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

Thank you for the opportunity to testify regarding performance oversight of the Department of Health ("DC Health"). My name is Kristin Ewing, and I am Policy Counsel at the DC Appleseed Center for Law and Justice. The DC Appleseed Center for Law and Justice ("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 emphasize the importance of sexual health education, data sharing, and syringe access programs in addressing HIV, as well as the need to dedicate resources to reducing the health impacts of climate change.

**HIV**

The HIV epidemic has long been a focus for DC Appleseed. During its history, DC Appleseed has worked closely with the DC government, including DC Health's HIV/AIDS, Hepatitis, STD, and TB Administration ("HAHSTA"), to address the HIV epidemic in the District. Today, we remain concerned about health equity and the disparities we see in education, testing, and effective treatment of HIV.

DC is part of *Ending the HIV Epidemic in the U.S.*, a federal plan announced in 2019 that aims to reduce the number of high transmission jurisdictions by 2030. In 2020, DC Health adopted a 95/95/95 Plan focused on tackling the HIV epidemic in the District. This plan aims for 95% of HIV-positive District residents to know their status, 95% of District residents diagnosed with HIV to be in treatment, and 95% of District residents living with HIV currently in treatment to achieve viral suppression by 2030. In 2021, only 78% of the District's residents living with HIV were in treatment, and only 86% of residents with HIV who were in treatment reached viral suppression, a crucial factor for living a long and healthy life. The good news is that 93.9% of HIV-positive District residents knew their infection status in 2021. However, the District is currently not on track to reach two out of three goals by 2030.

Within the District, HIV disproportionately impacts our Black, Latino, and LGBTQ+ communities. DC also struggles to get young adults with HIV into treatment. Among individuals 20-24 years of age with HIV, only 48.7% achieve viral suppression versus 66.7% of all individuals with HIV in DC. To reach its 95/95/95 goal, DC must double down on its outreach and services to communities of color, the LGBTQ+ community, and youth. DC Health must also focus on the following critical issues to reach its 95/95/95 goal by 2030.

### **1. Robust and Timely Data Sharing**

DC Appleseed urges DC Health to publish citywide HIV data more routinely and promptly to ensure providers and advocates can adequately respond and adjust to health issues in real time. In recent years, it has taken HAHSTA more than a year to publish relevant HIV data, although providers must report all suspected or confirmed cases within 48 hours via an online portal. HAHSTA's latest Annual Epidemiology & Surveillance Report, which provides data on HIV, Sexually Transmitted Infections, Hepatitis, and Tuberculosis for the District of Columbia, was released on February 6, 2023, and the most recent data in the report are from December 2021.

Health care providers, direct service providers, educators, and advocates cannot successfully address HIV/AIDS and other epidemiological issues without current, accurate, and prompt data. We have seen that DC Health can provide real-time data under certain circumstances (e.g., COVID

and gunshot data). We ask DC Health to prioritize distributing data more quickly and request that HIV-related data be released monthly, ideally through a public dashboard.

## **2. *Sexual Education and the Healthy Schools Act***

We urge DC Health to work with the Office for the State Superintendent of Education ("OSSE") to ensure all District schools offer proper STI and HIV education, as the Healthy Schools Act requires. The Healthy Schools Act ("HSA"), a landmark law intended to enhance the health and wellness of kids attending all DC schools, was laudably passed by the Council in 2010 (DC Official Code 38-821.01 et seq.). The Council passed the Act with the understanding that it will contribute to greater HIV education. The Act also grants OSSE the authority to verify school compliance and requires OSSE to assess students' comprehension of its Health Education Standards. By assessing health education through grade 12, OSSE collaborates with local education agencies to meet the requirements of the Healthy Schools Act.

Data suggests uneven compliance with the HSA and multiple curricula used where it is implemented. In November 2020, DC's Office of the Inspector General released a report, "Evaluation of Compliance with The Healthy Schools Act Health Education Requirements," which indicated some schools do not provide students with the weekly minimum health education minutes required in the HSA and some classes are not providing the requisite HIV and STI prevention education also required by the HSA. Unfortunately, we are aware of only marginal and inconsistent improvement in compliance since this report was published. This is particularly troubling given the results of the most recent Youth Risk Behavior Survey from 2021, which indicated that DC youth at both the middle and high school levels report steadily declining rates of condom usage, as well as declining rates of HIV testing.

We urge DC Health and HAHSTA to remain partners with OSSE on this issue and to work with OSSE to ensure all curricula include HIV education, including awareness of PREP, testing, treatment, and viral suppression. DC Health should maintain an open dialogue with OSSE around specific data pertaining to HIV and young adults in the District to ensure OSSE has sufficient subject matter expertise to offer students an appropriate education. By working together, DC

Health, HAHSTA, and OSSE can ensure DC students receive high-quality, effective sexual education around HIV and STIs.

### ***3. Syringe Access and Opioid Abatement***

Funding for DC's syringe access programs recently moved from DC Health to the Department of Behavioral Health, where the new Opioid Abatement Office has been launched to support an Opioid Abatement Advisory Commission. While the reprogramming of funds eliminates DC Health's direct oversight of grants for syringe access programs, we urge DC Health to remain a vocal advocate for these services. We are pleased to see that Director Bennett plans to sit on the Opioid Abatement Advisory Commission herself and that the Commission will study harm reduction in addition to prevention and treatment. We hope DC Health uses its seat on the Committee to emphasize the critical role that syringe access programs play in reducing new occurrences of HIV in the District and serving as a bridge to other essential health services.

### **Health Impacts of Climate Change**

We also want to briefly touch on an issue becoming increasingly relevant to the District: the inequitable health impacts of climate change. As a city, we are now witnessing the effects of climate change through issues such as increased temperatures, poor air quality, and intense storms. Based on studies conducted in other jurisdictions and the District's demographics, we can expect disparate impacts on neighborhoods east of the river. DC Health must commit resources to address climate change's ongoing and intensifying outcomes and their effects on health equity, ideally through a dedicated Office of Climate Change and Health Equity. While DC Health plays a role in the city's Sustainable DC 2.0 plan, more needs to be done immediately to protect DC residents' health from these emerging threats. We recommend that DC join eighteen states and the federal government in creating a public health office dedicated to reducing the health impacts of climate change in the community and among health care providers, working to close gaps in health and environmental data, and improving public education around climate-related health threats.



Thank you for your time. I will happily answer any questions regarding my testimony and the significant health equity matters DC Health must address.

Respectfully submitted,



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