TO: All Councilmembers

FROM: Councilmember Yvette M. Alexander, Chairperson, Committee on Health and Human Services

DATE: March 11, 2015


The Committee on Health and Human Services, to which PR 21-22, “Director of the Department of Health LaQuandra Nesbitt Confirmation Resolution of 2015” was referred, reports favorably thereon, and recommends approval by the Council.

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I. BACKGROUND AND NEED

PR 21-0022, “Director of the Department of Health LaQuandra Nesbitt Confirmation Resolution of 2015”, nominates LaQuandra Nesbitt for appointment as Director of the Department of Health at the pleasure of the Mayor.

A. Department of Health

The Department of Health designs public health systems, diagnoses and investigates health threats, develops policy and provides education and disease prevention for the over 600,000 residents of the District of Columbia and the millions of visitors to the Nation’s Capital.
The Department of Health is composed of the following administrations:

- Center for Policy, Planning and Evaluation,
- Community Health Administration,
- Health Emergency Preparedness and Response Administration,
- Health Regulation and Licensing Administration, and
- HIV/AIDS, Hepatitis, STD and TB Administration.

B. Nominee’s Qualifications

Dr. Nesbitt has over 11 years of health care experience in the hospital, academic and government settings. Dr. Nesbitt has previously worked for the Department Health from 2008-2011 which included two years as the Senior Deputy Director of the Community Health Administration. Prior to her nomination as the Director of the Department of Health, Dr. Nesbitt served as the Director of the Louisville Department of Public Health & Wellness where she was credited with expanding tobacco prevention and control initiatives, strengthening public-private partnerships, and creating Healthy Louisville 2020, a communitywide plan to improve the health of Louisville residents by the year 2020.

Dr. Nesbitt holds a Bachelor’s degree in Biochemistry from the University of Michigan Ann Arbor, a medical degree from the Wayne State University School of Medicine, and a Master in Public Health from Harvard University’s School of Public Health. Dr. LaQuandra Nesbitt is currently a resident of Ward 6.

C. Committee Recommendation

The Committee finds Dr. Nesbitt to be highly qualified. Her professional experience in the health field and history of excellence make her properly suited to lead the Department. Accordingly, the Committee recommends that the Council approve the nomination of Dr. LaQuandra Nesbitt as the Director of the Department of Health.

II. LEGISLATIVE CHRONOLOGY

January 16, 2015  PR 21-22, “Director of the Department of Health LaQuandra Nesbitt Confirmation Resolution of 2015” is introduced by Chairman Mendelson at the request of the Mayor.

January 20, 2015  PR 21-22 is referred to the Committee on Health and Human Services.

January 30, 2015  Notice of Intent to act on PR 21-22 is published in the District of Columbia Register.

February 6, 2015  Notice of roundtable hearing notice is published in the District of Columbia Register.
III. POSITION OF THE EXECUTIVE

The Mayor has nominated Dr. Nesbitt for appointment to be the Director of the Department of Health.

IV. COMMENTS OF ADVISORY NEIGHBORHOOD COMMISSIONS

The Committee received no testimony or comments from the Advisory Neighborhood Commissions.

V. SUMMARY OF TESTIMONY

The Committee on Health and Human Services held a public roundtable on PR 21-22 on Friday, February 27, 2015. The testimony summarized below is from that hearing. A copy of this testimony is attached to this report.

Robert Malson, the President of the District of Columbia Hospital Association testified in support of the nominee. He cited her stewardship over the Louisville Department of Public Health & Wellness and her experience of providing services in Baltimore as factors that made him confident in her ability to oversee the Department of Health.

Jacqueline D. Bowens, Chief Executive Officer of the D.C. Primary Care Association testified in support of the nominee. She stated that Dr. Nesbitt understands both the strengths and needs of Washington D.C. She stated that she worked with Dr. Nesbitt during her time as Senior Deputy Director of the Community Health Administration and credited Dr. Nesbitt with increasing access to care and improving services for the District’s most vulnerable residents.

Robert Brandon, Public Interest Attorney, testified in support of the nominee. He cited Dr. Nesbitt’s prior experience in Public Health, Washington D.C., and in addressing prevention and health disparities as reasons why Dr. Nesbitt will perform admirably as Director of the Department of Health.

Mark Vargas, Vice President of Aegis Health Security and CEO of Mary’s Center testified in support of the nominee. He testified of the public partnership “Stronger 2gether” initially launched by Former Mayor Gray and the need to continue the program under the new administration.
Dr. Mohammad N. Akhter M.D., M.P.H., Professor in the Department of Family and Community Medicine at Howard University College of Medicine testified in support of the nominee. He cited his time as Dr. Nesbitt’s superior while he was Director of the Department of Health as his reasoning for support of her nomination. He stated that Dr. Nesbitt is truly a public health professional with substantial knowledge of Washington D.C.’s health needs.

Feseha Woldu, Msc, PhD, Associate Professor for Clinical Affairs and Quality at Howard University testified in support of the nominee. He worked at the Department of Health as Senior Deputy Director of the Health Regulatory and Licensing Administration (“HRLA”) for 13 years. His tenure at HRLA overlapped with Dr. Nesbitt’s time at the Department of Health. He stated that during their time at the Department of Health, they collaborated in several significant projects. He was able to see that Dr. Nesbitt brought a high degree of integrity and commitment to excellence to her work.

Dr. LaQuandra Nesbitt, Nominee. Dr. Nesbitt testified to her gratefulness to Mayor Bowser for nominating her as the Director of the Department of Health for the District of Columbia. Dr. Nesbitt expressed that it would be an honor to serve in the role of Director of the Department of Health. Dr. Nesbitt acknowledged the outstanding workforce at the Department of Health and their accomplishments while stating that she was excited to begin working with the new administration and creating a “Fresh Start” for Washington D.C. Dr. Nesbitt described herself as a board-certified family physician with additional training in public health and health policy and stated that these qualifications will allow her to excel as the Director of the Department of Health. Dr. Nesbitt shared that her academic interest include racial and ethnic disparities in health outcomes and health care services, workforce diversity, and improving access to care for the uninsured and underinsured.

