

# WORKING TOWARDS A HEALTHY DC

## THE DISTRICT OF COLUMBIA'S

### OVERWEIGHT AND OBESITY ACTION PLAN



## ACTION PLAN 2010-2015

A PLAN FOR REDUCING AND PREVENTING OVERWEIGHT AND OBESITY AMONG D.C. RESIDENTS



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GOVERNMENT OF THE DISTRICT OF COLUMBIA  
Department of Health

Office of the Director



February 18, 2010

Dear Residents,

This Obesity Action Plan is a call to action for us all. In recent weeks the Department has released the Preventable Causes of Death Report and the Obesity Report, both of which show how much impact poor nutrition and inadequate physical activity have had on our health here in the Nation's Capitol. More than five in ten of all adults living in DC (55%) are overweight or obese; these rates climb to 72 percent in certain wards in the city, particularly those "East of the River." Approximately one in every three children in DC is at risk of overweight or obesity, these rates are among the highest in the country. The District has extreme racial disparities related to obesity, also one of the highest in the nation. For example, fewer than one of every ten white District residents are obese, whereas one of every three African-Americans are obese. Eliminating disparities in health outcomes is critical to all endeavors of the DC Department of Health; as such, policies and strategies to increase physical activity and healthy eating are critical.

Our observations carry weight in other jurisdictions as well; however we have an obligation to start making changes here at home. With the invaluable input from our community partners who continue to work tirelessly on these issues, we have composed this 2010 Obesity Action Plan which contains a set of goals, objectives, and strategies that aim to help District residents adopt healthier lifestyles and maintain and healthy weight. Government and other leaders have a some responsibility to help improve the conditions that promote poor health outcomes. Making more fresh fruits and vegetables available in routinely used settings, promoting their sale and consumption, and advocating for easy access to healthy options is part of the equation. Inspiring people to seek more active and fulfilling lifestyles will also make a difference, not only to the physical health of our communities, but also to our mental and spiritual well-being. As individuals and communities, we have some hard choices to make as we consider breaking some longstanding, unhealthy habits. I am confident that the more people can be aware of the benefit of these changes we can all look to the future knowing that we will live longer lives less frequently complicated by preventable illness. This community-based action plan sets the course for the District to create a culture of wellness that will bolster knowledge, motivation, and support of residents to increase healthy eating and physical activity, and ultimately reduce and prevent overweight and obesity among District residents. Please join us as we work to reverse the lifestyle trends that pose the greatest threats to our health.

Sincerely,

A handwritten signature in blue ink, appearing to read "Pierre N.D. Vigilance", is written over the typed name and title.

Pierre N.D. Vigilance, MD, MPH  
Director  
District of Columbia Department of Health

March 1, 2010

Pierre Vigilance, MD  
Director, District of Columbia Department of Health  
825 N. Capitol St NE  
Washington, DC 20002

Dr. Vigilance:

On behalf of the Executive Committee members of the State Plan subcommittee, we are excited to offer our continued support as we embark upon implementation and execution of the strategies outlined in the District of Columbia Overweight and Obesity State Action Plan.

The plan serves as a guide for each sector of society to take part in creating the shift to healthy eating and active living. This plan was constructed through engaging key stakeholders, deriving critical input and facilitating consensus driven strategies that address issues of overweight and obesity. The strategies focus on building environmental and system level capacity to address barriers to change. Through our Stakeholder and Town Hall meetings, key constituents and organizations offered their expertise in identifying recommendations and strategies that will strengthen the capacity of a variety of community settings to become resources in the fight against overweight and obesity. Leaders from the Faith-based community, Worksites, Schools, Medical & Healthcare Professionals, Food Services & Retail Establishments and Parks, Recreational and Physical Activity venues all joined together to create a plan that reflects the unique needs, challenges and opportunities in the Washington, DC community. In addition, residents were given the opportunity to provide input into the plan development so that strategies address not only the agency and organizational assessment of the current environment but also reflect the specific views expressed by the constituents that will ultimately benefit from changes in the environment and system. The resulting District of Columbia Overweight and Obesity State Action Plan offers the opportunity for a broad spectrum of constituents to join together and drive sustainable changes in physical activity and food environments. The Overweight and Obesity State Action Plan is designed to:

- Promote leadership and coordination that reaches into communities across the District
- Focus on science and data driven system level strategies
- Ensure an effective tracking and evaluation system.

