

**Testimony of Ed Lazere, Executive Director
At the Budget Oversight Hearing on the Department of Health
DC Council Committee on Health
April 9, 2019**

Chairman Gray and other members of the Committee, thank you for the opportunity to testify today. My name is Ed Lazere, and I am the Executive Director of the DC Fiscal Policy Institute. DCFPI is a non-profit organization that promotes budget choices to address DC's economic and racial inequities and to build widespread prosperity in the District of Columbia, through independent research and policy recommendations.

I'm here today to encourage the Council to find more resources in the FY 2020 budget for provisions of the "Birth to Three for All DC" Act (Birth to Three) that fall under DC Health, including Home Visiting, HealthySteps, Help Me Grow, and support of lactation consultants. Unfortunately, the proposed FY 2020 budget includes a modest cut in our local commitment to Home Visiting and makes no progress toward implementing the other health provisions of the "Birth to Three for All DC" Act.

DCFPI also is concerned about cuts to nutrition programs, including the elimination of funding for Produce Rx.

The Importance of Strengthening Home Visiting in DC

The period from birth to age three is critical for social, emotional and cognitive development—it's the foundation on which all future learning rests. Over this time, babies' brains grow to 85 percent of their adult size, creating more than a million neurons every second.¹ This time of growth is unmatched during any other period in life.

Yet too many children in families with low incomes and children of color face barriers to academic achievement beginning at birth. Research shows that children in low-income families "often receive early care of such poor quality that it diminishes their potential" but that investments to improve the quality of care they receive has "positive effects that can endure into the early adult years."²

We applaud the Council's leadership on this issue, with the development and passage of the "Birth to Three for All DC" Act last year. This groundbreaking and comprehensive legislation will transform the system of supports for young children and help ensure that every DC child gets off to the right start from birth. The goals of the legislation are to improve school readiness, improve the quality of early education, offer competitive compensation for early educators, make child care more affordable to all DC families, expand home visiting, and strengthen social-emotional health and coordinated medical services for young children and families. The Birth to Three legislation needs additional funding over several years to phase in its provisions and make this vision a reality.

Strengthening Home Visiting is a key to the success of Birth to Three. Home Visiting programs support families with young children as they transition from pregnancy to parenting, getting mothers

and babies off to a stronger, healthier start. Many pregnant women and young families need help understanding and supporting their child’s development and may not know how to find the resources they need to care for themselves and their children. Home visiting programs can serve as a bridge to these critical resources.

Home visiting programs help ensure children enter school ready to learn, improve early mental and physical development, and increase use of needed health services and immunizations. High quality home visiting programs can also contribute to the prevention of child abuse and family violence.

Yet existing home visiting services in the District are not reaching all the families who could most benefit from them, and the District’s local investment in home visiting is too low to adequately support the programs. In addition, the people who work in home visiting often earn very little and have limited opportunities for professional development, as is the case with workers in early childhood education. This makes it hard to attract and retain a qualified home visiting workforce. High turnover can interfere with program uptake and effectiveness.³

The Birth to Three Act calls for a \$2 million increase for general home visiting programs—\$710,000 toward this goal was funded in FY 2019—and an \$11 million increase for immigrant families and families experiencing homelessness through the Early Start program. This will raise the *quality* of programs by adding resources to attract and retain qualified staff; expand *access* to services for families needing support, and advance *equity* by improving health outcomes for families facing the biggest barriers.

Yet the FY 2020 budget actually reduces DC’s local investment in general home visiting programs through DC Health by \$100,000—from \$2.6 million to \$2.5 million—and adds no new funds to implement the specialized programs. DCFPI encourages the Council to add resources to Home Visiting, including \$1.3 million more for DC Health programs and \$4 million or more for programs serving immigrant families and families experiencing homelessness.

Beyond that, DCFPI supports the goals and conclusions of the Home Visiting Council’s 2018 Annual Report, some of which also are reflected in the Birth to Three Act. In particular, it is important to build a more coordinated home visiting system, rather than a collection of different programs, including creating a coordinated referral and intake system for families, to ensure that families are connected with the programs that are best for them. DCFPI also supports the requirement of the Birth to Three Act to study the home visiting workforce and explore ways to better support it, and we appreciate the work of the Home Visiting Council to conduct a survey of providers. (Results are pending.) Home visiting’s success depends on a workforce that is knowledgeable and that builds trusting relationships with families.

Other Health Provisions of “Birth to Three for All DC” Need Funding

The Birth to Three Act includes several provisions to advance healthy child development that were not included in the proposed budget.

- **HealthySteps:** This evidence-based pediatric primary care program ensures the healthy development of babies and toddlers by addressing common concerns that physicians often lack time to address. This includes feeding, behavior, sleep, attachment, parental depression, and care coordination. An increase of \$300,000 would allow HealthySteps to expand to a second clinic.

- **Help Me Grow:** The Birth to Three Act calls for expanding this phone-based care coordination system to help families navigate the District’s support services and maintain centralized records of developmental screenings and data. The FY 2020 cost would be \$1 million.
- **Lactation Certification Preparatory Program:** The Birth to Three Act calls for new services to provide instruction, assistance, and mentorship to individuals pursuing a career in lactation consulting. The FY 2020 cost would be \$100,000.

DCFPI encourages the committee to work to fully fund these services in FY 2020.

DC Council Should Devote Sports Betting Revenue to Birth to Three

The Sports Wagering Lottery Amendment Act adopted last year included provisions to dedicate a portion of the new tax revenue to address gambling addiction and then to split the remainder between the Birth to Three for All DC Act and the Neighborhood Safety and Engagement Fund under the NEAR Act. Ensuring that the new funds would go to useful purposes was a key element of generating support for bringing sports betting to DC for the first time.

Disappointingly, the proposed FY 2020 budget rejects that commitment and devotes none of the sports betting revenue to these purposes. Instead it puts all sports betting revenue in the District’s General Fund. DCFPI urges this committee and the full DC Council to restore the funds promised to Birth to Three and the NEAR Act.

That would mean setting aside at least \$1.5 million for these two purposes, and up to \$26 million. The public debate around the Sports Wagering Lottery Amendment Act often gave the impression that *all* of the new revenue from sports betting would go to Birth to Three and the NEAR Act, beyond a small amount set aside to treat gambling addiction. This would equal \$13 million for each purpose in FY 2020. In reality, the legislation dedicates only a small portion of the new revenue—the portion coming from a tax levied on private operators. This would provide \$1.5 million for the two purposes in FY 2020.

We urge the Council to devote fully half of the new sports betting revenue—\$13 million—to Birth to Three provisions, or at a minimum the \$750,000 dedicated tax that the new law clearly intended for the Birth to Three Act.

Thank you for the chance to testify.

¹ Center on the Developing Child at Harvard University. "[Five Numbers to Remember about Early Childhood Development](#)." 2009.

² See Zero to Three, "[Infant-Toddler Child Care Fact Sheet](#)" 2017.

³ See [2018 Annual Report of the District of Columbia Home Visiting Council](#)