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Testimony Before the District of Columbia Council
Committee on Health
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Deputy Mayor for Health and Human Services

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Good morning Chairperson Gray and members of the Committees on Health. My name is Sharra E. Greer. I am the Policy Director of Children’s Law Center¹ 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 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 appreciate this opportunity to testify regarding the Deputy Mayor for Health and Human Services (DMHHS or Deputy Mayor). While we normally focus our testimony on the past performance of an Agency, today I am going to focus on a proposed new role for the Deputy Mayor. The Deputy Mayor “is charged with the strategic oversight of the health and human services cluster and making sure that residents of all ages receive the services and supports they need to lead healthy and productive lives in the District of Columbia.”² It therefore makes sense that the Deputy Mayor would be charged with leading a new effort provide services and supports to children from birth to three (3) primarily in Ward 7 and 8.

Chairperson Gray, you along with several of your colleagues introduced last spring the Infant and Toddler Developmental Health Services Act of 2017, Bill 22-203 (Infant and Toddler Act). Part of that legislation would require the Deputy Mayor to establish and lead a two (2) year HealthySteps Pediatric Primary Care Demonstration

Program.³ We are hopeful that this bill will pass this year and the new program will be launched in the next year. This Demonstration Project has the potential to positively improve outcomes for many children and families.

The earliest years of a child's life are a critical time of rapid development, and we know that parents who get the support and services they need, as early as conception, set their children on the best possible trajectory for their future.⁴ Children's Law Center is part of the Early Childhood Innovation Network that is currently piloting HealthySteps at Children's National's primary care clinic in Anacostia and THEARC.⁵ HealthySteps is a proven early childhood pediatric primary care model which focuses on providing supports to parents and caregivers in order to ensure that infants and toddlers are nurtured and have healthy development.⁶ HealthySteps achieves this, in part, by embedding a developmental specialist in to the child's primary care team.⁷ This "HealthySteps Specialist" works with families both during and in between well-child visits to address more time-intensive concerns, such as feeding, sleep, attachment, and social determinants of health, and are trained to provide family-specific care coordination, referrals, and support between visits.⁸

Another important component of the HealthySteps model is its emphasis on prevention of adverse childhood experiences.⁹ An adverse childhood experience is a potentially traumatic event, such as abuse, divorce, incarceration of a parent or guardian, community violence, and poverty. The stress effect of these events can

impede brain development, and can negatively impact a child's health and well-being all the way into adulthood. The great news is that the trauma of these events can be minimized or prevented through positive adult support and strong relationships between children and caregivers. HealthySteps, through its expanded primary care team, works closely with caregivers to identify risk factors and teach them strategies for shielding their children from the adverse impact of these events.

Research strongly supports the short and long-term efficacy of HealthySteps for the health and wellbeing of children who receive their primary care through the model.^{10, 11} For example, children involved in the model were approximately twice as likely to receive a well-child visit on time, 23% less likely to visit the emergency room for injury-related causes in a one-year period, and 1.4 times as likely to be up-to-date on vaccinations by age 2. Additionally, mothers were 22% more likely to show picture books to their infants every day and 12% more likely to have read to their infant in the previous week.¹² Parents were also 22% less likely to rely on harsh punishment, and 27% less likely to use severe discipline.¹³ Finally, HealthySteps has also been shown to result in substantial healthcare cost savings in both the short-term and long-term.¹⁴

As an addition to the traditional HealthySteps model, the Infant and Toddler Act also calls for the integration of a public health worker to provide "community navigation services," for helping individuals access care in their home and community.¹⁵ The purpose of the "community health worker" is to assist caregivers

with appointment scheduling, transportation, home environment assessments, referrals, and more.¹⁶ This is very similar to the “family champion” the current pilots are using.

A family champion is someone from the community who has experience working with children who have developmental or mental health challenges. The family champion has been a key part to the success the pilots are having. Supporting HealthySteps in DC would greatly benefit DC’s children and families. We are hopeful that the bill will pass, the Demonstration be funded and the Deputy Mayor will successfully lead this new Demonstration project this coming year.

