

HEALTH






HEALTH

One of Washington, DC's most important resources is the health of its residents, and DC is consistently ranked at the top of the country's healthiest and fittest cities. Yet significant disparities in health exist along the lines of race, income, and geography. For example, residents in ward 8 are four times as likely to have diabetes as compared to residents in other wards in the city, and black residents are almost 2.5 times more likely to have heart disease than white residents. Depending on which Ward you live in, your life expectancy can vary by up to ten years.³⁹ Further, many District residents suffer from the negative effects of air pollution, lack safe places to exercise, and are disproportionately at risk for chronic diseases such as diabetes and heart disease. Climate impacts, like asthma and heat-related injuries, compound these issues and often fall disproportionately and unfairly on low-income populations.

Sustaining a healthy way of life means thinking beyond hospitals and even individual behaviors as the main sources of our community's well-being. Good health for ourselves and our families starts in our homes, schools, workplaces, neighborhoods, and communities. Sustainable DC 2.0 builds upon the District's previous planning work, including DC Healthy People 2020, the Comprehensive Plan, the Health Systems Plan, Age Friendly DC, and the Health Equity Report, all of which are clear about the connection between health and having accessible, safe places to work, play, and move. To effectively address health disparities among populations, we must focus on factors like education, employment, income, housing, transportation, the food environment, preventative medical care, the outdoor environment, and community safety. Differences in factors across the city, including racial and economic segregation result in dramatic differences in life expectancy. By pinpointing actions to address these drivers, we have an opportunity to alleviate differences in health outcomes and achieve greater health equity for all residents.



Sustainable DC 2.0's actions on health have real benefits for Washington, DC at all levels:

INDIVIDUAL

Actions in this section focus on making the healthy choice the easy choice for all District residents, regardless of where they live, learn, work, or play. While recognizing that the choices we make are shaped by the choices we have, individuals have an important part to play through daily choices that are health promoting for themselves, as well as the wider community, such as how to get to work and whether to spend time outdoors.

