Thank you for the opportunity to provide testimony regarding funding priorities to improve the health of all District of Columbia residents. 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 highlight three areas where the District should focus efforts to improve health and well-being: (1) increasing physical activity in adults; (2) reducing sugar drink consumption; (3) supporting individual and community resilience in the face of adversity and trauma.

**Increasing Physical Activity in Adults**
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, like those residents 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, further contributing to overall health for District residents.

The National Physical Activity Plan (“NPAP”) was developed by a group of cross-sector experts and includes numerous strategies and recommendations for increasing PA across populations. (See: [http://physicalactivityplan.org/docs/2016NPAP_Finalforwebsite.pdf](http://physicalactivityplan.org/docs/2016NPAP_Finalforwebsite.pdf) The committee should explore the full plan, but several recommendations could be pursued either separately or as part of the Multi-Component Obesity Prevention work currently supported by the Block Grant. First, an evaluation of existing community PA programs would determine whether all community members, especially those in areas of the District with the highest rates of obesity and other chronic conditions, have comparable opportunities to engage in evidenced-based or evidence-informed PA programs and identify existing gaps. Second, the Department should provide support to prioritize PA program interventions that are evidence-based or evidence-informed in District community and recreation centers and parks. Third, The Department
should work with OSSE, colleges and universities, and businesses to provide PA programing before and after school/work, with an emphasis on populations in underserved communities or those where multiple barriers exist to engage in PA, including community violence.

Reducing Sugar Drink Consumption
Sugar drinks, such as soda, sports drinks and fruit juices are the number one source of added sugars in the diet of the average American. Excess consumption of sugar increases the risk of obesity, diabetes, heart disease, some forms of cancer and other conditions. Current Dietary Guidelines recommend no more than 12 teaspoons of added sugar each day, while the American Heart Association recommends just 9 teaspoons for men and 6 for women. A 20 ounce bottle of soda contains 16 teaspoons of added sugar. We know that regular drinkers of sugar drinks (i.e. one or more drink per day) are 27% more likely to have overweight or obesity and are at 26% greater risk of developing diabetes than those who rarely consume sugar drinks. Reducing sugar drink consumption in the District would be a significant step in reducing obesity, diabetes and other chronic diseases in the District.

The Healthy Hospital Initiative, with the support of the Block Grant has successfully increased healthy food and beverage options in the District’s hospitals and reduced the availability of sugar drinks. I strongly encourage continued support for this work as hospitals begin to implement the sugar drink reduction program. In addition, I hope the committee will consider other initiatives to reduce sugar drink availability in other venues, including District owned facilities, such as District office buildings, and support efforts to educate District residents about the adverse health impacts of sugar drink consumption and encourage businesses to reduce sugar drink availability and encourage healthier options for their workforce.

Building Resilience in the Face of Adversity and Trauma
Adverse Childhood Experiences (“ACEs”) are traumatic events, including abuse, exposure to violence or living with a parent with a substance abuse problem. In the District, 47% of all children have experienced at least one ACE and 22% have experienced two or more. ACEs can have a life-long impact on both physical and mental health and research from the CDC has found that exposure to ACEs increases the risk of developing a substance use disorder or having obesity and other chronic diseases. The health impacts increase with exposure, so a person exposed to 4 or more ACEs in childhood are 1.6 times more likely to develop diabetes later in life and 12 times more likely to have a mental health or substance use disorder compared to those without that exposure.

Fortunately, children exposed to ACEs can develop resilience and bounce forward in the face of adversity if they receive supports. For example, a child exposed to violence in their community and a parent with alcoholism can be supported by a school-based mental health provider and a quality after-school program to help them cope with those adversities. Various District institutions and community based organizations have a role to play in building resilience in our communities and our children. To successfully do so requires high levels of coordination and partnership among entities that may not have a history of working together. I would encourage the committee to consider ways to utilize Block Grant funds or other resources to help
organize, facilitate and coordinate work in the District related to providing support to children exposed to ACEs.

Thank you for the opportunity to offer testimony.