefore, can go a
5 long way.

6 Specifically, however, I want to talk about
7 the Access to Jobs program, which is a
8 federally-subsidized program orchestrated by the RRTA
9 for people within 150 percent of the federal poverty
10 line for their household size.

11 One of the things that often comes up in
12 talking about employment in Lancaster and employment as
13 a way of getting out of poverty is that there are many
14 third shift jobs, the second shift jobs that low income
15 people can't get to, or even worse, they go out and now
16 it's 2 a.m. and they've gotten off work and they can't
17 get home from their job.

18 RRTA does provide this Access to Jobs program,
19 provided that you're within that income range, that you
20 need to get where you're going and get from where you're
21 going outside of work hours and that it's within a
22 quarter mile of a bus route. Now, that does cover a lot
23 of the city, and they've indicated, too, they don't go
24 outside six miles from center city, which is a
25 limitation, and there's low ridership for the last two

1 fiscal years -- 10,441, 13,186 -- and that's a lot lower
2 than the other routes, which you might expect. But as
3 was indicated to me by their director of development of
4 programs, they think that there's a big market for
5 employment in those times, especially for low income
6 persons, and that the program is underused. They have
7 federal funding to expand that program, and I think that
8 this comes back to that piece that I heard someone
9 mention. This is available on their website, and if you
10 went to the website, you would find it out.

11 But knowledge of the program throughout the
12 community is very limited, which is another hurdle that
13 needs to be gotten over because it's important that we
14 bring the services to the people and not just expect
15 people to come to the services. Now, these are the
16 employers by industry. There's 88 total that the Access
17 to Jobs program serves.

18 And that's about what I have for you today.
19 Now I'm happy to answer any questions you have.

20 Yes, ma'am?

21 Q Hi. So in regards to transportation for the
22 RRTA work -- okay.

23 So my question was in regarding to the Access
24 to Work through RRTA, I know you mentioned there's
25 limitation in regards to how far they will go out to

1 pick individuals up. Do you know if there are any
2 limitations in regards to how many passengers are needed
3 in order for that pickup to occur?

4 And I ask because there have been families
5 that I've worked with who they may work at QVC or Dart
6 Container or wherever that may be, but there's only two
7 of those individuals, and there's not enough people for
8 RRTA to go out and pick them up after their scheduled
9 hours or whatever time the bus runs until, six or
10 whatever.

11 And, again, I ask because I'm originally from
12 West Philadelphia. I never had to deal with any busing
13 transportation. It's a 24/7 thing. So to have this
14 somewhat met resistance to say, yet we offer this, but
15 there has to be at least five passengers for us to come
16 and get you, so I don't know if you know if there is a
17 set number of passengers required in order for that to
18 access to that bus.

19 A So I spoke with their programs director and
20 their executive director, and they did not indicate a
21 passenger floor, but they did indicate that it was
22 easier on them because they do have, as they explained
23 it to me, a bottom line to consider that more people be
24 on the buses and that if they increase past what could
25 fit on a single Access bus, they would absolutely send

1 out another one.

2 And that is a thing that -- I went to do my
3 undergrad in Pittsburgh, and while it's not quite
4 Philly, the buses do run a little later and this -- when
5 our buses goes down, it is a serious limitation to not
6 only to low income residents of Lancaster, but also to
7 commerce, in general.

8 Are there other questions? Yes, sir?

9 Q I have two questions. What are the headways
10 on the most poplar groups? The headways, how often does
11 another bus arrive at every stop?

12 A So on the -- for the Park City's, those are
13 spaced about an hour. I don't know off the top of my
14 head for the Rockvale, which is the most popular group,
15 or the Columbia, but that information is -- and here we
16 are again with this, it is -- the schedule information
17 is available on the website, too. Just Google RRTA
18 schedule.

19 Q Okay. My second question, you said that you
20 received reimbursement for medical transport?

21 A Yes.

22 Q Do they supply a doctor's note or -- and then
23 Red Rose reimburses that after that?

24 A Yes. They have an eligibility form that could
25 be gotten from the website that must be submitted.

1 Q Could you -- you could -- could you
2 potentially change the policy to self-affestation
3 [verbatim] on the bus and save the driver from going out
4 there instead of maybe get back --

5 A Well, I don't work for RRTA, but that is a
6 solution we should consider.

7 Q Thank you.

8 A Yes?

9 Q Is the Job Access program that's available in
10 the evening for second and third shifts, how much does
11 that cost? Is that more expensive or is it not at a low
12 cost?

13 A It is at -- I believe it is \$3.80 a ride, and
14 so it is -- it is expensive and -- or more expensive
15 than the maximum fare that is the Zone 4 fare. RRTA
16 also indicates that while there is additional federal
17 funding to expand the program, that they have not been
18 -- not explored decreasing the fare with the decreased
19 ridership.

20 Q Does the school district still utilize the
21 RRTA for city busing, and if so, does that count in
22 towards some of these numbers that you showed us?

23 A Dr. Rau?

24 DR. RAU: We use our own school buses.

25 A Oh. The question was, does the school

1 district make use of any RRTA busing, and does that
2 contribute to any of the counts, and if I'm reading Dr.
3 Rau's face correctly --

4 DR. RAU: I don't believe so, but I'd have to
5 check.

6 A She doesn't believe so, but she'd have to
7 check. I had one --

8 Q I am a Red Rose Access rider.

9 A Yes. Hi, hello.

10 Q An Access rider.

11 A Please inform us.

12 Q I'm not a representative, but it was a work
13 program that costs like three dollars in the Jobs to
14 Access. It's a very good program. It's very good. And
15 as a rider, I love riding with so many people.

16 A Can you -- actually, can you give a specific
17 answer to Taraya's question as to whether -- like is
18 there an absolute bottom number, like would Access send
19 out a bus for one person?

20 Q Well, we have a scheduler and then they give
21 us a route and we go pick up individuals, so I don't
22 think it matters, just think that maybe go pick people
23 up.

24 A Thank you. I had -- go ahead.

25 Q So I know that Lancaster City Alliance is also

1 looking into a mobilizer in the city, but I know it's
2 more of a county. So I was wondering if there was any
3 sort of potential overlap between people around the city
4 and then --

5 A The first question? I want to make sure I
6 answer you correctly.

7 Q Yeah, it was kind of jumbled. It's okay. So
8 as far as just what the transportation throughout the
9 county generally focuses more helping people get to jobs
10 that are located outside the city, but is there
11 potential for overlap with -- or is there collaboration
12 with the city lines, as far as their sort of, I guess,
13 projected idea of having some sort of mobilizer
14 throughout the city?

15 A Well, to that question, I'm going to say
16 there's always potential for collaboration, and that,
17 again, comes back to, I think, how much influence we as
18 a community might have on RRTA's organization, pushing
19 for that sort of thing.

20 The second question was, real quick?

21 Q Like, as far as busing goes, is it really just
22 -- is it cost and then inconvenient timing of the bus
23 schedule that -- are those the biggest -- or are there
24 other issues but cost of transportation?

25 A I would say that cost and timing are the

1 biggest issues for transportation, just based on what
2 I've looked into, but I think that coverage is also
3 gonna be an issue, and that question is probably best
4 directed to the community at large.

5 I think I've got time for one more. Let's
6 make it a good one. Go ahead, Belvesha [phonetic].

7 Q One isn't a question, but it's more of an
8 answer to her question. There is this kind of lack of a
9 direct route that the buses take.

10 A Right.

11 Q You have to tend to go out and into the city
12 to go out to another place, so that adds a lot of time
13 to your travel because of this lack of direct routes.

14 A Right. And, yeah, as we can see here, if you
15 need to go -- if you're at Park City and you need to get
16 to Giant, you've gotta come back in and go all the way
17 out.

18 In the black hoodie?

19 Q Are there other ways that we could consider
20 improving these infrastructures that doesn't necessarily
21 involve transportation, but maybe making it more
22 walkable, more bike-able. Is there any way we could
23 change the legislature or change parts of the sidewalk
24 or infrastructure in a way we could make it -- so that
25 more free public transportation by the ownership of like

1 bicycles, walkable to help us?

2 A Absolutely. I think Lancaster actually, as a
3 lot of this cities go, is a fairly walkable city, but we
4 do have some, I call them growing pains, in the amount
5 of car traffic and the availability of, say, bike lanes,
6 et cetera, et cetera.

7 In the city, we haven't quite adjusted to, I
8 think, for the level of use that people have. Though
9 for what it's worth, the busing system is beginning to
10 catch up to, you know, incorporating the -- I can't
11 remember what the special name for them is, but like the
12 racks on the bikes and they're being more accommodating
13 to that.

14 Thank you very much.

15 And then just back that up, again, with the
16 legislation policy question, please bring that up, put
17 pressure on it, keep bringing it up.

18 I need to go ahead and make way for the next
19 presentation. And they have a lot to tell you, so I'm
20 gonna save you the speech. I would like to welcome
21 Alice Yoder, director of Lancaster General Community
22 Health, and Hilda Shirk, president and CEO of Southeast
23 Lancaster Health Services.

24 MS. YODER: Thank you, everyone. It's an
25 honor to be here to frame the issue around health and

1 healthcare within the community.

2 So I'm going to give you a heads-up, there is
3 a lot, a lot of data that's available on health and
4 healthcare. So we tried not to hit you with too much,
5 but give you enough of that you walk out with something
6 that you -- at least one or two things that you didn't
7 know before about Lancaster City. And if there's any
8 other data piece that you feel that we left out and you
9 want to know about, there's a good chance that we do
10 have that information. We just didn't include
11 everything because it does take a lot of time to present
12 some of this data.

13 So between Hilda and I presenting, you'll hear
14 a lot of the same -- some of the same themes, and we'll
15 really focus on providing data to you and with some
16 possible solutions or questions for you to think about.
17 So the front end of the presentation is really focused
18 on hitting you with a lot of information about the city.
19 Maybe some of it will clarify some myths that you have
20 and some questions that you have, as well.

21 But probably to start out with, the biggest
22 thing is that we sort of separated what healthcare is
23 was and what health is. So when we think about what
24 creates health, as you get towards the end of our
25 presentation, you should hear a theme that what creates

1 health is more than healthcare. Healthcare is an
2 element of health, but to improve the health and
3 wellbeing, very similar to what the gentleman that spoke
4 out first talked about in terms of someone feeling well,
5 feeling socially connected, we know as healthcare
6 providers that's a key to improving health overall.

7 So to start out with, what some people are
8 typically wondering about is the deaths from a community
9 standpoint. So this is slide really gives some
10 comparison. We try to give comparisons when we could so
11 you have a sense of how we compare to the city. We data
12 that compares us to Pennsylvania, as well as the nation.
13 But these are the top five causes of death. This is
14 what the people in Lancaster City are actually dying
15 from compared to the county. And the first two, as you
16 can tell, are causes that are the same even from an
17 across-the-nation standpoint.

18 But when we think about this from a healthcare
19 standpoint, this is kind of the last thing we want to
20 talk about and the last thing we want to think about is
21 really the deaths. So when we think about, this is what
22 people are dying from, we start thinking, okay, then
23 what are the real causes of death? So it's important
24 for us to consider what are the behaviors and other
25 aspects that cause people to die of the things that we

1 had on the previous slide. And if you can tell from
2 this pie chart, that over 50 percent of the causes of
3 death are related to behaviors, choices we made, and the
4 environment in which we live. So depending on our
5 ability to make choices and whether we can feel like we
6 have barriers removed in order to make healthy choices
7 and choices that are going to improve our health and
8 wellbeing, really matters in terms of health.

9 So if we dive in deeper into some of those
10 behaviors, this list, again, we tried to give some
11 comparison between the county. You can see over on the
12 left side where we have the city that related to some of
13 the health behaviors are not doing as well maybe
14 compared to the county. And specifically we have this
15 information broken down by different census tracts
16 within the city. So we have a lot of detail around this
17 information.

18 But this is real important. When we start
19 thinking about these behaviors and we start thinking
20 particularly about policies and systems that actually,
21 you know, support someone to be more healthy or support
22 them not to be, this is pretty significant.

