



District of Columbia
Primary Care Association

Action And Innovation For Health Equity.

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Public Hearing on Case 05-28B

Second Stage Review of Planned Unit Development and Zoning Map Amendment

April 18, 2011

**Zoning Commission
Anthony Hood, Chair**

By

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Chief Executive Officer
DC Primary Care Association**

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ZONING COMMISSION
District of Columbia

CASE NO. 05-28B

EXHIBIT NO. 42

Good evening, Chairman Hood and distinguished members of the Zoning Commission. My name is Sharon Baskerville, and I am the Chief Executive Officer of the DC Primary Care Association (DCPCA). DCPCA represents safety net providers and other key stakeholders who are committed to our mission of creating a community-based, primary care focused health care system that guarantees DC residents the right care, in the right place, and at the right time. I am here today to talk about DCPCA's application to the Zoning Commission for a second stage review of a planned unit development (PUD) and a zoning map amendment that would allow for the construction of a new health center. This project not only holds high importance for me in my role as the CEO of DCPCA, but also as a resident of Ward 7 who lives close to the site under discussion. For DCPCA and the residents of Ward 7, this project has reached a critical juncture. District funding of \$15 million, which is the foundation and springboard for this project, is at grave risk of being lost through further delay. This lifesaving project has the full support of Dr. Mohammad N. Akhter, the current Director of the Department of Health; Beatriz Otero, the Deputy Mayor for Health and Human Services; Ward 7 Councilmember Yvette Alexander; Dorothy Douglas, Ward 7 Member of the D.C. State Board of Education, and the most immediately affected ANC Commissioners and civic associations.

Description of DCPCA and Medical Homes DC

Our mission for the last 14 years has been to build an integrated health care system that guarantees access to good health care. Our approach to achieving 100 percent health equity is multi-faceted. Our first fight was for increased coverage for the poorest, most underserved people in the District. Despite extensive coverage options for low-income individuals, DC residents continue to face barriers to care. The lack of accessible services compounds the burden of chronic disease seen in the District of Columbia.

Our mission evolved into a broad portfolio of projects, including building community health centers. To implement this mission, we created an initiative called Medical Homes DC, which is a public-private partnership that unites DCPCA, the District's Department of Health, and other funding sources to renovate, expand, and build community health centers in the District's most underserved communities, including Ward 7. DCPCA is currently managing a \$70 million portfolio of capital projects that will benefit the medically vulnerable by improving access and increasing the capacity of the District's community health centers.

DCPCA continues its work to strengthen and sustain a strong and effective safety net system for all DC residents. Through the Medical Homes DC program, DCPCA is committed to improving access to high quality primary care in the District's underserved neighborhoods. The replacement and upgrade of the Hunt Place Health Center represents one of our highest priority projects.

History and Current Use of Property

Since launching our Medical Homes DC program, DCPCA has wanted to build a state-of-the-art facility that would replace the existing Hunt Place Health Center. We have spent the past several years analyzing various sites, and even spent considerable time negotiating other property. After careful analysis, DCPCA ultimately chose the property at the corner of Kenilworth Terrace and Hayes Street NE, less than a mile from the current Hunt Place Health Center.

To date, we have invested close to \$900,000 in this property, in order to get to this point. Should this site not be approved for use of a health center, DCPCA would have to start over at a new location. Our chances of obtaining more pre-development funds in these economic times are slim. DCPCA feels that we have exhausted the Ward 7 possibilities and that the site under discussion continues to be the best option for building a brand new health center in Ward 7 within the next 3 years.

Goals of the Project

There are several goals of this project. First and foremost, we want to replace the Hunt Place Health Center - located less than a mile from Parkside - in order to upgrade the facility and increase the capacity of health care visits. The existing site is a 13,500 square foot (s.f.) windowless building that is not ADA (Americans with Disabilities Act) compliant. The operator, Unity Health Care, has leased the facility since 2001 when it

took over this – as well as five other – District-run health centers that the city was planning to shut down. The District maintained control over the physical facility as the leaseholder, but Unity became responsible for staffing and management. Anyone who has seen the site knows that, despite Unity's best efforts, it is difficult to maximize patient and employee dignity in such a location. Our plans are to build a 43,000 s.f. state-of-the-art, LEED- certified (Leadership in Energy and Environmental Design) health center. By tripling the size of the building, and by upgrading the condition of the building considerably, we will be able to expand access and improve the quality of healthcare the neighborhood receives.

