



FULL SET OF HEALTH AND SUSTAINABILITY COMMUNITY CONVERSATION NOTES

The purpose of the Sustainable DC initiative is to create a strategic framework and vision to make the District the greenest, healthiest, and most livable city in the United States. Throughout the planning process, several “crosscutting” topic areas emerged: health, environmental education, jobs and job preparation, and social equity.

The following full set of notes from the health conversation held on May 23, 2012, represents the ideas of over 40 individuals who participated in person or provided feedback online about how health cuts across issues of sustainability. This information will be used in the development of the health section of the Sustainable DC Implementation Plan.

1. Based on [the] presentation [by Autumn Saxton-Ross at the meeting], what are some specific aspects of health that are tied to sustainability? Are there others that were not covered?

- **Group 1 (Autumn)**
 - Nutrition education SPC to climate costs of food system
 - Creating access sustainably/affordably
 - How can DC regulate commissary?
 - Food inspection & nutritional value
 - Environmental contamination → Health studies
 - Not covered:
 - power of tax code to limit fast food
 - milestones to show accomplishments
 - protecting children
 - too much technology
 - Gap in nutrition – lots of fast food restaurants
 - can be limited by creating tax codes to limit fast food
 - push restaurants to switch to more low-calorie menus
 - education as it relates to climate/environmental costs in addition to “the obvious”
 - measure milestones to show accomplishments
 - monitoring system
 - increasing access to food sustainably/affordably
 - DC regulation → commissary?
 - protecting children (too much technology)
 - medical monitoring
- **Group 2 (Dan)**
 - Relationship between health and the housing code
 - Indoor air pollution (dry air, VOCs in air)
 - Economic equity and MENTAL health
- **Group 3 (Stacie)**
 - Healthier workforce
 - Politics and the influence of politics

- How policy affects health and health outcomes
- Training programs that are health-related, such as nutrition, gardens, and more
- Siting of potentially hazardous activities, such as dry cleaners
- **Group 4 (Andrea)**
 - Chemicals → sustainability
 - Healthy homes (air quality, lead, vermin, etc.)
 - Smart land use patterns and transportation
 - Connection between health and housing code
 - Indoor air pollution (imported furniture, VOCs)
 - Economic equity tied to mental health
- **Group 5 (John)**
 - Asthma → air quality (indoor and outdoor)
 - Heat effects → weather related
 - Built environment quality → i.e. materials, HVAC
 - Access to whole/unprocessed foods
 - Traffic safety
 - Diabetes
 - Depression/mental health
 - Presence of open space and safety
 - Public health in public space design = public safety

2. What current gaps exist in District health as it relates to sustainability?

- **Group 1 (Autumn)**
 - Energy sources & air quality
 - Environmental health SS
 - Funding for health studies
 - Pedestrian area (less driving, more physical activity)
 - Education emergency plans
 - Public transportation
 - Washington Regional connections
 - Creating an active transportation culture
 - Environmental stewardship
 - Policy and implementation
 - “Good” (vetted) science; evidence based → but balanced with innovation
 - Communication
- **Group 2 (Dan)**
 - Education on nutrition as it relates to grocery shopping (i.e. people may not be always making good decisions even if they have access to grocery stores)
 - Collaboration, communication, and coordination between existing programs (especially government programs)

- Physical education in schools (both recess and gym class) (what's in Healthy Schools Act)
- Prevalence of misinformation (e.g. understanding of obesity causes are often over simplified or incorrect)
- Awareness of health threats is not very good right now (e.g. people don't realize that extra moisture in homes causes mold which causes asthma)
- Smoking bans in all multifamily housing, especially public housing (Boston just banned all smoking in its public housing)
- Lack of understanding about serious health issues of being overweight
- **Group 3 (Stacie)**
 - Assumption that basic needs are met: can't think about other issues if your basic needs aren't being met
 - Convenience and efficiency: is it convenient and efficient to get to things such as bike lanes, farmers markets, etc.?
 - Consistency of access. For example, there may be a lot of sidewalks, but some of them are in disrepair and not everyone in the community can use them.
 - Access in the school environment: what are your options for school lunches?
 - Affordability (as an access issue) and choice; related to access: can you get there?
 - Duplication of fast food and a gap in communicating with neighborhoods and communities that profit drives these businesses, which is why they are prevalent
 - Education of populations, for example about the benefits of different food options.
 - Need to create desire for healthier options to create behavior change (related to education)
 - Personal responsibility for health (there is a gap in seeing health as an opportunity to make different choices)
 - Gap in federal coordination: need better coordination with them (in particular with their buildings and policies) because we can't solve health and sustainability problems without having federal government on board
 - Planning and business licenses (related to unhealthy food vendors): can there be restrictions on certain businesses?
 - Need to connect communities across all 8 Wards
 - Gap in PR across all sustainability-related areas: need to share success stories of who is doing good work regarding health and sustainability
 - Need to focus on forward-thinking policies such as school gardens
 - If we can rely on schools, we will see health results
- **Group 4 (Andrea)**
 - Heart diseases
 - Environmental Justice → Chemical pollution
 - HIV/AIDS epidemic → built environment, clinic, services
 - Need to engage doctors, nurses in the conversation
 - Service capacity—no capacity on mold in the district, Geography
 - Education/nutrition—food choice

