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HOUSE DEMOCRATIC POLICY COMMITTEE

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House of Representatives
COMMONWEALTH OF PENNSYLVANIA

HOUSE DEMOCRATIC POLICY COMMITTEE HEARING

Topic: Toxic Poverty – The Health Impacts of Deep Poverty and How to Reverse the Trend

Warnock Village – Philadelphia, PA

March 5, 2019

AGENDA

2:00 p.m. Welcome and Opening Remarks

2:10 p.m. Dr. Loren Robinson
Deputy Secretary for Health Promotion and Disease Prevention
Pennsylvania Department of Health

2:40 p.m. Panel of Researchers:

- Octavia Howell
  Officer, Philadelphia Research Initiative
  The Pew Charitable Trusts

- Susannah Anderson
  Assistant Professor
  Temple University College of Public Health

3:30 p.m. Bella Zuzel
Resident
Project HOME

3:50 p.m. Closing Remarks

Representative Malcolm Kenyatta and Daniel Burgos Hearing on Toxic Poverty

March 5, 2019

Loren Robinson, MD

Deputy Secretary of Health Promotion and Risk Reduction

Good morning and thank you to Chairman Sturla and our host Representatives Kenyatta and Burgos for the opportunity to participate in this hearing. I am Dr. Loren Robinson, Deputy Secretary of Health Promotion and Disease Prevention for the Pennsylvania Department of Health. In my position as a Department of Health Deputy Secretary, I am responsible for overseeing multiple programs and services in Pennsylvania that fulfill the department's mission to promote healthy lifestyles and prevent injury and disease. This includes programming that serves to improve the health of the most vulnerable communities in the state, many of which are adversely affected by poverty. Communities affected by deep poverty are both rural and urban, though some of our metro areas are hardest hit. In our capital city of Harrisburg, nearly 30 percent of residents live in poverty, and in Philadelphia almost 22 percent of residents are impoverished. Rural communities are not immune from the ravages of poverty either. In fact, one of the most impoverished places in Pennsylvania is located in rural Fayette County, in the township of Ronco, where almost two-thirds of residents live in poverty.

Geographically, people in rural communities tend to have longer distances to travel to obtain basic needs. However, in urban centers (where transportation systems are more robust) opportunity costs are often higher. Saving and long-term planning can easily take a backseat to basic needs such as ensuring food for their families, stable housing, and reliable transportation to and from work on a day to day basis. Additionally, for those who are unemployed or underemployed, obtaining economic mobility out of poverty can be difficult to attain.

Racial and ethnic income disparities among Pennsylvanians also impact health. Based on census data from 2016, white residents were more likely to participate in the workforce than black residents, and had significantly higher per capita income than black and Hispanic residents. Almost 26 percent of Hispanic and 22 percent of black residents lived below the poverty line, compared to less than 6 percent of white residents.

Those who live in poverty are in many cases also lacking health care options and access to care. As reported by the Pennsylvania Department of Insurance, the uninsured rate in PA is 5.5%. Despite this great and continued trend of decreasing the numbers of uninsured persons in our commonwealth, per the 2016 American Community Survey, 15 percent and 21 percent of black and Hispanic residents, respectively have reported needing to see a doctor but could not because of cost. By not seeking medical care due to financial challenges, this can result in lack of or delayed treatment for medical issues, exacerbate minor complications, and increase costs to health systems.

Many who live in poverty also suffer from food insecurity or the inability to fulfill daily nutritional needs. More than 14 percent of Pennsylvanians participate in the Supplemental Nutrition Assistance Program (SNAP). 37% of SNAP participants are disabled. 15% are seniors, and nearly 75 percent of SNAP beneficiaries are working adults.

In 2015, about 13 percent of all households nationwide experienced food insecurity, and in Pennsylvania, about 14 percent of households were food insecure in 2015 – that's 1.7 million people who were unable to meet their nutritional needs.

Counties throughout the commonwealth have childhood food insecurity rates exceeding 25 percent. In 2015, Fayette and Forest Counties both exceeded 25 percent. Counties such as Cambria, McKean, and Potter all saw child food insecurity rates above 21 percent.

Food deserts, which are low-income census tracts where households do not have access to affordable nutritious food, are visible throughout the City of Philadelphia and persist due to lack of transportation, residents' financial challenges, and the limited availability of healthy food options. It is vital to consume the daily recommended servings of fruits, vegetables, dairy, and grains and to reduce the intake of non-

nutritious foods so as to combat chronic diseases like diabetes, obesity, and cardiovascular disease.

Health is impacted by one's ability to access and utilize needed information, resources and services – not just one's ability to financially afford healthcare. Educational attainment impacts job placement, income, and access to information and resources. In 2016, across the United States, Americans with a bachelor's degree earned more than $20,000 more per year than those with a high school degree, while those with a graduate degree made over $40,000 more.

