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Testimony Before the District of Columbia Council
Committee on Health
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Introduction

Good afternoon Chairman Gray and members of the Committee. My name is Anne Cunningham. I am a Senior Policy Attorney at Children's Law Center[1] and a resident of the District. I am testifying today on behalf of Children's Law Center, which fights so every DC child can grow up with a loving family, good health and a quality education. With more than 100 staff and hundreds of pro bono lawyers, Children's Law Center reaches 1 out of every 9 children in DC's poorest neighborhoods – more than 5,000 children and families each year.

I would like to begin by thanking you, Chairman Gray, for working alongside Councilmember Grosso to ensure the passage of the Public School Health Services Amendment Act of 2017,[2] which requires the assignment of full-time registered nurses to each public and public charter school. This bill will benefit all children who attend public schools in DC, and it will especially make a difference for children with high health needs and children with disabilities.

I am pleased to testify today regarding the performance of the Department of Health (DOH). My testimony will be limited to the topics of Home Visiting and the Build Health Challenge Grant—which has enabled Children's Law Center (CLC), Children's National Health System, and DOH to partner toward improving asthma in Southeast DC.

Home Visiting

As a longstanding member of DC's Home Visiting Council, Children's Law Center supports investment in home visiting programs in the District. Home visiting programs send trained professionals to the homes of expecting parents and parents of young children to offer support during children's earliest years. Home visits can serve a number of purposes, which create a range of proven positive outcomes for children. Home visitors can ensure that babies and young children are receiving the medical care that they need, which is key to addressing the poor health outcomes that disproportionally affect DC's poorest families. Home visitors can also track the development of children in the homes they visit, observing how children are reaching (or failing to reach) developmental milestones, teaching parents what to look for as their children grow, and assisting parents in connecting to early childhood services to address developmental delays.

Home visitors also play an important role in identifying and addressing parents' needs – from screening for maternal depression, to providing education about parent-child interaction, to connecting parents to community-based supports that address challenges that might impact their parenting. From our work, we know that children have the best chance to succeed when their parents and caregivers are fully supported and equipped to meet their needs.

Home visiting programs help build stable working relationships between professionals and families, improve parental capacity in a collaborative and non-intrusive way, and ultimately, assist parents as they navigate what can be a confusing collection of public and community-based services for themselves and their children. When we expand access to home visiting, we expand access to the full range of supports, parental and otherwise, that children need in order to succeed.

Currently, DC's sole source of guaranteed funding for Home Visiting is through the US Department of Health's Maternal Infant and Early Childhood Home Visiting (MIECHV) program. As we have testified in past hearings, this single funding stream is both risky and inadequate for implementation of home visiting programs in DC. DOH has shared that MIECHV alone does not provide sufficient funding for program administration.[3] Indeed, DC is one of only a small number of jurisdictions which does not make an additional local investment into MIECHV-supported programs. Funding for MIECHV expired in September when Congress failed to reauthorize it. After five months without committed funding, MIECHV was only just reauthorized this past Friday.

We ask that this Committee work with the Mayor to add two million dollars annually toward building capacity of our local home visiting programs, allowing for improved administration of our local home visiting programs, ensuring the

sustainability of our local programs, and for expansion of programs to help us reach more children and families in need of these services.

Additionally, we are pleased to see that DOH has again met its objective of working with partners to meet the federal grant requirement of an 85% capacity rate, having achieved an 87% overall capacity rate during FY17.[4] DOH noted in its oversight responses that the rate has not improved beyond 87% largely due to attrition of home visiting staff.[5] Home visitor attrition causes families to disengage from home visiting. We hope DOH will share its plan for working with the Local Implementing Agency, Mary's Center, and partners to decrease rates of staff turnover.

Build Health Challenge

The Build Health Challenge provides privately funded grants to create multi-sector, community-driven partnerships to reduce health disparities caused by systemic social inequity.[6] DC was only one of 20 cities selected nation-wide to receive a grant through the Build Health Challenge, and Children's Law Center is proud to be a key member of the Healthy Together Medical-Legal Partnership for Improving Asthma in Southeast DC. This collaboration between CLC, DOH, and Children's National will lead to $500,000 of resources for families of children with asthma in Wards 7 and 8.

Asthma-related emergency room visits and hospitalizations are preventable. Yet, asthma is the most common reason a child is hospitalized in DC.[7] Asthma is also the third most common reason for children to visit the emergency room, accounting for

34% of all visits.[8] We also know that asthma disproportionately impacts people living in Wards 7 and 8. Last year, people from Wards 7 and 8 were 23 times more likely than people living in Ward 3 to visit the emergency room for asthma.[9] We know that environmental factors, such as mold and infestations, can significantly impact respiratory health.

This grant provides funding for an attorney to be embedded with the staff at Children's National's cutting edge asthma program, IMPACT DC, to gain community input, and to provide legal services to patient families to address health-harming legal needs. In addition, the grant will enable CLC, Children's National, and DOH to use data to develop upstream policy changes to address issues around housing conditions that exacerbate pediatric asthma in Wards 7 and 8.

DOH has been a very involved partner, and we want to thank DOH and Dr. Nesbitt for that partnership and for their recognition of, and commitment to, this important work. We would also like to invite you, Councilmember Gray, to join us at THEARC this summer as we welcome the Build Health national team to DC.

CONCLUSION

Thank you for the opportunity to testify and I am happy to answer any questions.

[1] Children's Law Center fights so every child in DC can grow up with a loving family, good health and a quality education. Judges, pediatricians and families turn to us to advocate for children who are abused or neglected, who aren't learning in school, or who have health problems that can't be solved by medicine alone. With more than 100 staff and hundreds of pro bono lawyers, we reach 1 out of every 9 children in DC's poorest neighborhoods – more than 5,000 children and families each year. And, we multiply this impact by advocating for city-wide solutions that benefit all children.

[2] DC Act A22-0222: The Public School Health Services Amendment Act of 2017, DC Register Vol 65 at 127. Currently under congressional review. http://lims.dccouncil.us/Download/37183/B22-0027-SignedAct.pdf

[3] In conversations with the Home Visiting Council.

[4] DOH Agency Oversight Questions, FY2017. Q11.

[5] Id.

[6] http://buildhealthchallenge.org/communities/2-healthy-together-medical-legal-partnership/

[7] Chaya Merrill, DrPH; Linda Cottrell, MPH; and, Kimberle Searcy, MPH Children's National Health System on behalf of the DC Healthy Communities Collaborative. *District of Columbia Community Health Needs Assessment* at 64. June 2016. (Data from 2014. We have excluded the #1 reason for discharge, which is "liveborn," because a child being born and subsequently discharged is not relevant for our purpose of comparing reasons children are hospitalized for illness or injury).
http://www.dchealthmatters.org/content/sites/washingtondc/2016_DC_CHNA_062416_FINAL.pdf

[8] *Id.* at 75.

[9] *Id.* at 76.