23 So if we think about some of the conversation
24 we've had already around physical activity when we were
25 talking about transportation and our ability to walk and

1 to ride a bicycle, that has a direct effect on obesity.
2 And then earlier, we talked about food and food
3 insecurity, particularly related to just any food is not
4 good. Actually, any food can be bad. If you have
5 diabetes, it makes it worse. Certainly for our
6 children, if they eat food that's not good for them and
7 it's bulk because it's cheaper, that's now going to
8 actually make their health worse as they move into
9 adults. So the early presentation around having access
10 to fresh fruits and vegetables that are affordable for
11 both our children and adults would be real important.

12 So you can see that these are behaviors that
13 address the issue around what people are dying from in
14 the community, but we have to, as a community, start
15 thinking about how easy it is and how many barriers do
16 we actually have up in order for people, when they want
17 to take personal responsibility, is it easy for them to
18 make that particular choice.

19 And regarding the question that was brought up
20 earlier this evening, we do have a healthy corner store
21 initiative where we're working particularly with the
22 corner stores, the bodegas, and there is a national
23 program that we're a part of to be able to start
24 enhancing at the local store where people might frequent
25 -- might go to frequently, is there an ability to pick

1 up more healthier items that are affordable and tasty
2 and something people may want.

3 So a few of the slides that we pulled out,
4 too, have to do with some of the other areas where we
5 looked at all the health data, there was some
6 information in that pocket that was very different than
7 the county. And so this was one of the ones we wanted
8 to bring up. This map, if you can read it from where
9 you are, sexually transmitted diseases was an area that
10 did kind of look like there was more in the city than
11 there was in the county overall.

12 So this particular slide is gonorrhoea. And
13 the incidence of gonorrhoea, you can see the big -- this
14 is the county map and this is the circle for the city
15 around that. And the next slide also talks about
16 thinking about sexually transmitted diseases,
17 particularly gonorrhoea and chlamydia, it really affects
18 younger people. So this particular chart really talks
19 about some of the younger teenagers and, as you see,
20 there's a higher incidence there.

21 This next slide, again, is still gonorrhoea, and
22 you can see, if we take the county map and you put it
23 towards the city, you can see where some of the hot
24 spots are as it relates to particularly gonorrhoea within
25 our county and the focus really there on the city.

1 The next slide, I'll go through these really
2 quickly. This one is chlamydia, but you can see it's
3 the same issue. Overall for the county, there's a
4 higher rate of chlamydia than to gonorrhoea, but there is
5 also a higher prevalence within the City of Lancaster.
6 And, again, chlamydia, although more common in women
7 than men that have chlamydia, but the age range is also
8 pretty young people are getting chlamydia.

9 This next slide, again, is kind of a hot spot
10 slide. So also think about these slides within terms of
11 if you want more information, as Dan mentioned early on,
12 we want to be able to measure what we do, we want to
13 know what's truth and what's not truth. There's a lot
14 of these types of information that we could also bring
15 up for you.

16 This next slide really speaks to -- I don't
17 have -- we don't have this information at this point in
18 time for the city. This is really asking people, it's a
19 survey that was done for our county, and it asked
20 everyone how they felt around their health. Now, how
21 you feel about your health is a direct predictor of how
22 healthy you are. So we can do all the statistics, and
23 we can pull out all this information, and it can tell us
24 something, but if we ask somebody, how do you feel, you
25 get a pretty good sense of how you're feeling at this

1 point in time. And then even a bigger predictor is you
2 start thinking about the future. If you don't feel like
3 you're that healthy, it sort of becomes a
4 self-fulfilling prophecy and it gets worse, even if
5 you're feeling better.

6 So this particular slide, it is for the
7 county, we don't have it for the city, but what it
8 really does look at, it looks at income. So this is no
9 different than when you look at it for the nation, but
10 it's important for us to think about, if someone is --
11 has lower income, then for the most part, they have a
12 higher percentage of not feeling healthy.

13 The same thing goes with education. So this
14 slide is the same one as the other one. If you think
15 about whether someone does or not does not have a high
16 school degree and then you look into college and
17 further, the less education you have, the more -- if
18 you're going to ask someone as an adult, that they're
19 not gonna feel healthy.

20 Now, some of this might think is common sense.
21 We're just trying to show you that we have some data, at
22 least from a statewide, to kind of back some of that up
23 and talk about the implications related to health.

24 This next slide is also important when we
25 start thinking about the home. So we know housing is

1 real important and where we live matters. So you've
2 heard a lot, ZIP code matters. Somebody mentioned this
3 early on. We are able to, with certain health issues,
4 actually look where someone lives and we can identify
5 based on someone lives the -- what their health is in
6 that particular neighborhood. So not only in the
7 neighborhood, but the house matters. So the house that
8 you live in really does matter as it relates to health,
9 particularly when we start thinking about -- well, the
10 number one up there is around cigarette smoking. So
11 particularly when we have housing that the people are
12 close together about, there's a lot of concern from a
13 health standpoint. I know a lot of our pediatricians
14 talk about this. So if you have someone in one
15 apartment that's smoking and you have a child in the
16 next apartment that has asthma or you have somebody that
17 has chronic obstructive pulmonary disease, other
18 respiratory, there's an issue there from a smoking
19 standpoint.

20 And then the other issues around mold, dust
21 mites, pests, all those triggers we have in our home
22 that could actually make asthma worse is something that
23 we really need to look more deeply into. We don't have
24 enough information about this. We don't have
25 information as it relates to various homes.

1 What we do have information on, and Hilda's
2 going to go into this in more detail, is lead. So the
3 paint in the houses that still have lead in them and how
4 dangerous that is to our children, so we'll share more
5 of that.

6 So the next set of data that I'd like to go
7 into is around hospital data. So this is data
8 specifically from Lancaster General, and this one really
9 talks about the people that frequently use our emergency
10 department and where are they and where do they come
11 from. So this is a slide of Lancaster County, and the
12 darker the spot is the darker of where people that
13 utilize the emergency department, for the most part, not
14 as an emergency department, but more as you would go to
15 your family practitioner. So you can see that there's a
16 high percentage of individuals that use the emergency
17 department that use it for reasons that are not urgent.
18 And a majority of them come from Lancaster City and
19 actually do walk there.

20 In terms of what they come to the emergency
21 department for, there are things that are -- their
22 primary diagnosis winds up being that they're obese,
23 they have lower back pain, diabetes, depression. And
24 then, you know, a lot of them are younger and a lot of
25 them are females.

1 But the one thing that we've also seen when
2 we've done a deep-dive analysis with looking at, again,
3 those that use it frequently is that we find out that
4 they're really high on the socioeconomic distress scale.
5 That's a scale that we use when we're working with
6 groups of people from -- that have been in Lancaster
7 General either inpatient and have been in the hospital a
8 lot and if they come to the emergency department. And
9 that scale actually means that they've scored high
10 because of poverty, because they're a single-parent
11 household, and then they have -- they're either
12 unemployed or lower employment and/or they have a high
13 school education or lower.

14 This next slide actually gives information
15 related to the inpatients and the amount of people that
16 use and are inpatient in the hospital often. And this
17 group actually does not come predominantly from
18 Lancaster City. So we have the patients that visit
19 Lancaster General often that it's much more than anyone
20 would want to have to go to the hospital and have some
21 type of procedure. We find out, for the most part, that
22 they are elderly, but they are more from the county as
23 compared to the city.

24 The next slide, again, dives a little bit
25 deeper. So we went sort of from county, compared it to

1 the city, and then we went into, you know, going to the
2 emergency room, going into the hospital. Now we're
3 coming back out of the hospital, and we're looking at
4 family practice. And so that's where Hilda and I will
5 also share information about when you go -- about a
6 primary care doctor.

7 One thing that's clearly in the literature and
8 that anybody that's studied about how do you improve
9 health is, number one, people need to have insurance.
10 Number two, is once they have insurance, they should
11 have a medical home, and what that means is that someone
12 should have insurance and they should find a doctor or a
13 provider that they go to on a regular basis and have a
14 trusted relationship. And then if they have that, then
15 that relationship with that physician will hopefully get
16 a lot of prevention done, have a lot of their
17 screenings, and that will help improve -- will improve
18 health.

19 What we're finding out, and, again, a theme
20 you'll hear from Hilda and I for the next ten minutes
21 will be, your doctor can talk to you about all that, but
22 if you go into an environment that's counter and doesn't
23 allow you to do the things that the doctor prescribed
24 because there's a lot of barriers up, that's where we're
25 seeing the health outcomes don't happen, and we'll have

1 some examples for you shortly.

2 But if you look at this, I don't know if you
3 can see this real closely, we kind of color-coded it
4 where these are all, what we call in the hospital world
5 and the healthcare world, quality indicators. These are
6 the things that we know if we do these well in
7 partnership with our patients, that there will be
8 improved health outcomes.

9 So up top then, you can see that we've done
10 really well, and this is from Downtown Family Medicine,
11 which is a practice that Lancaster General has across
12 the street from Lancaster General Hospital. It's very
13 similar to Southeast Lancaster Health Services. It
14 doesn't have some of -- or all of the wraparound
15 services that a federally-qualified health center would
16 have, but it has many of them.

17 And so, really, some of the things that that
18 practice does better than the other LGH practices, so we
19 compared Downtown Family Medicine to the other practices
20 throughout the county that are seeing people either in
21 Quarryville or up in Lititz or somewhere there, and so
22 this particular practice has more women that are
23 actually getting their mammographies -- and, again,
24 there is a high rate of medical assistance within this
25 practice -- and cervical screening and immunizations, as

1 well.

2 Some of the areas that we're not doing well in
3 is higher utilization of the emergency department, and
4 then also the seven-day readmission, which is really
5 interesting. So we can see somebody, treat them, send
6 them home, and whatever we ask them to do, there's
7 barriers, perhaps, against them being able to do it, so
8 they wind up going back into the hospital, which we know
9 many people don't wanna have to do that to begin with.

10 Is that time's up? Calling in for a question.

11 All right. So here's more information, and
12 again, some of this is going to be really tedious. But
13 this is information about health insurance. As I
14 mentioned before, somebody needs to have insurance in
15 order to get us started, and we have a lot -- we have
16 some more information later on in the presentation where
17 you can see the difference in the city and the county
18 and the percentage of uninsured.

19 This number of uninsured is probably -- is not
20 accurate. From the standpoint if you look at the
21 county, the county does include Amish. So if you take
22 Amish away from the county, that uninsured rate will
23 probably go down for the county, so when you compare it
24 city to county, we're probably thinking it's false. You
25 know, we don't have data to prove that, but we do know

1 that the county data for uninsured does include Amish,
2 and we know a lot of Amish are not insured, so there's
3 quite a difference there.

4 So the next couple of slide is a laundry list,
5 and I understand that these presentations will be posted
6 on the website and available to you, so we have more
7 information, and I know we're going quick here, that you
8 can refer to. But there is a group that comes together
9 from three free clinics that are in Lancaster County;
10 one's in the city, and two are in the county. And
11 they're looking at, what's their role? If we have
12 medical assistance -- we've had medical assistance for
13 many years, since 1965 the bill was signed, and by '66,
14 it was up and running. We have -- we didn't have
15 medical expansion -- or medical assistance expansion
16 right off the bat, so there was a group of people, a
17 large group of people that were low income, uninsured,
18 but they did not qualify for medical assistance.

19 So the free clinics in our community really
20 we're caring for those individuals. But since the
21 Affordable Care Act, we could have expanded. We didn't
22 expand until recently. But now that we've expanded,
23 people are saying, well, now everybody should have
24 insurance, right? And we know that's not the case.

25 So what this list does is goes through who are

1 the people that are still falling through that gap? We
2 have medical assistance, we have MA expansion, but there
3 are many people still falling through the cracks. The
4 two biggest that I think most people would say is that
5 the people that work two jobs that are part-time and
6 they don't get insurance through their employer and they
7 went on the exchange, and when they went on the
8 exchange, particularly since it was new, they decided
9 and they looked at all the options, which is
10 overwhelming and they didn't have help doing it, so
11 that's one of the things we know we need more help with,
12 getting people to know what to sign up for and if it's
13 the right one for them, they would go on the exchange
14 and they automatically selected the bronze plan because
15 the bronze plan out-of-pocket is the cheapest that you
16 can get, but the deductible is really high.

