Public Health Challenges in the Nation's Capital

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Chairman Akaka, Ranking Member Voinovich and distinguished subcommittee members, I am honored to testify before you today on Public Health Challenges in the Nation's Capital.

Public health prevents illness. Public health promotes wellness. Public health protects. Public health saves lives, and at this time when health care reform is front and center in our national policy arena, it is the missing link to the cost saving solutions needed to save our nation's health care system. Effective public health practice educates people, advocates for the conditions that promote wellness, links people to care, and provides access to treatment for those in need. I am pleased to present this public health testimony before you today as we discuss the public health challenges facing the District of Columbia.

I'd like to begin my remarks with an example of how public health protects and prevents. The District of Columbia Department of Health and our partners in emergency preparedness have been active in our response to the H1N1 influenza virus, working closely with the Homeland Security and Management Agency, the District of Columbia Hospital Center, and the Centers for Disease Control and Prevention to keep the public aware of the

situation, ensure that providers have up to date clinical guidance, and to provide timely reports on laboratory specimens collected from around the city. We are pleased with the coordination at all levels of government and the public sector in responding to this outbreak and repeatedly communicated the simple preventive strategy of washing your hands, covering your cough, and staying home if sick. Just last week the department hosted a stakeholders meeting with our local partners to discuss ways in which we could improve DC's response in case a similar situation were to arise in the future.

The DC DOH is an agency of 836 employees with an annual operating budget of $268M, comprising $137M in federal funds, $109M in local and special purpose revenue funds and $21M in intra-District funds. There are six administrations: Addiction Prevention and Recovery Administration, Community Health Administration, Center for Policy, Planning and Epidemiology, HIV/AIDS Administration, Health Emergency Preparedness and Response Administration, and Health Regulation and Licensing Administration. Annually we provide immunizations to over 3,600 people; last year we facilitated access to care in a network of community clinics that serve 93,000 people; we investigated 775 communicable disease cases,

removed 130,000 needles from the street through our needle exchange program, and inspected 388 health facilities.

The District boasts a high rate of health insurance relative to similar jurisdictions across the country. In spite of this, we still have poor health outcomes. Our epidemiology staff collects data that gives the city its vital signs, indicators of how well we are. Annually 3,000 people die from the top 5 preventable causes of death – heart disease, cancer, cerebrovascular disease (stroke), accidents and HIV/AIDS. The rate per 100,000 populations for cardiovascular disease is 239.0; for cerebrovascular disease (stroke) the rate is 35.0; HIV/AIDS is 32.9; homicide/assault is 29.0, and diabetes is 26.9.

The reasons for this are a combination of social and health factors including poverty, lack of education, unemployment, illiteracy, poor living conditions and other social inequity factors that influence access to resources. Part of our role is to identify these factors and play our part in reducing the negative effects that they can have. To do this we select specific targets, and collaborate with many partners. What I will describe for you relates to our current efforts aimed at reducing the city's chronic disease burden.

In the District, eight of the ten leading causes of death are in essence preventable. According to national health experts, chronic diseases such as heart disease, diabetes, stroke, and cancer can be prevented by access to screenings with appropriate linkages to treatment services, health education using behavioral models and frameworks, and systems level change in the allocation of resources and delivery of service. All of these prevention efforts can contribute to the improvement of health outcomes in the District.

At the request of City Council in 2007, the DOH developed a five year strategic plan entitled, "Working Together toward a Healthy Community, the D.C. Plan to prevent and Control Cardiovascular Diseases, Diabetes, and Kidney Diseases 2008 – 2013." The CDK plan was intended to be a working document that would serve as a tool for coordinating services to reduce disparities and improve the health of our residents.

Since the major causes of chronic kidney disease are high blood pressure and diabetes, DOH has funded programs to address risk factors such as blood pressure and blood glucose control. Examples include several Budget Support Act funded programs, namely the National Kidney Foundation of the National Capitol Area -- to implement the KEEP (Kidney Early Evaluation Program) screening program throughout the District.

Additionally, the Chronic Care Initiative was developed to build an enduring improvement initiative that will guide our city's service delivery system toward high-reliability, high-value, and high-quality care. Funded CCI programs incorporate many elements of the CDK Plan including system-wide coordination through the CCI coalition, conducting disease surveillance, improving the quality of health care and measuring success based upon several outcomes such as a reduction in hospitalizations and improvement in disease management metrics.