A person's socioeconomic status, food insecurity, education, and access to care are a few of the factors that contribute to a person's ability to move through the world, access the resources needed for a high quality of life, as well as overall health. Dealing with these factors, and with poverty itself, can lead to traumatic experiences. Trauma has a direct impact on physical health and is manifested in chronic toxic stress. This can lead to chronic diseases and other poor health outcomes and can play a role in lowering life expectancy.

In particular, the effects of poverty on children are life-long, and have individual, community, and global impacts. The adverse childhood health outcomes of poverty can include high rates of asthma, obesity, altered gene expression, immune and psychiatric disorders, and behavioral difficulties. These poor health outcomes come at a cost to our economy, our health care system, our productivity in school and at work, and puts our communities at risk for crime and incarceration. Breaking the cycle of poverty to improve health will require a multifaceted approach involving many sectors collaborating on this common goal. We must address the underlying reasons for the causes of poverty and the consequences of the compounding effects that are a result of poverty and the stress it causes.

As mentioned earlier, the Pennsylvania Department of Health has an Office of Health Equity which focuses on reducing health disparities for the most vulnerable communities

throughout the Commonwealth – those affected by poverty and therefore vulnerable to disease, low life expectancy, and poor quality of life.

To improve this situation the Office of Health Equity works with other state agencies to look at policy, system, and environmental changes. The Pennsylvania Interagency Health Equity Team (PIHET) is the vehicle for this effort, bringing together 15 state agencies to collaborate and share resources to reduce the effects of poverty.

At the local level, Public Health 3.0 is another initiative out of this office that works in collaboration with county health coalitions to address local health needs that arise from poverty, addressing the social determinants that affect health outside of the clinical setting. An example of one such collaborative effort is the WalkWorks, a program which aims to increase physical activity in communities across Pennsylvania. This program brings together academic and community partners to create a network of fun, fact-filled, community-based walking routes and walking groups. WalkWorks identifies and promotes safe walking routes; offers social support through guided, community-based walking groups; helps schools develop walk-to-school programs; and addresses local policies to increase safe walking routes. The program also provides technical assistance to communities who don't have the expertise in grant-writing to help facilitate this process. Public Health 3.0 has also created a series of community discussions on the social determinants of health and how community organizations and community members can lean on the technical assistance and convening power of various state agencies to address these determinants.

Beyond the Office of Health Equity, we have several other bureaus that serve those citizens affected by poverty. The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) has improved the nutrition and health of families in Pennsylvania since 1974 by providing nutrition services, breastfeeding support, health care, social service referrals, and healthy foods. There are approximately 230,000 women and children participating in the program currently. Department staff also focus on reducing tobacco use, enhancing nutrition environments, working to ensure children

are immunized against infectious diseases, and ensuring that mothers and infants are cared for.

Thank you for the opportunity to discuss these important issues before the committee. I'd be happy to answer any questions you may have at this time.

THE PEW CHARITABLE TRUSTS

TESTMONY OF OCTAVIA HOWELL, THE PEW CHARITABLE TRUSTS
PENNSYLVANIA HOUSE DEMOCRATIC POLICY COMMITTEE
PUBLIC HEARING, MARCH 5, 2019

Good afternoon, State Representative Kenyatta, State Representative Burgos, Chairman Sturla and members of the policy committee.

My name is Octavia Howell, and I am a researcher from Pew Charitable Trusts Philadelphia Research Initiative, a nonpartisan, independent research organization.

Thank you for the opportunity to provide a few facts from our September 2018 report on poverty in the city of Philadelphia. The research utilized polling and focus group conversations as well as census and administrative data, to describe the experiences of people experiencing poverty in Philadelphia. The full report can be found at www.pewtrusts.org/philadelphiapoverty.

Among the most populous U.S. cities, Philadelphia has the highest poverty rate. More than a quarter of the city's residents—nearly 400,000 people—have incomes below federal poverty thresholds. For context, a poverty income for a single parent with two children is roughly $19,800 or less. Nearly half of the city's poor residents are in deep poverty, meaning they earn 50 percent or less of the federal poverty threshold—less than $10,000 per year for that same family of three.

Not having enough income to meet basic needs is an ever-present stress for individuals experiencing poverty. And that stress can lead to negative health incomes. Surveys by the Public Health Management Corp. (PHMC) have found that the poor experience higher levels of stress, and are more likely to report that a doctor had diagnosed them with a chronic health condition, such as asthma, diabetes, high blood pressure, or obesity. According to Sandra L. Bloom, M.D., associate professor of health management and policy at Drexel University, the stress of poverty triggers neurochemical changes in the brain that can lead to changes in blood pressure, heart rate, and inflammation that wear on health over time.