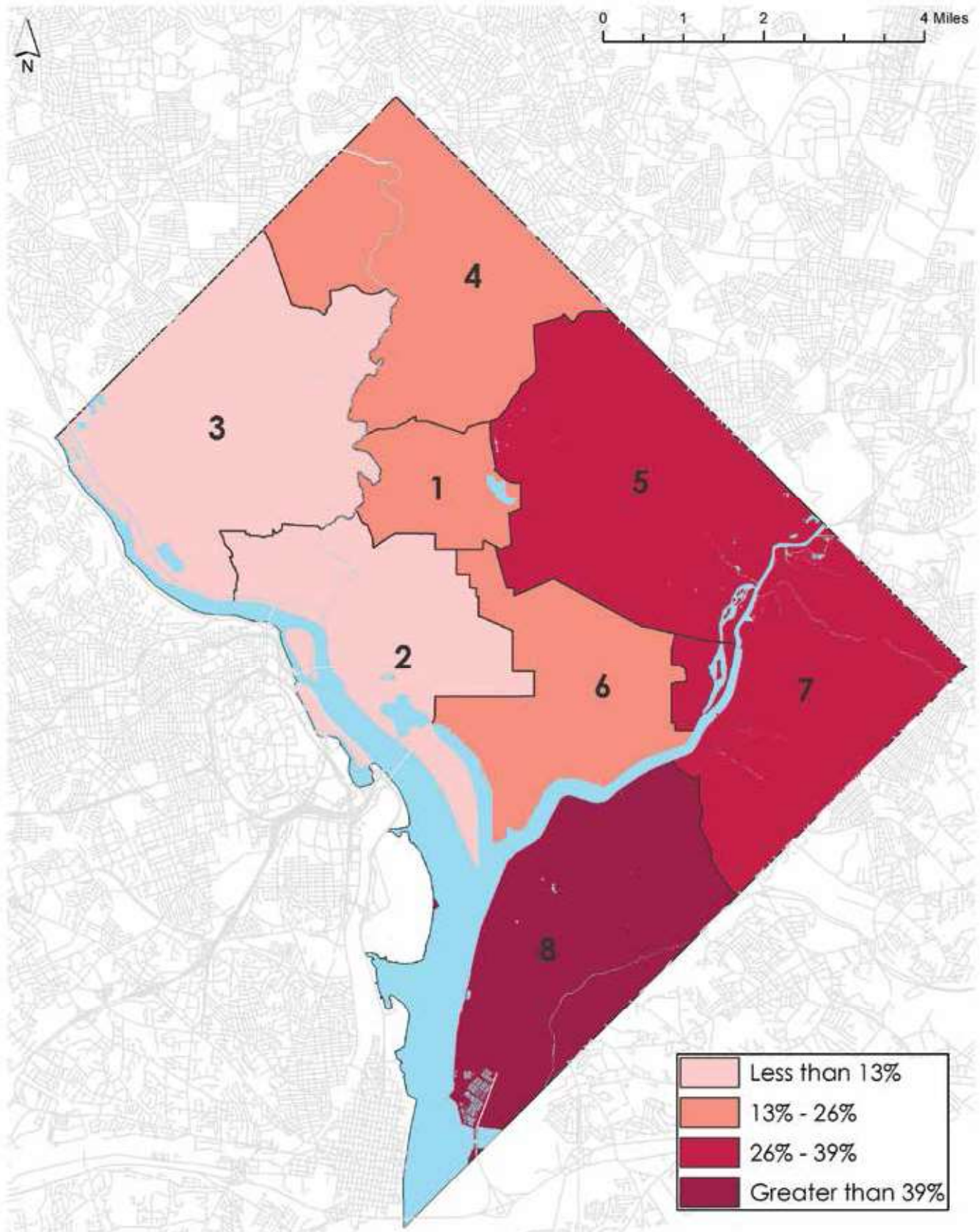
NEIGHBORHOOD

Growing an inclusive city means creating access to opportunity in all neighborhoods, including safe and welcoming places for outdoor recreation, as well as leveraging shared social responsibilities to address inequities.

DISTRICT

All residents should have the opportunity to make healthy and informed choices—including the ability to live active lifestyles—in neighborhoods where preventable health risks are eliminated.

