I am Bill Dietz, a pediatrician and Chair of the Sumner M. Redstone Global Center for Prevention & Wellness at the George Washington University Milken Institute School of Public Health. Prior to chairing the Redstone Center, I was the Director of the Division of Nutrition, Physical Activity and Obesity at the Centers for Disease Control and Prevention (CDC) for nearly 16 years. I also currently co-chair the Diabesity Committee at the D.C. Department of Health, and serve as a Commissioner on the District’s Healthy Youth and Schools Commission where I chair its Subcommittee on Physical Activity.

I’d like to speak today about the potential positive health impacts of three bills: the “Community Use of School Facilities Task Force Establishment Act of 2017,” the “Field Access Equity Amendment Act of 2017,” and the “Ensuring Community Access to Recreational Spaces Act of 2017.” By increasing access, providing and promoting opportunities for physical activity at neighborhood schools and adjacent fields – which are often familiar, convenient, safe and trusted spaces, especially for families – we can remove some key barriers to health while promoting quality of life and building the social capital that can reinforce it.

One of the goals of the Redstone Center is to make the District the healthiest capital in the world – for all its residents. To achieve this goal, we must address the unacceptable inequities that drive DC’s significant health disparities. In public health, one of the keys to success is to “make the healthy choice the easy choice.” A major barrier to healthy choices is that systems, policies and practices have been
designed or evolved to reward certain groups and exclude others along racial, income, education and geographic lines. The legislation before us today provides an opportunity to help address these inequities.

Access to physical activity (PA) is among the “social determinants of health,” which overwhelmingly influence health outcomes. Residents in DC’s wealthier, whiter wards have higher rates of physical activity, lower rates of obesity and chronic disease such as diabetes, hypertension and disability and longer life expectancies compared to those facing significant barriers to health (See Appendices), especially in Wards 5, 7 and 8.

The severity of health disparities in the District can be reduced by improving access to physical activity—a “wonder drug” that can prevent and mitigate diabetes, heart disease and obesity and reduce the costs associated with these diseases. Physical activity also improves mental health and wellbeing. Studies have shown that that children who meet the physical activity recommendations have improved brain function, especially executive control, which underpins learning and self-control.

The Healthy Schools Act of 2010 (HSA) set standards for required physical education minutes during the school day. While more must be done to ensure that all schools are meeting the standards, the District is a leader in encouraging physical activity in schools. The three bills under consideration today complement the progress made for physical activity through the HSA and would enable vital opportunities to increase physical activity for both children and adults, particularly in neighborhoods with few other options.

The “Community Use of School Facilities Task Force Establishment Act,” B22-39, introduced by Council Member Allen presents an important opportunity to build on the good work done by the DC Shared Use Working Group, comprised of stakeholders from government and non-governmental entities across the District, including the Redstone Center. The working group identified barriers to shared use agreements and made specific recommendations to increase community use of
school facilities, several of which were included in the bills before the committee today.

Importantly, B22-39 could provide a mechanism to overcome some of the barriers to increasing physical activity in DC. We recommend considering the following:

- Include language making it clear that the policy of the District is to promote and encourage community use of school facilities. Such language will send a clear signal to DGS and school leadership that community use and promotion of physical activity is expected.
- Redefine the bill’s definition of a “high-need community,” based on the “prevalence of obesity” to read “a high prevalence of obesity or diabetes relative to the District as a whole”. Rewording will help address inequities and health disparities in the District.
- In place of a limited-time task force, empower a District-wide Shared Use, Play & Physical Activity in Communities Commission (SUPPACC) charged with expanding access to – and promotion of – physical activity for District residents at public facilities and in neighborhood spaces. A primary goal would be reducing health disparities related to physical inactivity, obesity and other chronic diseases through increased physical activity. The Commission’s “jurisdiction” could include but not be limited to schools and school grounds, streets, parks, squares and other appropriate potential or under-utilized community play and recreation spaces, and federal property.
- Like the Healthy Youth and Schools Commission, created by the Healthy Schools Act of 2010 to inform the Mayor and Council on health and wellness issues concerning youth and schools, the SUPPACC would inform DC policymakers and be managed by entities with health and wellness as a core mission – such as the Department of Health and the Department of Parks and Recreation, in consultation or partnership with DGS.
- Direct SUPPACC to map physical activity assets and conduct a needs assessment in high need communities to identify barriers and opportunities.
• Direct SUPPACC to identify necessary changes in internal processes within DGS, DPR and DCPS and other relevant agencies, in addition to identifying potential regulatory or statutory changes that need to occur.

• In addition to consulting with organizations and individuals with experience on obesity and community health as the bill describes, a member with public health expertise would seem essential. Members who have expertise and lived experience related to barriers to physical activity in the District – including transportation, safety, poverty – are also critical.

• If school playgrounds are to remain open during non-school hours, vandalism, safety concerns due to broken equipment, and an increased need for garbage removal are likely to become new issues for schools. As part of its responsibility to promote physical activity, SUPPACC could be charged with addressing these particular concerns expeditiously.

• Direct SUPPACC to review, consider, and build upon the findings and recommendations of the DC Shared Use Working Group. In particular, explore:
  
  o Fee structure and/or waivers or reductions in fees related to custodial costs and security where appropriate to remove barriers and incentivize smaller community program providers who find costs prohibitive.
  
  o Provision of technical assistance and/or community outreach to ensure community providers of physical activity programming are aware of the new, streamlined online application process via the DPR web portal. Successful implementation and increased physical activity will depend on community awareness of these new opportunities.

The “Ensuring Community Access to Recreational Spaces Act,” B22-613, introduced by Council Member Cheh will help bring clarity to the permitting process and ensure that schools will benefit from user fees. As you move forward with this legislation, we recommend you consider:
• Prioritizing activities and organizations that primarily serve community members from the neighborhoods adjacent to the school, particularly in underserved neighborhoods. This could prevent monopolization of facilities by District-wide entities at the expense of smaller, more local groups.

• Building on the positive step of redirecting a major portion of the collected fees back to schools to support cleaning, maintenance and repair, create a fund or other mechanism that lower-resourced community groups could access to help cover the cost of renting school facilities.

• The legislation clarifies that Department General Services may block out free time for open community use. A mechanism for community members to also request blocks of time for open use could avoid a scenario where recreational facilities are dominated by organized activities in which neighborhood community members might not want to participate.

The legislation under consideration today can help make the District a much healthier community by increasing access to physical activity. Targeted promotion of physical activity, engaging specific populations, and increasing utilization of facilities will increase regular physical activity across a range of DC populations. The three bills before the committee will help make the healthy choice the easy choice. Thank you for this opportunity.
APPENDICES:

The Physical Activity Guidelines for Americans recommends adults engage in 150 minutes a week of moderate to vigorous physical activity, and that children get at least 60 minutes of physical activity per day.

Source: District of Columbia Department of Health: DC Health Systems Plan 2017
Adult Physical Inactivity by Race, Ward & Income (2014)

Source: District of Columbia Department of Health: DC Health Systems Plan 2017
DC’s black adult population has rates of chronic diseases compared to the white population: more than double the rate for diabetes and hypertension. Data from 2013.

Source: District of Columbia Department of Health: DC Health Systems Plan 2017