17 So what we're feeling on the healthcare side
18 is people that used to come to us for prevention, for
19 regular checkups to make sure that their blood
20 pressure's okay, they're not coming because they have a
21 deductible. Every time they come because they have a
22 deductible so high, they feel they have to pay. Now,
23 some of that is incorrect information because most of
24 the prevention is exempt from deductibles, but we
25 haven't done a good job of getting that information out

1 to people because we are seeing a decline in people
2 coming for the prevention pieces and all of that, as
3 well. So those are -- that's one that we're clearly
4 seeing.

5 And next slide coming up is another
6 continuation of that list. And basically, the
7 undocumented members of our community are also people
8 that do not have insurance and are falling through the
9 cracks.

10 This next group of slides I'm going to go
11 through really quickly. But if you can look at them,
12 and even look at them from afar and I can tell you what
13 they look like, there's a general sense that for most
14 services we have a lot of service providers that are
15 offering it. Whether there is a connection between the
16 service being offered and people being able to use it
17 and get to it and know that it exists, we feel that
18 there's a tremendous gap here.

19 So if you look at this particular slide, this
20 one is a slide that has, you know, within the City
21 boundaries, which the City relatively compared to other
22 cities is really not that big, but we have two hospitals
23 that can take care of people within the city. We have
24 many primary care providers, and then beyond that, we
25 have free clinic. A lot of cities don't even have a

1 clinic that's a free clinic. And then the School
2 District of Lancaster also has four school-based health
3 clinics, now five. I can say that, right? We just got
4 approval for a fifth one last night. That will be at
5 the McCaskey campus. So those would be really in
6 schools for some reason the family's having a difficult
7 time getting their children to a medical home.

8 The next slide is always a surprise to people.
9 This is the slide on substance abuse. So in terms of
10 people that have -- provide substance abuse services,
11 you can see a lot of dots up there on the slide, there
12 is, but when you ask a lot of people, they think that
13 there's not a lot, they're not aware of them, and also
14 understanding in terms of what is the service that they
15 provide.

16 The next one is around the behavioral health
17 services, so again, you can see there's quite a bit of
18 dots. This is all Lancaster City with various service
19 providers for behavioral health.

20 This next one does look a little bit sparse,
21 and I know Hilda's going to talk about this more. This
22 is dental. It looks sparse, but you can see there's
23 green -- a larger green circle down below. This is more
24 the city. That bigger green one is outside the city
25 limits. But the larger green one is Southeast around

1 dental, so you can see that there's a great opportunity,
2 and I know Hilda's going to be talking about that
3 shortly.

4 So I'm going to turn it over to Hilda, and
5 I'll be back a bit later to talk about you some
6 potential solutions and food for thought, but Hilda's
7 going to go in more detail about what she's seeing at
8 Southeast.

9 MS. SHIRK: Thanks, Alice. So we've been
10 talking a lot about data and a lot about what the
11 situation is here in Lancaster, and that's a good
12 background. But what does this look like if you're a
13 person who lives in the city? What does healthcare look
14 like for you?

15 So I thought, let's look at this, let's
16 consider if you are a woman who is living in the
17 southwest part of the city, you're a single mom, you're
18 working three part-time jobs and you don't have any
19 health insurance because those part-time jobs don't
20 usually have health insurance, but you've been very
21 responsible and you've gotten your kids on CHIP. You
22 live in an old apartment with flaking paint. You don't
23 have a car. And you have diabetes that's poorly
24 managed. Your son has asthma and your daughter has some
25 behavioral problems, and you happen to have some

1 language difficulties with English. So what does
2 healthcare look like for you if that's your situation?

3 Well, you are really gonna be looking for a
4 provider who has flexible hours, someone that you can go
5 to in the evenings, on the weekends, because three times
6 -- I mean, three jobs, it's really difficult to figure
7 out where in there you're going to fit in the doctor's
8 appointment. So it's not only the hours, but how far
9 from your office, how far or from your workplace, how
10 far from your home, and how are you going to get there?

11 The other question is, how are you gonna pay
12 for it? Do they have a sliding fee scale that's going
13 to fit your income? For your children, you're fine
14 because you've got CHIP, but what about for you as the
15 adult, are you going to be able to afford that?

16 And then what about prescriptions, where are
17 you going to get those? You know, drugs are kind of
18 expensive, and how are you going to be able to afford
19 them if you do need to purchase something?

20 And what about dental care? You did see the
21 map on there that dental care is kind of sparse
22 throughout the city. You want to be a good mom, you
23 want your kids to have dental care and you want to make
24 sure you get dental care, too. So what's -- how is that
25 going to happen?

1 And then what about language? Will your
2 provider will able to understand you? Will you be able
3 to understand them? Will they understand your culture
4 and the impact that that has on how you receive medical
5 care? So those are some of the challenges that people
6 face when they're looking for care.

7 So there are options. But we've already
8 talked about Southeast Lancaster Health Services as
9 being one option. Alice mentioned that. She also
10 mentioned the Downtown Family Medicine, and they are
11 both healthcare sites that deliver primary care in a
12 very comprehensive way. You can get your preventative
13 care, you can get your chronic disease management care,
14 you can get your flu shots, if you're sick, you can get
15 care if you need a wound sewn up, you can get your --
16 get your stitches. There's a lot that you can get at a
17 primary healthcare center. At Southeast, you can also
18 get dental care, and it's available on a sliding fee
19 scale, and it's available in an affordable way. So
20 there are options.

21 I put the but in there because there's a lot
22 of demand for healthcare services in these centers, and
23 we -- both of us struggle with how do we meet all of
24 that demand. How do we have enough appointment times?
25 How do we have enough providers? How do we see enough

1 people in the course of a year? We see over 21,000
2 people every year. I'm not sure what they are downtown,
3 but there's a lot of people there, too.

4 So the emergency room seems to take over and
5 fill in some of the gaps, and that's not good quality
6 care. That really fragments care. It breaks up that
7 medical home component that Alice talks about. It
8 really needs to -- need to stick with our primary care
9 providers so there's a full sense of what our healthcare
10 need is.

11 And then we do have a lot of opportunity for
12 people to get care in the language that they're
13 comfortable with. We're mandated to make sure that
14 interpretation services are available for anyone who
15 walks in our door. We happen to see people who speak 40
16 different languages. So that works, but will they
17 understand our culture? Will they understand what we
18 specifically want or need, and will that person who can
19 speak our language be available when we need to be seen?

20 And what about if there's additional tests or
21 specialty care, where are we going to get that? And
22 sometimes, we can make referrals from our office because
23 we don't do specialty care. But there's not always a
24 specialty office that's available. There's some
25 specialties that have very few providers here in this

1 area or there are providers who don't have appointments
2 readily available or they don't have them at an
3 affordable rate. So how does that happen?

4 And the cost, of course, is an issue. At
5 Southeast, we have a sliding fee scale, Downtown
6 Medicine, as well. So there is a way to make it
7 affordable. I know for hospital care, there is a
8 financial plan, too, so that money should not be an
9 object. But nonetheless there are -- there are concerns
10 there.

11 But the consequence of not getting care is
12 high. If diabetes isn't maintained, and it is prevalent
13 here in the city, it will be -- it will really impact
14 quality of life because there's a lot of -- a lot of
15 continual problems with diabetes that can really take
16 over someone's life.

17 On the other hand, it can be managed, so
18 quality of life is really important with that. And if
19 you don't manage your healthcare and you have a lot of
20 sick time, you lose a lot of time at work, you lose a
21 lot of money, and that really also impacts your quality
22 of life.

23 A kid who has poorly controlled asthma, that
24 is going to mean there's going to be a lot of missing of
25 school, missing of school, it eventually results into

1 doing very poorly in school. If you do poorly in
2 school, maybe don't graduate. If you don't graduate,
3 how do you get a good job when you get -- as an adult?
4 So that, again, will impact your lifelong earning power.

5 And then if you have behavior issues in a
6 child, the opportunity to get that diagnosis or to get
7 to look at what's going on is really important, too, for
8 quality of life. Is there a mental health issue, is
9 there depression, is there anxiety, is it something that
10 the kid is sick and for that reason there's behavior
11 issues? What kind of testing, what kind of medication
12 -- medication, or medication, would help with their
13 behavior problems? What about parenting? And if you
14 don't get to somebody that can help you sort that out,
15 you're not going to figure that all out. So not getting
16 care can have consequences throughout a wide range of
17 concerns and areas.

18 So some of the other health concerns that in
19 addition to what Alice talked about, most of our
20 patients are below poverty. 48 percent are below
21 poverty, and 97 percent are below 200 percent of
22 poverty, so we know what people who don't have much
23 money what their health looks like because we see it on
24 a daily basis. A lot of our folks have high blood
25 pressure, a lot of obesity. In addition to the diabetes

1 and asthma I talked about, there's also a lot of
2 addiction.

3 I wanted to talk a little bit about health
4 insurance. The interesting thing is with Medicaid
5 expansion, we are beginning to see a reduction of the
6 number of people who are not insured. Two years ago, 20
7 percent of our patients were not insured. Today,
8 there's 15 percent who are not insured. So just in this
9 past year, we helped 1,500 people get insurance. So it
10 is making a difference and it's making -- it's bringing
11 people into care who weren't getting care before, so
12 that's great.

13 Specialty care, though, continues to be an
14 issue when our providers see a patient who they think
15 probably has -- or could have -- has a mass and could
16 possibly have cancer, they want them to get the services
17 then to screen it and then to get to a specialist who
18 can provide some treatment. But if that person doesn't
19 have the insurance that will pay for that screening test
20 or doesn't have the ability to pay for the specialist,
21 it's a problem.

22 We used to have an organization in town called
23 PALCO that helped to make those connections because we
24 have a lot of providers who are willing to reach out and
25 provide free care to people, and so that was an

1 opportunity to connect them, the patients to the
2 providers who were willing to provide free care. But
3 that organization has moved on to other things because
4 the need has been fewer, but it is still there, so
5 that's a problem for our patients.

6 Alice talked about the sexually transmitted
7 diseases. You probably saw some more slides about
8 gonorrhea and chlamydia than you ever saw in your life.
9 But, you know, it's an issue, so it's a graphic
10 depiction, and you know, particularly young adults need
11 to be forewarned.

12 Lead paint is also a critical issue. This
13 city has a lot of old housing that still has paint in it
14 from way back when and lead in it, and the issue arises
15 that lead -- or paint, as it erodes, releases that lead.
16 You know when you put windows up and down, you kind of
17 get dust in the bottom of the window? Particularly of
18 concern is that little kids get in there playing with
19 their toys, and then the toys get covered in dust, they
20 put their fingers in their mouths, and the next thing
21 you know, they're ingesting lead, not on purpose, but
22 because that's just how it is.

23 And it's a concern because when there is lead
24 in a kid's blood, it begins to erode brain cells. And
25 so kids don't develop appropriately, and they lose IQ

1 points, actually, and so their ability to perform later
2 on in life is reduced. There's a lot more -- we see
3 truancy that emerges from that, and then eventually
4 delinquency, and then really not an ability to be
5 contributors in the community.

6 So that's -- lead paint is a concern, and
7 we've been looking at that a lot recently with the
8 Partnership For Public Health because it is something
9 that Lancaster is -- has a unique concern about. We do
10 lead testing in Lancaster in order to see whether or not
11 kids do have high levels of lead in their blood, and you
12 can see, that of the kids in the city, we've tested
13 quite a few, more -- we test for in the city than we do
14 in the county, and we test more than those that are in
15 Pennsylvania.

16 We also have found that in testing that our
17 rates of toxicity in the city are higher than in the
18 county; although, there is older housing stock
19 throughout the county in places like Marietta and Lititz
20 and Columbia and Ephrata, but in the city we have higher
21 concentrations, so the numbers are a lot higher. So we
22 are concerned about lead.

23 But there's some things in all of this
24 picture, I don't want to leave it all gloomy, we do a
25 lot of things well in this city and in terms of health.

1 Our prenatal care is really high. We see a lot of women
2 with -- as they're approaching giving birth and we're
3 able to give them good care, and the results of that,
4 birth weights are not as low as they might otherwise be,
5 and low birth weight can correlate to problems with
6 children, so that's critical. We -- and we think it's
7 because care is accessible. People can get to care for
8 prenatal care, so that's good.