More than a third of poor residents surveyed by PHMC in 2015 said they had been diagnosed with a mental health condition, double the percentage of those who were not poor. In a poll we conducted for our report, 38 percent of those who said they had grown up poor said they had been cared for during their childhood by someone with mental health issues, compared to 16 percent of those who were not poor as children.

How Philadelphians Described Their Health

Poor and nonpoor, based on a Public Health Management Corp. survey

	Poor	Nonpoor
Self-assessment of overall health		
Fair/poor	41.3%	18.1%
High stress level	37.6%	24.5%
Conditions diagnosed by a doctor		
High blood pressure	44.0%	36.5%
Obesity	39.3%	31.5%
Asthma	27.1%	17.1%
Diabetes	21.6%	13.5%
Mental health condition	34.0%	16.8%

Note: The PHMC survey calculates poverty based on Department of Health and Human Services poverty guidelines, which are based on the thresholds defined by the census.

Sources: PHMC Community Health Data Base, 2015; PHMC Community Health Data Base, 2010

A 2018 Pew analysis found that disability rates are also higher among the city's poor. This impacts workforce participation. Nearly a third of poor, working-age Philadelphians who were out of the workforce described themselves as disabled; an additional 14 percent said they were living with a disabled person.

Many of the city's poor families live in housing that is physically deficient and sometimes hazardous. 17 percent are living in homes that are severely inadequate according to the 2013 American Housing Survey. Landlords in Philadelphia are required to obtain rental licenses, certifying that their properties are habitable and have no critical building or occupancy code violations. But an estimated 28 percent of rental units in high-poverty neighborhoods were unlicensed in 2018. The health impact of deficiencies such as a leaky roof or unabated lead can range from minor to life-threatening and may include allergies, injuries, developmental delays, and exacerbation of existing diseases.

The neighborhood environment of individuals with incomes below poverty also have the potential to negatively impact health. In 2016, 82 percent of poor residents in Philadelphia were living in neighborhoods where poverty is concentrated. These neighborhoods are exposed to higher levels of crime than other parts of the city. And this can have an impact on health. Research has shown that both direct and indirect exposure to crime are associated with higher levels of stress, psychological trauma, poor academic performance, and reduced economic mobility. 76 percent of all violent crimes in Philadelphia were committed in areas with a poverty rate of 20 percent or more. And individuals in the poorest Philadelphia neighborhoods are nearly 5 times more likely to be stopped by the police than individuals in low poverty areas.

An analysis by Virginia Commonwealth University found that people living in the poorest parts of Philadelphia have life expectancies that are as much as 20 years shorter than in wealthier parts of the city.

These issues impact Philadelphians from all demographic groups, young and old, black, white and Hispanic. Poverty is a pressing concern for the city's children—37 percent were living below poverty in 2016; its Hispanic residents—who have a poverty rate of 38 percent; and the city's black residents who with a poverty rate of 31 percent, represent the largest group of individuals living in poverty.

Philadelphia Poverty Rates by Age, Race, and Ethnic Background, 2016

	Percentage below poverty level	Estimated number below poverty level
All residents	**25.7%**	**391,653**
Age		
Under 18 years	37.3%	126,521
18 to 64 years	23.4%	231,336
65 years and over	17.4%	33,796
Race/ethnicity		
Black	30.8%	199,654
Non-Hispanic white	14.8%	77,051
Hispanic	37.9%	84,634
Asian	22.9%	24,403

Note: Even though Philadelphia's population in 2016 was officially estimated at 1,567,872, the census determined the poverty status only of an estimated 1,523,651 residents.

Source: U.S. Census Bureau, American Community Survey, 2016 one-year estimate

Thank you for your time and attention. I am happy to answer whatever questions I can.

Summary: Poverty and Health

Poverty is associated with decreased life expectancy and increased risk for a wide range of health conditions. Increased income is connected to living a longer life and a reduced risk of developing chronic diseases, infectious disease, and mental health diagnoses. In addition, living in poverty is associated with reduced likelihood of connecting to needed medical care, and a worse prognosis after a disease is diagnosed, as compared to wealthier persons.

The broadening wealth gap in the U.S. may be exacerbating this problem. Income inequality is particularly pronounced in the U.S., and the effects of poverty may be worse in the U.S. than in other similar countries.

The causes of this relationship are complex, because poverty is connected to many other economic, social, and health-related factors. Some of the ways that poverty impacts health include access to quality healthcare, preventive care, and information related to health promotion and disease prevention. It is also connected to generational wealth, systems of privilege, and structural racism.

Policy change can address this problem by strengthening support for children, families, education, and social services. Policies are needed that simplify and improve access to quality healthcare, that support neighborhood schools and education at all levels, that increase support for families by providing affordable childcare and family leave, and that increase the minimum wage.

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