Dr. Nesbitt stated that, if confirmed, she will focus on the following overarching themes: Creating a paradigm shift to focus on population health; addressing social determinants of health and achieving health equity; closing the chasm between public health and clinical medicine; strengthening the District’s access to health data; and implementing evidence-based/promising practices and outcomes-oriented programs and policies. Dr. Nesbitt specifically highlighted three initiatives that she will focus on immediately should she be confirmed as Director of the Department of Health: implementing a “Health in All Policies” approach to improving Community Health; building an infrastructure to achieve health equity; and aligning public private community health initiatives. Dr. Nesbitt stated that by focusing on these infrastructure related concepts and themes, the Department of Health will be successful at improving health outcomes related to infant mortality, teenage pregnancy prevention, HIV/AIDS, cancer, and even violence. She stated it is her belief that anything related to the physical, mental, behavioral, or emotional health and social well-being of our community is indeed related to health and should be treated as such.
Submitted Testimony

Dr. Joseph Wright, M.D., M.P.H, Professor and Chairman at Department of Pediatrics and Child Health at Howard University College of Medicine submitted testimony in support of Dr. Nesbitt’s nomination. He stated that he has known Dr. Nesbitt since 2008 while she was a part of Harvard University’s Minority Health fellowship program. Dr. Wright cited Dr. Nesbitt’s participation in this fellowship as evidence of her outstanding educational background. Dr. Wright also cited Dr. Nesbitt’s passion for the communities, the population, and the people that she serves as an important factor in his endorsement of her appointment.

VI. IMPACT ON EXISTING LAW

PR21-22 is in accordance with section 2 of the Confirmation Act of 1978 (D.C. Law 2-142; D.C. Official Code § 1-523.01).

VII. FISCAL IMPACT

Pursuant to section 4a of the General Legislative Procedures Act of 1975 (DC Official Code §1-301.47a(c)), the requirement of a fiscal impact statement for confirmation resolutions does not apply.

VIII. SECTION-BY-SECTION ANALYSIS

Section 1 States the short title of PR 21-22

Section 2 Approves the nomination LaQuandra Nesbitt as the Director of Department of Health

Section 3 Transmittal of the resolution.

Section 4 Provides the effective date.

IX. COMMITTEE ACTION

On March 11 2015, the Committee on Health and Human Services met to consider PR 21-22, the "Director of the Department of Health LaQuandra Nesbitt Confirmation Resolution of 2015". The meeting was called to order at 2:10 p.m., and PR21-22 was the first item on the agenda. After ascertaining a quorum, Councilmember Alexander opened up the floor for discussion, in which there was none. The vote on the print and report was unanimous.
Committee on Health and Human Services
Report on PR 21-22

March 11, 2015
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(Chairperson Alexander and Councilmembers Cheh and Nadeau voting “aye.” Councilmember Grosso was absent). The meeting adjourned at 2:20 p.m.

X. ATTACHMENTS

1. PR 21-22 as Introduced.
2. Copies of Written Testimony.
3. Legal Sufficiency Determination.
4. Committee Print for PR 21-22
ATTACHMENT ONE
Memorandum

To: Members of the Council

From: Nyasha Smith, Secretary to the Council

Date: January 22, 2015

Subject: Referral of Proposed Legislation

Notice is given that the attached proposed legislation was introduced in the Office of the Secretary on Friday, January 16, 2015. Copies are available in Room 10, the Legislative Services Division.

TITLE: "Director of the Department of Health LaQuanda Nesbitt Confirmation Resolution of 2015", PR21-0022

INTRODUCED BY: Chairman Mendelson at the request of the Mayor

The Chairman is referring this legislation to the Committee on Health and Human Services. This resolution will be deemed approved on Thursday, April 30, 2015 without Council action.

Attachment

cc: General Counsel
    Budget Director
    Legislative Services
Chairman Phil Mendelson, at the request of the Mayor, introduced the following resolution, which was referred to the Committee on ____________________________

To confirm the Mayoral appointment of LaQuandra S. Nesbitt as the Director of the Department of Health of the District of Columbia.

RESOLVED, BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this resolution may be cited as the “Director of the Department of Health LaQuanda Nesbitt Confirmation Resolution of 2015.”

Sec. 2. The Council of the District of Columbia confirms the appointment of:

Dr. LaQuandra S. Nesbitt
639 East Jefferson Street; #205
Louisville, KY 40202

as the Director of the Department of Health, established by the Reorganization Plan No. 4 of 1996, effective July 17, 1999, and is pursuant to Pub. L. 631, approved August 1, 1950 and in accordance with section 2 of the Confirmation Act of 1978, effective March 3, 1979 (D.C. Law 2-142; D.C. Official Code § 1-523.01), to serve at the pleasure of the Mayor of the District of Columbia.

Sec. 3. The Council of the District of Columbia shall transmit a copy of this resolution, upon its adoption, each to the nominee and to the Office of the Mayor.

Sec. 4. This resolution shall take effect immediately.
ATTACHMENT TWO
Council of the District of Columbia  
Committee on Health and Human Services  
Notice of Public Hearing  
1350 Pennsylvania Ave., N.W., Washington, D.C. 20004

COUNCILMEMBER YVETTE M. ALEXANDER, CHAIRPERSON  
COMMITTEE ON HEALTH AND HUMAN SERVICES ANNOUNCES A PUBLIC HEARING  
on  
PR21-22, the “Director of the Department of Health LaQuandra Nesbitt Confirmation Resolution of 2015”  
and  
PR21-28, the “Director of the Department of Human Services Laura G. Zeilinger Confirmation Resolution of 2015”

Friday, February 27, 2015  
11:00 a.m., Room 412, John A. Wilson Building  
1350 Pennsylvania Avenue, N.W.  
Washington, D.C. 20004

Councilmember Yvette M. Alexander, Chairperson of the Committee on Health and Human Services, announces a hearing on PR21-22, the “Director of the Department of Health LaQuandra Nesbitt Confirmation Resolution of 2015”, and PR21-0028, the “Director of the Department of Human Services Laura G. Zeilinger Confirmation Resolution of 2015”. The public hearing will be held at 11:00 a.m. on Friday, February 27, 2015 in Room 412 of the John A. Wilson Building.

