We thank you for this opportunity to testify in support of the “Continuing Nutrition Education Amendment Act” (B23-360). Jeff Hild is the Policy Director at the Redstone Global Center for Prevention and Wellness at the Milken Institute School of Public Health at George Washington University (“Redstone Center”) and Nichole Jannah is a Research Associate at the Redstone Center. The thoughts conveyed in this testimony are our own and do not represent those of George Washington University.

The Redstone Center is home to the Strategies to Overcome and Prevent (“STOP”) Obesity Alliance. STOP is a collaboration of consumer, provider, government, labor, business, and health organizations that are working to drive innovative and practical evidence-based strategies that combat obesity.

Obesity is a complex and multifactorial disease with genetic, behavioral, socioeconomic, and environmental causes and is associated with many other chronic and debilitating diseases, including diabetes, heart disease and many cancers. This constellation of diseases contributes to the leading causes of death in the District and disproportionately impacts residents of Wards 7 and 8. Due to poor nutrition and inactivity, rates of these chronic diseases are projected to increase substantially in the District by 2030.¹

Nutrition is Central to Health, But Professional Training Programs are Inadequate

Nutrition plays a central role in prevention, management and treatment of obesity, diabetes and other chronic diseases across the nation and in the District. A 2018 report by the U.S. Burden of Disease Collaborators identified poor nutrition as the

¹ https://www.stateofobesity.org/states/dc
leading cause of death among Americans.\textsuperscript{2} A recent survey revealed that many District residents are interested in maintaining a healthy diet but lack the resources and to do so.\textsuperscript{3} Ninety percent of residents were “very willing” to purchase healthier food options, but only half indicated that there were enough healthy food options in their community. Ninety-five percent of residents in Wards 5, 7, and 8 recognize the importance of consuming fruits and vegetables, but only 1 in 3 of these residents consumes the recommended daily servings of fruits and vegetables.

The District, especially through the work of this Committee, has taken steps to improve access to healthy food for all District residents, including through investments in various Food as Medicine programs (for which the District has been nationally and internationally recognized) and support for additional grocery stores in Wards 7 and 8. These are important priorities and should be expanded, along with policies to continue to improve nutrition in schools and reduce consumption of sugar through efforts such as the recently introduced Healthy Beverage Choices Act.

In addition to increasing access to healthy foods, we also need to equip health care professionals, particularly primary care providers, with the knowledge and tools to guide their patients on the impacts of nutrition on their health. Unfortunately, many health care professionals lack adequate training in the area of nutrition. Surveys of medical professionals bear this out. A recent study found that only 14\% of physicians felt competent to offer nutrition advice to their patients,\textsuperscript{4} and another survey of physicians found that 73\% reported that they had received minimal or no training on nutrition. Following licensure, providers must pursue continuing education on nutrition of their own volition.\textsuperscript{5} Our interviews with leading educators disclose that nutrition-related curricular requirements are similarly scant or altogether absent from the training programs of most other professions that comprise U.S. health workforce. As a result, many providers enter clinical practice unaware of how to assess nutritional status and unable to make appropriate referrals to community resources and allied health professionals to address diet-related diseases like obesity.


\textsuperscript{5} Monica Aggarwal et al., The Deficit of Nutrition Education of Physicians, 131 Am. J. Med. 339, 343 (2018).
Nutrition Continuing Education Would Increase Access to Evidence-Based Treatments

Although the legislation before the Committee will not completely solve the knowledge gap within the medical profession around nutrition, making nutrition part of required continuing medical education (CME) for health professionals in the District will mean that more patients will receive critical information about the health impacts of nutrition. Improved training on nutrition is needed to equip providers with the knowledge, skills, and confidence to begin meaningful conversations about nutrition with their patients and make effective referrals. In communities with high economic inequality, quality of care will be improved by additional training that ensures providers have a working knowledge of specific barriers that families struggling with obesity and other dietary-related diseases face in their homes and neighborhood environments.

Inadequate provider training and education on nutrition has created an evidence-practice gap, whereby high-value nutritional interventions capable of reducing chronic disease risks and emergency care costs are seldom implemented in practice. Utilization of obesity-related nutrition services is often low in jurisdictions where reimbursement for such care is available. In 2015, only 1 in 5 physician office visits for adults with cardiovascular disease, diabetes, or hyperlipidemia included nutrition counseling. Although the Department of Health Care Finance (DHCF) currently limits reimbursement for nutrition counseling to comprehensive transitional care for Medicaid Health Home beneficiaries, required continuing education on nutrition will ensure that District providers are prepared to deliver nutrition services effectively should the Department expand coverage in the future.

Revising profession-specific curricular guidelines, accreditation standards and licensing exam content should also be considered, but implementation will require years of deliberation and surmounting numerous bureaucratic hurdles within and outside government. Mandating nutrition education for practicing providers, as proposed in this legislation, could improve the quality of nutrition-related care in a matter of months. Furthermore, adequately trained District providers may be more effective advocates for public policies that address the underlying causes of malnutrition and food insecurity.

Provisions of the bill will enable the Department of Health’s DC Center for Rational Prescribing (DCRx) to develop and offer DC-specific continuing education courses that connect providers with the information and tools they need to engage effectively with the District’s ongoing nutrition initiatives and resources. For example, courses might include lessons on when and how to refer clients for home

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7 National Ambulatory Medical Care Survey (NAMCS), CDC/NCHS. NWS-6.1: Increase the proportion of physician office visits made by patients with a diagnosis of cardiovascular disease, diabetes, or hyperlipidemia that include counseling or education related to diet or nutrition
delivered meals, how to help patients identify healthy food retailers in their neighborhood (e.g. Healthy Corners stores and products), enroll eligible adults in SNAP/WIC, or provide guidance on the Produce Plus and “5 for 5” coupon programs. With demonstrated success in the delivery of continuing education courses on management of type-II diabetes and non-opioid approaches to pain management, DCRx is well-suited to lead the development and dissemination of the proposed nutrition education modules for District providers.

**Recommendations**

The proposed legislation improves upon similar bills introduced elsewhere (see State of New York, A7695 / S5887) by engaging a broader range of health professionals and specifying the entities responsible for development and dissemination of required nutrition education modules. We believe that the Continuing Nutrition Education Amendment Act’s relative breadth and comprehensiveness are integral to its eventual effective implementation and should not be diminished by subsequent amendments if the intended effects of the legislation are to be realized.

Thank you for this opportunity to testify on the Continuing Nutrition Education Amendment Act. To our knowledge, the proposed bill represents the first comprehensive legislative effort to ensure that health professionals are equipped with the knowledge and skills needed to optimize the nutritional status of District residents. If implemented as written, we expect that the legislation will be associated with increased rates of nutrition counseling and concomitant increases in other forms of evidence-based obesity care in routine clinical practice. Increased utilization of these services aligns with the DC Department of Health’s strategic actions outlined in the Chronic Disease State Action Plan 2014-2019 and may contribute to measurable improvements in nutrition-related population health outcomes.