9 I think we provide good culturally competent
10 care. I think we do really well at reaching out and
11 delivering care to people in the language and in the way
12 that they need it. We serve a lot of refugees, and so
13 we have the ability to actually hire and have staff who
14 come from a lot of different countries and can be very
15 understanding of the patients that we see, so that's
16 great.

17 We have a lot of coordinated care, programs
18 that we work with within our own organizations that
19 connect a lot of patients to a lot of different programs
20 and help to coordinate so that if they have a need, if
21 they come in for healthcare, but they have a need for
22 housing, they have a need for food or transportation, we
23 can connect them to that service. And then as
24 organizations throughout the community, we work together
25 to integrate those services.

1 And we have some wonderfully mission-driven
2 providers. We have wonderful people who are providers
3 and work in healthcare because they believe in it. They
4 want to provide good care to people, and their hearts
5 are in it, and that's -- that's pretty cool. So we've
6 got some great organizations.

7 So I'm going to turn this back over to Alice.

8 MS. YODER: All right. So in summary, we just
9 want to give you some things to think about and sort of
10 summarize what we feel we know to date, and then you can
11 ask questions and challenges about us and try to find
12 out about -- ask us the questions that we don't have
13 answers that we need to find them for you.

14 So the big question about what creates health
15 in Lancaster City, the one thing we know for sure from a
16 healthcare standpoint is that going to a hospital, it
17 can help people when they're sick, but what will create
18 health is far more than healthcare.

19 So this brings us back to the hierarchy of
20 needs. What we found out with many of our patients,
21 particularly those that are experiencing -- are in
22 poverty, that we need to be concerned about the food,
23 clothing and shelter. People are concerned about food,
24 clothing and shelter before they can think about their
25 health and what to do about their health and think about

1 taking their medication. So even though this really
2 goes back to what creates health, so the other things
3 that the Poverty Commission is looking at addressing, we
4 feel we do that well and we're also going to be
5 implement to improve health.

6 It goes kind of goes back and forth which
7 comes first, the chicken or the egg. Sometimes people's
8 health is so bad that they can't get off the couch. So
9 we need to do both, but we recognize that food, clothing
10 and shelter is an important part of overall health.

11 What we do know is that this is all data and
12 statistics that are out there, and we just want to make
13 sure that we're all on the same page with this. If we
14 increase someone's income and we increase someone's
15 education level, then they're more likely to be
16 physically active. And we talked earlier about being
17 physically active and not staying at home on the couch
18 has an impact on obesity, which is causing many kinds of
19 diseases. If we think about a family and we increase a
20 family's income, then there's a greater likelihood of
21 the child to be physically active. So if we take care
22 of the whole family, the child may be more physically
23 active.

24 If we increase income, we have an increase in
25 the quality of the diet so more people are able to eat

1 healthy and afford healthy food. And then there's also
2 less use of cigarettes, so we know for a fact the higher
3 income, the less use of cigarettes. And same thing if
4 you look at the family income, the children become
5 healthier. I know a lot of issues, we know this, but
6 these are facts. We have the data to show and correlate
7 those different issues.

8 We also know that poor health is connected to
9 insufficient education, not having enough education,
10 inadequate housing, food insecurity. We know that where
11 a child lives can predict their health. ZIP code
12 matters. All throughout the county, we can look at in
13 terms of health and connect that to where someone lives.
14 It's more important than your genetics, in terms of what
15 you inherited. Where you live matters and those
16 barriers that prevent someone from practicing healthy
17 behaviors can be blocked by where you live.

18 That -- we know that although it is essential
19 to increase access to healthcare, it is not sufficient
20 alone to improve health. And Lancaster General probably
21 doesn't like me saying that, but you need more than
22 health, and we know that. We know that from when we
23 take care of people.

24 Some questions that we have that we can ask
25 ourselves based on what we talked about so far is, are

1 schools providing healthy food and eliminating empty
2 calorie snacks? If not, great. If they are, why not,
3 and is there another way to help the schools help
4 provide healthier foods for the children that spend a
5 good amount of their week there in the school.

6 Is there daily physical activity happening in
7 school? With all the pressures that are going on in
8 schools, are kids allowed to be physically active and
9 are there times? There's a lot of creative models,
10 there's a lot of really good things that are happening
11 in the School District of Lancaster with brain breaks
12 where the teachers are being creative and innovative to
13 come up with their own way to get the children to be
14 active, so that's one thing we can look at.

15 And then we talked about this earlier about
16 corner stores and/or grocery stores, making sure that
17 they have healthy and available food for people that
18 want to and be able to purchase them.

19 Possible solutions, is one of the things in
20 our community, I think as Hilda has mentioned, there's a
21 lot of collaboration going on physical activity and
22 nutrition and some really good pilot programs that we've
23 received grants about what we've been able to do. But
24 we don't have the stickiness to it that we need to have.
25 So one of the things that really has been lacking is

1 having an insurance provider or two at the table to help
2 us come up with a long-term sustainable solution, not
3 patches that are put on because we have a grant this
4 month and we don't have it next month and we need to
5 come up with something different. So one of the things
6 we haven't been able to do successfully is bring the
7 payors to the table to say, how can we think about
8 built-in incentives, financial incentives both for
9 providers, as well as patients, in order to make that
10 healthy choice the easy choice to be able to take on.
11 So that's the second one related to pilots.

12 The other thing, and I want to make sure that
13 you received -- kind of got that take from Hilda's
14 presentation, and what I had mentioned is that when
15 people leave the hospital, when people leave the family
16 practice office, there's a lot that goes on in the
17 neighborhood and at home where there's no assistance, so
18 we feel that there's another solution that we need to
19 dive deeper in where how do we help the person once they
20 get home, where's the navigator, where's the home health
21 that's a little bit more beyond the one or two days that
22 they're there, and the other thing is we feel that that
23 might be asset within our community. Meanwhile, if we
24 plotted out all the times we have people going into the
25 home, home visitors, that we might have one person that

1 might has ten people coming into the home at any given
2 time, but is it coordinated, is it organized? We don't
3 think so, and there might be an opportunity there to
4 help people to create better health for themselves.

5 A few other things is that the general feeling
6 is that we need to create a -- we need to create a
7 community environment that when we educate and when we
8 start talking to patients and other people in the
9 community that it makes that healthy choice the easy
10 choice to make and all the barriers are removed from
11 that.

12 A few things that we're looking at doing is, I
13 think it was mentioned earlier about the SNAP and how
14 we're low with people that are signed up for SNAP, so
15 why don't we have our doctors actually ask that when
16 children come into the doctor's office and make sure
17 that they're enrolled in SNAP. And some of those things
18 we haven't looked at creatively.

19 And, again, look for places where more kids
20 can be physically active and play and making sure that
21 we know that we have a sense that our community is
22 walkable because of the sidewalks, but then our people
23 can actually bike to work if they wanted to or walk to
24 work where the jobs are, so that would be important.

25 So this one picture actually shows you,

1 hopefully, the point that you got. I'm speaking from a
2 hospital standpoint and primary care, Hilda's speaking
3 from primary care, is that we want to get away from
4 being downstream. This is the downstream, upstream
5 concept.

6 So if you look all the way to the right,
7 downstream, that's where the ambulances are, that's
8 where we're pulling people out of that pattern of
9 chronic disease and really being sick. That's where the
10 high costs are and that's where the decreased quality of
11 life is, and nobody wants to be down there, and we can't
12 be down there from a sustainability standpoint. So we
13 want to be moving up the stream.

14 Next would be sort of chronic disease, and
15 then you start moving further and further up, and we do
16 know about the connection between education, jobs and
17 healthcare, and if we can elevate education, jobs, then
18 healthcare will come along and then feeling healthy will
19 also happen.

20 The one thing that's mentioned on top was
21 mentioned a little bit, but it's really becoming more
22 and more prevalent in terms of the research, and that is
23 the concept of community connectiveness. And I think
24 one of the gentleman early on had mentioned that. So
25 there's a lot of research that speaks to someone not

1 feeling socially isolated, someone having a strong
2 connection to the community, and a strong sense of
3 community actually improves health. It reduces
4 diabetes. It will really address some of the things
5 that we feel is just health and has nothing to do with
6 it.

7 So there's a lot to be said about the work
8 that can be done that can also improve the connectivity
9 for people in Lancaster City.

10 Okay. And I think that's it. Thank you.

11 Q Thank you. I really wanted to commend you
12 both on shaping your presentation around questions. I
13 think it's good to see the health providers who actually
14 are asking those questions that will help out those at
15 poverty level and below it.

16 My question was, how -- how does the
17 correlation pertain to the behavioral health? How does
18 the correlation between behavioral health -- is directly
19 impacted by the poverty level, and exactly how much,
20 statistically speaking, is the behavioral health in our
21 city, as you've showed up there, there's a lot of
22 options, how much of that is actually being accessed by
23 the poverty level at various different levels of the
24 poverty level? And I have a follow-up question for
25 that.

1 A MS. SHIRK: I'm going to -- maybe we can tag
2 team this one.

3 We find that the patients we see, most of whom
4 live in poverty, 40 percent of them have behavioral
5 health issues, and the challenge is to find ways to
6 connect people to care. It's not that there aren't --
7 there are a lot of providers, but that when you have so
8 much going on in your life, you have to choose kind of
9 what you're gonna pay attention to, and sometimes some
10 of those issues are the -- and your need of care falls
11 out of the bottom of that. So that's one answer. I
12 don't know, Alice, do you have another?

13 A MS. YODER: Absolutely. To your point, and we
14 might not have made it clear, but what we found out,
15 what we find out now when we start thinking about what
16 creates health is that someone living in poverty has a
17 lot of stressors. So the big thing around behavioral
18 health is anxiety, depression and stress. So when you
19 think about poverty, it's in direct correlation between
20 the extent, how long someone is in poverty, whether it's
21 generational poverty or not, there's a direct
22 correlation to the amount of stress, anxiety and
23 depression that they have, and that also leads to
24 substance abuse, which we talked about a little bit. So
25 if that's not addressed, then people can self-medicate

1 because they're just feeling anxiety, depression or
2 stress, and if it's not treated, they're not going to go
3 to counseling, then that could lead to substance abuse,
4 as well. So it's really a cycle that we need to start
5 addressing to do a better job at.

6 Q And then the follow-up question that I had,
7 that was pertaining to you guys discussing that one of
8 the low points of -- I think at least the LGH
9 presentation was one of the low points was you had down
10 the seven-day return, so the return of people to be able
11 to come back and receive further services.

12 And my question and, again, I know this was
13 brought up earlier, I apologize if it's not a valid
14 question, but what is being done either by you guys'
15 services or by the Commission as a whole to make sure
16 that that seven-day return is instead of a high, instead
17 of a low? What would be done about that? Thank you.

18 A MS. YODER: Yeah. We have some strategies in
19 the hospital that we're starting to deploy already,
20 which is we have EMTs that go to the home, we have more
21 intense home visitation. But we are looking at sort of
22 as a community, should we look at more of like a
23 ProMatura model, health coaching, late health workers
24 that go into the home, and again, more of that community
25 connectiveness. Is there someone that they have sort of

1 a relationship where they feel good about it. I think
2 those are other communities that have done that
3 successfully that we feel we can sort of
4 institutionalize how we're doing, but we feel through
5 these efforts and potentially some of the solutions here
6 that we can come up with a meaningful solution. But
7 having somebody that really walks alongside that person
8 for those days to make sure that they're changing their
9 bandages so they don't get infection or they don't, you
10 know, bleed more than they're supposed to and kind of
11 fix that up than go into the emergency room or to the
12 doctor.

13 Q Yes, hi. My question is sort of a combination
14 of discussing the health needs, but also how that comes
15 across, specifically with someone who maybe is on the
16 edge of poverty, who isn't currently using any of the
17 state or federal resources, as far as assistance for
18 medical issues, but has some significant wants all the
19 same and perhaps hits a point where they are in some
20 sort of financial crisis and suddenly they have to
21 choose between making a mortgage payment and getting
22 their child's, you know, necessary medication that month
23 or whatever.

24 Is there anything that is available, you know,
25 whether it's on the local, state or a federal level that

1 you're aware of for someone who might be in a situation
2 like that, that all of a sudden, you know, that \$150
3 that they have to spend every month on their child's
4 medication just isn't there because, you know, the
5 refrigerator broke and the furnace broke and, you know,
6 there's seven other things going on all at the same
7 time, it's cascading?