The stated purpose of Proposed Resolution 21-22 and Proposed Resolution 21-28 is to confirm the Mayoral appointments of LaQuandra Nesbitt as the Director of the Department of Health of the District of Columbia, and Laura G. Zeilinger as the Director of the Department of Human Services of the District of Columbia, respectively.

Those who wish to testify should contact Cory Davis, Legislative Assistant for the Committee on Health and Human Services, at (202) 741-0904 or via e-mail at cdavis@dccouncil.us and provide their name, address, telephone number, organizational affiliation and title (if any) by close of business on Wednesday, February 25, 2015. Persons wishing to testify are encouraged, but not required, to submit 15 copies of written testimony. If submitted by the close of business on Wednesday, February 25, 2015, the testimony will be distributed to Councilmembers before the hearing. Witnesses should limit their testimony to four minutes; less time will be allowed if there are a large number of witnesses.

If you are unable to testify at the hearing, written statements are encouraged and will be made a part of the official record. Copies of written statements should be submitted to Ms. Rayna Smith, Room 115 of the Wilson Building, 1350 Pennsylvania Avenue, N.W. Washington, D.C. 20004. The record will close at 5:00 p.m. on Wednesday, March 4, 2015.
COUNCILMEMBER YVETTE M. ALEXANDER, CHAIRPERSON
COMMITTEE ON HEALTH AND HUMAN SERVICES ANNOUNCES A PUBLIC HEARING ON


AND


Friday, February 27, 2015
11:00 a.m., Room 412, John A. Wilson Building
1350 Pennsylvania Avenue, N.W.
Washington, D.C. 20004

WITNESS LIST
The “Director of the Department of Health LaQuandra Nesbitt Confirmation Resolution of 2015”

1. Robert Malson, Esq. President and Chief Executive Officer, District of Columbia Hospital Association
2. Jacqueline Bowens CEO, DC Primary Care Association
3. Robert Brandon Chair, Statewide Health Coordinating Council
4. Mark Vargas Vice President, Aegis Health Security, Clinton Global Initiative
5. Mohammad N. Akhter, MD, MPH Department of Family and Community Medicine, School of Medicine, Howard University
6. Feseha Woldu, Ph.D. Associate Vice President for Clinical Affairs and Quality for Health Services, Howard University
7. Justin Palmer  
   Chief Government Relations and Health Policy Officer, District of Columbia Hospital Association

Executive Witness

1. Dr. LaQuandra Nesbitt  
   Acting Director, Department of Health

The "Director of the Department of Human Services Laura G. Zeilinger Confirmation Resolution of 2015"

1. Patricia Fugere  
   Executive Director, Washington Legal Clinic for the Homeless

2. Ed Lazere  
   Executive Director, DC Fiscal Policy Institute

3. Richard Bradley  
   Public Witness

4. Linda Kaufman  
   Public Witness

5. Waldon Adams  
   Public Witness

6. Marvin Turner  
   Office Director for HUD

Executive Witness

1. Laura Zeilinger  
   Acting Director, Department of Human Services
Testimony before the

Council of the District of Columbia

Committee on Health and Human Services

on

PR21-22, the “Director of the Department of Health
LaQuandra Nesbitt Confirmation Resolution of 2015”

* * *

Presented by
Robert A. Malson
President
February 27, 2015
Good Morning/Afternoon Chairwoman Alexander and members of the Committee on Health and Human Services, my name is Robert A. Malson and I am President of the District of Columbia Hospital Association (DCHA). I appreciate the opportunity to present testimony in support of PR21-22, the “Director of the Department of Health LaQuandra Nesbitt Confirmation Resolution of 2015.” As you know, DCHA is a non-profit organization with 16 member hospitals and 31 associate members whose mission is to provide leadership in improving health care in the District of Columbia. DCHA members employ approximately 26,000 individuals who are on the front lines for delivering quality health care and responding to any medical emergency in the District of Columbia.

On behalf of DCHA’s member hospitals, I am pleased to provide this testimony in support of Dr. Nesbitt's confirmation as the next Director of the Department of Health. This position is one that is critical to ensuring the health and wellbeing of the District’s residents. Whether we are talking about improving population health or identifying, isolating and eliminating outbreaks of infectious diseases, this position is of paramount importance.

In her prior positions, Dr. Nesbitt has proven herself to be a capable leader with a passion for health equity by identifying social determinants of health. This is incredibly important given that so many residents of the District of Columbia face significant health disparities that affect their health outcomes. Given her
experience in Baltimore providing primary care services to patients and disease management and her work on population health in Louisville, we are confident that Dr. Nesbitt will be able to engage community stakeholders to address health issues in the District and improve the health of our residents.

DCHA and its member hospitals have maintained a positive working relationship with the Department of Health in areas such as: Adverse Events, Emergency Management, Health Care Acquired Conditions and the Certificate of Need process. It is quite evident after our CEOs met with Dr. Nesbitt yesterday that this collaborative relationship will continue under her leadership.

Make no mistake about it though, as much as DOH is a partner with the hospitals, they never lose sight of their responsibility as a regulator and are diligent at holding health care facilities and providers accountable. The Health Regulation and Licensing Administration within DOH carries out annual inspections of hospitals and nursing homes and in doing so looks at all aspects of their operations. The District’s current model of health facility regulation is what we believe to be the gold standard in ensuring quality and effective care is delivered to every patient that walks through our hospitals’ doors.

We look forward to continuing our collaborative efforts with Dr. Nesbitt to improve the District’s health outcomes and continue to hone and improve the
District’s health care infrastructure to ensure we are prepared to handle any public health emergency.

Thank you for allowing us to provide comments on the confirmation of Dr. LaQuandra Nesbitt as the next Director of the Department of Health. I am happy to answer any questions you may have for me.
Council of the District of Columbia

Hearing on

PR21-22, the "Director of the Department of Health LaQuandra Nesbitt Confirmation Resolution of 2015"

February 27, 2015

Committee on Health and Human Services

The Honorable Yvette Alexander, Chairperson

By

Jacqueline D. Bowens

Chief Executive Officer

District of Columbia Primary Care Association
Good morning Chairman Alexander and members of the Committee. I am Jacqueline Bowens, Chief Executive Officer at the DC Primary Care Association. DCPCA works to ensure that all residents of Washington, DC have the ability and opportunity to lead healthier lives – through increased health insurance coverage, expanded access to care, and improved health care quality. Our key partners in this effort include community-based safety net primary care providers who are committed to our mission of creating a health care system that allows for everyone to be covered and everyone to be cared for.

