

Testimony
Robert Wood Johnson Foundation Commission
Build a Healthier America
by
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October 2, 2008

Oral Testimony

On behalf of People's Emergency Center (PEC), I want to thank the Robert Wood Johnson Foundation's (RWJ) *Commission to Build a Healthier America* for diligently exploring how factors *outside the healthcare system* shape and affect opportunities to live healthier lives. James Marks, M.D., M.P.H. Senior Vice President and Director, RWJ's Health Group said it well, "One's health is as much about where you live, work and play as it is about whether you have access to good quality care." The Commission recognizes that improving conditions in our homes, schools, workplaces and communities can help create greater opportunities for healthier lives.

Organizations like PEC, Project HOME and Neighborhoods Now are grateful that through this process the Commission has validated and documented what we have experienced to be true on the frontlines.

Moreover, we are encouraged that in addition to getting the "big picture," the Commission has a significant depth of understanding that is evident in its report *The Obstacles to Health Report: Stories, Facts and Findings*. This report frames the issues very well because it:

- Identifies the key factors that we know (as providers) affect health, such as, early childhood experiences, education, income, quality housing and neighborhood stability.
- Reflects an understanding of the critical interplay among these factors. The report explicitly makes the connection that more education makes an individual more aware of healthy and unhealthy choices and makes it easier to make healthy choices. And, better educated parents are better equipped to raise healthy youngsters. More education results in higher paying jobs with benefits, including health insurance. Families headed by more educated parents are better able to purchase nutritious foods, obtain quality child care, enjoy leisure activities and buy safer (non-toxic and non-allergenic) homes in safer neighborhoods with less crime, better air quality and opportunities for exercise and recreation.
- Distinguishes between factors that are issues of personal responsibility and those issues that require community and societal responsibility.
- Acknowledges and documents the lifetime and generational impact of these factors on health.

PEC is honored to have been highlighted in this forum as a program aimed at creating healthier communities. It is noteworthy that PEC began 30+ years ago as an emergency "people-based"

program focused on meeting the immediate needs of homeless families in Philadelphia. And we adapted organically to meet the growing and changing needs of the homeless and low-income families we served. We began to add more intensive case-management, counseling, parent-child education, teen programs, primary and preventative health care, various levels of transitional and permanent housing with services, child care, employment and training, etc. The 1990s were the critical turning point for PEC. It was in the 1990s that PEC recognized that the solutions needed to be **both “people-based” and “place-based.”**

In the process of organizing to gain neighborhood support to develop these special needs housing facilities, we recognized that many families in the neighborhood were living precariously “on the edge” and that we could be a resource to help them. We also recognized that the homeless and formerly homeless families living with us would only thrive if they felt they were integrated into the larger neighborhood and community AND if that neighborhood and community were transformed into a healthy and positive environment and peer culture.

To date, PEC has converted over 100 vacant and “unhealthy” properties into nearly 200 units of affordable housing and homeownership units, four family resources centers, community gardens, playgrounds and parks that help stabilize the neighborhood. PEC has helped nearly 50 longtime homeowners in the community complete home repairs and improvements. PEC has begun transforming its stretch of Lancaster Avenue into a vibrant, economically competitive retail corridor for West Philadelphia residents that is safe, clean and provides a mix of goods and services that promote the health, well-being and development of neighborhood residents.

PEC pioneered a number of creative “digital inclusion programs” for youth connected to our local schools. And, PEC has even aggressively recruited the large healthcare institutions to play a broader role in our community by employing neighborhood residents, offering employer-assisted housing in our neighborhood and jointly developing customized training/hiring programs.

PEC is proud to be working hard toward creating healthier homes and neighborhoods. Our written testimony provides more detail on PEC’s specific efforts in this area.

However, I would like to take this opportunity to make some general recommendations to the Commission.

