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DC Council Committee on Health
Department of Health Oversight Hearing
February 24, 2025

Testimony of Kristin D. Ewing
Policy Counsel, DC Appleseed Center for Law and Justice

Thank you for the opportunity to testify regarding the Department of Health (DC Health) performance oversight. My name is Kristin Ewing, and I am Policy Counsel at the DC Appleseed Center for Law and Justice (DC Appleseed). DC Appleseed is a non-profit, non-partisan organization that aims to make the District a better place to live and work through litigation, teamwork, and advocacy. Throughout our history, we have taken on some of the District's most challenging problems, developed proposed solutions to those problems, and then worked to implement our proposed solutions.

Much of my work at DC Appleseed focuses on health equity and working toward a more equitable, just, and thriving city for all District residents. My testimony today will touch on DC Health's long term care crisis, the importance of data in our public health approach to issues, and the new Environmental Health Administration.

Long Term Care

DC Appleseed is a DC Coalition on Long Term Care member and the Coalition's Workforce Committee Chair. The Coalition's work is increasingly vital as the District faces a long term care crisis that will continue escalating due to increased need from the large Baby Boomer generation. As we continue to see a growing need for long

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term care, we are simultaneously witnessing a workforce shortage as providers leave the industry, and we fail to address the barriers to retention or create an adequate pipeline and pathway to fill these vacancies. Access to training, certification and licensing delays, and low pay are all obstacles to a robust workforce.

The urgency of this crisis cannot be overstated and the District can and must take steps to intervene and address the workforce shortage that is amplifying the long term care crisis. Particularly, we urge DC Health and the Board of Nursing (BON) to:

1. Swiftly implement and provide guidance and regulations as needed for the following provisions of the Certified Nurse Aide Amendment Act of 2024:
    a. Allowing Certified Nursing Assistants (CNAs) to work in home care positions;
    b. Developing a universal credential for CNAs and Home Health Aides (HHAs);
    c. Expediting approval for Virginia and Maryland CNAs to work in the District; and
    d. Creating the advisory group outlined in the legislation.
2. Approve a Medication Aide Training provider:
    a. Standards for certifications for Medication Aides were finalized in 2019. However, the BON has not approved any training organizations to actually provide the training, although we know a few organizations have applied to give this training.
3. Implement the age requirement reduction for CNAs from 18 to 16, as outlined in the Health Occupations Revision Act.
4. Investigate the barriers to creating and sustaining successful training programs and adequate, timely testing and credentialing for CNAs and HHAs.
5. Improve communication with providers, consumers, students, training facilities, families, and residents about changing regulations, career pathways, and long term care programs and options.

We would also be remiss if we didn’t emphasize the significant role wages play in the long term care workforce shortage. While implementing the above recommendations can go a long way toward removing barriers, we must work to increase wages to fully create a robust workforce. We will discuss the pay issue and the funding of the unfunded portion of the Certified Nurse Aide Amendment Act of 2024 at upcoming budget hearings.

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Last, we know that DC Health, the Board of Nursing, and the Committee on Health are not the only entities involved in addressing the workforce crisis. Several different agencies and Committees, including the Department of Health Care Finance, the Department of Aging and Community Living, the Committee on Executive Administration and Labor, the Executive Office of the Mayor, and others, all need to be at the table to create a successful whole government approach to this issue. We also need to ensure that providers, training schools, students, consumers, family members, and advocates are part of creating solutions and eliminating obstacles. We hope that DC Health and the Committee will support identifying a point person within the government to facilitate continuous collaboration and convening of all stakeholders moving forward.

Data Collection, Retention, and Transparency

We are incredibly grateful for Dr. Bennett's leadership in prioritizing data collection and evidence-based programs and policies. We encourage DC Health to continue its current data practices and expand data collection, retention, and transparency across all programs and departments. We emphasize data because we know data is a vital tool for:

1. Evidence-Based Decision Making: Data provides the evidence to develop policies addressing real issues rather than relying on assumptions or anecdotal evidence. By analyzing quantitative and qualitative data, policymakers can make well-informed, data-driven policies, programs, and decisions.

