

The Infant and Toddler Developmental Health Services Act of 2017
By Councilmember Vincent C. Gray, Chair of the Committee on Health
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When I returned to the D.C. Council in January, the quality of life for our residents living on the East End of the city was my top priority. Early childhood education and health play a critical role in the overall wellbeing of our city. Experience and research have shown us that children can and do fall behind their peers before starting kindergarten. Recognition of this fact spurred me to draft the “Pre-K Enhancement and Expansion Amendment Act of 2008” when I served as Council Chair. This legislation was created with the goal of ensuring that attending school is an option for every child in the city. Now, the District leads the nation in access to school for 3 and 4 year olds.¹

I would like to see the same transformation in our child care and education services for children aged birth-3. This is why I introduced the “Infant and Toddler Developmental Health Services Act of 2017”. This legislation lays the foundation for a comprehensive infant and toddler structure on the East End that can eventually be scaled to the entire city. It focuses not only on the availability of early child education but also on infant health.

HealthySteps, a pediatric primary care demonstration project that embeds a child development specialist into a medical practice, is a core component of this legislation. The bill requires co-located lactation support services within the walls of each participating practice. Breastfeeding has been shown to provide antibodies to protect against viruses and bacteria, lower a child's risk of having asthma, ear infections, respiratory illnesses, and diarrhea. It also results in fewer hospitalizations for infants. In order to truly address the health equity gaps we’re seeing on the East End, we as a city need to support use of breastfeeding.

¹ http://nieer.org/wp-content/uploads/2017/08/Executive-Summary_8.21.17.pdf

In the spirit of increasing breastfeeding initiation, the proposed law will establish the Lactation Professional Certification Preparatory program. This program will make it easier for lactation professionals such as International Board Certified Lactation Consultants and Certified Lactation Counselors to achieve the education requirements necessary to become certified.

This legislation will also expand the Help Me Grow program which is a resource and referral system to address the developmental and health needs of young children. Help Me Grow provides a dedicated communication line for health professionals, families, and service providers. This will be a one-stop shop for all information pertaining to early child development needs.

Studies have shown that while about 95% of healthcare spending is on clinical delivery, over 70% of outcomes are based on social determinants. As health care continues to move towards integrating medical and social needs, we need to ensure that the tools we use are keeping pace. The proposed law creates a Community Resource Center Pilot which deploys software capable of screening and referring residents to services that address social determinants of health needs across the health and human services agencies.

As I mentioned earlier, the focus of this law is not only the health supports for our children but the availability of high quality child care. In the District, we have far more children aged birth-3 than available child care subsidy slots. This is why I am proposing we do the following: Identify suitable sites and providers for at least 4 new child development centers in Wards 7 and 8; enhance the reimbursements provided to child care subsidy providers; create a scale for lead teachers and teaching assistants in line with the Office of the State Superintendent of Education's (OSSE) Cost of Care study, and require facilities to pay teachers at least based on the scale in order to receive enhanced reimbursements. When I spoke with stakeholders during the development of this bill, the insufficient pay for teachers and teaching assistants was consistently brought to my attention. Teaching salaries are a major factor in recruiting and retaining talented professionals and the current reimbursement rate for subsidy providers makes it difficult for child development facilities to adequately pay employees. Establishing a teacher

and teaching assistant pay scale will make certain that the increased revenue stemming from the boost in reimbursement rates is passed on to the teachers.

Lastly, this legislation requires the Deputy Mayor for Health and Human Services to make funding available to the University of the District of Columbia to select child development centers to partner with UDC's Early Childhood Infant and Toddler degree program. UDC and child development centers will collaborate to provide community-based learning to enrolled students at a child development site in the community. This effort will provide aspiring teachers with child care and convenience while they complete their coursework.

I am enormously proud of our work to create universal pre-Kindergarten in the District. And, I am equally proud of the work we've done to create the Infant and Toddler Development Health Services Act of 2017. This bill represents not only the hard work of me and my staff but a wide array of professionals, including those in the Birth to Three Collaborative, that have made the wellbeing of children their life's work. It is imperative that we do everything we can to ensure that our children have the tools they need to compete later in their childhood and into their adulthood. The fact that residents living in Ward 8 have a 16-year gap in life expectancy compared to their counterparts in Ward 2 illustrates the need to allocate resources to close the health equity gap. We cannot have a city in which your life expectancy is determined by your zip code. It's unjust and unfair to all District residents, especially our youngest who we often term as "our future."