I am here today to provide testimony in support of PR21-22, the “Director of the Department of Health LaQuandra Nesbitt Confirmation Resolution of 2015”

I enthusiastically support the confirmation of Dr. Nesbitt. The District will benefit from an experienced leader who understands both the strengths and needs of our health care community. I had the pleasure of working with Dr. Nesbitt during her previous tenure at the Department of Health as Senior Deputy Director for the Community Health Administration and Senior Deputy Director for the Center for Policy, Planning and Evaluation at DOH. In those roles, Dr. Nesbitt was an asset to the District. Her leadership and focus on improving health outcomes for target populations helped increase access to care and improve health services for our most vulnerable residents.

Throughout her career, Dr. Nesbitt has had an unceasing commitment to improving population health. Her view through this lens will help the District break through the barriers which prevent our city and our residents from reaching the maximum level of health. As Director of Public Health in Louisville, Kentucky, Dr. Nesbitt focused on the social determinants of health,
health equity, public-private partnerships connecting public health and clinical medicine, and an outcomes-driven approach in order to improve health. We believe similar commitment in the District will improve health outcomes for all our residents, especially those most impacted by health inequity.

I look forward to the opportunity to work with Dr. Nesbitt on our mutual goals that include: a robust health information exchange that includes ambulatory, hospital, and public health data; an assessment of primary and specialty care needs and capacity; and a primary care patient-centered medical home for every District resident. I firmly believe that she is the right leader at the right time to achieve our shared vision that the District of Columbia be as recognized for excellent health outcomes as it is for health care coverage. I welcome her partnership in making DC a world-class city for health!

Thank you for providing me the opportunity to support the director’s confirmation. I am happy to answer any questions you may have.
Good morning. My name is Robert Brandon. I am a 40 year resident of the District of Columbia and a public interest attorney. I also have served on the city's Statewide Healthcare Coordinating Council (the SHCC) for the past 10 years and I am currently its Chair. The SHCC advises the Department of Health on approvals or denials of Certificates of Need applications under District law and helps with input into the Department's health planning function. I have also worked on national health policy for more than 25 years focusing on health access and health care equity. I was involved as an advisor at the White House for the Clinton Health Care Initiative, a senior advisor to Health Care for America Now, a national coalition promoting passage of the Affordable Care Act and currently consult for the National Association of Community Health Centers.

I am here today to enthusiastically endorse the Mayor's nomination of Dr. Nesbitt to be our next Department of Health Director.

The kind of leadership that I believe the Department needs is someone who:

1. Has strong Public Health credentials;
2. Has extensive experience in and awareness of the DC community;
3. Understands the correlation between health policy initiatives and health outcomes;
4. Has experience with addressing prevention and health disparities; and
5. I believe, primary care training and the broad experience and direct interaction with patients that primary care requires.

Dr. Nesbitt possesses all these qualities. You have all her professional experience in front of you but what is important, is that she has served in key positions in the Department before, covering, what I think, are two important areas: 1) community health and 2) policy and planning.

The Community Health Administration oversees most of the most important prevention and education initiatives within the Department and is driven by the interest and need to engage community residents in shaping health care programs. The bureaus she worked with were directly looking to improve health disparities that unfortunately continue to characterize the state of health in the District. Dr. Nesbitt is well positioned to help move the Department and the City toward the goal of reducing health disparities. Importantly,
she has spent time in her academic career studying and teaching in this area and helping to promote policies in Baltimore while treating patients in underserved areas of the city.

As head of the Office of Policy, Planning and Evaluation, Dr. Nesbitt oversaw programs to assess health issues, risks and outcomes through data collection and analysis -- an area that we need to continue to support. Data is so important to allow us to develop proper health planning initiatives. In that position, she also oversaw the state health planning functions of SHPDA, the agency where the SHCC operates. And finally, she worked with programs aimed at designing strategies and policies to prevent or reduce disease, injury and disability in the District of Columbia.

With all of her background, Dr. Nesbitt has also just finished running a city health department in a city with a richness of health care providers, much like Washington, but also like DC with a population that suffers from unacceptable health disparities.

As members of the this committee know, we have a lot of work to do to address the health care needs of many of the residents of the District of Columbia, particularly in poorer and immigrant communities and in traditional minority communities that suffer from too many preventable diseases. We have high levels of insurance in the city and, increasingly, with investment in community health centers in traditionally underserved parts of the city, better access to care.

At the same time, many positive strides have been made over the last decade. There are many areas and programs that are moving in the right direction and making a difference—the fight against HIV/AIDS, improvement to mental health programs, new primary care facilities, beefing up school based health, etc.

I know that Dr. Nesbitt, with her impressive academic training, her experience running important programs here and in Louisville, her public health background and her focus on delivering quality care for poor populations will do a great job keeping us moving forward.

I would urge you to confirm her nomination.

Thank you.
Mark Vargas, Vice President, Aegis Health Security  
Testimony before the D.C. Health Affairs Committee  
D.C. Director of Health Confirmation Hearing  
February 27, 2015

Madam Chairwoman Alexander, Members of the Committee,

My name is Mark Vargas and I am Vice President of Aegis Health Security, a Washington, DC-based health care management consulting firm and founding member of the Clinton Global Initiative — which was established by President Clinton as platform to convene global leaders to create and implement solutions to the world’s most pressing challenges.

In September of last year at the Clinton Global Initiative annual meeting in New York City on the big stage in front of kings, queens and other world leaders and heads of state, we officially launched our Aegis Health Security – Clinton Global Initiative Commitment Stronger2gether — a district based and designed program aimed at improving birth outcomes and lowering the infant mortality rate. The effort was started by a commitment from our firm as part of CGI’s goal of answering President Clinton’s question, “What will you do?” This effort was not part of any government procurement, but rather our commitment and in-kind contribution from our firm to the city that many of us call home — Washington, D.C.