8 Is there anything like that, just an
9 emergency, oh, my gosh, maybe this is going to just be a
10 one-time thing, but I just can't pay this bill this
11 month?

12 A MS. SHIRK: Absolutely. And it happens, and
13 it happens a lot because that's a part of life. And
14 what we've been able to do is to find people to actually
15 help to pay for those, some of those drug needs. Or we
16 have a program, a pharmacy assistance program that helps
17 to fill in those gaps, and we make sure that people get
18 their medication.

19 If there is no program, I know that I've had
20 providers who reached into their own pockets and pay for
21 medication because getting that medication is so, so
22 critical.

23 Q Is it something, though, that like the average
24 person who's not currently using any kind of programs
25 would know of? Like again --

1 A MS. SHIRK: Ask your provider. It doesn't --
2 it's not a program, per se. Your primary care
3 provider --

4 Q Would just need to ask --

5 A MS. SHIRK: Ask. If you're being prescribed
6 something and you can't afford it, tell them, and
7 they'll help figure it out.

8 A MS. YODER: My guess is one of the things
9 that's going to come up through the Commission, too, in
10 terms of solutions because on a healthcare side, we're
11 trying to identify people early on before they get to
12 that high risk, so what are those triggers that we can
13 see on the healthcare provider side that will give us a
14 clue that we need to check in with you next time you
15 come about someone being okay.

16 But we don't have access to that type of
17 information, but there are other communities that have
18 done that fairly well where they identify the early
19 triggers of someone having a difficult time and they
20 would be reached out to or --

21 Q Because someone might not necessarily think to
22 ask --

23 A MS. YODER: Right.

24 Q -- to point something out, and there's that,
25 how do you get a person what they need.

1 MR. JURMAN: We have time for one more
2 question.

3 A MS. YODER: Okay. We're told one more
4 question. So who wants to do one more?

5 Q There are two hospitals in the Lancaster,
6 retail hospitals. Now -- and that's not a question for
7 you. I think that's a question for the organizers of
8 this program. There are two hospitals and they both
9 should be represented.

10 The other area that I think deserves a bit
11 more attention is addiction. Being a former addictions
12 counselor, I didn't hear a whole lot about outpatient
13 therapy. I didn't hear about outpatient treatment. I
14 didn't hear about detox or detoxification in-house. I
15 didn't hear about a methadone program. I know LGH used
16 to have one, and my understanding is if you're a
17 recovering addict and trying to maintain your sobriety
18 or your, you know, control your addiction, you have to
19 travel way outside the city, and I know people who walk
20 back and forth. So that's just a comment.

21 A MS. YODER: So, you know, the thing is is that
22 I think we took way too much time going through data,
23 you know, and I apologize for that. I know some of it
24 was a sleeper, some of it was -- but we have that one
25 slide with -- that was on substance abuse. Did you see

1 the map that has spots? And every one of those spots, I
2 have the backup information that tells you who that
3 provider is and what type of service that they have. We
4 probably would have taken another 15, 20 minutes just to
5 go over each of those maps. So it's not that it's not
6 important, but we have a limited amount of time, and we
7 have information so we can figure out some way to make
8 sure we have another dialogue about that or -- that we
9 have another dialogue about addictions, because, as I
10 mentioned earlier, we didn't talk about the mental
11 health that much. We didn't, right? So I'm --
12 certainly with addiction we didn't, as well.

13 A MS. SHIRK: I just want to clarify though for
14 -- there is Suboxone treatment at Southeast, so for
15 people who are kicking the habit. Thank you very much.

16 MR. SMITH: Thank you guys again.

17 So now we're going to move to the childcare
18 piece of the evening. The Economic Policy Institute
19 estimates that for a minimum wage worker, if you'll
20 imagine a single mother or a single father working
21 full-time, that infant care could be as much as 71
22 percent of their income, that care for a four-year-old
23 could be as much as 59 percent of their income. And
24 given both of those, a single parent raising two
25 children and trying to work and secure childcare might

1 be just out of luck.

2 Considering that, childcare and early child
3 education not only benefit the child in terms of
4 long-term outcomes, but they also benefit the parent of
5 the family and the community by allowing them an
6 opportunity to work and to contribute to economic
7 activity.

8 To tell you a little more about childcare in
9 our community, can you please have Allison Troutman,
10 director of childcare, Community Action Program,
11 Lancaster.

12 MS. TROUTMAN: As Izzy said, I am the director
13 at CAP Childcare. I've been there for eight years now,
14 and I can tell you that every single day, I have someone
15 calling me and asking for childcare. Sometimes I can
16 help them, sometimes I can direct them to CCIS, Head
17 Start or another program, but every single day someone
18 calls me about it.

19 When I was going through trying to figure out
20 how to tell you about how childcare is navigated, it
21 came to my mind that those old adventure books because
22 there's so many different pathways you can take to find
23 childcare in the city. So I kind of constructed my
24 PowerPoint as an adventure.

25 So our adventure is going to be, if you have

1 an infant. So if you're looking for infant care in
2 Lancaster City, and I chose infant care because there's
3 a lot of care for three- and four-year-olds, there's
4 Pre-K Counts, there's Head Start, there's K-3, there's
5 K-4, but infants and toddlers it can be really hard to
6 find places for your infant and toddler.

7 So, congratulations, you just had a little one
8 and, guess what, you're probably gonna have to go back
9 to work in six weeks, may be even less.

10 So we want to talk about finding a quality
11 early childcare program for you. And a quality
12 programming means is that -- and this is based on
13 Keystone STAR standards, the staff have degrees in
14 education, they do professional development every year,
15 the learning program is based on an accredited
16 curriculum, and the center strives to build partnerships
17 with the family and the community.

18 All of these things are really important
19 because research clearly demonstrates that children who
20 experience high quality stable childcare, they engage in
21 more complex play, they demonstrate more secure
22 attachments to adults and other children and they score
23 higher on measures of thinking ability and language.

24 So if you can find one of those quality
25 programs, and there are some out there, you need to find

1 one that's located close to your home, your school or
2 your workplace, and you need to figure out if the hours
3 of the center meet your needs with your work schedule,
4 and you also need to feel good about dropping your child
5 off at the program because this is your six-week-old
6 infant that you're dropping off. You have to feel
7 confident the people taking care of your infant are
8 what's best for your infant.

9 So you're starting your adventure, and if you
10 can find a place meets all these criteria -- well, let
11 me tell you how hard it can be to find a place that
12 meets all the criteria. There's 42 STAR-4 centers in
13 Lancaster County, so that's about 2,173 children that
14 they serve ages six weeks to 12 years old. So out of
15 all of those slots, if you're looking for an infant
16 slot, there's about 336 spaces for an infant that are
17 considered the highest level of quality care, and it
18 doesn't mean that other places aren't necessarily
19 quality, but we're going based on the standards. And we
20 know that there's over 7,000 infants in Lancaster County
21 right now.

22 So those 7,000 infants, where are they going?
23 A lot of them stay at home with a mom or a dad or a
24 grandmother or something like that, and that's great
25 because that's consistency for infants.

1 Some of them go to unregulated childcare
2 providers, and that means maybe a neighbor or a friend
3 that isn't licensed by the Department of Human Services.
4 Some of them go to regulated childcare centers that are
5 licensed by the Department of Human Services, and the
6 brownish-grey triangle, that's the high quality center
7 STAR-3 and STAR-4, that's only about 4 percent.

8 It's really important that infants have
9 consistency, whether they stay home with mom or dad or
10 grandma, that's consistency for them. If they go to a
11 high-rated childcare center, that's also consistency for
12 them. Like at our center, our ten infants are served by
13 basically the same four staff members at all time, and
14 they stay with them for a year and they really get to
15 know them.

16 So when we're looking at costs, in
17 Pennsylvania, the median cost of infant childcare is
18 \$10,640 a year. So let's say you're a single parent who
19 has an infant, that's part our adventure, that's what
20 you're looking for, and you make good money. You make
21 \$40,000 a year. That's about over \$20 an hour. That's
22 still 27 percent of your income that you're spending on
23 childcare, and if you had another child, it really
24 skyrockets.

25 So let's be a little more reasonable. What if

1 you make \$12 an hour? Then your yearly income is
2 \$23,400. Infant care would be 45 percent of your
3 income, and we already heard how much transportation can
4 cost and how much healthcare can cost. So 27 percent of
5 your income is rough. 45 percent of your income is
6 completely out of the question.

7 So if you go to the path that you realize you
8 can't afford childcare by yourself, what are some of
9 your other options? Right in the CAP building, we have
10 CCIS, and CCIS also provides childcare subsidies to low
11 income parents and caretakers. There's also some
12 scholarship programs, but most of those are only for
13 three- and four-year-olds, and then there's a few and
14 very few early Head Start slots that are for infants and
15 toddlers.

16 So when you look at some of the percentages of
17 how much you pay, you just go down the list and you can
18 see what it is for if you're married with one infant,
19 married with two kids, single with one infant, single
20 with two kids, and the center bases on one side and the
21 in-home care is on the other side. And in-home care is
22 usually the care that is not necessarily licensed by the
23 state.

24 So CCIS provides subsidies for low income
25 parents, so there's a couple of things that you have to

1 meet, though. It's for children who are six weeks up to
2 13, the parent has to be working at least 20 hours a
3 week, or they can be enrolled in school ten hours a week
4 and working another ten hours a week. And then those
5 parents can choose any childcare facility they want to
6 that participates in CCIS, which is great. And then,
7 for example, at my childcare center, CCIS sends me a
8 check every month, and then the parents are responsible
9 for paying some kind of copay between, you know, \$5,
10 maybe \$50.

11 So when you sign up for CCIS, right now
12 there's a two-month waiting list, and that can be low
13 because sometimes it stretches up to six months, and if
14 you're looking for infant care, you're going to have to
15 wait until your child is born to put them on the waiting
16 list, so you know you have at least two months to wait.

17 So here you have another choice. You can be
18 put on the CCIS waiting list or you can kind of forget
19 about it. So if you choose the route of being put on
20 the CCIS waiting list, you might find someone to care
21 for your infant for two months, it could be a friend or
22 a neighbor or something like that, and you're just going
23 to cross your fingers that that spot in that early
24 childhood center is gonna be open for you when you
25 finally get your funding. Or you can pay the private

1 rates at the childcare center, which you know you want
2 that spot, even though you don't have your CCIS yet.
3 Then you're looking at about \$880 a month.

4 The other option is, you just forget about it.
5 You need care for your infant right now while you're
6 working, and then you're going to lose your job because
7 you have no one to take care of your child, and of
8 course, since you're not going to have a job, you're not
9 eligible for CCIS anymore.

10 So let's say you choose the better of those
11 crossroads, and you find a way to make it work for you
12 and you finally get that CCIS. So you have CCIS, and if
13 we're talking about someone who makes \$12 an hour,
14 that's the \$23,000 a year, you might pay \$40 a week,
15 that's about nine percent of your income and that's
16 really good. I put a picture of Ritchie celebrating at
17 the carnival because that sounds like a celebration,
18 right? You've got it made now.

19 But there's a couple of problems. And my
20 assistant director and I, I said, what are some of the
21 reasons that people have to leave our center, and these
22 were just the ones that came right to the top of our
23 head:

24 Sometimes the parent has another child, and
25 then they just can't cover the cost of having both kids

1 there, even if it just means it's two copays.

2 Sometimes somebody get married, which is
3 wonderful, but it means that the combined family income
4 is now going to make you ineligible for CCIS.

5 Maybe you get a raise, but that puts you over
6 CCIS eligibility rates, too. You can need -- need to
7 move from your apartment. You need to be safe somewhere
8 else, but there's no childcare slots available where you
9 live now.

10 You lost your job, maybe, but you only have a
11 certain amount of time to find another job before you
12 lose your CCIS, and you can't be looking for a job when
13 you have a child at home. It's hard to go out for
14 interviews.

15 Or sometimes your child might get really sick,
16 and you just don't have the time to take off and then
17 you lose your job and you're out of luck again.

18 That was just off the top of our heads. We
19 have millions of reasons that other people have had to
20 leave our center, none that they can usually control, so
21 it can really go on and on and on.

