

**Testimony of
Alis Marachelian, MPH
Health Promotion Director
Mary's Center for Maternal and Child Care, Inc.
For The
Block Grant Public Health Hearing**

**September 2nd, 2009
DC Department of Health
Advisory Committee**

Good Afternoon,

We are grateful to be invited to share our community perspective. On behalf of the 761 Asthmatic patients to whom we have provided care, education, and treatment at Mary's Center in the last 12 months, I am here to provide you with a perspective to consider when prioritizing your funds dedicated to improving the health of the youngest residents of our District. From this group, **47 % (357)** are **under the age of 5** with parents who have only a 6th grade education they have received from their countries, and are struggling to understand why this is happening to their children, how to help them prevent the frightening attacks, who wonder where to seek help when their child grasps for breaths in the middle of the night, and how to access the quality specialty services that are currently in existence. The struggles for air, the wheezing, and the night coughs are heard by the alarmed parents of **31% (238)** of the **youth between 6 and 12 years old**, who have to miss work, miss a day's pay that will bring food on their tables in these hard economic times, and stay home to nurse their children back to health. The children, for whom they risked their lives by coming to this country and give them a better education, are found exactly where their parents were. Not able to start 7th grade. This time, not due to poverty urging them to leave school and start working, but due to all the days they've missed school because of asthma. This is the very essence of Mary's Center's mission and vision, to create social change, to improve one generation in order to lift the next one to a much higher level.

As you can see, Asthma is not an issue that can be solved by medication alone, and its consequences go farther into the productivity and the soundness of our District of Columbia functioning. Asthma requires the dedicated collaboration of parents, clinicians, educators, and social services providers among many other societal key players. A community health clinic being provided a mini-grant for a limited amount of time and an unlimited roll of red tape will never accomplish this alone. We praise and applaud the strategic planning processes that have been taking place for the last 3 years in order to have a comprehensive 'game plan' to improve Asthma in the District. It is time to back up all the ideals with serious, sustainable, and solid funding.

We ask that the funding that is guided by the strategic plan, be given the freedom to adapt it to its environment. For example, at our Center, the greatest need is to provide clinic-based education and wrap around social services in the home. In a hospital setting, in a school setting, or in a Daycare center, the needs would be much different. One size does not fit all. Just like anything we do in public health, it takes time and extraordinary effort to sustain effective programming, and it is crucial that the funding does not

have an expiration date shorter than the inhaler medicine that is being prescribed for a child in one of our clinics as I speak here today.

Thank you very much for the opportunity to address these issues today.