Good morning, and thank you for this opportunity. I am Bill Dietz, a pediatrician and Chair of the Redstone Global Center for Prevention and Wellness at the George Washington University. Prior to coming to Washington, 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 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 and chair its Subcommittee on Physical Activity.

I’d like to speak today about the “Comprehensive Plan Amendment Act” and the impact that including health equity as a Guiding Principle could have on the health and wellbeing of all District residents. Health is greatly influenced by the “social determinants of health,” including access to healthy food, good jobs, affordable housing in safe neighborhoods with opportunities to play and be physically active. The physical environments in which people live, learn, work, pray and play have significant impacts on a person’s health.

Consider, for example, the child of a family who lives in an affordable and safe home, in a neighborhood with low rates of violence, within walking distance to a playground and grocery store, with access to diverse transportation options. That child is less likely to develop asthma, obesity or other health conditions that may impact their attendance at school and readiness to learn. Unfortunately, for many children in the District, the built environment has a negative impact on their health, including limited access to healthy food in Wards 7 and 8. If they live near a playground or recreation center, that child’s parents may not feel that their child will be safe if they play outside. As a result, they lose opportunities for physical activity. Their substandard housing may contribute to asthma attacks that cause the child to miss school.

These disparities take a toll on health throughout a person’s life. In the District, cardiovascular disease, hypertension, diabetes, and obesity disproportionally affect residents in Wards 7, 8 and 5 compared residents of other. While the updates to the Comprehensive Plan contained in this legislation, particularly the new section on “Planning for Resilience” (211a), begin to take some steps to acknowledge the role
that planning and the built environment have on health, the Plan can and should do much more.

The Framework Element that is being amended by this legislation should expressly include health equity as a guiding principle for planning decisions. Health equity simply means the attainment of the highest level of health for all people. Given the key role that the built and physical environments play in the health of District residents, planning and development decisions should consider the health impact of those decisions. We proposed language through the initial public comment period that we have attached to this testimony. We urge the committee to consider inclusion of that or similar language to ensure that considerations of health, reducing disparities, and achieving health equity play a key role in future planning decisions throughout the District. We urge the Council to take advantage of this rare opportunity to address the health disparities that continue to plague the District.

The legislation includes a proposed new section entitled “Planning for Resilience.” We strongly support inclusion of this new section and hope you will consider ways to further strengthen it. Resilience is the ability of individuals and communities to bounce back and bounce forward from adversity. Many think of resilience in terms of the aftermath of acute shocks, such as floods, earthquakes, or terrorism, and it is critical that we plan for those events. However, the day-to-day adversities that many District residents face, such as community violence, persistent poverty, or economic and social isolation also have a tremendous impact on our communities. Planning decisions should also seek to build resilience and buffers to prevent and mitigate these adversities as well. The proposed new Section 211a.2 acknowledges that day-to-day adversities impact District residents. Further clarifying that planning decisions will seek to ameliorate daily adversities and support resilient communities would make this section even stronger.

Crafting a Comprehensive Plan that addresses health equity will contribute to making the District the healthiest and most resilient Capitol in the world.

Thank you for this opportunity to provide comments.