RECOMMENDATIONS:

- (1) *The field needs comprehensive and integrated solutions not just a range of quality interventions.* It is clear that the Commission already recognizes that there are many factors outside of the healthcare system that affect opportunities for healthy lifestyles. That is a critical first step. However, once one recognizes the wide range of interventions needed and the ways in which they are connected, it becomes clear that any approach must be both comprehensive and integrated if one wants lasting solutions. From our frontline perspective, we believe we have focused a lot on “how many” individuals/families we have helped and not “how much” we have helped them – counting heads

instead of measuring impact. We see that many individuals and families are getting a little bit of what they need but few are getting the type of comprehensive, multi-faceted intervention they need to actually change their future. For example, if a family gets a house but does not have the services they need, they are unlikely to be able to remain stably housed over time. If a person has a decent educational opportunity but they are afraid to go to school because it is not safe, they cannot seize that opportunity. The field needs comprehensive and integrated solutions not just a range of interventions.

- (2) *Comprehensive and integrated solutions require high quality and intensive case management in order to ensure efficiency and effectiveness.* I believe that high quality, intensive case management to coordinate and integrate service delivery is probably the most critical ingredient to success. Yet, there are no real standards for quality case management in the way we need them. The RWJ Commission could play a role in developing these standards.
- (3) *Comprehensive and integrated solutions require commonly accepted, easily managed ways of measuring impact.* Social workers and community developers are repeatedly asked to prove their impact, rather than to count outputs. This seems to be a reasonable request by any donor until one realizes that any agency which serves its constituents and its neighbors in a comprehensive way has had to patch together multiple categorical sources of funding to be able to afford that holistic approach. Each funder then lays out its individualized, tailor made reporting requirements which rarely are applicable to other funding sources. Nor are many of the reports useful as internal management tools. Thus, with each layer of help to others, agencies take on increased non-service work, frequently with little or no reimbursement for that “administrative” expense. We believe that the burden of setting standards and impact measurements should be shifted to those who have a larger view – the philanthropic world could provide the leadership in developing universal standards and measurements, get buy-in from their peers, and follow up with the investments necessary in hardware, software, and training. At the very least, those funders who require an impact must be realistic about the cost of collecting, measuring, and reporting back to them.
- (4) *Comprehensive and integrated solutions require comprehensive and flexible funding.* Once the Commission makes the decision that comprehensive approaches are the best investment, they need to provide comprehensive and flexible funding. This does not mean separate pots of funding for each of the types of intervention (education, case management etc.). *It means unrestricted, flexible support.* Most nonprofits on the ground spend inordinate amounts of time and energy piecing together fragmented and categorical funding and it undoubtedly begins to affect program design. I am hard pressed to think of a recent funder willing to provide comprehensive, flexible, non-categorical and longer-term funding –with the exception of the Local Initiatives Support Corporation’s (LISC) national Sustainable Communities Initiative (SCI) approach. I would like to challenge the Commission to think about how you can help lead a paradigm shift to making long term commitments for a broad scope of integrated services in a

targeted place. RWJ should develop a flexible and comprehensive funding vehicle as part of any initiative to “Build a Healthier America.”

- (5) **“Bet on Good Horses” Approach to philanthropy.** In order for funders to feel comfortable providing the kind of flexible, unrestricted, long-term support we are recommending, they need to have a lot of confidence in the organizations and leaders they are supporting. Unfortunately, in the midst of rapid growth in the nonprofit sector, there have been several high-profile scandals and reports of financial mismanagement. This has created an erosion of the trust between funders and nonprofits. We need the pendulum to swing back to what was referred to in philanthropy as the “betting on good horses” approach. The notion that it is better to bet on people/leadership than on well-crafted ideas carried out by an unknown entity. A great idea with the wrong person leading it or the wrong team implementing it will fail but the right leader and team will have a consistent flow of good ideas. Models of this approach can be found in award and fellowship programs, like the MacArthur Genius award, where an individual receives a grant and is trusted to use it to continue to benefit society. *This confidence and trust can and should be extended to organizations with strong board and staff leadership and sound track records.*
- (6) **Long-term impact requires long-term intervention.** This means the lead organization must be able to provide support to the individual and family and/or to the neighborhood over the long-term. And, that funders need to be in the long-range play as well. The long-term relationships we have established with our clients and our community residents are critical to our success. We acknowledge from the beginning that the challenges facing people and places have not occurred overnight. Most of the deep injuries to our communities have been suffered over generations. The road to recovery is similarly not a short or straight path so we must be able to help our clients/residents problem-solve over time.
- (7) **Remember “Effective Philanthropy is as much an art as it is a science.”** In an era when significant emphasis is placed on impact and accountability, we believe we have lost this balance. The scales have tipped too far toward science and the “art” is missing. Honestly, I felt very concerned when I read that the Commission was looking for “evidence-based programs” (EBPs). My understanding is that this means even more scientific rigor to invest in things that are “proven” to work. I urge caution on this front. Not because an inordinate amount of staff time and resources are used tracking, documenting and reporting—resources that could be used in direct service. And not because “one size does not fit all.” I urge caution mostly because I have seen clearly in recent years that all the emphasis on outcomes, impact, data, and evidence has had a negative unintended consequence—it has caused front-line workers and other leaders to ignore their instincts and intuition. And, at the macro level, we as a field are less inclined to listen to “the voice of experience.” And, with all of the attention on objective assessment, the emphasis on personal connection can get really diminished, which adversely impacts the client. Even the best tools for measuring social impact are limited

