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Introduction

Thank you Chairman Gray and members of the Committee for allowing me to submit this testimony. My name is Sharra E. Greer. I am the Policy Director at Children's Law Center¹ and a resident of the District. I submit this testimony 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 nearly 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. We are members of the Early Childhood Innovation Network (ECIN),² the Under 3 DC Coalition,³ and the Home Visiting Council.⁴

I appreciate this opportunity to testify regarding the performance of DC's Department of Health (DC Health) over this past year. My testimony will first address issues related to DC's COVID-19 vaccine program, then focus on DC Health's support for the implementation of HealthySteps in DC, home visiting, and our BUILD Health Collaboration.

DC's COVID-19 Vaccine Program

DC Health Must Bring Its COVID-19 Vaccine Program into Compliance with the DC Language Access Act

The DC Language Access Act of 2004 requires all DC government agencies, including DC Health and its public-facing contractors and grantees, to ensure that limited and non-English proficient individuals can access the full range of government

services and receive translation and interpretation services.⁵ “Access to District services is essential to the welfare and quality of life for many limited English proficiency residents.”⁶ The Act seeks to ensure such access and prevent unlawful discrimination against limited and non-English speakers.

DC Health’s COVID-19 vaccine program, however, has to date failed to comply with these legal requirements. Although some of its general guides to the pre-registration system have been translated into Spanish, the online pre-registration system itself is only provided in English. Other vital information – such as the DC Health webpage describing DC’s vaccination plan and the various vaccines⁷ – is also only provided in English.

DC Health should take immediate steps to make its vaccination program language accessible.⁸ Almost 100,000 DC residents are foreign-born, and 30.8% of these residents age 5 or older are limited English proficient.⁹ These residents must have full language access to DC’s vaccine program. This is a simple matter of public health as we seek to control and ultimately eliminate the COVID-19 pandemic. It is also a matter of simple equity: DC’s Hispanic and Latinx communities have been among the groups hardest hit by the pandemic and are most in need of the vaccine.

The Need for Aggressive Outreach in Scheduling COVID-19 Vaccine Appointments

CLC commends DC Health for moving to a pre-registration system in its vaccine distribution program. The new system reduces the stress and inequity that arose in the

prior system, which required residents to participate in a weekly online competition for the limited number of vaccine appointments. Under the new system, people can pre-register at their convenience and then wait to be contacted by DC Health when a vaccine appointment becomes available according to the public health and equitable priorities DC Health has established.

CLC urges DC Health to make aggressive outreach efforts when it seeks to contact pre-registered individuals about scheduling their vaccine appointment. The pre-registration system asks the registrant to provide a mailing address, email address, phone number, and alternative contact. DC Health should use each form of contact to reach people. For example, sending just an email may not reach the person in time, given that some people do not check email frequently or because the email is blocked by a spam filter. Emailing and calling and texting pre-registrants will promote a more effective, efficient, and equitable vaccination process.

HealthySteps DC

HealthySteps is an evidence-based national model of a pediatric primary care program that provides infants and toddlers with social-emotional and development support by integrating child development specialists into primary care and strengthening family engagement. Here in the District, an enhanced version of HealthySteps (HealthySteps DC) is currently being implemented at two sites in Ward 8: Children's Health Center – Anacostia and Children's Health Center at THEARC.

HealthySteps DC has improved upon the national model in several ways. First, HealthySteps DC includes dedicated case management and care coordination for families through the support of DC residents with lived experience navigating systems, who serve as the Family Services Coordinators or Family Services Associates. Second, HealthySteps DC has hired mental health clinicians (psychologists) as HealthySteps Specialists in order to integrate parental behavioral health support into primary care. These HealthySteps Specialists have the option to deliver clinic-based mental health visits with families to address critical needs in areas such as maternal depression, grief and loss, and child behavior management. DC's HealthySteps program includes the following core components:

- Team-based well-child visits conducted jointly between pediatricians and the HealthySteps Specialist involving child development guidance, parent coaching, and the dissemination of early learning resources;
- Screening that includes assessment of child development, social-emotional skills, and behavioral functioning in addition to family protective/risk factors and social determinants of health;
- Access to community resources through targeted referrals (e. g., to early intervention or community-based behavioral health agencies) and system navigation/care coordination provided by Family Services Coordinators or Family Services Associates; and

- Access to mental health support between well-child visits for families with greater need of support.