22 So how do we make quality early childhood
23 accessible and affordable to all families?

24 An equitable and sufficient system of
25 financing early childhood education in the United States

1 is still elusive. Childcare is financed through a
2 patchwork of government, parent, private center
3 resources. Families contribute roughly 60 percent of
4 the cost of childcare. Federal, state and local
5 governments combined contribute 39 percent, and
6 businesses contribute 1 percent. Public schools are
7 financed largely through property taxes, which has
8 created an inequitable distribution of resources within
9 school districts and states, despite additional
10 resources from the states and federal government.

11 An equitable system of financing childcare and
12 early childhood education requires a strong partnership
13 between government, families and the private sector.

14 So we want to make this vision a reality.
15 Early childhood programs have the potential for
16 producing positive and lasting effects on children. But
17 this potential will not be achieved unless more
18 attention is paid to ensuring that all programs meet the
19 highest standards and quality. As the number and type
20 of childhood programs increases, the need increases for
21 a shared vision and agreed-upon standards of
22 professional practice.

23 Making this vision of excellence a reality
24 will require a commitment from a partnership among the
25 federal, state and local governments, business and

1 labor, private institutions and the public. As we stand
2 at the beginning of a new millennium, we must join
3 forces to advocate and implement the policies at the
4 appropriate federal, state and local levels that will
5 lead to excellence in early childhood education
6 programs.

7 And that's a picture of some of my kids at a
8 carnival probably almost six years ago. I haven't
9 updated the pictures on my computer in a really long
10 time. Thank you. Questions?

11 Q Yeah. The reason that there's a two-month
12 waiting list for CCIS --

13 A The reason?

14 Q -- is because there's -- for childcare or
15 CCIS, is it because there's not enough funding or
16 there's not enough spaces, or are the spaces determined
17 by the funding?

18 A It would be both. There are only -- CCIS is
19 only given a certain amount of money every year, so they
20 could only fill as they go. And sometimes there's up to
21 a six-month waiting list, and right now it's luckily
22 only two, so we're thinking two is actually really good.
23 But they only have limited funds, so they stretch it as
24 far as they possibly can.

25 Q So one way to increase the access is to

1 increase the federal funding?

2 A Yes, absolutely, yes.

3 Q I have another question. The -- well, I've
4 heard on NPR and other places where they increase the
5 minimum wage like that, I think somewhere in California,
6 to \$14 an hour. That was very good, except that it put
7 people over the limit in order to receive subsidy for
8 their childcare, and since the cost of childcare is so
9 high, they actually are taking home or putting in their
10 pocket disposable income less money.

11 A Yes.

12 Q And I assume that that would be a problem not
13 only in California, but if we also did that here in the
14 state. Are there any initiatives that you know of
15 within legislature or lawmakers to raise the income
16 level for those who qualify for CCIS?

17 A Yes, there are. And the PA Promise For
18 Children website has a lot of things that you can look
19 on their Facebook page and like it. There's so many
20 different petitions that you can sign, but that is one
21 of them right now. They're trying to increase that.
22 They're also trying to increase the rates that childcare
23 centers are reimbursed from CCIS, because right now,
24 like I told you, the median income or the median cost
25 for an infant was \$10,600. That's not true at my

1 center. At my center, we keep our rates exactly the
2 same as what CCIS reimbursements are, and an infant is
3 only about \$9,600 at my center, and that's not the real
4 cost that it takes to take care of an infant.

5 Q Hi. So I'm going to ask two questions: The
6 first one is that I understand that CCIS is for children
7 under the age of a certain age. What happens when the
8 children who are over the age of 13? We know the fact
9 that the concerns regarding transportation, again, my
10 understanding I think CCIS only covers childcare for ten
11 hours a day. So a family, a mother is working eight
12 hours and where she's allowed an hour of transportation
13 both to and from work, and CCIS, the childcare is done
14 at 6 and she's working until five, we know how long it
15 takes for her to get a bus to get her child, and then
16 sometimes they charge a dollar per minute for each
17 minute she's late picking up her child and she has low
18 income. What does that look like? And, again, if that
19 child is over the age of 13 and is not eligible for
20 childcare, so children, that 13-year-old is either home
21 alone or hopefully at a Boys and Girls Club, what does
22 that look for the other child, the mother is going
23 different places, and CCIS will only ten hours of
24 childcare? So it's a long question, but --

25 A Yeah. And I don't -- I don't directly work

1 with CCIS, but I am aware that they only cover a certain
2 amount of time, and they give the parent the travel time
3 on either side. And you're right, some centers do
4 charge a late fee. I know my center does because we
5 have our hours set already, and if somebody is late, you
6 know, we have to keep at least two people there to take
7 care of the child, even if it's only one child.

8 So one thing that we've done recently is we've
9 been really looking at that to make sure that it's
10 fitting into what the parents are -- in our center, we
11 have a lot of people who come at 6:30 in the morning
12 because they start an early shift, so we've always
13 closed a little bit earlier, and right now we've been
14 thinking about, should we stay open later to make sure
15 people aren't having to pay late fees just because they
16 can't get here in time.

17 As far as the 13-year-old goes, right now
18 there isn't any programs with CCIS to pay for children
19 who are older than that, and I don't know of any
20 initiatives or anything that's coming down the line for
21 things like that. And I don't think -- I don't think it
22 will happen through CCIS. I think for that we have to
23 look to other things, like the Boys and Girls Club and
24 other community initiatives that we can work on to keep
25 teens, you know, in a safe place after school.

1 Q So there's many of us who are kind of in that
2 gap situation, where we don't qualify for CCIS and
3 there's no way we could afford any sort of childcare.

4 Now, this can be kind of more directed towards
5 Mr. Rau, I guess, but I'm just wondering if there's any
6 plans to expand the Pre-Ks, K-3, K-4. I know that's
7 incredibly expensive, and we don't have a budget. Are
8 there any plans in the works for that to, you know, make
9 it a little bit more widely available, not just for very
10 low income people, but for people who fall in that gap?

11 A Right. And there is Pre-K Counts programs
12 within the city, and those income guidelines are not
13 quite as strict as some of the other ones, including
14 K-3, K-4 and Head Start, so there is a big push to
15 expand more programs. There's really -- on the Pre-K
16 Counts For Children website, there's really a push to
17 just have universal Pre-K for all three, four and
18 five-year-olds who aren't in kindergarten yet, which
19 would be just amazing. And at the same time, we're
20 really pushing to find more programs to take care of
21 infants and toddlers in the same way, because you're
22 right, there's that limit you fall into.

23 Well, like if you're making \$40,000 a year,
24 you're just over the CCIS qualifying guidelines, but
25 it's still 27 percent of your income to try to pay for

1 an infant.

2 MR. JURMAN: We can take one more.

3 Q Hi. I understand that last year the federal
4 government reauthorized the childcare block grant, which
5 the money goes to DHS and DHS pays it out through the
6 CCIS program. I don't know what's in the block grant.
7 I was wondering if you are aware of any changes to your
8 program because of reauthorization?

9 A I am just the center director, so I don't
10 always know first about all of these things, so I'm not
11 aware of any major changes. I know that one of the
12 things that we were really hoping we would see would be
13 bigger CCIS reimbursement rates and to get more money,
14 and I know we didn't see that. But as far as other
15 changes, I really can't tell you anything concrete. I'm
16 sorry.

17 MR. SMITH: Thank you.

18 So first, let me thank all of you that are
19 still here. I know it's been a couple of hours. We
20 really appreciate you guys sticking around with us.

21 So lastly, but certainly not least, I feel
22 like we're going to have the presentation that a lot of
23 the other subjects have built up to. I know that I
24 talked about the HUD standards for housing and
25 transportation burden. I know that Alice Yoder and

1 Hilda Shirk brought up the effect that ZIP code can have
2 on a life, and you know, we've talked about how ZIP code
3 and location might affect how you get food or how you
4 need to get from place to place.

5 Housing burdens in the southeast and southwest
6 for renters stretch up into the severe burdens; that is
7 to say some people are spending more than 50 percent of
8 their income on housing. For the basic burden rate,
9 that's more than 30 percent in those regions. Some
10 block groups have rates as high of 70, 78 percent, that
11 is 78 percent of people are spending a burdensome amount
12 on their housing, which forces them into tradeoffs, you
13 know, in other areas, like food and transportation.

14 It's telling that for the United Way's 211
15 hotline list of unmet needs, of some 1,300 total, 687 of
16 those, the number one unmet need was rent payment
17 assistance. The three behind that, the second, third
18 and fourth items were all housing related. If we are
19 going to talk about something that touches every part of
20 a person's life, it's the roof over your head where you
21 live and how those things affect everything else.

22 To let us know more about the market and the
23 conditions of housing in Lancaster City and County, we
24 have Ray D'Agostino from the Lancaster Housing
25 Opportunity Partnership, and Rick Jackson from the

1 Coalition for Sustainable Housing.

2 MR. D'AGOSTINO: Okay. Thank you, Ismail. A
3 great introduction. We're done. No, I'm just kidding.

4 Thank you to the Commission for this
5 opportunity. And Ismail is really correct. We have a
6 saying at LHOP that the housing is the foundation, good
7 housing is the foundation of a great community. I think
8 you're going to see that. You've already heard that
9 today from all of the other presentations.

10 Again, my name is Ray D'Agostino, CEO of LHOP.
11 And, true to our name, in partnership, Rick Jackson and
12 I are going to sort of tag team this presentation. Rick
13 is the Board Vice-Chair for LHOP. He's also the chair
14 of the Coalition For Sustainable Housing, which is the
15 outreach and advocacy at LHOP, and really Rick,
16 alongside a lot of the work that we're doing in the last
17 year.

18 So LHOP was founded about 21 years ago by
19 public officials, business and community leaders in the
20 city and the county to ensure housing choices for
21 everyone. By cultivating partnerships and resources, we
22 increase the availability of affordable housing.

23 As I said before, we know that good housing is
24 the foundation of a great community, and that everyone
25 should have an opportunity to live in a safe and quality

1 home in a decent neighborhood.

2 Housing, as we know, is a basic necessity of
3 life, like food, water and clothing. But what receives
4 less attention is the fact that the location and
5 condition of the housing in which we live are key
6 factors or indicators of one's future. If we are to
7 continue to be the land of opportunity, then we need to
8 ensure that everyone has access to opportunity. The
9 location, condition, accessibility and affordability of
10 housing play key roles in one's opportunity for a better
11 future, and are also important to the health of our
12 community's economic future.

13 While acknowledging that income inside the
14 equation is an important factor in discussion of quality
15 of housing, including information presented today, it
16 will become very evident that we are in critical need of
17 more decent, affordable housing in Lancaster City and
18 Lancaster County.

19 I'll turn it over to Rick.

20 MR. JACKSON: Before we discuss housing and
21 its relationship to poverty an opportunity to support
22 the people that are the foundation of what we know about
23 housing in Lancaster City, much of the information that
24 we're going to give you this evening comes from the
25 housing market analysis that was prepared by LHOP -- for

1 LHOP in 2013. Additional information was also provided
2 this evening and comes from various programs services or
3 partners with whom we work with in the community and
4 other reference materials that are available.

5 In this first slide, I just want to point out
6 that there are approximately 24,000 housing units in the
7 City of Lancaster, of which 56 percent are rental units
8 and only 44 percent are owner occupied. In all of the
9 county, that is the highest rental rate of rental
10 housing, but it is also comparable to other cities and
11 urban areas around the country, so we don't have
12 necessarily a corner on the market.

13 According to Realty Track, and these are
14 numbers just from -- just as recently as last week,
15 Lancaster's housing vacancy rate is three-tenths of one
16 percent. Three-tenths of one percent. That is in all
17 respects functionally immobile. We have too few
18 housing -- or too few housing units without any mobility
19 within housing in our county.

20 Further, Lancaster's median rent, because of
21 the lack of enough housing, has risen to approximately
22 \$778 a per month. As the supply of rental housing
23 continues to significantly lag behind demand, it's
24 likely that this number will continue to increase and
25 outpace income. We've seen that over the last several

1 years. We anticipate seeing that the cost of housing is
2 going to rise faster than the cost of the -- or the
3 rates of income.

4 Median household income in the City of
5 Lancaster is \$29,700. That's the lowest median income
6 of any municipality in the county. It is only slightly
7 higher than the national poverty level, which is, I've
8 heard it throughout this evening, which is a level of
9 \$24,250 per year. By comparison, the county's median
10 income is \$51,000 per year, or for the year, so \$29,700
11 in the city is substantially lower.