The Executive Committee members and our respective organizational affiliations look forward to continuing our work with the DC Department of Health as we begin implementation of the District of Columbia Overweight and Obesity State Action Plan. We appreciate the leadership and commitment from the DC Department of Health and the opportunity to be an integral part of the planning process.

Sincerely,

*Rhonda Ford Chatmon*

Rhonda Ford Chatmon  
American Heart Association  
Co-Chair, State Plan Subcommittee

Janice Ferebee   
National Council of Negro Women  
Co-Chair, State Plan Subcommittee

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Alexandra Ashbrook  
DC Hunger Solutions

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Donnie L. Shaw  
YMCA National Capital

# Acknowledgements

For any State Action Plan to succeed it must have input and support from public officials, professional organizations, and the community at large. Thus, The District of Columbia's Overweight and Obesity Action Plan evolved from the input of over 350 community leaders and District residents under the direction of the District of Columbia Department of Health, Community Health Administration (DOH/CHA).

The District of Columbia Department of Health appreciates the contributions from organizations listed in Appendix A and individual resident suggestions. This document encompasses a comprehensive, community-informed, nutrition and physical activity plan that should serve to guide government agencies, health professionals, employers, food providers, physical activity practitioners, community and faith-based organizations as well as thousands of households to make the necessary changes to reduce and prevent overweight and obesity in the District of Columbia.

The District of Columbia Overweight and Obesity Work Group, established in 2008, was divided into three subcommittees to address a) the state plan, b) resource development, and c) policy. Subcommittee co-chairs joined other key individuals on the Executive Committee to guide the progress and prepare the plan. The District of Columbia Department of Health would like to express sincere gratitude towards the following members of the Executive Committee, who also serve on the full Working Group, for their time, dedication, and expertise during the development of The District of Columbia's Overweight and Obesity Action Plan.

Special recognition is given to the District of Columbia Overweight and Obesity Work Group and the subgroups that devoted their time and effort to help shape the community recommendations into a realistic plan that both recognizes the barriers to healthy living and embraces a broad spectrum of solutions. This committee is comprised of a diverse group of individuals with true passion and commitment to the development of a plan that will impact the issues of overweight and obesity across the District of Columbia.

Janice Ferebee, MSW  
National Council of Negro Women, Inc.  
Co-Char, State Plan Subcommittee

Rhonda Chatmon  
American Heart Association  
Co-Char, State Plan Subcommittee

Alexandra Ashbrook  
D.C. Hunger Solutions  
Co-Chair, Policy Subcommittee

Victoria Wells  
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Co-Chair, Policy Subcommittee

Brenda Richardson  
Ward 8 Health Council Co-Chair, Resource  
Development Subcommittee

Gloria Wilder, MD, MPH  
CORE Health  
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Development Subcommittee

Donnie Shaw  
YMCA National Capital  
Community Member

Canary Girardeau, RN  
SHIRE  
Community Member

# Executive Summary

The District of Columbia is a unique entity, functioning as a city, state, and the Nation's Capital. The District is also the place of work for thousands of individuals and the gateway to history for many visitors. Actions the District takes to prevent and curb overweight and obesity not only impact the District but also the region and the nation.

The epidemic of overweight and obesity have serious public health, psychosocial, and economic implications on the quality of life for the residents of the District as well as the Nation. For at least the past ten years rates of overweight and obesity have reached epidemic proportions among adults and children throughout the city with an unequal distribution by ward, race/ethnicity, and socioeconomic status.

- More than five in ten of all adults living in the District (55 percent) are overweight or obese; these rates climb to 72 percent in some of the District's most underserved areas including Wards 7 and 8, 68 percent in Ward 5, and 58 percent in Ward 1.
- Approximately one out of every three children living in the District is at risk of overweight or is overweight, one of the highest rates in the country.
- The District has extreme racial disparities related to obesity: fewer than one of every ten white District residents are obese, whereas one of every three African-Americans are obese.

We must all take immediate action to control and prevent this serious public health challenge within our communities by building and developing strategies to combat obesity. Excess weight is related to increased risk for heart disease, type 2 diabetes, strokes, sleep apnea, and a number of other serious chronic diseases that impact the wellbeing of District residents, and lead to increased health care costs. It has been estimated that the life expectancy is seven years less for obese women and four years less for obese men compared to their normal-weight counterparts.