On behalf of Aegis Health Security and our Clinton Global Initiative Commitment to reduce the District’s infant mortality rate — Stronger2gether — I’d like to publicly express our support for Dr. Nesbitt’s confirmation as Director of Health. Dr. Nesbitt’s familiarity with District government and her background make her the kind of leader that will take the department to the next level.

I’d also like to publicly and personally thank members of the DOH team who we’ve had the privilege of working alongside last year as we launched this historic initiative. I’d like to thank Ryan Springer and his team, as well as CTO Arturo Weldon and his team for their leadership and countless hours of work.

As a quick way of background, Aegis Health Security — as a founding members of the Clinton Global Initiative, one of the requirements of that membership is to create an initiative that is going to make a significant impact in your local community — whether that’s in health care, labor, education, economic development, science or technology. As a Washington, D.C.-based firm, where we live, work and raise our families — when we learned that our Nation’s Capital — the most powerful city in the world had one of the highest infant mortality rates — we immediately made a corporate decision that our commitment to D.C. would be to create an initiative to reduce the infant mortality rate. I might also add that I believe that this is the first time that the Clinton Global Initiative has ever been involved in any district-wide health initiative. A historic commitment nevertheless.

As you know, infant mortality is a key indicator of the health of a nation. Despite the ever-increasing cost of health care, the infant mortality rate in the United States still exceeds that of most other developed countries, at 6.05. According to the World Bank, in 2012, the United States ranked 32nd in the
world for infant mortality. Despite significant progress and the work of many on this committee and in this room, the infant mortality rate in the District is higher than the national average at 7.4 infant deaths per 1,000 live births.

The Aegis Health Security Clinton Global Initiative Infant Mortality Commitment Stronger2gether is a public-private partnership with over 40 commitment partners to improve maternal and child-health outcomes in the District as a successful model to be used by communities across the United States. The eyes of the nation are watching us, and are looking towards us as the gold standard for reducing health disparities in diverse communities and cities across the country.

We officially launched this commitment last October, but we are far from finished. With the help and leadership of Dr. Nesbitt and this committee – we can turn this commitment into a reality – becoming the model that the rest of the country looks towards when addressing infant mortality.

We look forward to working with Dr. Nesbitt and continuing our work with her team at DOH, and we look forward to working with this committee. We also look forward to working with you Madam Chairwoman Alexander in your own Ward, Ward 7. This is not just an important commitment here at home, but it’s also of personal interest to President Clinton, Secretary Clinton, Chelsea and her husband Marc as well. As you know, the Clintons recently became grandparents – and the issue of infant mortality is more important to them now more than ever. They too, are watching us. Healthy babies mean a healthier city.

I thank you for your time.
Confirmation Hearing for LaQuandra S. Nesbitt, M.D., M.P.H.  
Testimony of Dr. Mohammad N. Akhter, M.D., M.P.H.  
Committee on Health and Human Services  
Council of the District of Columbia  
February 27, 2015

Good Morning, Madam Chairperson Alexander and the members of the Committee on Health and Human Services. My name is Mohammad Akhter and I am a Professor in the Department of Family and Community Medicine at Howard University College of Medicine. I had the distinct honor of serving in the past as the Director of the DC Department of Health. I take this opportunity to thank you Chairperson Alexander and members of the Health and Human Services Committee for your support of the DC Health Benefit Exchange. As a result of your leadership and support, 36,000 DC residents now have health insurance through the DC Health Benefits Exchange.

I am pleased to testify today in support of Dr. LaQuandra Nesbitt’s nomination to become the next Director of the DC Department of Health. I am glad that Mayor Bowser has chosen someone for this position who is truly an expert in public health, and has extensive knowledge of the DC community’s public health needs.

When I served as Director of the Health Department, Dr. Nesbitt worked with me as the Senior Deputy Director of the Community Health Administration (CHA). I deeply appreciated her performance in that position and the technical and professional advice she gave me.
Dr. Nesbitt has had a distinguished career in public health. She received her Doctor of Medicine from Wayne State University School of Medicine, and a Master of Public Health in Health Care Management and Policy from the Harvard School of Public Health. Dr. Nesbitt completed her family medicine residency at the University of Maryland and a fellowship in Minority Health Policy through a Commonwealth Fund Harvard University Fellowship in Minority Health Policy.

As Senior Deputy Director for DC Health Department’s Community Health Administration, Dr. Nesbitt was responsible for providing leadership in a broad range of public health programs including those dealing with the prevention of the major chronic diseases in DC including hypertension, diabetes, asthma, cancer of the breast and colon, and obesity. In addition, she supervised programs designed to reduce DC’s high infant mortality rate, to provide needed services for infants, children and adolescents with special healthcare needs and to help DC residents break the unfavorable lifestyle choices such as cigarette smoking, alcoholism, and substance abuse.

Dr. Nesbitt left DC to accept the position of Director of the Louisville Metro Department of Public Health and Wellness. During her tenure in this position, Dr. Nesbitt was responsible for a large number of significant and innovative public health programs. These included activities designed to enhance the social determinants of health, assuring favorable outcomes for all public health initiatives. These programs achieved their designated objectives through such model strategies as strengthening public/private partnerships and establishing increased connections between public health and clinical medicine. Notable products of these efforts include the first Louisville Metro

In addition to her professional public health activities, Dr. Nesbitt is a published author and has served as an executive editor of the first edition of the textbook, “Population Health: Management, Policy and Technology.” Dr. Nesbitt pursued a wide range of academic interests including determining the role of racial and ethnic disparities in health outcomes, and improving access to healthcare for the uninsured and the underinsured. She has also been involved in the activities of a number of professional groups that deal with issues central to the mission of modern public health and has continued to practice medicine on a part-time basis.

Dr. Nesbitt’s extensive training and experience in health management will enable her to develop organizational and programmatic strategies that will assure that public health programs operate with maximum efficiency and that the outcomes of these programs do contribute to better health outcomes for our community.

In conclusion, I have known Dr. Nesbitt for the past five years as a thoughtful leader in public health. I have no doubt that she is highly qualified to assume the position of Director of the DC Department of Health and that her performance in this position will be exemplary. In view of these facts, I offer my highest endorsement for her confirmation.