CONCLUSION

Thank you for the opportunity to testify 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 be the voice 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 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 <https://dmhhs.dc.gov/biography/hyesook-chung-deputy-mayor-health-and-human-services>

³ B22-203 Infant and Toddler Developmental Health Services Act of 2017, Sec. 102.

⁴ Seminal research on early intervention programs shows they produce long-lasting and substantial gains in outcomes, such as reducing the need for special education placement, preventing grade retention, increasing high school graduation rates, improving labor market outcomes, reducing social welfare program use, and reducing crime. Karoly, L. A., Kilburn, R. M., & Cannon, J. S. (2005). *Proven benefits of early childhood interventions*. Santa Monica, CA: RAND Corporation.

http://www.rand.org/pubs/research_briefs/RB9145.html; See also *The foundations of lifelong health are built in early childhood*. Center on the Developing Child at Harvard University, 2010.

<https://46y5eh11fhgw3ve3ytpwxt9r-wpengine.netdna-ssl.com/wp-content/uploads/2010/05/Foundations-of-Lifelong-Health.pdf>: “When developing biological systems are strengthened by positive early experiences, healthy children are more likely to grow into healthy adults. Sound health also provides a

foundation for the construction of sturdy brain architecture and the associated achievement of a broad range of abilities and learning capacities.” (p.2).

⁵ The Early Childhood Innovation Network (ECIN) is a local collaborative of health, education, and community providers promoting resilient 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.

⁶ See http://modernmedicaid.org/medicaid_solutions_healthysteps/.

⁷ See <https://www.healthysteps.org/the-model>.

⁸ See http://modernmedicaid.org/medicaid_solutions_healthysteps/.

⁹ Id.

¹⁰ Guyer, B., Barth, M., Bishai, D., Caughy, M., Clark, B., Burkom, D., Genevro, J., Grason, H., Hou, W., Huang, K., Hughart, N., Jones, A.S., McLearn, K.T., Miller, T., Minkovitz, C., Scharfstein, D., Stacy, H., Strobino, D., Szanton, E., & Tang, C. (2003). *Healthy Steps: The First Three years: The Healthy Steps for Young Children Program National Evaluation*. Johns Hopkins Bloomberg School of Public Health, February 28, 2003. Retrieved May 5, 2016, from http://www.jhsph.edu/research/centers-and-institutes/womens-and-childrens-health-policy-center/projects/Healthy_Steps/frnatleval.html. This study was conducted in 2003 and involved a 15-site national evaluation of HealthySteps programs, and involved a sample of 5,565 children. (Ch. 1-5).

¹¹ “[HealthySteps] also enhanced the experiences of providers. Physicians were highly satisfied with the program and thought it helped families, improved their own listening skills, and empowered their staff to support child development.” (<https://www.healthysteps.org/article/healthysteps-outcomes-summary-20>).

¹² Johnston, B.D., Huebner, C.E., Tyll, L.T., Barlow, W.E., & Thompson, R.S. (2004). Expanding developmental and behavioral services for newborns in primary care: Effects on parental well-being, practice and satisfaction. *American Journal of Preventative Medicine*, 2004(26), 4th ser., 356-366.

¹³ “Severe discipline strategies” is defined in the study as “slapping [the] child in the face or spanking [the] child with an object such as a belt,” and “harsh punishment” is defined as “yelling, threatening, slapping [the] child’s hands, or spanking [the] child with [a] hand.” See supra note 9. Ch. 10-18.

¹⁴ Evidence of HealthySteps’ cost-savings has been documented in a number of sources, including Id. at Chapter 15, http://modernmedicaid.org/medicaid_solutions_healthysteps/.

¹⁵ Infant and Toddler Act, Sec. 102(d)(4).

¹⁶ Id. at Sec. 101(6-7).