SUMMARY OF HEALTH AND SUSTAINABILITY COMMUNITY CONVERSATION

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 summary of 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 from Autumn Saxton-Ross, what are some specific aspects of health that are tied to sustainability? Are there others that were not covered?
   - Air quality: Indoor and outdoor air quality affect asthma
   - Healthy homes (VOCs, chemicals, air quality, lead, vermin, etc.)
   - Depression/mental health
   - Policies to limit fast food
   - Access and affordability (to whole/unprocessed foods; regulate commissary to ensure safety and nutritional value)

2. What current gaps exist in District health as it relates to sustainability?
   - Nutrition/healthy food
   - Clean energy sources
   - Air quality (particularly as it relates to asthma and other respiratory diseases)
   - Tools to address disparities (for example, resources are directed to clinical care for asthmatic children, but not on eliminating home exposure to environmental triggers)
   - Access
     - There is a gap in consistency of access (in general) throughout DC neighborhoods
     - Some community programs or facilities are hard to find/difficult to access
     - Access to full service grocery stores may be more important than access to locally grown food
     - Equitable distribution to parks and recreation services
   - Information/Misinformation
     - “Good” (vetted) science that is evidence-based (but balanced with innovation)
     - Awareness needed about health threats (e.g. – extra moisture in homes can cause mold, affecting indoor air quality; more knowledge needed about serious consequences of being overweight)
     - Prevalence of misinformation:
       - Obesity/calories
       - Fats/sugars
       - Lack of understanding about serious health issues related to being overweight
• Communication/Coordination
  o Need better communication/collaboration/coordination across existing government programs
  o Need better PR across all sustainability-related areas; there is a need to share success stories of the good work being done on the health and sustainability fronts
  o Gap in federal coordination: need better coordination with feds, particularly on issues affecting their buildings and policies

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?
  • Asthma rate reduction; reduction of rates of other chronic diseases (suggestion: reduce by 30%)
  • Reduction of cancer rates
  • Data: as an outcome, could have a goal to have more data or certain types of data
  • Metrics:
    o Workplace environmental metrics (how many encourage certain practices, etc.; can use as baseline data for implementation)
    o Need more structural metric reporting that people are committed to; must be more than just “good news”
    o Need a system to track obesity; are there metrics other than BMI?
    o “Food access score” similar to a walk score
    o Measurement for steps toward health: healthy diet, physical activity, outdoor/indoor air quality
    o Measurement for access to preventative health and use of health services
  • Set and track goals for specific demographic groups

4. What specific goals or actions are most important to you and your community in pursuit of better health?
  • Make regional connections; any plans should be regional in scope
  • Language access
  • Finish the Met Branch Trail
  • Plant more trees
  • Increase access to: healthy foods; green spaces and parks; proper health care; transit, walking, and biking
  • Education/community outreach about sustainability
    o Create buy-in
    o Address community resistance by selling benefits
    o Educate about issues such as climate, waste
    o Tie old connections to new ways forward
5. **What other groups/individuals should be consulted on the development of the Sustainable DC plan to best integrate health?**
   - Universities, particularly UDC
   - Medical professionals, hospitals, medical charity centers (Red Cross), chronic health organizations, public health groups, DC Primary Care Association
   - Youth: at-risk youth; school groups; DCPS/DCPCS
   - Regional groups, neighboring jurisdictions
   - Immigrant/limited English proficiency groups and translators

6. **How do we achieve broad citizen engagement in sustainability during the Sustainable DC Implementation Plan and beyond?**
   - Non-web outreach (radio, local DC channels, movie trailers; “bombarding messaging” on buses, TV, radio)
   - Recognize that different neighborhoods have different needs, focus on the different parameters of each community
   - Develop community champions and leverage local success stories
   - Use community listservs and ANC networks
   - Design communications campaigns across multiple platforms
   - Use a website to track progress, provide status reports