

**Testimony of  
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For The  
Block Grant Public Health Hearing**

**September 2nd, 2009  
District of Columbia  
Department of Health  
Advisory Committee**

*Good Afternoon. My name is Gina Pistulka and I am the Senior Director of Clinical Services at Mary's Center for Maternal and Child Care, Inc. I am here today to share with you some of the health care needs and model of care in treating a large immigrant population in the District of Columbia.*

*Daily we are working with individuals who are living with chronic illness, including diabetes and its partner hypertension. As we all know, the prevalence of these co-morbidities is growing, far more quickly than our health care system at large is prepared to handle. Particularly disconcerting is the lack of attention on the prevention of diabetes as well as the management of illness that are both culturally relevant and effective so that expensive complications, cardiovascular and others, may be avoided.*

*I would like to paint a picture of the participants that Mary's Center sees on a daily basis: Mary's Center's population reflects the faces of immigrants from Latin America, Africa, the Middle East, and Asia -- the many faces that you see in our nation's capital. Nearly 19% of Latinos in DC have never had their cholesterol checked, the highest rate of any race/ethnic group in the city. (1) Diabetes is significantly more prevalent among Latinos perhaps due to a genetic disposition (2) and is the most prevalent chronic condition among our adult participants. Approximately 64% of our adult population with diabetes has HbA1c's over 7%. Another 12.8% is living with both diabetes and HTN or hypertension alone. Our population experiences significant barriers in accessing health care to manage these illnesses. Our participants lack financial resources, have little or no health insurance coverage, and have to compensate for other issues related to language barriers and lack of knowledge in navigating a complex health care system.*

*We, at Mary's Center have learned a great deal in our development of chronic illness management programs. First, the family approach is vital. Families want and need health care providers to talk to their family members and explain specifics ways they can be supportive to their affected family member; second, simple education, such as knowing that Insulin has a life of 30 days after it's opened and needs to be refrigerated is important information that may get missed in a busy health care setting and needs to be enforced by educators and social workers who are available to the participant on a long-term and supportive basis. Third, methodologies that are culturally appropriate and literacy- sensitive, such as using pictures or drawings and facilitating group sessions where people with diabetes may share their stories and problem-solve as a group are important strategies that engage participants and extends their support system. As providers, we are reaching our limits financially and creatively to provide limited case management and support. For the participant, the issues extend beyond a gain in knowledge; we can provide them with free glucometers but participants have to struggle to find dollars to cover the test strips so they have the ability to monitor their progress at home.*

*In summary, I am appealing to the Department of Health to consider models that are inclusive of critical wrap around services such as case management, mental health services alongside Health Education and peer to peer learning that is easy to comprehend, increases participant compliance, involves family members increasing the potential of preventing the same illness generation after generation and ultimately improves outcomes in the care for chronic illnesses such as diabetes, hypertension and the other contributors to cardiovascular risk throughout this city.*

1 DC BFRSS 2005 2 National Alliance for Hispanic Health, *Quality Health Services for Hispanics: The Cultural Competency Component*, DHHS Publications No. 99-21, 2000.