Our second goal of this project is to build the kind of facility in which anyone, regardless of income, would want to obtain primary care services. We recognize that this is an ambitious goal, but we need to leave behind the ghettoization of health care. We believe that a well-designed facility that offers a wide array of services can succeed in attracting a mixed income. This will not only improve care for the neighborhood, but it will make Unity a more sustainable organization.

In addition to providing health services, DCPCA would like to see the project provide jobs to DC residents in both construction and healthcare. In selecting our general contractor, firm experience with DC Certified Business Enterprises (CBE) and First Source Agreements was a key component to the competitive bid. For our Ward 8 project, currently in construction, DCPCA entered into a First Source Agreement with

the city, and we plan to do the same for Parkside. Our CBE participation rate on that project is 41 percent.

For healthcare jobs, DCPCA already has a partnership in place with the Community College of the District of Columbia to create a training program for Community Health Workers (CHWs). CHWs are people from the communities in which they serve who function as health care extenders. Through this training program, we have the ability to create a pipeline to health care careers for many DC residents, including those in Ward 7. Thanks to DCPCA's work in piloting the program, CCDC now has an established course available to DC residents. An estimated 50 residents will be trained to receive certificates by the end of 2012.

Finally, we strive to make sure that this project delivers other public benefits and amenities to the neighborhood, beyond the benefit of health care. We hope that Unity can find funding to offer health and wellness classes, which do not seem to be widely available now. In addition, we are already in discussions with the DC Arts Commission to identify the potential for a public art project. Finally, a beautiful new building will bring light and activity to an underdeveloped area. This will help reduce crime and increase desirability to live and work in Parkside.

Need for and Benefit of the Health Center to the Neighborhood

This neighborhood in Ward 7 has been deemed high need and a high priority area since the inception of the Medical Homes DC program. Based on a 2008 RAND Corporation report, the health indicators for Ward 7 show a population at risk and reflect numerous health-related problems experienced District-wide, especially those associated with race and poverty. The report indicated that, among adults, residents of Wards 7 and 8 had generally higher rates of chronic disease, poor health status, and premature mortality.¹

Prior to the publication of RAND's estimates on health care capacity needs for the District, DCPCA used data from the US Department of Health and Human Services, Health Resources and Services Administration (HRSA) to determine the areas of the city in greatest need of primary health care services. HRSA collects data on Health Professional Shortage Areas (HPSAs), reported by the US Census tract, which DCPCA used to guide target areas for need. The print out of this data is shown in Attachment A.

The construction of a new health center in Parkside will improve access to health care to help ensure early diagnosis and treatment of acute illnesses and chronic disease management. As cited in the RAND report, the following ZIP codes are in need of primary care services for children and adults: 20019, 20020, and 20032.² These ZIP codes are the areas that comprise the primary service area to be served by the Parkside

¹Lurie, N. et.al. Assessing Health and Health Care in the District of Columbia, Working Paper WR-579, June 2008. Prepared for the Executive Office of the Mayor, District of Columbia.

² Ibid

Health Center. The new health center is expected to serve 50,000 patient visits per year, which effectively doubles the visits that the existing health center currently serves. The health center's increased capacity will help address the health disparities and improve the health outcomes of the residents of Ward 7.

The Parkside Health Center will also play an important role in a community with a high rate of poverty by providing 100 percent access to primary health care. Based on a market assessment done in 2006 for the Hunt Place Health Center, 66 percent of the patients utilizing the clinic live below 100 percent of the federal poverty level (FPL). As required by any federally qualified health center, as well as by DCPCA's Medical Homes DC program, Unity is a charitable organization that treats patients regardless of ability to pay. We believe that everyone – especially the residents of Ward 7 who are medically underserved by the health care system in their community – should get the right health care, at the right time, and in the right place. The construction of the new Parkside Health Center will help fulfill this mission.