by the absence of industry standards and comparison sets. We need to restore the balance between art and science in this type of philanthropy.

- (8) *Technology is not the enemy*: often when we talk about health and technology, we think of young people sitting inside at the computer and the obesity epidemic. I encourage RWJ to think about technology very differently. In the 21st century policy makers, donors and others should seize the unique opportunities digital technology offers us to do things in a different way. Expectations of all people have changed including the poor. People want more engagement, more information and increased convenience. The home can be viewed as the place of learning and the center of a person's culture. Housing combined with digital technology can help a person change their life--education, training, workforce development and health and disease management. We need to begin to view the home as a channel for information and learning. We can do so much and we can do it with scale and efficiency. To accomplish this we need broadband and hardware in the home as a means of distribution; holistic, culturally relevant information in multiple languages; and digital literacy programs. Looking at housing in a different way in the 21st century will enable us to better facilitate the success of low income people and better involve them in their own welfare. There is a nexus between quality of life and health outcomes and quality information--if we bring it into the home we overcome long standing barriers of time, place, mobility and in some cases race.

On behalf of PEC, I would like to thank the Commission for their tireless efforts to Build a Healthier America and for your willingness to listen to the "voice of our experience" working with homeless and low-income families for over three decades.

Written Testimony

People's Emergency Center Community Development Corporation (PECCDC) works to revitalize the West Philadelphia community in which its parent organization, People's Emergency Center, provides a range of social services and housing activities for homeless families¹. Founded in 1992, PECCDC provides an array of affordable housing development, economic development, and quality of life programs to transform the West Powelton, Saunders Park, and Mantua neighborhoods into a “Community of Choice”: a community in which people choose to live, work, and thrive. As a powerful catalyst for change, PECCDC takes a comprehensive, resident-driven approach to neighborhood revitalization that builds upon neighborhood assets and responds directly to the needs of the community.

Over the past 16 years, President Gloria Guard has overseen PECCDC’s growth from a supportive service housing developer to a truly comprehensive community organization that deals with the full spectrum of neighborhood needs. Since our founding, PECCDC has attracted over \$40 million in private and public investments to our community and our operating budget has grown from \$424,000 to nearly \$1.5 million. With the award-winning leadership of Guard and a talented staff that includes Vice President of Community and Economic Development Kira Strong, PECCDC has been able to take on the many challenges that face community revitalization with innovative programming.

PECCDC’s housing developments involve a wide range of projects that address the need for affordable and moderately priced housing, as well as the greening and beautification of public space. Through these projects, we have transformed over 100 blighted properties into nearly 200 units of rental and ownership housing, four social service facilities, and a community playground. We have also helped 49 low-income homeowners make important repairs— such as new windows, heaters, and roofs—to their homes.

Our economic development activities stimulate growth along Lancaster Avenue—the neighborhood commercial corridor—through safety and security measures, business retention and attraction, beautification, and promotional activities. Through these efforts, we have attracted over 20 new businesses to the corridor; enhanced over 10 commercial façades; improved the streetscape with new trash receptacles, flower planters, trees, mosaic tree pits, and murals; and promoted public safety.

