Good morning and thank you for this opportunity. I am Jeff Hild, the Policy Director at the Sumner M. Redstone Global Center for Prevention and Wellness at the Milken Institute School of Public Health at the George Washington University. We work to develop, implement and advance policies in the District to reduce and treat obesity, eliminate health disparities, and improve health outcomes for all District residents.

I would like to speak about two specific pieces of the Mayor’s Fiscal Year 2020 budget proposal for the Department of Health (DC Health). First, the proposed reductions to the Community Health Administration are shortsighted and should be reversed. Second, the budget proposal does not do enough to invest in the HealthySteps program, an evidenced based pediatric care model that was authorized under the Birth to Three Act.

Community Health Administration
The Community Health Administration is responsible for funding many of the District’s programs responsible for addressing health disparities, chronic diseases, nutrition and physical fitness, perinatal and infant health and family health.

This February, the District’s 2018 Health Equity Report was released by DC Health, providing a snapshot of the state of social and structural determinants of health in DC. The report reaffirmed what we’ve known for some time: across most measures of well-being, inequality in the District continues to grow. Life expectancy varies by as much as twenty-one years within the six miles between Ward 8 and Ward 3. Eleven percent of District residents are considered food insecure, and four percent are classified as having “very low food security.” More than one in seven District households relies on the Supplemental Nutrition Assistance Program (SNAP) to bridge these food security gaps. There are also significant differences in adults who report engaging in “no physical activity” – Ward 3 reports just six percent, whereas Ward 8 reports thirty-eight percent. The report is a call to action to address these inequities, and shows just how much work is ahead of us to ensure that every person in the District has an opportunity to live a healthy and secure life. At a time of such challenges, it is astonishing that the budget for the Community Health Administration would shrink.

The programs within the Community Health Administration serve a vital need. For example, the Cancer and Chronic Disease Prevention Program funds community level interventions, such as
the Diabetes Prevention Program (DPP) that works through trusted community partners to assist residents in preventing and managing diabetes. These efforts are evidence-based and have a real impact on the health of District residents as well as on our long-term health care costs. Chronic diseases are among the top causes of death District-wide, particularly in areas where access to healthcare services are low and community environments are unhealthy. For instance, while only twenty-three percent of district residents have obesity, obesity affects more than forty-two percent of Ward 8 residents compared to only eleven percent of Ward 2 residents. One in five Ward 8 residents has diabetes compared to less than one in twenty residents living in Wards 1 through 3. The Cancer and Chronic Disease Prevention Program is designed to address these conditions district wide but its impact will be limited by the proposed cuts.

The food environment in DC is a challenge for many of our residents who live in food desserts or food swamps where healthy options are limited or cost-prohibitive. According to the Relative Healthy Food Availability metric used in the District’s 2018 Health Equity Report, only four neighborhoods had 40—50% of food retail options in the healthy range, while twenty-eight neighborhoods contained both grocery and convenience stores. The Community Health Administration’s Nutrition and Physical Activity program can help residents navigate their food choices through education and behavior change initiatives. It also administers important programs that encourage healthy eating, such as WIC, the Produce Plus program, pop-up community markets, and more. Research has shown that mothers and children enrolled in WIC have healthier diets than those who are eligible but un-enrolled. By cutting this portion of DoH’s budget, it is likely that the Community Health Administration will be unable to reach as many residents, especially those living in challenging areas.

The proposed budget will also impact mothers and infants through cuts to the Family Health Bureau and Perinatal Infant Health Program. These cuts come at a time when acute hospital care for new mothers and infants living east of the Anacostia River is already strained. In 2014, less than half of mothers living in Wards 7 and 8 received prenatal care compared to more than seventy-three percent living in Wards 2 and 3. While rates of infant mortality have declined across all ethnicities since 2001, infants born to black, non-Hispanic mothers have mortality rates that remain three times higher than those of infants born to white mothers. Stemming the flow of funding to these programs within the Community Health Administration, in tandem with the lack of acute hospital care access in Wards 7 and 8, could increase the disparities in infant mortality rates.

Beyond mortality rates, the results of cutting funding to important community programs focused on mothers and their children could have negative impacts that are felt for years to come. Home visiting is the primary avenue for achieving the Perinatal and Infant Health program’s goal of reducing infant mortality and disparities in health. It is a key mechanism for ensuring that at-risk mothers and families have the tools to help their children grow physically, emotionally, and socially so that they are ready to learn when formal education begins. If children who are entering DC’s education system are already behind how can they be expected to catch up to their peers, let alone exceed? The Perinatal and Infant Health Program already
operates on a small budget. Therefore, reducing it by more than twelve percent will have a
direct impacts on those families that need it most.

Further, programs that reach at-risk families and children may buffer Adverse Childhood
Experiences, or ACEs. Left un-addressed, ACEs can lead to poor health outcomes in adulthood.
Those who experience ACEs and lack the resources to address their trauma are at higher risk of
developing chronic conditions such as obesity, as well as having lower educational attainment
and income.

We support the increase in funding for the Office of Health Equity under the Mayor’s proposed
FY2020 budget. However, the proposed is counterbalanced by the cuts to the Community
Health Administration, and the net consequence will be a limited impact on the deep disparities
in the District.

**HealthySteps**

HealthySteps is an evidence-based pediatric primary care program that promotes positive
parenting and healthy development for babies and toddlers. HealthySteps relies upon a child
development specialist, known as a HealthySteps Specialist (HS Specialist), who offers screening
and support for common and complex concerns that physicians often lack time to address,
including feeding, behavior, sleep, attachment, depression, family needs, and adapting to life
with a baby or young child.

In the District, two Children’s National Health System primary care clinics in Ward 8 have
implemented HealthySteps. These clinics also include a Family Service Coordinator who
provides families with referral management and navigation of the systems related to child and
parental needs, including social determinants of health. Through HealthySteps, supports are
provided for both child and adult behavioral health needs, including maternal mental health
screening and support, as well as brief therapy to address caregiver depression and
trauma. Initial evaluation of HealthySteps in the District suggests that more children are being
identified and connected to early intervention services, more parents/caregivers are being
identified and treated for mental health concerns, and more families are connected to
community-based services at increased rates. These data match national evaluation data
showing that parents who received care through a HealthySteps clinic are less likely to use
harsh discipline practices on their children, have fewer emergency room visits, and are more
likely to attend well child visits on time and to receive vaccinations.

HealthySteps is expanding to meet increased needs as part of the HealthySteps Pediatric
Primary Care Demonstration Program established in the Birth to Three for All DC Act.
Nonetheless, relies on additional funding in Fiscal Year 2020, that has not been included in the
DC Health Budget proposal. I urge Council to invest additional funding in HealthySteps so that,
as outlined in the Birth to Three Act, another pediatric primary care clinic in the District can
implement HealthySteps in the next fiscal year and more families and children can benefit from
this effective and evidence-based model.
My comments reflect a deep concern that the Mayor’s budget fails to address the many opportunities to reduce the health disparities in the District, and neglects programs vital to the health of our most vulnerable residents. I hope this Committee and the full Council will allocate the funds needed to address the health and welfare of our children, reduce the District’s unacceptable health disparities, and invest in a healthy future for all District residents. Thank you for your time.