Thank you Madam Chair for the opportunity to testify before you today.
Testimony of
Feseha Woldu, Msc, PhD
Associate Vice President for Clinical Affairs and Quality
Howard University Health Sciences

PR21-22
"Director of the Department of Health LaQuandra Nesbitt Confirmation Resolution of 2015

Committee on Health and Human Services
District of Columbia City Council

Friday, February 27, 2015
Good Afternoon, Committee Chair Alexander and Members of the Committee on Health. I am Dr. Feseha Woldu, Associate Vice President for Clinical Affairs and Quality, for Howard University Health Sciences. I am pleased to provide testimony today on behalf of Dr. LaQuandra Nesbitt, who is seeking to be confirmed as the Director of the District of Columbia Department of Health (DOH).

I served as the Senior Deputy Director of DOH’s Health Regulation and Licensing Administration (HRLA) for 13 years. During that time, I had the opportunity to work with Dr. Nesbitt over a period of four years. During her tenure at DOH, Dr. Nesbitt headed two Administrations: the Center for Policy, Planning and Evaluation (CPPE) and the Community Health Administration (CHA). As Senior Deputies, we collaborated in several significant projects. For example, Dr. Nesbitt was appointed as a member of the DC Board of Medicine. As a member of the Board she brought dedication and insight with a high degree of integrity and commitment to excellence. Dr. Nesbitt responsibility as a board member
to protect the patient very seriously and worked very hard towards that goal. In addition, she contributed her expertise to the Advisory Committee of the Health Care Facilities Division, which was also under my jurisdiction. Dr. Nesbitt was an invaluable asset to both groups in the areas of public health practice and healthcare administration. Her ability to analyze complex data sets and perform tests of statistical significance on data was particularly impressive and helpful.

Dr. Nesbitt’s record of leadership of the Community Health Administration, the primary purveyor of public health services and activities in the DC Government, offers further evidence of her being amply qualified to lead the Department of Health. In this role, Dr. Nesbitt was widely respected as an exceptional manager, driving the organization towards working in interdisciplinary teams and in establishing key relationships with community stakeholders and other DC Government agencies. Dr. Nesbitt’s prior tenure with the Department of Health, building such strategic coalitions, and working
toward collaborative solutions to public health challenges, has only grown more important.

Dr. Nesbitt’s record is one of innovation in the delivery of key public health services including the prevention and management, of chronic diseases such as diabetes, asthma, cancer and cardiovascular diseases, reduction in the infant mortality rate; creation of exemplary school health nursing services; and expansion of services for infants, adolescents and young adults with “special healthcare needs”.

I am confident that Dr. Nesbitt’s outstanding knowledge of public health practice and management has only grown during her time as the director of the Louisville Metro Department of Public Health and Wellness (LMPHW)... To cite a few examples, Dr. Nesbitt was pivotal in the development of Louisville’s violence prevention program, and she brings that critical experience to the District, where she will offer key leadership on this important issue to our community as well. Her commitment to an expanded focus on social determinants of health and
health equity; strengthening public-private partnerships; increased
connection between public health and clinical medicine; and
implementing an outcome driven approach to program development in
general creating a culture of health and wellness is a great asset she
brings to the District of Columbia.

In my opinion, Dr. Nesbitt has an excellent educational and practice
background in public health and keen insight into the health-related
needs of the DC population. I believe she would make an outstanding
Director of the DC Department of Health and I make a qualified
recommendation that she be confirmed for that position.
COUNCIL OF THE DISTRICT OF COLUMBIA
Committee on Health & Human Services

The Honorable Yvette M. Alexander, Chair

CONFIRMATION HEARING

LaQuandra S. Nesbitt, MD, MPH
Department of Health

The John A. Wilson Building
Room 412
Good Morning Madam Chair and members of the Committee on Health and Human Services. My name is Dr. LaQuandra Nesbitt, and I currently serve the residents of the District of Columbia as the Acting Director of the Department of Health. I am honored to appear before the Committee to testify on my confirmation.

I am grateful to Mayor Muriel Bowser for nominating me as the Director of the Department of Health for the District of Columbia, and would be honored to serve in this important role at such a critical time in public health. I look forward to working closely with the new Administration in creating a Fresh Start for Washington, DC.

Before I begin my testimony, I would like to thank Dr. Mohammad Akhter, Dr. Feseha Woldu, Ms. Jacqueline Bowens, Mr. Robert Malson and Mr. Robert Brandon, for testifying on my behalf, as well Dr. Joseph Wright, who could not attend but submitted remarks for the record. I appreciate their support of my nomination as well as their invaluable contribution to improving public health.

I would also like to acknowledge the outstanding workforce at the Department of Health. Their continued ingenuity and steadfast approach has resulted in impressive improvements in the District’s public health landscape. The Department of Health comprises a full spectrum of public health experts who bring a wealth of knowledge to the work they do. I am honored to lead the charge in continuing to improve the health, wellness, and quality of life for residents of this great city.

My extensive background in public health and my qualifications as a physician will allow me to excel as the Director of the DC Department of Health. I am a board-certified family physician with additional training in public health and health policy, who has dedicated my
career to improving the population's health. Most recently, I served as Director of the Louisville Metro Department of Public Health and Wellness in Louisville, KY. The Louisville Metro Department of Public Health and Wellness (LMPHW) is an independent health department, providing programs and services primarily through three divisions: Clinical Services, Community Health, and Environmental Health and Preparedness.

I have served in various capacities at the University of Louisville School of Public Health and Information Sciences and its School of Medicine, as well as the University of Maryland School of Medicine. My academic interests include racial and ethnic disparities in health outcomes and health care services, workforce diversity, and improving access to care for the uninsured and underinsured through population health management, policy and health services research. In addition to my professional activities, I am a published author and served as an executive editor of *Population Health: Management, Policy, and Technology, First Edition*. And just this year, my accomplishments were recognized by my alma mater, Wayne State University School of Medicine, and I was awarded the Recent Alumni Award for my "outstanding professional achievement and community contribution."