- Lack of interagency coordination and communication between different programs
 - Physical activity requirements in schools
 - A lot of misinformation about obesity/calories → fats and sugars
 - Indoor air pollution: lead paint, moisture/mold (healthy homes)
 - Smoking in multifamily buildings, especially public housing
 - Public health → knowledge of seriousness of weight
 - **Group 5 (John)**
 - Access to community programs and facilities is lacking/hard to find
 - Equitable distribution to parks and recreation services
 - Having a health equity study on social systems
 - Educate public on health's influence from social cues
 - Indoor air quality (mold) in public facilities and buildings (schools and housing)
 - VOC's in building materials
- 3. A Vision for a Sustainable DC identified health as a “crosscutting” issue and set a citywide goal to reduce obesity by 50% by 2032. Was this document “on the right track” and what other outcomes can be prioritized?**
- **Group 1 (Autumn)**
 - Coordinated approach
 - Create “quality” seal for food
 - Community-based plan to change/shift in culture/mores
 - Community engagement and leadership
 - System to track obesity
 - Goal on track; actions should be better
 - GOAL: Connecting prevalence rates with environmental exposure/conditions in specific environmental “hotspots”
 - **Group 2 (Dan)**
 - Lead poisoning prevention (see lead free housing handout that was included)
 - Eliminate excessive lead exposure threats by 2020
 - Access to full service grocery stores may be more important than access to locally grown food
 - How much open space is really USED, not just available
 - Reality and perception of safety of parks
 - How to commit to metric reporting beyond good news—more structural
 - Indoor air quality census—we should measure every residence's air
 - Could expand to schools, day care, offices, etc.
 - Gym memberships, rec centers, pools—both locations and usage!
 - # of people using active transportation (not just mode that one MOST used in a period of time, but ALL modes used (like COG's study)
 - When tracking disease/social issues, should be tracking by age, ward, etc.
 - Should have demographic specific goals

- Bus idling enforcement rates (also tour buses and delivery trucks)
- Composting rates (private)
- Workplace environmental metrics (how many encourage certain practices, how many employees recycle, carpool, etc—good baseline data for implementation)
- **Group 3 (Stacie)**
 - Related to the obesity goal: what's the metric? Is there an alternative metric to BMI?
 - Asthma reduction should be prioritized
 - Need a focus on cardiac health, which is affected by particulates
 - Specific outcomes for specific demographics (example: obesity, hunger, and asthma affect people of color more)
 - Prioritize low-hanging fruit such as 1 in 3 teens being at risk for obesity – start there.
 - Put a focus on seniors, too – don't forget them in outcomes. They are more sensitive to certain negative environmental effects.
 - Outcomes related to convenience: what's available, what's affordable?
 - Cancer rates – cuts across such issues as water, waste, food, and more
 - Data – as an outcome; could have a goal to have more data or certain types
- **Group 4 (Andrea)**
 - Promote businesses that serve healthy foods
 - Mirror existing best practices (Cambridge, NYC, SF)
 - Restricting trans fats and fast foods
 - Need a goal on chronic diseases → reduce by 30%
 - Access to preventative care
 - Make healthcare more convenient/accessible (nurse home visits—Philly)
 - Baltimore's food policy & healthy corner stores
 - High profile activities like marathon training (Philly)
 - More bike infrastructure
 - Safer biking—network
 - Group bike to work
 - Create carless culture → Look at EU and Asian cities
 - Lead poisoning (see strategic plan and priorities)
 - Locally grown food AND full-access grocery stores in neighborhoods
 - Tracking chronic diseases by age group → create a target
 - Crime rates in parks, visitors to parks/open space
 - Commitment for long-term measuring, even if heading in the right direction
 - Measure/track indoor air pollution in residences, schools, day care centers
 - Usage of gym memberships, recreation centers, pools
 - Tracking people using active transportation → "sometimes" modes (sometimes walk vs. drive), all trips vs. commute to work
 - Enforcement of tourist bus idling, delivery trucks
 - Measuring composting (e.g. San Francisco & Montgomery County)
 - Workplace policies—encouraging active transport and physical activity
- **Group 5 (John)**
 - Broaden the goal to capture other factors not determined by obesity only?

