



District of Columbia
Primary Care Association

Action And Innovation For Health Equity.

www.DCPCA.org

YOUTH ISSUES IN THE DISTRICT OF COLUMBIA

**Council of the District of Columbia
December 11, 2010**

**Committee of the Whole
The Honorable Vincent C. Gray, Chairman**

By

**Kevin McNeill
Accounting Assistant
District of Columbia Primary Care Association**

Good morning, Chairman Gray and distinguished members of the committee. My name is Kevin McNeill, accounting assistant for the DC Primary Care Association (DCPCA).

DCPCA represents historic, safety net, community-based primary care providers and other key stakeholders who are committed to our mission of creating a health care system in the District of Columbia that allows for everyone to be covered and everyone to be cared for. I am here today to speak on youth issues in the District.

I am 21-years-old and have grown up in DC. At one point in my childhood, I was even homeless; finding places to eat or sleep with whomever might take me in. As I grew up, I always had a big heart and a good head on my shoulders, but I have also had a few legal issues here and there. In high school, within four months of graduation I was expelled. When I was in class I could excel, but outside of school I was “doin’ me” and that caused problems. As I straightened myself out, I have found some help in the STAY program, an alternative education program that offers classes to adult students who would like to obtain their high school diploma, GED, or advance their careers. I have also been working at the DC Primary Care Association for a few years now.

ADOLESCENT WELLNESS INITIATIVE

By helping young people understand how to protect their own health, and fostering the skills and enthusiasm to share this information with peers, we can create a tipping point to transform health outcomes for future generations of District residents. In 2006, I worked with DCPCA’s Adolescent Wellness Initiative, which is no longer operating; a prevention and youth leadership project for DC youth between the ages of 14 and 21. Developed at the request of community-based partners, providers, and focus group

participants, the program engaged young people in the District at an early age to encourage the practice of healthy behaviors with an open and realistic approach to wellness education, and instill a sense of advocacy to ensure the promise of their own futures and the futures of their peers, families, and neighbors.

AWI's holistic wellness approach connected the dots between prevention of HIV/AIDS, chronic disease, addiction, teen pregnancy, and other risk factors – all of which contribute to the prevalence of serious health issues and chronic disease in DC adults – and the reinforcement of positive goals such as health, safety, education, community, career development, opportunity, entrepreneurship, entertainment, and creativity.

Reaching teenagers with wellness education that is holistic and relevant, as well as providing incentivized opportunities to engage in physical activity, set the program apart from other child wellness initiatives in DC. The goals of the program were:

- (1) To increase health literacy and promote behavior change for youth in the District;*
- (2) Connect health and social justice issues for youth; and*
- (3) Improve the health care infrastructure serving adolescents.*

Today, I want to focus on the importance of the issue of **connecting health and social justice issues**. Youth participating in AWI sessions were able to articulate an understanding of the relationship between community wellness and individual health outcomes, and the variety of factors that contribute to a well life. AWI programming focused on the relationship between health outcomes and socio-economic factors and made connections to address the root causes of health disparities in DC by empowering youth on health, economic, legal, and community issues.

ALWAYS MAKE NEW MISTAKES

Much like adults, kids make mistakes, and they need to so that they can learn from them and grow. But there is a difference between making mistakes, and making bad decisions. The stress of being a teenager in some of DC's roughest neighborhoods feeds into a cycle where youth make bad choices. Many people talk about youth issues related to crime, substance abuse, and unsafe sex. And there's a reality in how the activities we see out on the street impact our ability to focus in school, especially with a lack of attention on mental health services for youth in school settings, and a lack of peer-led addiction and recovery programs after school. As a result, we may make some questionable decisions to relieve some of that stress by engaging in riskier behavior. The punishments, the rehabilitation options, etc. do not support DC teens or deter us from making bad choices, but rather they create the image that there is no way up and no way out. Let's take a look at the system:

- The United States has the highest incarceration rate in the world.
- As of the start of 2009, 7.3 million people were on probation, and in jail or prison.
- The U.S. incarcerates more of its youth than any other country in the world.
- Half of all people incarcerated in federal jurisdictions are for non-violent offenses.

Prosecution of youth and long-term incarceration eats away at the chances for successful adulthood. The lack of focus on rehabilitation often results in repeat offenses; imprisonment and probation are not appropriate means of promoting correction. It also wreaks havoc on individuals, families, and communities. *There needs to be District support for alternatives, which include programs like AWI which are built around peer education and wellness.*

It Takes a Community to Raise a Child

Looking at HIV and AIDS in DC, we can see where there needs to be a more macro approach to tackling youth issues in the District. A study last year targeted areas of DC with both high rates of AIDS and poverty. The salaries of a majority of participants -- 60 percent -- were under \$10,000 annually; a similar percentage had never been married; and 43 percent were unemployed. The study showed that more than four percent of African Americans in the District are known to have HIV. **And roughly one out of every 100 young people ages 13 to 24 in the District is infected with HIV or has full-blown AIDS.** The current approaches on sex education are not effective, whether abstinence only or giving kids condoms because they are simply "walking genitals." DC must find and fund better solutions around wellness and education that change the system by offering *understanding, empowerment, opportunity, and a sense of a caring community.*

CLOSING

Chairman Gray, I would like to thank you for the opportunity to testify at this public oversight hearing before the Committee of the Whole. DCPCA remains firm in our commitment to advocating for all District residents. I am happy to answer any questions that you may have.