PECCDC’s programs go beyond physical improvements to improve the quality of life for our neighbors. We are committed to increasing financial awareness and building wealth among community residents through financial literacy workshops, credit repair assistance, and homeownership seminars, which over 150 people have attended. Recognizing the important role technology plays today, we created the Digital Inclusion Program to both increase the technological literacy of low-income families and increase their access to the internet. We

¹ A full description of PEC is found at pages 9-10.

recently expanded Digital Inclusion to include programs aimed at local youth to develop technological skills, foster personal growth, and expose low-income youth to higher education and careers in technology. To date, over 300 computers have been distributed throughout the neighborhood and nearly 100 students have participated in youth technology programs.

All of our programming comes out of our resident-driven neighborhood plan. In 2003, PECCDC and stakeholders throughout our community engaged in an extensive, in-depth planning process that resulted in the *West Powelton/Saunders Park Neighborhood Plan*. The plan—funded through the William Penn Foundation and prepared by Kise Straw & Kolodner, Inc., Brown & Keener Bressi, Urban Partners, and Gannett Fleming—contains a five to ten year strategy for shaping growth and development in the target community as well as for improving the quality of life for its residents. It is a truly comprehensive plan that includes quality of life improvements; housing, open space, and community development; economic development; and transportation improvements.

It is becoming clearer and clearer that an individual's health is influenced by where they live. According to the PolicyLink report *Reducing Health Disparities Through a Focus on Communities*, the social and economic environment, physical environment, and services found in a neighborhood all affect health outcomes. PECCDC's work contributes to the health of our community by addressing some of the neighborhood risk factors that are related to poor health.

Reducing poverty: Living in poverty can lead to higher stress levels and other health-related issues. We work to increase economic opportunities and access to resources for our community by providing affordable housing, creating jobs, and offering educational courses in technology and financial literacy.

Improving the physical environment: PECCDC recognizes that access to safe, well-maintained parks and streetscapes can encourage people to walk and to engage in outdoor recreation. We have helped to improve outdoor spaces throughout our community by improving streetscapes with trees, art, and increased cleanliness as well as by partnering with Penn Presbyterian Medical Center, Pennsylvania Horticultural Society, and residents to improve Saunders Park Greene, our largest neighborhood park. We also partner with University City District to provide daily cleaning services to Lancaster Avenue, the neighborhood's commercial corridor.

Indoor space is also important to health—affordable, high-quality housing provides residents with homes free from toxins, basic systems problems, pests, and unsafe designs. PECCDC has made a large contribution to reducing housing-related health risks by transforming over 100 vacant properties, which in and of themselves are health risks, into nearly 200 safe and affordable homes.

Increasing public safety: Fear of crime is a great disincentive for outdoor recreation and physical activity. To reduce these fears in our neighborhood, PECCDC partnered with the University City District to have their Safety Ambassadors patrol the Lancaster Avenue commercial corridor and helped to institute a local Town Watch group.

Building community: Whether through neighborhood planning processes or more direct efforts to build the capacity of local organizations, PECCDC strives to build neighborhood cohesion and to empower residents. With a civically engaged community, residents have greater leverage for attracting resources that improve health.

Increasing services: The level of access to a number of services affects health. Beyond the obvious implications for medical services, having access to fresh foods, recreational facilities, child care centers, among other things, is very important to maintaining a healthy lifestyle. Through our economic development activities, PECCDC works to increase the quality and diversity of businesses on our neighborhood commercial corridor to ensure that everyone can meet their needs with ease. Through our quality of life activities, we provide access to educational classes in financial literacy, computer skills, as well as a local childcare center. We also issue a quarterly newsletter which highlights the many resources available to residents in the area.

PECCDC evaluates the success of our work by tracking the following neighborhood indicators.

- Housing: vacancy rate, property values, household incomes, housing affordability
- Economic Development: commercial vacancy rate, number of new businesses, foot traffic
- Quality of Life: number of financial literacy seminar participants who leave with increased knowledge; number of Digital Inclusion participant who leave with computers, internet connections, and increased knowledge

PECCDC uses a comprehensive database to track each of the indicators. This database has the ability to track data and trends, store and analyze survey information, manage work-flow (related to development and project financing tasks and timelines, and project operations), and produce outcome reports for management and funders.

PECCDC senior staff meets with our governing board to monitor and track the performance of our affordable housing developments on a quarterly basis. The PECCDC governing board's representation encompasses a range of community stakeholders including residents, businesses, public and private institutions, and civic organizations. To ensure that our programs proceed according to schedule, senior staff meets with their subordinates on a weekly basis to assess progress and also provides quarterly updates to the PECCDC Board.