- Include other metrics in addition to obesity
 - Asthma as a metric for example
- A “food access score” similar to “walk score” to quantify our citywide healthy food access
- Measure the steps toward health: healthy diet, physical activity, outdoor/indoor quality
- Measure access to preventative health and use of health services

4. What specific goals or actions are most important to you and your community in pursuit of better health?

• Group 1 (Autumn)

- Community profiles to assess barriers/assets
 - “community maps” for health
- Actually connect public health data to show accomplishments towards goals
- Education actions (from question 1)→climate, wastes
- Regional connections
- Public data being available to residents
 - Contest to develop best way
 - DDOE → green button data
- Innovation
- Clean up contamination/burial pits
- Provide medical monitoring for impacted community—specific to neighborhood
- Policy action→DC, like other states, be state regulator with Feds, i.e. Army Corps/EPA
- D.C. Statehood
- Activity “requirement” for those receiving benefits
- More recreational facilities—Clean Anacostia River so that it’s swimmable
- Health impact assessments
- Get community engaged in something

• Group 2 (Dan)

- Government needs to look outside DC—plan must be regional in scope
- Ensure that construction sites aren’t polluting/harming neighborhoods during construction (really needs enforcement)
- NOT using waste-to-energy (combustion). The Maryland study is flawed (details available)
- Social capital—the neighborhood knowing each other/”eyes on the street” theory (e.g. Bogota)
- Language Access—access to health facilities and programs not as available to non-English speakers
- Finish the Met Branch Trail
- Tree planting
- Address community resistance to walkability/density by selling the benefits—especially financial benefits—of walkability

- Education about sustainability
 - Access to transit, bikeability, etc. is an equity issue (esp. for older people and low-income folks. See WaPo Express article 4/27?)
- Reducing violent crime. More active neighborhoods means more social capital
- Better education for parents on child rearing
- **Group 3 (Stacie)**
 - Need to define basic needs for residents (and the District as a whole, outside of just for residents/residential concerns), then make sure those needs are met, then you can get to other issues (e.g. – address child poverty first, then you can address other health-related or sustainability-related issues)
 - DC government/administration needs to support groups that are addressing these issues already and doing their jobs well, encourage collaboration. This especially needs to be done for community groups that are addressing basic needs.
 - Why are different schools getting different food options from vendors? Rectify the situation.
 - There is a great need for community outreach/buy-in (example given was the reaction among neighbors to Common Good City Farm)
 - What are people in the community interested in? If there are new initiatives related to health and sustainability, need to know what immediate neighbors think
 - For some things, you're either interested or you're not: some people want to garden or farm, others never will
 - Education piece: tie old connections to new ways forward; for example – there are many sustainability practices that are rooted in historic ways of doing things
 - Cultural piece: related to getting buy-in, government/organizations can't have a top-down, "I know what's best for you" approach; decision-makers and those introducing issues to the community need to be the ones who are affected by the issues and/or especially interested and engaged in them
 - Tap into advisory committees better. DC has a lot of these and some do it well. For example, there are schools with active Wellness Councils and committees of students who taste-test and decide their food options
- **Group 4 (Andrea)**
 - Safer biking – network
 - Group bike to work
 - Create carless culture → look at EU and Asian cities
 - DDOE needs to be involved earlier in development projects
 - We have to be regional in our outlook
 - When contractors are gutting buildings and rehab they are releasing all sorts of pollution
 - Need more enforcement

- Conscious decision against combustion of waste pollution → waste-to-energy pollutes more than we realize
- Implied goals in question 3 (what we want to measure is implied)
- Knowing your neighbors is a key part of sustainability, safe communities
- Language access → law is an unfunded mandate
- Finish the Metropolitan Branch Trail
- Plant more trees & have them live
- Ward 5 wants to be more walkable, have more shopping—but some communities push back
- Need to advertize/sell the importance of walkability, density → raising property values
- Tired of word “vibrant” – need to communicate what sustainability means
- Reducing violent crime rate
- **Group 5 (John)**
 - Access to healthy and quality food options
 - “Grow their own” programs connecting people to food
 - School retrofits should add indoor air quality
 - Creating partnerships (community group partner with corner stores)
 - Community engagement for all ages
 - Community events
 - Walkable communities as an overarching goal

5. What other groups/individuals should be consulted on the development of the Sustainable DC plan to best integrate health?