Role of the DC and Federal Government

The Parkside project will receive significant support from the DC and federal government, both in terms of operating and capital costs. For operations, Unity receives a portion of its operating revenues through its collection of reimbursements from Medicaid and Medicare – federal insurance programs. As for capital, since 2005, DCPCA has received a commitment of close to \$70 million in capital funds from the DC

government for our Medical Homes DC program. Of this \$70 million, DCPCA will commit the lesser of \$15 million or 75 percent of costs to this project. For the remaining 25 percent of project costs, DCPCA and Unity are prepared to seek private financing such as tax-exempt bonds, conventional debt, or New Markets Tax Credits. Other Medical Homes DC projects have been successful in accessing private financing for their projects. Unity itself has previously obtained a tax-exempt bond for their Upper Cardozo Health Center project.

Role of Unity Health Care

Unity Health Care, a nonprofit 501(c)(3), will operate the health center and will be the eventual owner of the property. Unity is a federally qualified health center (FQHC), which means it is a “safety net” provider, as designated by the federal government. The main purpose of the FQHC program is to enhance the provision of primary care services in underserved urban and rural communities. Founded in 1985, Unity’s experience as the largest private organization providing primary medical care to homeless, low-income, and uninsured District residents is extensive. Unity currently provides care at thirty locations – including health centers, homeless shelters, DC Jail sites, and via two mobile outreach vehicles – serving all eight wards of the District. Approximately three-quarters of Unity’s patients are African-American and 20 percent are Latino.

Unity plans to provide its full scope of health care services at this site, including primary care, OB/GYN, pediatrics, dental, HIV/AIDS services, a wellness center, Women Infants and Children (WIC), case management, behavioral/mental health, and a range of specialty care that will likely include podiatry, ophthalmology, dermatology, urology, pulmonary medicine, rheumatology, cardiology. and other specialties.

Hours of Operation

The proposed weekly hours of operation are a base level of Monday through Friday 8:15 am to 4:45 pm, with extended services until 8 pm on certain nights (to be determined) and likely Saturday hours from 8:00 am to 2:00 pm. This is in line with the hours of the existing Hunt Place Health Center.

Expected Patient and Staff Numbers

Based on our projected visit estimates, which incorporate usage of the existing facility, Unity expects to serve at least 50,000 visits annually in its 40+ exam rooms and six dental chairs – more than double the visits of the current health center. This quantity of services translates into approximately 320 visits per week, or just over 50 patients a day.

Community Outreach

Getting community support for this project was very important for DCPCA. We made multiple presentations to the Advisory Neighborhood Commission (ANC) and various community organizations between October 2009 and March 2011 – a total of 10 times. In addition, the ANC formed a smaller design committee, chaired by a community representative, to provide input in our design. We set up three meetings with this design committee, the last time on March 17, 2011. From the feedback we received, we understood that building height, circulation, and safety were the neighborhood's high priorities. Our design team incorporated those concerns as we moved ahead with our work. As a result of our community outreach and efforts at incorporating the community's concerns, the commissioners of ANC 7D voted to support the health center in September 2010, including the first stage modification, second stage PUD and related map amendment. Their letter in support of our application recognized the need to provide quality health care in this neighborhood and DCPCA's "extraordinary track record with providing primary care." More recently, ANC7D has opposed the separate applications filed by Lano Parcel 12, but DCPCA was neither invited to, nor participated in, these proceedings. The record in this case clearly demonstrates that the support in the immediate community for this project is strong and broad, including Mr. Willie Woods, the ANC Commissioner for the Parkside area; Ms. Sharita Slayton, the ANC Commissioner for the immediately adjacent single member district; the Parkside Civic Association; the Groundwork Anacostia River; and numerous individual residents of the neighborhood.

Closing

Chairman Hood, I would like to thank you for the opportunity to testify at this public hearing before the Zoning Commission. DCPCA remains firm in our commitment to improve primary care for those in greatest need through building and expanding safety net clinics in the District. We have worked diligently with the local ANC and the DC government to ensure that this new health center will serve the health care needs of the community. I appreciate your consideration for our planned unit development (PUD) application.

Thank you for the opportunity to testify on this important issue. I am happy to answer any questions that you may have.