As you may know, I served separate terms as Senior Deputy Director for the Community Health Administration and Senior Deputy Director for the Center for Policy, Planning, and Evaluation at the District of Columbia Department of Health. These roles have afforded me an inside perspective of the unique health status and needs of District residents across all communities.

Accordingly, if confirmed, I will bring to this position a commitment to focusing on the following overarching themes:
• Creating a paradigm shift to focus on population health;
• Addressing social determinants of health and achieving health equity;
• Closing the chasm between public health and clinical medicine;
• Strengthening the District’s access to health data; and
• Implementing evidence-based/promising practices and outcomes-oriented programs and policies

I would like to highlight three initiatives that I will focus on immediately that will help drive better health outcomes for residents of the District.

**Implementing a “Health in All Policies” Approach to Improving Community Health**

• It is my recommendation that the District implement a “health in all policies” approach, led by the Department of Health, to improve population health outcomes. *Health in All Policies* is a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas.

• Historically, communities have looked only to the health department, hospitals, and healthcare providers to set policy that solves health problems. The result has been an emphasis on the creation of interdisciplinary teams comprised of physicians, nurses, social workers, pharmacists, health educators, physical therapists, care managers, and other allied health professionals to improve care coordination for patients or develop community programs designed to treat, or educate, the whole person.

• While this patient or person-centered approach yields better results than traditional physician-centered models of healthcare, Figure 1 demonstrates that it will only address fifty percent of the determinants of population health: clinical care and health behaviors,
commonly referred to as the health factors. The remaining fifty percent of the health status of a community is determined by the policies and programs in place to address social and economic factors and the physical environment. These non-health factors require a multi-sector approach that engages agencies and organizations that have not typically been viewed as having a role in improving community health.

- Figure 2 illustrates the impact we can have if we focus on addressing socioeconomic factors that influence health by creating environments where “making the healthy choice is the easiest choice.”

- To accomplish this goal, DOH will establish a multi-sector team comprised of key stakeholders from health and social determinants of health-related agencies such as transportation, planning, education, police, parks, public works, environment, and others modeled after the National Prevention Council at the level of director or deputy director.

- This Health in All Policies team will receive technical assistance and staff support from DOH and will work to implement policies and programs and advise the Mayor related to health.

Building an Infrastructure to Achieve Health Equity

- Mayor Bowser has committed to creating greater economic opportunity for the residents of the District of Columbia across all eight wards. I too am committed to this goal. There is overwhelming evidence that demonstrates a connection between health, education, and wealth which translates to a person’s ability to achieve their optimal level of economic opportunity. In public health practice, we refer to this as the need to achieve health equity. The US Centers for Disease Control and Prevention defines health inequity as a difference or disparity in health outcomes that is systematic, avoidable, and unjust. As
such, it is critically important that we shift our focus from one of measuring health disparities or the differences in health outcomes for a particular disease or healthcare service between two groups to one of achieving health equity. Addressing health equity requires us to examine the root causes of the differences that exist and to develop effective solutions. Figure 3 illustrates an effective framework for public health and health equity that I recommend we adopt for the District. We must begin the important work of building an infrastructure that achieves health equity.

- Accordingly, DOH will establish an Office of Health Equity to ensure that programs and services are administered in a way that aids the department in achieving its goal of increasing the average life expectancy of residents in the District and eliminating the disparity in life expectancy between wards. The Office of Health Equity will also serve as the technical assistance staff support to the Health in All Policies group I mentioned earlier in my testimony as the health in all policies construct has been identified as an effective way to address social determinants of health, or the upstream side of the diagram in Figure 3.

- In concert with this effort, I will work to align the goals and objectives of the newly established Commission on Health Disparities with the Office of Health Equity in order to most effectively address the recalcitrant health issues that have disproportionately burdened our most vulnerable residents.
Aligning Public Private Community Health Initiatives

- In every community, there are many key stakeholders as it relates to health as illustrated in Figure 4. While DOH is represented by the large orange ball in the center of the pictogram, there are many other entities represented including philanthropists, community centers, EMS, and even employers. There is tremendous value in working collaboratively with these partners to conduct community health needs assessments and develop community health improvement plans. While DOH is the public health authority and is often viewed only as a regulator and a grantor of funds, we also have a responsibility to serve as a convener when it comes to addressing any health issue of our residents. We value the expertise, input, and service of other entities and recognize the role they play in maintaining the health and well-being of those who live, work, learn, and play in the District.

- One of the first steps we have taken was to meet with the DC Healthy Communities Collaborative and the Emergency Healthcare Coalition to begin to address the critical need to align the efforts of DOH and those of other healthcare stakeholders in the city. We will continue to meet with other relevant health systems' groups to further align efforts and ultimately, we hope to leverage financial resources in the private sector with government resources to address the needs of DC residents in a more meaningful and cohesive way.

By focusing on these infrastructure related concepts and themes, we will be successful at improving health outcomes related to infant mortality, teenage pregnancy prevention, HIV/AIDS, cancer, and even violence that claims the lives of too many young people before they have the opportunity to meaningfully contribute to society. In this population health
framework, anything related to the physical, mental, behavioral, or emotional health and social well-being of our community is indeed related to health, and, as a result, becomes my responsibility and that of my team at the Department of Health.

I am fully committed to utilizing performance based strategies to achieve positive health outcomes. If confirmed, I will utilize performance metrics and data to support decisions, both operationally and programmatically. As we know, a performance based approach not only improves outcomes, but also helps align staff with leadership priorities while providing greater transparency and accountability to the public.

Thank you, Madam Chair, for allowing me to share my vision with you. I look forward to continuing to collaborate with you and other community leaders to achieve our collective vision of healthier lifestyles and wellness in all eight wards of our city. I welcome your questions at this time.

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Appendix
Determinants of Health

- Health Behaviors: 30%
- Clinical Care: 20%
- Physical Environment: 10%
- Social & Economic Factors: 40%

Policies & Programs: 50% = Health Factors: 50%

Figure 1
How Do We Improve Health?