- **Group 1 (Autumn)**
 - Universities
 - Medical professionals/hospitals
 - Department of Human Services
 - Marginalized groups
 - DC Public Schools (DCPS)/DC Public Charter Schools (DCPCS)
 - NGOs
 - “Start-up” community/Tedx
 - MacArthur Foundation “Genius Grants”
 - Foundations
- **Group 2 (Dan)**
 - Kids/youth should be involved in decision-making process (e.g. in Greensburg, KS, once kids were consulted on bussing question, they decided not to bus anyone, which turned out to be right)
 - Region/ DC neighbors
 - National experts in DC – make use of this asset
 - DCPS
 - Immigrants/ LEP populations

- International community (embassies)
- **Group 3 (Stacie)**
 - Money is needed to achieve goals, so there is a need to consult people who have access to money, such as Council and business groups.
 - Also at a higher level: many things stemming from the federal level, such as the Farm Bill, affect things at the local level such as healthy school lunches
 - Neighboring jurisdictions
 - Are there opportunities for partnerships, particular around farming and gardening?
 - Need to target Virginia as a partner as they are experiencing rapid growth and more commuters
 - Need to make sure we have a good regional strategy and an inclusive mentality
 - School groups
 - Groups/entities that have demonstrated success in areas of sustainability (e.g. the Y and DC SCORES; their successes at the local level resonate at their larger organizational level and sometimes become part of policy when successful)
 - Small farms in the region; they are needed to diversify the food system, which is a safety and health issue
 - Need to enlist developers as willing partners to design for health from the beginning of projects
- **Group 4 (Andrea)**
 - Health professionals: docs, nurses
 - American Heart Association
 - DC Primary Care Association
 - Impact DC (from Children's National Medical Center)
 - NonProfit Roundtable
 - YMCA, Boys and Girls Clubs
 - Better business recycling→need to be a business requirement; but also economically feasible – economic incentives, more education
 - Need a comprehensive study on recycling
 - Green jobs in recycling
 - Create recycling “audit” program
 - Youth: Example – in Greenberg, KS they were going to send students to other school but students came to meeting and said they wanted to stay; kids should be involved in decision making
 - Take advantage of federal offices located here
 - DCPS
 - Groups working with immigrants→print in other languages
 - International organizations→embassies signed onto comp plan, very interested/eager to be involved
 - Learn from other cities

- Farmers markets
- **Group 5 (John)**
 - Obese/overweight people – consult with group
 - Asthmatic
 - Seniors
 - Underrepresented/disability
 - Public health
 - Chronic health organizations
 - Translator groups
 - Religious groups
 - Schools/PTA's
 - Youth at Risk
 - DMV/IMA
 - Zoning officials

6. How do we achieve broad citizen engagement in sustainability during the Sustainable DC Implementation Plan and beyond?

- **Group 1 (Autumn)**
 - Harness anger; change to action
 - Establish Sustainable DC offices in every ward
 - Tailor message/engagement
 - Partnering with community-based institutions
 - Bombarding messaging
 - Buses, radio, social media, TV
 - Using captive audiences (i.e. waiting rooms, etc.)
- **Group 2 (Dan)**
 - Community updates/status reports that are easy to follow and understand
 - Indicates whether we achieved short-term goals and the % progress on longer goals
 - Community listservs
 - Website that tracks progress
 - Non-web outreach (radio, local DC channels, movie trailers)

BONUS: Behavior Change/Implementation

- Neighborhood level groups to implement
- Working with ANCs
- **Group 3 (Stacie)**
 - Recognize that different neighborhoods have different needs
 - Reduce any "Us vs. Them" problems
 - Have a regional mentality
 - Leverage DC/local organization success stories

- **Group 4 (Andrea)**
 - Public media campaign
 - Need to involve folks in the planning if you want them in the implementation
 - ANC→specific meeting
 - Activate ANC networks
 - Status reports
 - Achievement of short-term goals
 - Community/neighborhood listservs
 - Religious community
 - Internet presence showing progress
 - Ways to get input through non-web means; people get their news from cable/trailer time
 - Will have to be a full community effort to implement plan
 - Neighborhood Environment Action teams→people will join these groups
- **Group 5 (John)**
 - Communication leaders
 - Communications: design campaigns for the different ways people access information
 - Presence on local news networks (WAMU, Washington Post, Express)
 - Social media that speaks to people
 - Identify the social determinants that prevent people from engaging
 - Focus on the needs and parameters of different neighborhoods and communities
 - If a program exists but people don't use it, why not?
 - Develop community champions
 - Use DJ's and radio personalities and radio shows
 - Build trust and examples through healthy citizens
 - Take conversation to where people are