We believe HealthySteps DC is an important, innovative, and cost-effective program that reaches DC's most vulnerable families and promotes the health and wellbeing of their children. DC is home to more than 28,000 infants and toddlers, one-third of whom live in extremely low-income households. HealthySteps is uniquely positioned to support the comprehensive health, safety, socioemotional development, and social support needs of babies – and parents – because the program works with pediatric primary care practices that serve babies and toddlers on Medicaid. The program has served over 2,200 children and families since it was launched in 2017, and in FY2020 alone, the HealthySteps team administered over 500 brief parenting/parental mental health interventions and supported over 2,300 screens to assess child development and emotional well-being, and parental depression.¹⁰ The HealthySteps model adapts well to telehealth, and during the pandemic, the HealthySteps teams in DC pivoted quickly to telehealth formats to continue providing support to families.

Expanding HealthySteps to more health care sites in DC is necessary to meet the comprehensive health needs of all vulnerable families in DC. The services provided by HealthySteps are more essential than ever in light of the mental and emotional burdens on these families due to the pandemic. Demand for the program is continuing to grow, and in response to this need, MedStar Georgetown University Hospital will be

launching HealthySteps at two new sites, and Unity is in the process of standing up two sites through appropriated funding from the Birth-to-Three for All Act. We commend DC Health and the Committee for its investment in the HealthySteps program, and we urge the Committee and the agency to ensure the program is fully funded and able to open additional sites as envisioned by the Birth-to-Three for All Act of 2018.¹¹

Home Visiting

Home visiting programs work in coordination with other family supports and interventions to help pregnant women, mothers and fathers, young children aged zero to five years, and their families achieve the best possible outcomes in maternal and child health, child development, and more. Home visitors do many things, including ensure parents know how to obtain prenatal care and medical care for their children, educate parents about child development so they can recognize delays, work with parents on building strong parent-child attachments, provide a supportive relationship during a time of family transition or distrust of other systems, and help parents access other needed services for their children.

This past year, the majority of home visiting programs pivoted to virtual-only visits due to the pandemic. Several programs used a combination of virtual and safely-distanced visits, where they were outside and masked. Many programs also delivered basic supplies like diapers, foods, and cleaning supplies to homes. Although the shift to virtual home visits presents some challenges (including access to technology/Internet,

technology learning curves, and maintaining active engagement), virtual visits are generally working well, and home visitors are finding ways to make them more comfortable and effective. Some home visitors are also finding that the virtual visits are allowing more flexibility to meet families at more convenient times. The experience of shifting to virtual programming this past year is consistent with data available regarding program efficacy in providing virtual services: programs report that they are able to serve most families equally as well or better than they would be able to in-person, depending on the family's unique circumstances.¹²

We believe home visiting programs are vital to an innovative and effective early childhood system of care—evidence shows that home visiting leads to improved health care utilization by families, earlier identification of developmental delays in children, fewer subsequent pregnancies, increased rates of return to (or continuation in) school, and decreased criminal behavior and parental impairment due to substance abuse.¹³ Further, home visiting programs are also child abuse-prevention programs. Pandemic-related financial hardship, isolation, and stress have increased demand for home visiting.

We appreciate DC Health's participation in the Home Visiting Council over the past year and hope to see the agency's support for home visiting continue and grow in the coming year.