12 A family of four in the federal poverty level
13 of income is spending 38 percent of their income on rent
14 alone. 56 percent of all renter households in the City
15 of Lancaster are housing-cost burdened, which means that
16 they're spending more than a third of their income on
17 housing costs alone. Meanwhile, 84 percent of all
18 housing in the city was built before 1970. That is 44
19 years of age. Sorry for my inaptitude.

20 Again, 84 percent of all housing in the city
21 was built before 1970. That is more than 40 years of
22 age. While this presents an opportunity for historic
23 integrity of the city and the potential affordability,
24 it also presents a challenge with respect to the quality
25 and condition of housing due to the cost of updating

1 and/or maintaining that housing, including the presence,
2 again, another string of the numbers we've heard
3 throughout the evening, including the presence of lead
4 paint.

5 There are currently 106 condemned housing
6 units and 169 in foreclosure in the City of Lancaster
7 alone, and our county needs an additional, get this,
8 22,250 affordable units around the entire county to meet
9 the needs of just our low to moderate income residents.

10 It's important to note that the housing market
11 analysis indicated that countywide we have a mismatch in
12 the availability of affordable housing and the location
13 of that housing to jobs and services, such as childcare,
14 which we just heard about, skills and job training,
15 transportation, healthcare and the like.

16 And, finally, considering according to the
17 analysis, nearly 72 percent of all county households
18 have a combined housing plus transportation cost burden
19 of greater than 45 percent. Meaning, more than 45
20 percent of an income is being spent. So if you combine
21 that with what you just heard about the cost of
22 childcare, you can see that there's really a perfect
23 storm that's brewing.

24 The more a household spend on just these two
25 items, housing and transportation, the less is available

1 for other basic needs, such as food, healthcare and
2 childcare, as well as other goods and services. This
3 not only represents a loss of economic opportunity for
4 those individuals, but also the loss of economic
5 opportunity for all of our county.

6 MR. D'AGOSTINO: So why is this relative to
7 the discussion on poverty? And I think it's pretty
8 obvious. But it's well documented that success and
9 educational attainment, health and future income are
10 linked to housing. Where children live and the quality
11 housing in which they live significantly influences the
12 education they will receive and their health and their
13 future economic opportunity.

14 It is no secret that the concentration of
15 poverty begets more poverty. Those trapped in poor
16 neighborhoods tend to live in poor housing conditions
17 and pay too much for their housing, as you've heard.
18 With the lack of affordable housing outside of these
19 neighborhoods, there's little opportunity to move up and
20 out of these conditions. This translates to significant
21 barriers of opportunity to succeed, particularly
22 populations who've historically been denied opportunity,
23 people of color, with disabilities and others.

24 Studies clearly show at the outcomes
25 identified in association with a lack of residential

1 mobility include higher levels of behavioral, emotional
2 problems, increased teenage pregnancy, accelerated
3 initiation of illegal drug use, adolescent depression,
4 reduced continuity of healthcare. Needless to say, this
5 is not recipe for success. It's not a recipe for ending
6 poverty.

7 People living within impoverished
8 neighborhoods are predominantly renters with little
9 opportunity to relate well to someday purchase their own
10 home and share the American dream. And impoverished
11 neighborhoods in the city tend to be disproportionately
12 home to minorities. New research by Raj Chetty,
13 Stanford University, and others has shown that living in
14 areas that are more segregated by race or income also
15 reduces economic mobility with the ability of
16 less-well-off households to improve their economic
17 standing.

18 For those cannot or choose not to move out of
19 the poor neighborhoods, many face those standard housing
20 issues which contributes to poor physical, mental,
21 emotional health of everyone in the household.

22 Approximately two years ago, with this
23 assistance of the Lancaster County Community Foundation,
24 impact missions and the City, LHOP began acquiring,
25 rehabbing and reselling homes that were dilapidated or

1 condemned.

2 We've been through a number of homes within
3 the city in the last couple years, and particularly in
4 the southwest part of the neighborhood of the city,
5 where we have a resident-driven process going on, but
6 what are we seeing in the housing conditions? Well, let
7 me tell you.

8 Here's a sample of the housing issues that we
9 and our partners have run across: Poor insulation
10 and/or weatherization, leading to excessive utility
11 costs and health issues. As you heard, lead paint leads
12 to poor educational performance and health among
13 children. Aging and deficient electrical, plumbing and
14 HVAC systems, mold, mildew and vermin.

15 Well, this isn't in every household, but
16 unfortunately, it is in too many. Such conditions in
17 turn lead to deficient school performance in children,
18 thus continuing the cycle of poverty.

19 A 2009 study of the interrelation between
20 economic -- socioeconomic background and the
21 standardized test scores for third to fifth graders in
22 Lancaster County found that, one, their socioeconomic
23 status was the primary factor related to academic
24 performance, is the primary factor; and second, test
25 scores of low income students improved significantly the

1 more they were surrounded by middle income students.

2 MR. JACKSON: So the logical question becomes,
3 why do people live in such conditions? First of all, we
4 lack a choice. An extremely tight housing market means
5 that those who can afford better places to live have a
6 distinct advantage as to where they live and the choices
7 that they have in the type of condition of housing.

8 A lack of empowerment, while there are
9 property maintenance codes enacted and enforced within
10 the City of Lancaster, due to the sheer number of rental
11 units, the City has a tough time getting around to
12 inspecting homes more than once every four years.

13 In addition, some tenants that contact their
14 landlord regarding conditions and are threatened with
15 eviction if they call the City, and in some cases, they
16 are, in fact, evicted. Therefore, without other
17 options, these folks in these situations tend to keep
18 silent and live with poor conditions.

19 Rental housing and investor economics, due to
20 the tight housing market, favorable tax implications and
21 a reduced concern for housing inspections, maintaining
22 good housing conditions may be optional in the minds and
23 business plans of some landlords. This, in turn, leads
24 to a lack of care and concern with tenants in these
25 neighborhoods, creating a downward spiral for residents

1 and neighborhood conditions.

2 And, finally, economic challenges to the
3 purchase and rehabilitation of blighted and condemned
4 properties. The costs to acquire and rehab, including
5 the carrier costs, exceed the economic gain of either
6 renting or resale of the property. The need for more
7 affordable housing is mismatched where it is being built
8 and the poor conditions of some of the properties are
9 the product of economic and demographic shifts of public
10 perception and of regulatory barriers to the creation of
11 new multifamily housing.

12 MR. D'AGOSTINO: So what are some solutions to
13 the problems we've outlined? We have some ideas.
14 Improve housing choices in terms of the number, type and
15 location and affordability of housing throughout the
16 county, including more multifamily housing, particularly
17 on upper floors of existing buildings within the city
18 and boroughs.

19 Second, increase property maintenance
20 inspections and explore the adoption of a whistleblower
21 law to protect those who report those code violations.

22 Third, decrease regulatory barriers and costs
23 of in the creation of more multifamily housing.

24 Four, increase ownership opportunities for
25 first-time home buyer programs and lease-to-own programs

1 for low and moderate income individuals and families.

2 Augment public funding with an increase of
3 investing in the acquisition, rehab and resale of
4 dilapidated residential properties, or just a rehabbing
5 of existing rental properties, as well as the creation
6 of new affordable housing.

7 Creation of a land bank and land trust to
8 acquire blighted housing in impoverished neighborhoods
9 and to also acquire the rights, if not for perpetuity,
10 for at least a good amount of time for affordability.

11 Seven, create incentives for new public
12 funding, available at PHFA, a newly enacted Pennsylvania
13 Housing Affordability Rehabilitation Enhancement Fund to
14 have that available for private and public entities and
15 community organizations to work together to create more
16 affordable housing throughout the community. And
17 evaluate and make recommendations of the City and
18 County's analysis of impediments to fair housing to
19 positively impact opportunities for protected classes.

20 In addition to the positive aspects and
21 solutions we have for families and neighborhoods, the
22 city and county's economic wellbeing may depend on it.
23 As households begin to form and from the millennial
24 generation and their parents and baby boomers are
25 looking to downsize because of their moving out and, of

1 course, their one fixed incomes now, they will need and
2 want a lot more affordable housing.

3 When young people are not able to find
4 affordable housing, evidence shows they are moving
5 elsewhere. What's alarming is that recent IRS and
6 American Community Survey data showing net [inaudible]
7 for Lancaster County of young working individuals and
8 families. That's not sustainable.

9 It's not hard to imagine that this loss of
10 millennials in the workforce is at least in part due to
11 lack of available affordable housing options.

12 Meanwhile, we do look at other cities around the
13 country, Atlanta, Austin, Dallas, Fort Worth, they all
14 boast a terrific mix of affordable housing and business
15 development. They found success in figuring out how to
16 strategically address these concerns.

17 Employers are already having a tough time
18 finding skilled workers. The lack of and a mismatch in
19 the location of affordable housing will only continue to
20 exacerbate that situation until we get it right. Will
21 employers still desire, though, in the meantime, to
22 stay, expand or even new employers move to Lancaster if
23 these conditions persist?

24 Given the seriousness of these issues, a
25 coalition has formed of over 60 businesses, civic and

1 community leaders. We're known as the Coalition For
2 Sustainable Housing. We formed right after -- or right
3 in the midst of the 2013 housing summit, which unveiled
4 the results of 2013 housing market analysis.

5 Our objectives are pretty simple. First was
6 to spread the message in our community about housing
7 needs across the county, and particularly as we're doing
8 this in the City of Lancaster.

9 But, secondly, we're now forming into
10 committees to study four of the different aspects of the
11 issues we must tackle as a community, again countywide,
12 but particularly in the city, that includes acceptance
13 by public and elected officials, funding and finance,
14 property conditions and closing the gap between income
15 and the cost of housing.

16 Getting back to my notes, those are our
17 objectives, and we look to have success in these
18 efforts. LHOP and the Coalition -- to wrap up, the
19 Coalition for Sustainable Housing look forward to
20 assisting the city and the other municipalities in our
21 county meeting these housing needs.

22 And if you noticed the slide earlier, it's
23 tough to close with Abraham Lincoln looking over your
24 shoulder, especially this President's Day week, but it
25 is true, what he said, I'd like to see person proud of

1 the place in which they live. I also like to see a
2 person live so that their place will be proud of them.

3 Here's an opportunity for us to be proud.

4 Thank you.

5 Q Going back to what was mentioned a few times
6 this evening, the issue of lead is in the media a lot
7 because of what's coming to light about the crisis in
8 Flint, Michigan and their water supply. It seems like a
9 large part of the scandal is that the community is the
10 last to know when there is an issue with lead. That
11 could be preventable.

12 In the beginning of the evening, I mentioned a
13 property that's very much in the center of town that
14 could pose a significant threat to the environment and
15 public health, which could include exposure to lead, and
16 so I hope that in moving forward if the reaction to this
17 could be something that community is proud of, I think
18 that the Commission has a unique opportunity to be the
19 advocate of this sort of problem, given that they are
20 apolitical and sort of have their foot in both worlds,
21 in terms of public and private sector collaborations.

22 So something that I wanted to ask is
23 considering that it seems like a lot of out-of-state
24 landlords own properties in southeast Lancaster and
25 there is a problem with affordability and a problem with

1 supply of rental property, and also a problem with
2 upkeep and accountability in terms of simple things like
3 dealing with chipping paint and the types of things that
4 are also related to lead exposure.

5 I'm wondering, could you expand on the
6 whistleblower law that you mentioned and explain whether
7 that would be a direct way to assist residents
8 specifically -- well, throughout the city, but
9 specifically in southeast Lancaster, in having a way to
10 hold landlords accountable for these issues and also
11 educating them about what the potential risks are in
12 prioritizing their requests for possibly a myriad of
13 things that need to be addressed?

14 A MR. D'AGOSTINO: Well, first, I think there
15 are a lot of good options there, and we need to
16 initially incentivize and reward landlords doing a good
17 job, but there are an awful number of landlords that for
18 one reason or another, whether or not it's they've
19 fallen behind and having a tough time keeping the
20 property up or, you know, it if there are -- you said
21 they're not around so they don't really see what the
22 conditions are and don't see how it's affecting people,
23 the mechanism we have right now is property inspections
24 by municipalities. In fact, Lancaster City has a really
25 robust program. The problem is, as I said in the

1 presentation, was that there's quite a number, and the
2 City has a tough time with the staff it has to get
3 around every four years.

