



**Testimony of HyeSook Chung, Executive Director  
DC Action for Children**

**Agency Performance Oversight Hearing  
Fiscal Year 2014  
Deputy Mayor of Health and Human Services**

**Before the Committee on Health and Human Services  
Council of the District of Columbia**

**February 11, 2015**

Good morning Councilmember Alexander and members of the Committee on Health and Human Services. Thank you for the opportunity to address the Council as it reviews the performance of the Deputy Mayor for Health and Human Services for Fiscal Year 2014. My name is HyeSook Chung, and I am the executive director of DC Action for Children.

DC Action for Children (DC Action) provides data-based analysis and policy leadership on critical issues facing DC children and youth, to promote policies and actions that optimize child and family well-being.

DC Action is the home of DC KIDS COUNT, which tracks key indicators of child well-being in the DC neighborhoods where children live, learn and grow. We work closely with city agencies, the school system and service providers to share the most accurate and timely data, along with clear and accessible analysis. Our advocacy agenda is based on these data.

Over the last year, the District's health and human services agencies worked to provide support for many District families. However, we were surprised to find that these agencies collectively underspent by \$45 million, according to the Fiscal Year 2014 Comprehensive Annual Financial Report.<sup>1</sup> While there are a variety of reasons given as to why this money was not spent, we hope that under the leadership of the new Deputy Mayor, Brenda Donald, agencies will work to ensure that funds are invested into programs that serve all District residents, especially the 30,000 children living in poverty.<sup>2</sup>

At DC Action, we believe that using data analysis and research to drive decision-making can improve the lives and well-being of children, families and our community. As the new administration prepares to address the challenges of poverty in our city, we would like to call attention to the needs of our youngest, most vulnerable residents.

---

<sup>1</sup> District of Columbia, Office of the Chief Financial Officer. (2015, January 30). *Fiscal Year 2014 Comprehensive Annual Financial Report of 2014*. Accessed at <http://cfo.dc.gov/node/995122>

<sup>2</sup> Data via DC KIDS COUNT. Source: 2013 American Community Survey 1-year Estimates. Accessed at <http://datacenter.kidscount.org/data/tables/43-children-in-poverty-100-percent-poverty?loc=10&loct=3#detailed/3/10/false/36,868,867,133,38/any/321,322>

## **Data shows that the District's population of children under age 5 is growing and that many live in poverty.**

Our KIDS COUNT data show notable shifts in the child population over the last decade. The District is now home to approximately 41,000 children under the age of 5 (young children). The number of children in the 0 to 4 age group has grown by 28% since 2000, while all other age groups in the under 18 population (5-11 and 12-14 and 15-17) have decreased.<sup>3</sup> One in four young children live in a household earning below the federal poverty line; these children face challenges accessing necessities like high quality health care and early care and education programs due to limited family resources.<sup>4</sup> We know that the early years of children's lives can have a profound effect on their future success, and we want all children to have the opportunity to reach their full potential.

In order to reduce the negative effects of poverty, we must invest in programs and implement strategies proven effective. We have taken strides in the right direction, but we can do more to create a comprehensive system that supports children from birth and ensures they enter school healthy and ready to learn. We hope that the administration will not only continue to support current efforts, but will expand and encourage collaboration to improve efficiency.

## **We can align resources by scaling up current efforts.**

One of the most critical investments that we can make in the District is in home visiting programs. Evidence-based home visiting programs provide an effective strategy for improving maternal and child health, but they also reduce child abuse and neglect by working with parents to create safe and stimulating environments for their children<sup>5</sup>. Furthermore, home visiting programs that begin prenatally and extend through at least age two are linked to reduced government costs due to smaller family sizes and increased maternal employment.<sup>6</sup> Benefit-cost analyses show good return on investment, with estimates ranging from \$2.88<sup>7</sup> to \$5.70<sup>8</sup> in benefits for each dollar spent; the savings include improved academic and health outcomes and reductions in violence and crime.