Factors that Affect Health

Smallest Impact

Counseling & Education

Clinical Interventions

Long-lasting Protective Interventions

Changing the Context to make individuals’ default decisions healthy

Socioeconomic Factors

Examples

Eat healthy, be physically active

Rx for high blood pressure, high cholesterol, diabetes

Immunizations, brief intervention, cessation treatment, colonoscopy

Fluoridation, 0g trans fat, iodization, smoke-free laws, tobacco tax

Poverty, education, housing, inequality

Figure 2
Framework For Public Health & Equity

Social Determinants = 50%

Socio-Ecological Factors
- Social Inequalities
  - Class, Race, Ethnicity, Gender
  - Sexual Orientation
  - Immigration Status
- Institutional Power
  - Corporations & other Businesses
  - Government Agencies
  - Schools

Upstream

Health Status

Downstream

Socio-Economic Factors

Risk Behaviors
- Smoking
- Nutrition
- Physical Activity
- Violence

Disease & Injury
- Infectious & Chronic Diseases
- Injury (intentional & un-intentional)

Mortality
- Infant Mortality
- Life Expectancy

Medical Model
- Health Care Access

Individual Health Knowledge
- Genetics

Figure 3
Identify Stakeholders

Local Public Health System

Figure 4
Testimony of

Joseph L. Wright, MD, MPH
Professor and Chairman

Department of Pediatrics and Child Health
Howard University College of Medicine

Adjunct Professor of Emergency Medicine Health Policy
George Washington Univ. Schools of Medicine and Public Health

PR21-22
"Director of the Department of Health LaQuandra Nesbitt
Confirmation Resolution of 2015"

Committee on Health and Human Services
District of Columbia City Council

Friday, February 27, 2015

IT IS MY PLEASURE TODAY TO OFFER WRITTEN TESTIMONY ON PR21-22, THE "DIRECTOR OF THE DEPARTMENT OF HEALTH LAQUANDRA NESBITT CONFIRMATION RESOLUTION OF 2015".

I HAVE KNOWN DR. NESBITT COLLEGIALLY AND PROFESSIONALLY SINCE 2008 WHEN SHE FIRST ARRIVED IN THE DISTRICT OF COLUMBIA (DC) AS A MID-CAREER SCHOLAR AS PART OF THE PRESTIGIOUS COMMONWEALTH FUND HARVARD UNIVERSITY FELLOWSHIP IN MINORITY HEALTH POLICY. CONNECTING WITH DR. NESBITT WAS RECOMMENDED TO ME BY HER COMMONWEALTH FUND FELLOWSHIP ALUM AND MUTUAL COLLEAGUE,
Dr. Roderick King, Chief Executive Officer of the Florida Institute for Health Innovation. I specifically reference Dr. Nesbitt's fellowship as evidence of an outstanding educational background with training experiences not only undertaken at Harvard University, but also at the University of Michigan, Case Western Reserve, and the University of North Carolina-Chapel Hill, all top-tier academic institutions. Additionally, Dr. Nesbitt was selected as Chief of her Family Medicine Residency Training Program, an honor reserved only for the strongest trainees. A Chief Residency typically portends career and leadership success, and Dr. Nesbitt's trajectory has proven to be no exception. In summary, from the perspective of academic preparation, Dr. Nesbitt has a stellar pedigree and outstanding public health training and experience.

I have also had the privilege of working with Dr. Nesbitt as a grantee during her previous tenure with the DC Department of Health as Acting Medical Director within the Community Health Administration. I found her leadership style
REFRESHING AND DIRECT, EXERCISED WITH A HIGH DEGREE OF INTEGRITY AND A COMMITMENT TO EXCELLENCE. THERE IS NO DOUBT IN MY MIND THAT, AS DIRECTOR, SHE WILL SIMILARLY INSPIRE STAFF, COLLEAGUES AND CONSTITUENTS.

I AM PROUD TO COUNT DR. LAQUANDRA NESBITT AMONG MY PROFESSIONAL COLLEAGUES AND WILL DO EVERYTHING IN MY SPAN OF CONTROL TO HELP HER ACHIEVE HER GOALS FOR THE DISTRICT OF COLUMBIA AS OUR NEXT DIRECTOR OF THE DEPARTMENT OF HEALTH.

THANK YOU.

JOSEPH L. WRIGHT, MD, MPH
PROFESSOR AND CHAIR
DEPARTMENT OF PEDIATRICS AND CHILD HEALTH
HOWARD UNIVERSITY COLLEGE OF MEDICINE
ATTACHMENT THREE
MEMORANDUM

TO: Councilmember Yvette Alexander

FROM: John Hoellen, Acting General Counsel

DATE: March 10, 2015

RE: Legal Sufficiency Determination for Proposed Resolution 21-22, the Director of the Department of Health LaQuanda Nesbitt Confirmation Resolution of 2015

The measure is legally and technically sufficient for Council consideration.

The proposed resolution would confirm the appointment of Dr. LaQuanda S. Nesbitt as the Director of the Department of Health, established by the Reorganization Plan No. 4 of 1996, effective July 17, 1996, and in accordance with section 2 of the Confirmation Act of 1978, effective March 3, 1979 (D.C. Law 2-142; D.C. Official Code § 1-523.01). If confirmed, Dr. Nesbitt would serve at the pleasure of the Mayor.

I am available if you have any questions.
ATTACHMENT FOUR
A PROPOSED RESOLUTION

21-22

IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

To confirm the appointment of Dr. LaQuandra S. Nesbitt as the Director of the Department of Health.

RESOLVED, BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this resolution may be cited as the “Director of the Department of Health LaQuandra Nesbitt Confirmation Resolution of 2015.”

Sec. 2. The Council of the District of Columbia confirms the appointment of:

Dr. LaQuandra S. Nesbitt
225 I Street, N.E.
Washington, D.C. 20002
(Ward 6)

as the Director of the Department of Health, established by the Reorganization Plan No. 4 of 1996, effective July 17, 1996, and in accordance with section 2 of the Confirmation Act of 1978, effective March 3, 1979 (D.C. Law 2-142; D.C. Official Code § 1-523.01), to serve at the pleasure of the Mayor.

Sec. 3. The Council of the District of Columbia shall transmit a copy of this resolution, upon its adoption, to the nominee and to the Office of the Mayor.

Sec. 4. This resolution shall take effect immediately.