2. Identifying Needs and Priorities: Data assists in identifying the particular needs of different populations and communities. It allows policymakers to prioritize issues, ensuring that resources are allocated where they are most needed. Data is also crucial for identifying trends and uncovering areas that need improvement so strategies for intervention and prevention can be developed.

3. Measuring Impact and Effectiveness: Data allows policymakers to evaluate the outcomes of policies and programs. By measuring effectiveness, they can determine what works and

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doesn't and how to make necessary adjustments to improve outcomes.

6. Transparency and Accountability: Using data in policymaking promotes transparency and accountability. When data back decisions, it is easier for the public to understand the policies and hold leaders accountable for outcomes.

7. Future Planning: Data can aid in predicting trends and potential challenges, enabling policymakers to plan proactively. By analyzing historical data and trends, they can make strategic decisions that consider long-term implications.

8. Resource Allocation: Data assists in the efficient allocation of resources by identifying which areas require more attention or funding. This allows for targeted interventions that can lead to better outcomes and stewardship of limited funds.

9. Addressing Inequities: Data can highlight disparities and inequities. By identifying these issues, policymakers can create targeted strategies to address systemic problems and promote equity within communities.

10. Engagement and Advocacy: Reliable, consistent, and transparent data empowers the public to engage in policy discussions and decision-making.

Environmental Health Administration

We want to express our sincere appreciation for the establishment of the new Environmental Health Administration (EHA) within DC Health. This is pivotal in bridging the gap between the District's public health and environmental injustice concerns.

DC Appleseed is pleased to see DC Health's 2024 addition of a public dashboard tracking heat-related emergency medical services responses. Our health equity and environmental justice teams have been researching heat-related illnesses and the disparities across DC's wards regarding climate adaptation, and this dashboard is a significant step in addressing the public health challenges posed by rising temperatures and climate change. The dashboard also provides a solid foundation for expanding these efforts.

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We believe that through cross-agency collaboration, DC agencies could create a unified Heat and Health Dashboard for the District, serving as a model for other cities nationally. While cross-agency collaboration can take time to achieve, the first step toward this goal is for each agency to collect the data within its purview. DC Health can begin this process by expanding its dashboard to include additional metrics on the correlation between heat and health.

We recommend that DC Health track the following metrics for each of DC's wards:

1. Healthcare utilization from high heat and poor air quality:
    a. Emergency Medical Services (EMS) calls/visits: Tracking EMS calls for heat exhaustion/stroke and dehydration.
    b. Heat-related and respiratory illness deaths, if applicable.
    c. Respiratory illness crisis: Monitoring serious asthma-related events and acute bronchitis.
    d. Mental health crisis episodes/hospitalizations.
2. Healthcare capacity:
    a. Number of available beds in local hospitals during heat spikes by ward.
    b. Number of available cooling centers and their capacity by ward.
3. Healthcare plans for heat and storm events:
    a. Populations vulnerable to climate events receiving critical medications during environmental crises.
    b. Participation rates in those programs.
    c. Pharmacy survey on transportation and medication pickup during climate events.

More data is needed to fully comprehend the impacts and costs of climate change on public health and the healthcare system. The EHA has the potential to collect and use data to significantly enhance public health responses to extreme heat and climate-related health issues. We look forward to seeing how the EHA positively influences climate-related outcomes for District residents.

We must also note that our testimony today was partly prompted by a dashboard published on the National EMS Information System website, which reflected that DC has the highest rate of EMS activations in the country on extreme heat days. The National Highway Traffic Safety Administration maintained that resource, which relies on federal grant funding. Unfortunately,

due to recent changes in federal grants, that dashboard has since been removed in compliance with presidential executive orders. The removal of this type of information from federal government websites underscores the need for the District to create, maintain, and expand its public dashboards.

Thank you for your time and attention to these critical matters. I also want to thank the Committee, Dr. Bennett, and DC Health for your continued support, communication, and commitment to these issues. We look forward to continuing to work together to make DC a better place to live and work. I am grateful for the opportunity to share my testimony and will happily answer any questions.

Respectfully submitted,

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