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.

As the Committee considers the Fiscal Year (FY) 2019 Budget for education generally, and for the Office of the State Superintendent of Education (OSSE) in particular, I want to call your attention to two areas that impact the health and well-being of our students. First is physical activity and nutrition in schools and budget considerations related to the Healthy Schools Act (HSA) and the proposed Healthy Students Amendments Act (B22-313). Second is the need to invest in the promotion of trauma-informed practices in District schools, including trauma-informed training and professional development for teachers and school staff, as proposed in Section 5 of the Student Fair Access to School Act (B22-594) introduced by Chair Grosso.

**Physical Activity and Nutrition in Schools**
We urge the Council to support OSSE’s work to implement the Healthy Schools Act and ensure that all District students are physically active and have access to nutritious meals during the school day.

The Healthy Schools Act of 2010 established physical activity in schools and the overall health of our District students as a city value. The law recognizes both the overall health benefits of physical activity in schools as well as the positive impact on brain development and executive control. The HSA set evidence-based standards for minutes of physical activity for District students that align with national guidelines. While the law has increased physical activity for some of our District students, too many schools fall short of the standards set out in the HSA. As we’ve examined the issue in our work with the Healthy Youth and Schools Commission Subcommittee on Physical Activity, we’ve concluded that there are three primary
challenges or barriers in meeting the HSA’s standards: (1) an inadequate number of physical education teachers in some schools; (2) facilities with space constraints; (3) scheduling challenges.

The proposed Healthy Students Amendments Act (HSAA), under consideration by this Committee would help address some of the above challenges, especially those related to staffing and scheduling. Specifically, the HSAA would:

(1) Set an age-appropriate standard for PreK physical activity. Currently, there is no standard for physical activity for PreK students and the result is inconsistent, often inadequate physical activity for our youngest students. We also know that in many schools physical education (PE) teachers provide instruction for PreK students, even though these young students simply need the time and space to be active - they will instinctively run, jump and climb on their own. Setting a standard for PreK students and clarifying that this can be met through recess will mean that PE teachers can be freed up to teach older children.

(2) Shift the current number of physical education minutes set by the HSA for kindergarten and older grades from a mandate to a “goal,” while also setting a minimum weekly requirement of minutes, or “floor” of 90 minutes for k – 5th grades and 150 minutes for 6 – 8th grades. This approach will provide flexibility to schools in scheduling and also match the standards with current scheduling practices (i.e. in 45 minute blocks).

(3) Create a non-punitive mechanism with OSSE to help schools not meeting the floor to develop an action plan and receive supports to increase physical activity. These schools would work with OSSE to devise strategies for removing the barriers to PE and physical activity at their school. This approach would ensure that schools have the supports they need to provide students with the physical activity and education that we know will improve health, behavioral and academic outcomes.

(4) Require OSSE to provide and coordinate professional development for classroom teachers and staff to learn how to incorporate daily physical activity through "brain boosts," and other activities that can keep students active throughout the day. This provision would help build physical activity into the daily classroom routine and lead to more active and attentive students.

All of the above provisions are critical, and we hope that Council will pass this legislation. However, we urge Council to budget adequate funding for OSSE to both administer the Healthy Students Act and carry out the supports for schools to comply with the law and implement the professional development resources envisioned by the proposed changes.

Finally, as part of last year’s Budget Support Act, the Council provided $400,000 in grant funds under the HSA for schools to upgrade kitchen equipment, train food service staff, and provide nutrition education. These funds are critically important. They have allowed OSSE to better leverage USDA funds and invest in upgrades at a
number of schools that are improving capacity to serve healthy and fresh food to our students. We understand these funds were intended to be recurring and urge the Committee to ensure they continue in FY 19 and beyond.

**Funding the Student Fair Access to School Act and Trauma-Informed Schools**

Chair Grosso’s Student Fair Access to School Act includes key provisions that would help make District schools trauma-informed. We urge Council to include funds to implement these provisions in FY 19.

Exposure to traumatic, negative events and stressors – referred to as Adverse Childhood Experiences (ACEs) – are directly linked to brain development, behavior, and the ability of children to learn. ACEs can also impact health outcomes later in life, such as increasing the likelihood of developing obesity and other chronic diseases. ACEs include traumatic events such as abuse or witnessing violence as well as family disruption, including maternal depression, parental incarceration or addiction. The impact of ACEs is dose-related – greater exposures increase the likelihood of adverse outcomes. The 2016 National Survey of Children’s Health (conducted by the U.S. Census Bureau) found that over 47% of all children in the District have been exposed to an ACE and nearly one in four District children have experienced 2 or more ACEs.

Trauma also impacts student behavior. Traumatic experiences activate a child’s stress response system, and the body responds with a “fight, flight or freeze” reaction, which releases hormones meant to be protective. However, repeated exposure to trauma may lead to an over-reactive stress response system. When this occurs, it is as if a child is in a constant state of emergency. Minor occurrences at school, such as a misguided joke from a classmate or a perceived slight from a teacher, can lead to a disproportionate reaction.

Creating trauma-informed schools is a critical intervention that can help children build resilience and bounce forward, even in the face of adversity and trauma. The Student Fair Access to School Act would facilitate much needed reforms to create trauma-informed District schools by directing OSSE to develop resources, training, and professional development to assist schools in implementing trauma-informed practices and policies. These provisions, located in Section 5 of the bill, will help provide teachers and staff with the tools they need to both understand and address the impacts of trauma in school settings.

We applaud Council for moving forward with this legislation and urge you to use the budget process to dedicate the resources necessary to implement the legislation, particularly the provisions related to trauma-informed schools.

Thank you for this opportunity to provide comments.