---

<sup>3</sup>Data via DC KIDS COUNT. Source: 2013 American Community Survey 1-year Estimates. Accessed at <http://datacenter.kidscount.org/data/tables/101-child-population-by-age-group?loc=10&loct=3#detailed/3/any/false/36,133,16,11/62,63,64,6,36/419,420>

<sup>4</sup>Data via DC KIDS COUNT. Source: 2013 American Community Survey 1-year Estimates. Accessed at <http://datacenter.kidscount.org/data/tables/5650-children-in-poverty-by-age-group?loc=10&loct=3#detailed/3/10/false/36,868,867,133,38/17,18,36/12263,12264>

<sup>5</sup> MacLeod, J., Nelson, G. (2000, September). Program for the promotion of family wellness and the prevention of child maltreatment: a meta-analytic review. *Child Abuse & Neglect*, 24 (9), 1127-1149. Accessed at <http://www.sciencedirect.com/science/article/pii/S0145213400001782>

<sup>6</sup> Barnett, W.S. (1993). Economic Evaluation of Home Visiting Programs. *The Future of Children*, 3(3), 93- 112. Accessed at [http://futureofchildren.org/futureofchildren/publications/docs/03\\_03\\_04.pdf](http://futureofchildren.org/futureofchildren/publications/docs/03_03_04.pdf)

<sup>7</sup> Aos, S., et. Al (2004, September 17). Benefits and Costs of Prevention and Early Intervention Programs for Youth. *Washington State Institute for Public Policy*. Accessed at <http://www.wsipp.wa.gov/Reports/04-07-3901>

<sup>8</sup> Karoly, L.A. et. Al (2005). Many Happy Returns: Early Childhood Programs Entail Costs, but the Payback Could be Substantial. *RAND Review*, 29(3) 10-15. Accessed at <http://www.rand.org/pubs/periodicals/rand-review/issues/fall2005/returns.html>

Home visiting programs connect the efforts of multiple agencies and provide opportunities for coordination through a focus on prevention—they promote health, safety and early learning. Currently, our home visiting programs do not have the capacity to reach all families that would benefit from these services. Furthermore, delays in grant administration and complications with monitoring have made program expansion difficult despite local funding commitments to supplement federal grants. We hope that the new administration will continue to support evidence-based home visiting to improve outcomes for young children and their families.

Additionally, we have an opportunity to continue building on our success in providing insurance coverage to children. We applaud efforts to improve DC Medicaid—particularly, the Department of Health Care Finance’s recent implementation of a passive renewal system that automatically renews coverage for eligible children and families. DCHF identifies these individuals through a data sharing agreement with the Department of Human Services. This kind of innovative approach ensures continuity of care and services and is a vital step toward creating a comprehensive system for young children.

The city has maintained a 98% coverage rate for children over the last few years--a laudable achievement. However, our population has grown, therefore increasing the number of children not covered to approximately **3,000** in 2013.<sup>9</sup> It is important to identify who these children are and if we can serve them through our Medicaid and CHIP programs. We flag this as an opportunity for the District to continue leadership in providing health services to children. We hope that our city can build on previous innovation and success to achieve universal coverage for all DC children.

In the District of Columbia we have a critical opportunity to better align our resources and efforts to support families with young children. DC Action welcomes Deputy Mayor Brenda Donald and we hope that she will continue to emphasize interagency coordination and collaboration to improve service delivery and outcomes. We know that our city can be a place where, regardless of their families’ financial circumstances, all children have the opportunity to thrive and reach their full potential.

Thank you for the opportunity to testify today. I am happy to answer any questions you may have and hope that we can serve as a resource.

---

<sup>9</sup>Data via DC KIDS COUNT. Source: 2013 American Community Survey 1-year Estimates. Accessed at <http://datacenter.kidscount.org/data/tables/7249-children-without-health-insurance?loc=10&loct=3#detailed/3/any/false/36,868,867,133,38/any/14291,14292>