4 So part of the issue is when someone has a
5 condition that is a property maintenance condition, and
6 they go to the landlord and the landlord doesn't want to
7 deal with it, for one reason or another, if that
8 person's on a month-to-month lease, the landlord can
9 simply say, you know, I can't deal with it not or I'm
10 going to deal with it, whatever, and it doesn't get
11 dealt with. And if you tell -- say, hey, we're going to
12 tell the City, then you're going to be out. And that's
13 not against the law. Some states have a whistleblower
14 law, that says, look, if you're reporting a violation
15 that has a known violation, this is a legitimate
16 violation, then you can't be evicted. And it's a little
17 more complex than that, but it's essentially saying
18 look, you can't be evicted for that. So we're
19 suggesting looking at that so we can hold accountable --
20 landlords accountable for their actions.

21 Q Hi. I have a question. I'm a realtor in
22 Lancaster City, and oftentimes our deals come down to
23 inspections for home buyers. I am amazed at the lack of
24 inspection for Section 8 housing in Lancaster City, and
25 I really would like to know where do these inspectors

1 come from? Because my mother lived in a house and there
2 was no watchdog and the inspector would come in and say
3 it's okay, and this landlord's getting a kickback, and I
4 just feel like it's in that. Like, who are these
5 inspectors? Because my inspectors blow up my deals, so
6 who are these inspectors from the City that go into the
7 Section 8 housing and then give credits to the landlord?
8 I don't understand the process.

9 A MR. D'AGOSTINO: Well, I can only answer the
10 question as to where you go to get that answer. And
11 that is, the City of Lancaster has a City Housing
12 Authority, which known as public housing, has vouchers,
13 and the County of Lancaster has vouchers, Section 8
14 vouchers. And so Lancaster County Housing Redevelopment
15 Authority, and they employ people to do the inspections.
16 That's all I can tell you.

17 Q I had a question pertaining to, you said that
18 LHOP has been buying houses and then renovating them and
19 putting them back out on the market. My question is, is
20 LHOP doing that for the same price they received it as?

21 And then also for going off that, how much --
22 do you guys have stats on the amount of reservations --
23 renovations, I'm sorry, renovations that have happened
24 in the city and the amount that it paid back and
25 actually didn't go out to buyers, what substantial

1 amount it did go up? And then kind of going off of
2 that, are there other initiatives in the city right now
3 or collaborations between other agencies to do something
4 that LHOP is doing, that people are going in, buying
5 places, and either renovating them and renting them out
6 or renovating them and selling them back at an
7 affordable price? Because I've seen the \$778 renting
8 houses here, and they're pretty trashy.

9 A MR. D'AGOSTINO: Yeah, a lot there. So our
10 program, we do acquire properties at, you know, in
11 pretty bad shape, pick them up for pretty inexpensively,
12 if not, they're given to us. We have a lot of
13 properties. We have SACA that we've worked with. Like
14 I said, we work with the BIA and School District of
15 Lancaster, but we sell them to, and we stay true to our
16 mission, we sell to low to moderate -- to buy them, you
17 must be low to moderate income.

18 We have a homeownership program that provides
19 down payment assistance and also financial education to
20 expectant home buying. We also place a deep restriction
21 on that property that it must be sold, if they're going
22 to sell it, first of all, they has to be homeownership
23 and their sold, has to be sold to a low-to-moderate
24 income family.

25 Quite frankly, word of education. We want to

1 keep placing people live and, you know, an opportunity
2 for them if they so choose. There are other programs
3 for rehab. I know the City of Lancaster, for instance,
4 has a program where you can buy properties that are
5 condemned, and then they are resold.

6 In fact, one of the gentleman is here that
7 actually runs that program in terms of reselling. It's
8 a great opportunity to purchase a home that if you
9 brought back to -- into great shape and provide an
10 opportunity for a family to live in.

11 As far as stats go, I'll have to check with
12 the City in terms of the sheer numbers of housing being
13 renovated or rehabbed and then the cost of that. As far
14 as other partnerships, we're looking to keep expanding.
15 One of the things to provide low interest loans to
16 organizations to rehab and bring back affordable
17 housing. But, again, must be sold or rented to people
18 that are low income.

19 By the way, I hope they don't mind me saying,
20 but there's a family here, right there. So involvement
21 with the houses in the neighborhood.

22 UNIDENTIFIED SPEAKER: That was our house
23 right up there on the slide.

24 MR. D'AGOSTINO: Yeah, that's right.

25 Q I heard you say there was a shortage of 22,000

1 housing units for the County of Lancaster?

2 A MR. D'AGOSTINO: It's affordable. So if we
3 took all the households that are cost burdened, spending
4 basically more than a third of their income in just
5 housing cost, we would need another 22,250. What we
6 didn't say in the presentation is that the households
7 that are forming the next five years, half of them going
8 to be low-to-moderate income. So we're going to need a
9 lot of good housing.

10 Q What percentage of that is in the city?

11 A MR. D'AGOSTINO: That's a good question. We
12 do have that information. I don't have it in front of
13 me. But there's a decent amount. The city is a hot
14 market. We know that for a fact, people wanting to move
15 into the city. I know there's a goal, the LCA Lancaster
16 City Alliance set a goal of I think 2,500 units over the
17 next several years to, again, have people move back in
18 the city.

19 A MR. JACKSON: If I can add something, just
20 it's interesting because we look at it as a problem when
21 we have all these houses. We need to start thinking
22 more about it in terms of an opportunity. If the City
23 wanted to, why wouldn't it be the home of almost 22,000
24 new homes? If I were a smart person, I would think
25 that, boy, that might be a pathway to opportunity, which

1 would then square up housing with amount of employment,
2 transit access, healthcare. There's -- we need to kind
3 of flip.

4 Another thing I wanted to amplify that Ray
5 mentioned is that serving on the LHOP Board, I enjoyed
6 the opportunity to see what we're doing. And when Ray
7 talks about there is so much opportunity, so much need
8 for things to be done in the city, and what has been
9 really encouraging is when you realize that it was the
10 kids from the building trades program at McCaskey High
11 School who are now helping to renovate homes alongside
12 the Commission with LHOP, doesn't that sound perfectly
13 sustainable in our community that we're teaching young
14 people of this community, of this school district to --
15 we're teaching them a trade. They already have a sense
16 of what's important. Why not continue to invest in
17 them?

18 That's why I have great hope for the work of
19 this Commission, that the answer's aren't complicated.
20 They're actually kind of simple. There are just a lot
21 of them, but there are ways, there are successful things
22 that can be done if it just think, maybe, a little bit
23 differently than we have in the past.

24 MR. JURMAN: This next has to be the last
25 question.

1 Q This is a comment. In Lancaster City -- well,
2 Lancaster City, as well as Lancaster County, the issue
3 at hand and has been, it's age old, is the issue of
4 substandard housing, as well as absentee landlords.

5 There are city codes that they're really not
6 being enforced, and that's in Lancaster City, Lancaster
7 City housing inspectors, as well as Lancaster County
8 Housing Authority. And I think that those issues, those
9 two, especially those two issues are really the key
10 issues that we as a community should be looking to
11 address.

12 Q I'd like an opportunity to talk about the
13 inspectors. I'm a contractor that works with
14 inspectors. And I've got to tell you, they have a very
15 tough job. Because the landlord-tenant regulations are
16 fairly new, all right, and we've talked about how tight
17 the housing market is in Lancaster City, and the issue
18 is that if these inspectors went in there and had to do
19 everything they had to do, they'd be throwing tenants
20 out with no place to go, and they would be hurting
21 landlords who would just walk away from the properties
22 because we also talk about how much it is to increase --
23 to invest in the properties, and that if -- because
24 nobody has gone into a lot of these properties in maybe
25 a century.

1 And so they have -- I'm sorry to use the term,
2 but they've got to be diplomatic in how they enforce the
3 regulations so that they're not putting people out on
4 the street and they're not bankrupting landlords. So
5 what they are doing is they're using their discretion in
6 letting the landlords know what immediately needs to be
7 done, all right? And they got a pretty good idea of the
8 intent of the landlord, whether it's a landlord who
9 doesn't want to improve the property and one who has
10 disregard for the property and the tenants.

11 So these -- so these inspectors are having a
12 very tough time, and they're doing the best job they
13 can.

14 A MR. D'AGOSTINO: My grandmother told me a long
15 time ago, everything in moderation. The most egregious
16 cases need to be dealt with, but I also say we need to
17 make sure that we have mechanisms that invest in our
18 existing housing stock. The city has a lot, you're
19 right. You saw that slide, 84 percent. It's gotta be a
20 mix of all those issues and solutions, so we're not just
21 saying that, hey, busting the landlords. You're
22 absolutely right. There's a difference, though, between
23 living in slum, right, and having, you know, paint
24 that's not lead paint that's peeling and enforcing
25 someone to deal with that.

1 So, obviously, we need to be concerned about,
2 you know, what we're doing with respect to property
3 inspections, but some of these conditions we're seeing,
4 quite frankly, nobody should have to live in, and they
5 should be dealt with immediately. Everything else,
6 let's find ways to fix the housing, work with landlords
7 and others to fix the housing, so no disagreement.

8 MR. JURMAN: That -- that concludes our very
9 first hearing on Core Services. Our next hearing will
10 be April 21st at Thaddeus Stevens College. We'll be
11 talking about education and training.

12 A couple of things really quickly. The data
13 can be depressing and overwhelming. There's a lot of
14 it, right? And so what the Commission has to do now is
15 gonna chew on everything that we've heard tonight and
16 other data we've been sharing. It will be on the
17 website, other studies that we've seen, and then we've
18 gotta start brainstorm about solutions of how we do this
19 differently.

20 Some really encouraging things about that.
21 Literally, and I didn't plan this. I can prove it and
22 show it to you afterwards. While we were here, my wife
23 shot me a text picture of my son losing his tooth that
24 he's been waiting for, like, weeks to come out. And you
25 remember that excitement. We all missed something to be

1 here tonight. We all decided this was important. A lot
2 of people came tonight. A lot of you stayed right until
3 the very end.

4 Back in the 2008 campaign, Candidate Obama
5 said something that has stuck with me ever since. And
6 that was that he wasn't the answer, that we were the
7 people we've been waiting for. If this is going to get
8 fixed, if we're going to get through these complex
9 problems, and you've heard how they all kind of
10 intertwine and connect to each other, then we as a
11 community have to all be working together.

12 And so we're gonna start looking at ways that
13 we can create opportunities for ongoing community
14 conversations in smaller groups, and we can dig in, how
15 do we dig in to different neighborhoods, how we can work
16 together to start moving along different things in small
17 ways. There's small things that we can do. Just like
18 there's a million small things creates all of these
19 challenges for families. But you can imagine how the
20 deck is stacked against you, as all these things could
21 impact your life.

22 We've got to start pulling that apart as a
23 community at every level, and I think it's so important
24 that while we call out what's wrong, look at data for
25 what's not working, that we also remember that

1 finger-pointing is never going to get it done, and we've
2 got to figure out how we can get past that to get to
3 what's right and what we still need to do, and we've got
4 to make sure that whatever we come out with, and this is
5 why it's so important that you as community residents
6 come out, give us your thoughts, if you didn't get a
7 chance to speak, write it down or get it to us. Give us
8 your ideas. Give us that thing we haven't thought of
9 yet, because it's got to be something new if we're going
10 to resolve it.

11 And we're going to ask you to be a part of the
12 solutions that come out, and they come out on December
13 31st. Mayor Gray is not going to get this done by
14 himself with a group of solutions written by us. We're
15 all going to have to get this done, and so we're going
16 to ask you to keep coming out, find ways to keep getting
17 involved. We're going to ask you to find things you do
18 and ask you to find things we should be doing and ask us
19 to get involved.

20 But please, if you came out tonight and this
21 was the first time, don't let this be the last time, and
22 we hope you'll continue the conversation, and I'm just
23 really impressed by all of you who came out tonight.
24 Thank you very much.

25 (The hearing concluded at 9:12 p.m.)

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