BUILD Health Collaboration

BUILD is a national program designed to support partnerships between community-based organizations, health departments, and hospitals/health systems that are working to address important health issues in their community.¹⁴ In the initial phase of the DC program, Children’s Law Center partnered with DC Health and IMPACT DC, Children’s National’s emergency room asthma program, to address substandard housing conditions at the heart of asthma health disparities among children in DC’s lowest-income neighborhoods.¹⁵

In the next phase of the DC BUILD Health collaboration, we will be working with DC Health to identify and mitigate the impact of accumulated Adverse Childhood Experiences (“ACEs”) by resolving health-harming legal needs (such as access to education, behavioral health services, and healthy housing) and working upstream to improve the coordination of resources and enhance health equity.

We appreciate DC Health’s participation as a partner in our BUILD Health collaboration work and hope to continue to work together to address ACEs and social determinants of health in DC’s most vulnerable communities.

Conclusion

Thank you for the opportunity to testify today. I am happy to respond to any questions the Committee may have regarding any of the topics covered by my testimony above.

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 “The Early Childhood Innovation Network (ECIN) is a local collaborative of health and education providers, community-based organizations, researchers, and advocates promoting resilience in families and children from pregnancy through age 5 in Washington, DC. During this critical period of brain development, children are deeply affected by their experiences and environment. ECIN’s approach affirms the tremendous opportunity to promote and ensure healthy development of young children.” See Early Childhood Innovation Network (ECIN), About ECIN, available at: <https://www.ecin.org/>.

³ The Under 3 DC Coalition aims to increase access to quality, comprehensive early childhood services and other supports for infants and toddlers and their families in DC, and ensuring that health, education, early learning and human services systems work in a coordinated fashion to improve outcomes for young children. See Under 3 DC, Why Under 3, available at: <https://www.under3dc.org/>.

⁴ The DC Home Visiting Council includes advocates, community-based providers, and agency leaders, including DC Health leadership. The Council works to strengthen home visiting in the District by building a cross-sector network of support for programs, advocating for resources and funding for programs’ stability and growth, and collaborating to address systemic challenges to implementation of home visiting services. See DC Home Visiting, DC Home Visiting Council, available at: <https://www.dchomevisiting.org/>.

⁵ *Language Access Act of 2004*, D.C. Law 15-167.

⁶ Council of the District of Columbia, Committee of the Whole Report on DC Language Access Act, 5, (Feb. 17, 2004), available at: https://lims.dccouncil.us/downloads/LIMS/12712/Committee_Report/B15-0139-CommitteeReport3.pdf.

⁷ Coronavirus D.C., Coronavirus (COVID-19) Vaccine, available at: <https://coronavirus.dc.gov/vaccine>.

⁸ One simple, immediate step DC Health could take is to provide translations explaining that individuals can call the COVID-19 call center to pre-register, and prominently provide these translations on the main “Vaccination Registration” webpage.

⁹ DC Office of Human Rights, Language Access Program Annual Compliance Review, 7, (Nov. 30, 2020), available at <https://lims.dccouncil.us/downloads/LIMS/46077/Introduction/RC23-0227-Introduction.pdf>.

¹⁰ Data provided by Children’s National Hospital.

¹¹ *Birth to Three for All Act of 2018*, D.C. Law 22-179.

¹² National Home Visiting Resource Center, *Technology in Home Visiting: Strengthening Service Delivery and Professional Development Using Virtual Tools*, (Nov. 2017), available at: <https://pat.usc.edu/wp-content/uploads/NHVRC-Brief-1113-FINAL.pdf>.

¹³ See Doggett, Libby, *New Research Strengthens Home Visiting Field: The Pew Home Visiting Campaign, Zero to Three* (J), 7-8, (Jan. 2013). See also DC Action for Children, *Status Report on Home Visiting in the District of Columbia Literature Review*, (Sept. 2016), available at: https://www.wearaction.org/sites/default/files/HVSR_lit_review_FINAL_web.pdf.

¹⁴ The Build Health Challenge, About, available at: <https://buildhealthchallenge.org/about/>.

¹⁵ The Build Health Challenge, Healthy Together Medical-Legal Partnership for Improving Asthma in Southeast DC (BUILD 2.0 Awardee), available at: <https://buildhealthchallenge.org/communities/2-healthy-together-medical-legal-partnership/>.