Obesity is a major contributing factor to many chronic diseases including hypertension (high blood pressure), cardiovascular disease (heart and blood vessel ailments), and stroke to name a few. Overall, 22% of adults in the District are obese and an additional 33% report being overweight. These numbers are even higher, nearly 42% and 40% in wards with higher prevalence of chronic disease. Youth in the District are at greater risks for obesity than children in the US with over 17.5% of DC public school students self reporting that they are obese. For 24 months, a work group comprised of community stakeholders, workforce managers, and healthcare providers have met to increase coordination throughout the District to combat the obesity epidemic. The department is now engaged in a series of community meetings to discuss the best obesity-reduction and prevention

options that our residents want to see in places where they live so that our obesity action plan can have a firm footing where it is needed most: the community.

Tobacco continues to be the number one preventable cause of death in the world, and things are no different here in the District where 3,000 people die from illnesses complicated by tobacco use annually. Tobacco disproportionately causes major health problems in our poorest communities which has caused us to invest heavily in recent years in tobacco cessation programs and media outreach to these communities. Over the last few years we have successfully collaborated with the American Lung Association of the District of Columbia (ALA-DC) to provide a comprehensive tobacco cessation program. Besides the media outreach, clients are provided access to nicotine replacement therapy, as well as "Quitline" - 1-800-QUIT-NOW. In 2008 we received 2,247 calls, and already in 2009 we have received 1,446 calls to gain access to the resources and support they need to quit smoking. Seventeen percent of adults and 10.5% of youth in the District report that they are a current smoker; however, our data indicates a five year trend of reductions in smoking reported by the Behavioral Risk Factor Surveillance System (BRFSS) and the Youth Risk Behavior Survey (YRBS). The combination of our cessation efforts through the Tobacco Free Families

Campaign, the ban on smoking fully implemented in 2007 and tobacco tax increases can all be credited for this reduction.

Public Health Investments

When the District securitized its tobacco settlement proceeds in 2006, the nearly $250 million in generated funds were all dedicated to public health. Initially the DC Council directed $49 million to cancer prevention and cancer patient support, tobacco cessation services, chronic disease, and health information technology. Over the last three years the tobacco cessation funds have been put to good use and worked in concert with other efforts as mentioned to reduce tobacco use. The Chronic Care Initiative born out of this investment will provide an opportunity for forward leaning continuous quality improvement activity that will engage the District's healthcare providers in a process aimed at improving the care they provide to their patients. To date our investment in health information technology has been in the establishment of a RHIO with six of the DCPCA-member clinics and two hospital-based Emergency Departments. In 2007 the District government invested $79 million of the funds to help stabilize Greater Southeast Community Hospital, now United Medical Center, through a transfer of ownership and major capital improvements.

An additional $1.5M was used to commission the Rand Corporation to produce the "Assessing Health and Health Care in the District of Columbia" report. The remaining funds (almost $140M) will be allocated according to the guidance provided by that report. We have established a grant program, called the Capital Health Project, which will disburse these funds into high impact health care capital developments and public health program investments in the neediest segments of the District.

In December of 2008, just three months after the funds became available, the Mayor and I announced the first round of grant awards totaling nearly $51 million. Focused primarily on primary and emergency care enhancements, $29,755,000 was awarded to the DC Primary Care Association for four primary care expansion projects in the Medical Home DC Initiative, which is designed to increase the access DC residents have to quality primary care sites. Additional investments include $10M to the Washington Hospital Center to enhance the capacity of one of our busiest trauma centers, and $11M to the United Medical Center to establish a Pediatric Emergency Department at their site east of the river in partnership with the Children's National Medical Center. These projects will go through an initial design and construction phase with these much needed new services slated to commence over the next one to three years.

DOH is currently reviewing applications from our second round of grants, which targeted additional primary care enhancement as well as the establishment of urgent care, something noticeably absent in the District. Up to $45 million is dedicated to this second round of grants.

Subsequently, DOH will develop grants to support health care development at the Hill East location, an important historical site in DC's health care system. Additional investments will be made in health information technology across the city's health care provider network, in school based health care capacity, and in prevention and wellness infrastructure.

Chronic Care Initiative

Over the past year, DOH has begun to grant funds for the Chronic Care Initiative to address major causes of mortality. The Chronic Care Initiative, a three year grant program funded by the tobacco settlement funds, is an innovative program designed to address the most common chronic diseases in the District. This $10 million continuous quality improvement initiative creates a consortium of academic, community, and government partners to bring about systems level change in the healthcare delivery system as well as behavioral change in communities with a disproportionate burden of disease. The consortium creates an environment for shared

learning and the CQI component allows for ongoing evaluation of program effectiveness that will inform future funding in the CCI and ensure that interventions lead to improved health outcomes in the long term.