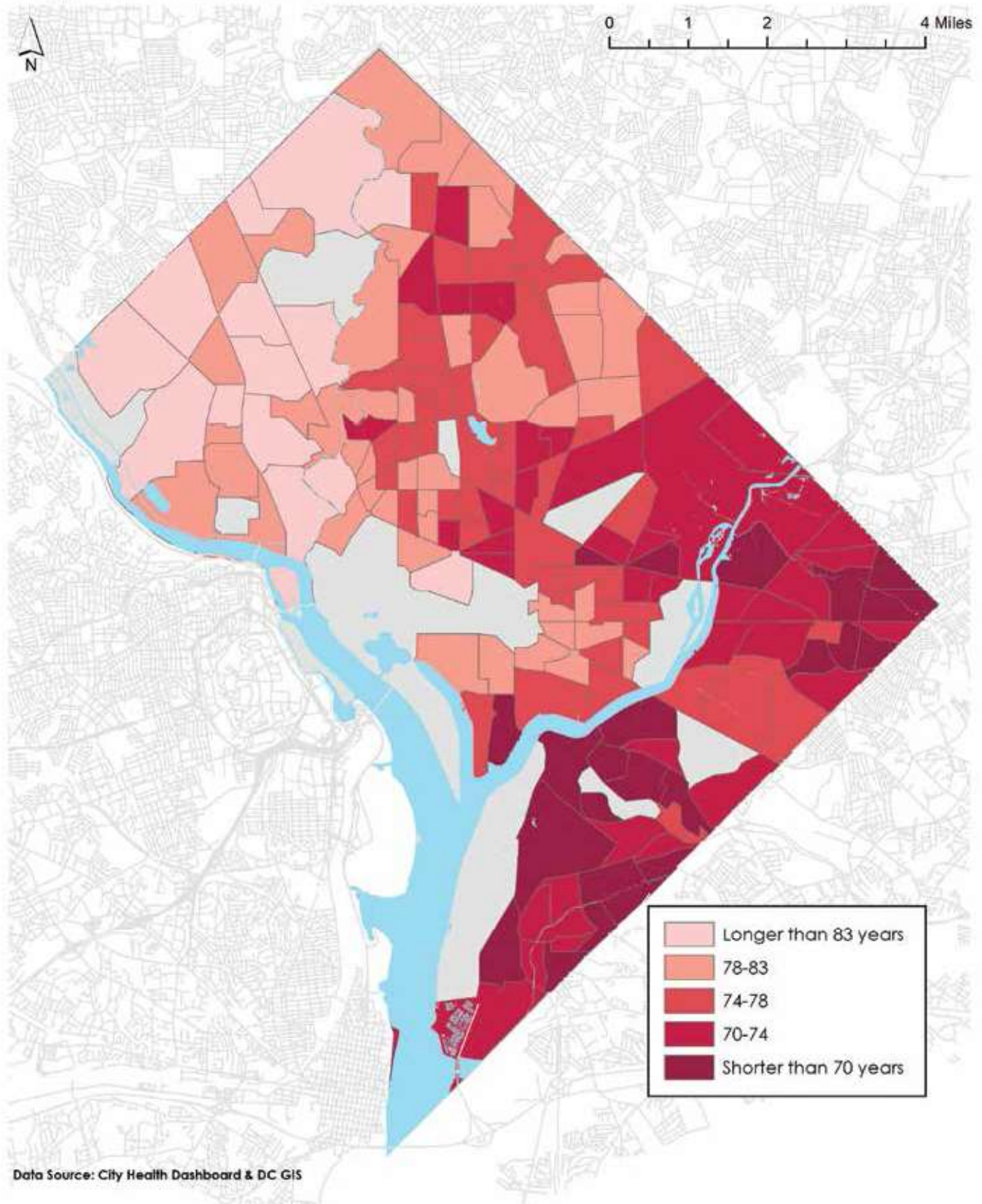
OBESITY PREVALENCE BY WARD



Data Source: DOH & DC GIS

LIFE EXPECTANCY AT BIRTH (AVERAGE)

Blank values represent data that are missing in data sources or are suppressed due to low numbers.



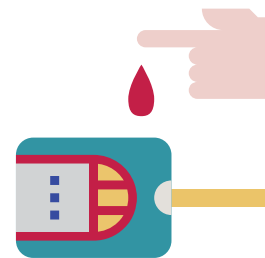
16% of children aged

10 to 17 in DC are considered obese.^{xlvi}



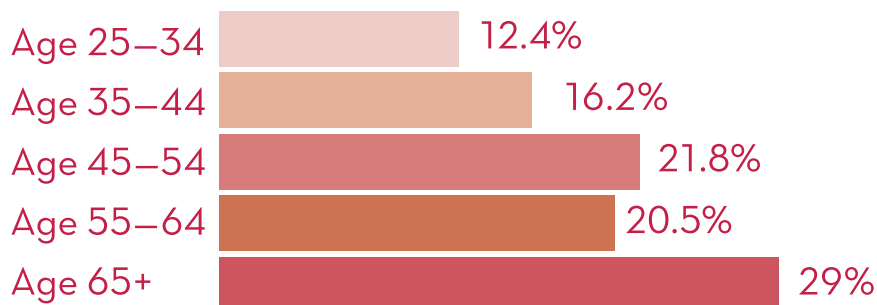
People with diabetes have medical expenses

2.3 times higher than people without diabetes. In DC this



translates to **\$367.5** million in excess health care expenditures annually.^{xlvi}

District Adults Who Did Not Exercise in the Past 30 Days by Age^{xlvi}



14.0%

of black adults in DC suffer from Asthma while only

5.9% of white adults do.^{xlvi}



97.7%

of DC residents have a park within a 10-minute walk.^{xlvi}



37% of DC's homes have high potential for elevated lead risk.[!]





