Testimony for the Block Grant Public Health Hearing under the DC Department of Health Advisory Committee

Alis Marachelian, MPH, Health Promotion Director, Mary's Center

Good Afternoon, We are grateful to be invited to share our community perspective. On behalf of the 761 Asthmatic patients to whom we have provided care, education, and treatment at Mary's Center in the last 12 months, I am here to provide you with a perspective to consider when prioritizing your funds dedicated to improving the health of the youngest residents of our District. From this group, 47 % (357) are under the age of 5 with parents who have only a 6th grade education they have received from their countries, and are struggling to understand why this is happening to their children, how to help them prevent the frightening attacks, who wonder where to seek help when their child grasps for breaths in the middle of the night, and how to access the quality specialty services that are currently in existence. The struggles for air, the wheezing, and the night coughs are heard by the alarmed parents of 31% (238) of the youth between 6 and 12 years old, who have to miss work, miss a day's pay that will bring food on their tables in these hard economic times, and stay home to nurse their children back to health. The children, for whom they risked their lives by coming to this country and give them a better education, are found exactly where their parents were. Not able to start 7th grade. This time, not due to poverty urging them to leave school and start working, but due to all the days they've missed school because of asthma. This is the very essence of Mary's Center's mission and vision, to create social change, to improve one generation in order to lift the next one to a much higher level.

As you can see, Asthma is not an issue that can be solved by medication alone, and its consequences go farther into the productivity and the soundness of our District of Columbia functioning. Asthma requires the dedicated collaboration of parents, clinicians, educators, and social services providers among many other societal key players. A community health clinic being provided a mini-grant for a limited amount of time and an unlimited roll of red tape will never accomplish this alone. We praise and applaud the strategic planning processes that have been taking place for the last 3 years in order to have a comprehensive 'game plan' to improve Asthma in the District. It is time to back up all the ideals with serious, sustainable, and solid funding.

We ask that the funding that is guided by the strategic plan, be given the freedom to adapt it to its environment. For example, at our Center, the greatest need is to provide clinic-based education and wrap around social services in the home. In a hospital setting, in a school setting,

or in a Daycare center, the needs would be much different. One size does not fit all. Just like anything we do in public health, it takes time and extraordinary effort to sustain effective programming, and it is crucial that the funding does not have an expiration date shorter than the inhaler medicine that is being prescribed for a child in one of our clinics as I speak here today.

Thank you very much for the opportunity to address these issues today

Gina Pistulka, PhD, MPH, RN Senior Clinical Services Director Mary's Center for Maternal and Child Care, Inc.

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.