DC Health Matters Collaborative

Bread for the City | Children's National | Community of Hope
Howard University Hospital | HSC Health Care System
Mary's Center | Sibley Memorial Hospital | Unity Health Care
DC Behavioral Health Association
DC Hospital Association | DC Primary Care Association

Testimony of the DC Health Matters Collaborative
to the Committee on Government Oversight regarding
B23-0038: Racial Equity Achieves Results (REAR) Amendment Act of 2019

Saturday, June 20, 2020

The DC Health Matters Collaborative is writing to support the immediate passage of B23-0038: Racial Equity Achieves Results (REAR) Amendment Act of 2019, with amendments recommended by the DC Initiative on Racial Equity and Local Government. Racism is a public health crisis, and inclusive, thoughtful and measured policymaking is an important remedy.

Launched in 2012, the DC Health Matters Collaborative (formerly the DC Healthy Communities Collaborative) is a partnership of hospitals and federally qualified health centers (FQHCs) that combine efforts and resources to assess and address community needs in the District of Columbia. We work together to achieve our stated vision: one healthy and thriving capital city that holds the same promise for all residents regardless of where they live.

Collaborative membership includes four non-profit DC hospitals (Children's National Hospital, The HSC Health Care System, Howard University Hospital, and Sibley Memorial Hospital); four community health centers (Bread for the City, Community of Hope, Mary's Center, and Unity Health Care); and three associations (DC Behavioral Health Association, DC Hospital Association and DC Primary Care Association).

Based on our 2016 and 2019 needs assessment findings, the Collaborative is organized around four key priority needs: Mental Health, Care Coordination, Health Literacy, and Place-Based Care.

Over the years, our members have determined the need to move our work beyond the clinical encounter to more upstream solutions to health inequities. For example, distributing information about healthy behaviors at a community event would not have as great or profound an impact on substance use rates as would city-funded recovery programs with highly-qualified staff. Even better, screening for emotional disturbance and connection to early intervention programs at well-child check-ups. Like many groups working in community health, we have moved to a focus on policy and systems changes rather than individual behavior change. However, if these policies are made without applying an equity lens, are not culturally competent, are not

responsive to the needs of people they intend to serve, they would fall short of their potential, see less return on investment, or even inflict harm or trauma.

Our collaborative has articulated a focus on racial justice and health equity. This is what science and research have shown to be the most upstream of interventions necessary for achieving healthy communities.

While DC has abundant assets and resources – including healthcare resources and social conditions that create health – they are not equally accessible by all in our communities. Our Black and Latinx neighbors have less access to these assets and poorer health outcomes as a direct result of centuries of systemic racism, discriminatory policies, systemic segregation and disinvestment, toxic stress, and a history of exploitation by and bias within the health system.

Our community has been grappling with this truth in the midst of a pandemic; people of color are disproportionately impacted by the lethality of COVID-19 and the economic impacts. And most recently, the dialogue about policing and investments in public safety calls attention again to the importance of a racial justice and equity lens to all policymaking.

The DC Health Matters Collaborative supports the REAR Act (also called the REACH Act), introduced in 2019. More specifically, we write in support of the work of the DC Initiative on Racial Equity and Local Government to improve the Act. These amendments would promote more equitable governmental policy and practice.

We ask DC Council to pass the measure, with funding in the Fiscal Year 2021 budget for the following key provisions:

- The establishment and full staffing of an Office of Racial Equity to oversee the development of Racial Equity Impact Assessments (REIAs) on proposed legislation, provide training to all Council staff, and coordinate with the executive branch to apply a racial equity lens to their work.
- Staffing support, through the Office of Human Rights (OHR) and the Department of Human Resources (DCHR), for the development and implementation of an ongoing Racial Equity training program for all District government employees and for members of the District's boards and commissions.
- The development of Racial Equity Action Plans and annual metrics for all DC government agencies.
- DCHR includes racial equity as a component of annual employee performance evaluations, especially for managers and supervisors.
- A community advisory board for the Office of Racial Equity, as well as increased opportunities for the communities most affected by racial disparities in DC to contribute to the process of setting those annual metrics.

- Independent oversight for the District's racial equity policy implementation, providing ongoing evaluation of DC's performance, both in the Council and in the Executive branch.
- Sufficient resources for data collection and evaluation, with transparency in data reporting about racial equity indicators.

As healthcare leaders, we are always striving to have better data to inform decision-making, to assess growth and quality, to unlock doors to change we may not see on the surface. This is why we support this legislation for public health improvement.

Another reason we understand the need for racial equity lenses in policymaking is more painful. The history of medicine in the U.S. is full of case studies of racial injustice and inequity, often perpetuated in pursuit of good intentions, like medical research to improve disease treatment conducted on unknowing and/or unconsenting people of color. Still today, misdiagnosis and lethal medical errors are made as a result of unconscious (or conscious) bias. The consequence is deep mistrust of a system that wielded power and operated without understanding of - or with little regard for - the lived experience of people of color. This not only hurt individuals and families, but is a major contributor to ongoing and persistent health disparities.

We believe the REIA assessments can not only preempt unintended consequences, but lead to stronger policy that is more effective and efficient because of the work done up front. We are also excited by the prospect of the annual metrics and ongoing evaluation possible through passage of the REAR Act. This information could lead to more transparency and better understanding of the dynamics in the District, but also contribute to understanding what levers, programs, and designs work best for future policymaking.

The health field has been operating in a paradigm of "health in all policies" – a practice of considering the health benefits and impacts of policymaking in all sectors, from health to transportation. We are moving into an era that calls for "health *equity* in all policies." We appreciate the opportunity to support the REAR Act and commend the Council for taking action to put racial equity at the fore of government operations. We are enthusiastic about the impact this could have on public health in the District.

Thank you for the opportunity to add our testimony to the record. We are happy to answer any questions and can be reached at Collab@DCHealthMatters.org.