GOAL 1

Provide residents with resources to achieve healthy, active lifestyles, regardless of income, ability, employment, or neighborhood.

HE1.1

Collect data at parks and recreation centers, particularly in areas of low-use and low income, to improve planning and programming decisions.

Improved data collection will allow the District Government and its partners to plan for a healthier and more active community. More robust data will help improve facilities usage and participation measurement, master planning, capital investment decisions, and programming decisions.

TIMEFRAME

Short term

LEAD

DPR

PARTNERS

DC Health, DGS, OCTO, OP

HE1.2

Prioritize community-driven strategies to support physical activity in unexpected but everyday spaces.

Childhood play is essential to physical, cognitive, creative, social, and emotional development. However, many children face barriers to play, such as a lack of safe spaces—either perceived or actual. The District Government and its partners will provide additional opportunities for play in everyday locations where kids and families already spend time, including bus stops, in grocery stores, or on sidewalks.

TIMEFRAME

Medium term

LEAD

DPR

PARTNERS

CAH, DDOT, OP

HE1.3

Design parks, open spaces, and recreational facilities to reflect the resident preferences and culture of the local population, and to accommodate a range of age groups and abilities.

The District Government will engage local communities through community partnerships and non-governmental organizations in the planning and design process to match park amenities to resident preferences and culture. Spaces will be designed with universal design principles; all people who use a public space will feel welcome, respected, safe, and accommodated, regardless of who they are, where they come from, their abilities, their age, or how they use the space.

TIMEFRAME

Long term

LEAD

DPR

PARTNERS

DBH, DC Health, DGS, OP



TARGET 1

By 2032, 65% of residents get at least 150 minutes per week of physical activity.



TARGET 1 BASELINE

57.7%
(2013)



GOAL 2

Provide high quality, safe, and sustainable places to be healthy and active.



TARGET 2

By 2032, reduce disparities in the quality of places contributing to disparate health outcomes by 15%.

HE2.1

Complete a new study on the intersection between the built environment and health to understand the social, environmental, and economic barriers to healthy outcomes.

Providing opportunities to engage in healthy lifestyles is only the first step towards ensuring a healthier and more active community. By first recognizing the barriers that prevent people from making healthy decisions such as environmental issues, social or cultural constraints, and/or economic factors such as affordable housing, the District Government will have a better understanding of how to encourage healthier choices and improve outcomes. The baseline information (such as form, density, connectivity, proximity, recreational facilities, pedestrian and bike amenities, traffic safety, aesthetics, personal safety, fresh food access, urban heat island, open space access) obtained from this study will allow the District Government to eliminate discrepancies in the opportunities for health in the built environment.

TIMEFRAME

Short term

LEAD

DC Health,
OP

PARTNERS

DBH, DDOT, DGS,
DOEE, DPR

HE2.2

Eliminate the human health impacts of contaminated sites in Washington, DC and identify areas where new authority is required.

The ability to reduce the health risks created by asthma and exposure to lead and other toxic substances is linked to curbing local and regional pollution emissions, remediating contaminated soils, and to making sure homes are free from mold, allergens, and other indoor hazards. The District Government will evaluate potential new policies and mechanisms for addressing these challenges.

TIMEFRAME

Long term

LEAD

DOEE

PARTNERS

DC Health,
DMPED, EOM

HE2.3

Improve public safety through the development and implementation of resident-driven design, programming, and maintenance of streetscapes, parks, and other public spaces.

Spaces designed to be defensive and uncomfortable to certain groups often become unwelcoming to everyone. The District Government and its partners will engage stakeholders to shift the emphasis from defensive public space design approaches that limit interaction, which might include elements like fencing, walls, or uncomfortable benches, to welcoming design approaches that increase opportunities for social activity.