To date, 12 initial grants have been awarded to address chronic disease at many levels including self-care education and support, transitions in care setting, language access with culturally appropriate care and capacity and coalition building. In addressing risk factors for chronic conditions, the initiative seeks to encourage clinical providers to include screening for smoking, hypertension, nutrition and kidney disease in routine visits as well as initiating worksite wellness projects, including wellness activities at DOH. The initiative also focuses on wellness by emphasizing improved access to healthy food choices in communities where such choices are lacking and high obesity rates are present.

Capital Health Project

For Round 3, DOH is preparing grant programs to support health care development at the Hill East location, for wellness and prevention capital programs, and school-based health. Subsequent efforts to enhance DC's health information technology is in the planning stages, however, we are doing so in conjunction with the planned federal investments arising from

the American Recovery and Reinvestment Act (ARRA) to ensure the most cost effective and complementary infrastructure investment for the District. The majority of these capital dollars will be awarded during FY2009. In FY2010, the focus of DOH's attention will be on effective grant monitoring and technical assistance of all grantees to ensure timely initiation, completion, and implementation of capital expansion projects.

American Recovery and Reinvestment Act

The Department of Health (DOH) will seek funds from ARRA distributed by the US Department of Health and Human Services (DHHS). The Department of Health's efforts will focus on funding aimed to ensure widespread implementation of interoperable electronic health records in community health centers and private practices (HIE/HIT), the expansion of HIE resulting in a regional health information organization (RHIO); enhancements to RHIO that aide in public health surveillance; and prevention and wellness activities such as the implementation of comprehensive infectious disease reduction strategies in concert with local health care facilities and community based initiatives, development of health empowerment zones, expansion of immunization program services and data collection activities, and expansion of the chronic care initiative programs.

ARRA funds will help to complete ongoing HIE efforts and create and maintain jobs in the health information systems sector. The implementation of community-based programs in health empowerment zones will create employment opportunities in health systems support such as community health workers, health/patient navigators and fitness and dietary instruction. In our efforts to continuously engage the community, DOH convened an ARRA educational session for healthcare stakeholders and will host additional sessions in the future.

DOH/DCPS Initiatives

The Department of Health and District of Columbia Public Schools (DCPS) collaborate closely on issues affecting District youth. DOH and DCPS are part of the School Health Work Group, which is comprised of senior level managers from multiple agencies within the District -- Department of Health, District of Columbia Public Schools, Department of Mental Health, Office of the State Superintendent of Education, Department of Health Care Finance, Office of the City Administrator, and the Office of the Deputy Mayor for Education. Through bi-weekly meetings, the work group coordinates health programs and activities for students across District agencies.

DOH also provides oversight for the District's school nursing program. This includes setting the expectations of school nurses, establishing standards and identifying health needs that must to be met for school enrollment. DOH works closely with the newly appointed DCPS Director of Health and Wellness. With guidance from DOH, this individual oversees the curricular aspects of health education for DCPS.

In addition to health education, more health related services are now being provided in the schools based on need. For example, over 40% of DC Public school students report being sexually active and nearly 30% report that they do not use condoms regularly. In response, in 2008 DOH piloted a STD screening program in one District public charter school. The program was based on a successful Philadelphia model. At present, plans are underway to include all high schools and the Summer Youth Employment Program (SYEP). During the 2008-2009 school years, DOH expanded to seven high schools; expansion will encompass all high schools in the coming school year. The rates of STDs in the schools have been found to be about 15 percent of those tested, with a current student participation rate of 85%.

There have been other programs and efforts related to inter-agency collaboration to protect our youth. As such, DC developed the Child Health

Action Plan, with DOH leading this effort. A copy of the plan can be found on the Department of Health's website: www.doh.dc.gov.

Lives will be saved by a more prevention-focused approach to health. The significant economic burden of disease requires that we pay particular attention to this important practice. All the efforts highlighted in this testimony are prevention-oriented, and we have a long way to go. More work needs to be done on policies that will impact the root causes of health problems, policies that take aim at diet and exercise reform in communities where the health disparities are most pronounced. More needs to be done to empower people to make better choices related to sex and food. More needs to be done to help people understand what they are at risk for. All our needs can be met by bringing public health to the discussion. From the classroom to the boardroom, we have a role to play, as we work to prevent disease, promote wellness and protect the public's health.

This concludes my prepared remarks and I am happy to answer any questions.