PECCDC's Parent Organization People's Emergency Center

History and Background

PEC helps homeless families through a comprehensive approach and is recognized nationally as a best practice. The families who turn to us for help achieve stability through our shelter and housing, as well as on-site counseling, employment, health, parenting and children's programs. The immediate impact on our families is three-fold:

- The families we serve have a safe and stable place to live.
- Children have positive out-of-school-time programs that help them learn and keep them out of trouble.
- Parents learn positive parenting skills and about healthy choices for their families, as well as participate in family activities that promote genuine attachment and family bonding.

Over the longer term, families as a whole benefit from our holistic case management and on-site counseling while parents learn how to obtain and maintain employment, manage a budget and increase their savings in anticipation of moving on to permanent housing. Once in permanent housing, we continue to offer workshops and services to them, and they are always encouraged to contact us for help.

People's Emergency Center's (PEC) shelter, social services, transitional housing and permanent housing is located in West Philadelphia, Pennsylvania. PEC believes in the equality, dignity and worth of every person. We recognize that homelessness and poverty require wide-ranging, comprehensive solutions. We work with community members, foundations, government agencies, and the business community to help ensure that families in need have access to the services, housing, income assistance, and education necessary for achieving and maintaining independence. PEC's programs and services form the foundation of our work in pursuing sound public policy.

Most families call PEC for help at the recommendation of a friend or family member. Word-of-mouth is by far our best method of identifying potential clients; generally, they consider the reference from someone they know who has first or second hand knowledge of our services to be more valuable than a referral they may receive from social service or government agencies. Some families are referred to us through our contracts with city and state elected officials, offices, the police and through our work with other social service agencies such as Public Health Management Corporation (PHMC), and Guadenzia. A few families come to us for employment, and later housing, services through our outreach to other shelter and transitional housing programs in Philadelphia.

Families who turn to PEC for help come with many serious problems. Many have never lived on their own. A large number are headed by single mothers in their early twenties -- or

younger -- with several young children. These mothers typically read at a sixth grade level or lower and have little or no work experience. Nearly 60 percent survived childhood sexual abuse and have struggled to cope without treatment most of their lives. A third are fleeing violent partners. Many have turned to substance abuse. Their children all too often suffer from hunger and sickness, fall behind in school, and grapple with emotional problems. Many of these families are trapped in a devastating cycle where they become homeless again and again. Our commitment is to help them break free from their past and become strong, productive contributors to society.

PEC's case managers are the living link between our families and the complex systems of services available to homeless and/or low-income parents and their children in the region. Case managers are assigned to families immediately upon intake and begin working with them right away. They assess their personal and credit histories, current mental and physical condition, the reasons (usually multiple) for their homelessness, and income status. Case managers guide them through the paperwork, phone calls, and appointments involved in accessing services and benefits to which they are entitled such as state health insurance, TANF, SSI, child support, and child care subsidies. Learning how to meet the guidelines for receiving assistance is the first step to learning how to manage an income and developing a personal budget, which are skills that case managers work on with the clients well before they achieve employment.

Case managers also link families to services provided by other departments within PEC such as individual, family, and drug and alcohol counseling, parenting education, children's programs, employment training and services, and GED classes. PEC is able to leverage volunteers, tutors for parents and children, in-kind donations, such as cribs, car seats and strollers, as well as funds to pay for school uniforms.

Some community groups assist our families through partnerships with PEC that provide on-site services, such as high-quality child care through Montgomery Early Learning Center, health screenings and education through Children's Hospital of Philadelphia and nurse-managed health services through PHMC. PEC recruits hundreds of volunteers each year to assist with recreation for children, facilitating workshops, tutoring, and field trip chaperones. We enhance the link between our agency and the community at large and advance knowledge about homeless families by seeking out volunteers, arranging in-kind donations drives, and speaking to corporate, academic, professional and social groups.

PEC covers the cost of families' travel to access community supports that are not available on-site such as out-patient mental health and substance abuse treatment, court hearings, housing interviews, and face-to-face appointments with TANF workers, among others.

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