TIMEFRAME

Medium term

LEAD

DDOT, DPR, OP

PARTNERS

DGS, MPD

HE2.4

Audit and eliminate environmental health threats (mold, lead, and carbon monoxide) in 100% of Washington, DC's public housing.

The Healthy Homes Program led by the District Department of Energy and Environment (DOEE) targets households with children suffering from severe asthma or with a blood lead concentration of concern as well as older properties in poor condition where a young child or pregnant woman is present. The District Government's Lead Safe Washington program provides funds from the Department of Housing and Community Development (DHCD) to identify and reduce lead-based paint hazards in low income homes. The District Government will work with the DC Housing Authority to reduce these threats, as well as additional contaminants, including lead in drinking water, in all District public housing.

TIMEFRAME

Long term

LEAD

DCHA

PARTNERS

DHCD, DOEE

HE2.5

Develop an interagency heat management strategy to minimize the injury rate associated with extreme cold and heat temperature days.

Exposure to temperatures much hotter or colder than those to which the population is accustomed can make residents more vulnerable to illnesses and death. The District Government will work to ensure that residents can prepare for these events by more broadly communicating extreme heat and cold response plans that clearly define specific roles and responsibilities of government and nongovernmental organizations before and during these events. Plans should identify local populations at high risk for extreme temperature related illness and death and determine the strategies that will be used to support such individuals during emergencies, particularly in disinvested communities. Further, the District Government and its partners should explore strategies, including the use of technology, to help build communities' adaptive capacity, before, during, and after extreme temperature days.

TIMEFRAME

Short term

LEAD

DOEE,
HSEMA

PARTNERS

DBH, DDOT, DGS,
DC Health, DHS,
DPR, DPW, DC Water,
FEMS, OP, OUC





GOAL 3

Improve population health by systematically addressing the link between community health and place, including where we are born, live, learn, work, play, worship, and age.

HE3.1

Evaluate Health Impact Assessments as a tool for promoting health through new policies, practices, developments, and renovations.

Health Impact Assessments (HIAs) are a useful tool to measure the potential impacts of a change, including the built environment, on the population's health. The District Government will evaluate whether HIAs are an appropriate tool to help the decision makers, practitioners, and city's residents make choices that improve public health.

TIMEFRAME

Medium term

LEAD

DC Health, OP

PARTNERS

DMPED, DOEE



TARGET 3

By 2032, reduce racial disparities in life expectancy by 50%.

HE3.2

Study healthy community design principles for inclusion in all new affordable housing projects and major retrofits.

Healthy by Design programs provide guidance on the planning and design of communities that make it easier for people to live well. Healthy community design links traditional concepts of planning (such as land use, transportation, community facilities, parks, and open space) with health priorities (such as physical activity, public safety, access to parks and green spaces, healthy food access, psychological health, air and water qualities, and social equity issues).

TIMEFRAME

Short term

LEAD

DHCD

PARTNERS

DC Health, DDOT, DOEE, DPR, OP



TARGET 3 BASELINE

11.6
years

HE3.3

Launch a comprehensive multi-level health literacy campaign across the District.

Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions. The District and its partners will work to ensure that health information and services (health insurance literacy, health systems literacy, and health behaviors literacy) can be understood and used by all residents as they are accessing the right care at the right time in the right place.

TIMEFRAME

Short term

LEAD

DC Health

PARTNER

DBH

HE3.4

Increase public awareness campaigns concerning how to prevent bites and control diseases spread by mosquitoes, ticks, and fleas in all communities.

Vector-borne diseases (VBDs), such as Lyme disease and Zika, remain major threats to human health and well-being. Rising global temperatures can lengthen the season and increase the geographic range of disease-carrying insects. The District Government will continue to increase efforts to raise public awareness and encourage prevention of VBDs.

TIMEFRAME

Ongoing

LEAD

DC Health, DOEE