- In the District five of the top ten causes of death – heart disease, cancer, hypertension, diabetes, and stroke – are directly related to the influence of poor diet, little physical activity, and excess weight.
- More residents of the District die each year from the complications of obesity-related chronic diseases than from AIDS, cancer, and homicide combined.
- In 2004 costs of overweight and obesity in the District were estimated to be in excess of \$400 million.

The causes of overweight and obesity are complex and multi-factorial in nature, and often difficult to understand. Too often the focus has been on the individual's behaviors related to overweight and obesity, and not on the environmental and policy barriers that inhibit a change in these behaviors.

Individual food and activity choices play an important role in determining body weight. However, some of these choices are influenced by outside factors as employment, household resources, support systems, availability of health services, and the environments where individuals live, work, play, learn, and worship.

Solutions will be found not only in interventions that improve food and physical environments, economic opportunities, social norms, knowledge, and health services, but also in new collaborations between, governmental agencies, public health professionals, city planners, economic developers, housing authorities, physical activity practitioners, educators, employers, residents and, local community-based leaders.

To this end, development of the five-year The District of Columbia Overweight and Obesity Action Plan has engaged multiple community partners and District government agency personnel to address both the clinical aspects, such as screening, counseling, and treatment of individuals, as well as the broader societal and community-based social determinants related to weight status. The plan sets forth strategies to remove many of the barriers that impede individuals from adopting healthier lifestyles. In addition, it outlines the importance of monitoring and evaluation and details the key elements of a successful evaluation strategy.

The plan calls for the greater District of Columbia community to coalesce and adopt policies and programs that both increase the access to healthy foods and physical activity in neighborhoods, schools, worksites, and places of worship and also build capacity and jobs related to increasing access to healthy food, physical activity, and preventive health services. Additionally, the plan provides a framework of specific interventions to achieve local targets of reducing overweight and obesity by changing attitudes and behaviors to promote physical activity, good nutrition and the benefits of a healthy weight. The community-based District of Columbia Overweight and Obesity Action Plan sets the course for the District to reshape communities and create a culture of wellness that will bolster knowledge, motivation, and support of residents to increase healthy eating and physical activity.

# The District of Columbia's Overweight and Obesity Action Plan: GOALS



## **GOAL 1 - Schools and Child Care Facilities**

District of Columbia children and adults are able to maintain healthy eating and physical activity to support a healthy weight while in schools and child care facilities.

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## **GOAL 2- Medical and Health Services**

District of Columbia residents have access to breastfeeding opportunities and integrated high-quality weight management interventions.

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## **GOAL 3 -Food Retail and Food Service Establishments**

District of Columbia residents consume a diet consistent with the Dietary Guidelines for Americans.

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## **GOAL 4 - Physical Activity**

District of Columbia residents are physically active on a regular basis consistent with the Physical Activity Guidelines for Americans.

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## **GOAL 5 -Worksites**

District of Columbia residents are able to maintain healthy eating and physical activity at their place of employment to support a healthy weight.

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## **GOAL 6 - Faith-Based Institutions**

District of Columbia residents are able to maintain healthy eating and physical activity at their faith-based institutions to support a healthy weight.

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## **GOAL 7 & 8 Overarching Support Systems and Infrastructure**

District of Columbia Government agencies and community and professional non-government agencies collaborate to ensure that residents at risk of overweight and obesity have access to healthy foods, opportunities to be physically active, and supportive policies combined with information to regularly make healthy choices.

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The District of Columbia Government obtains current and critical data sets that describe the health status of residents and tracks and monitors the key elements of The District of Columbia Overweight and Obesity Action Plan.



# What is The District of Columbia Overweight and Obesity Action Plan?

## **Why have an Action Plan?**

The percentage of overweight and obese adults and children in our nation's capital has reached alarming levels with approximately 35 percent of children and 55 percent of adults. The purpose of this plan is to provide a roadmap for diverse groups in the District of Columbia to come together and adopt new practices, build capacity, develop interventions, and offer policy recommendations that will ensure all residents have access to healthy and affordable food, safe and clean spaces, and supportive policies to be physically active, and the knowledge, motivation, and support needed to maintain a healthy weight. Having a plan in place can facilitate a coordinated, organized, and focused District-wide approach, and can promote regular evaluations and updates to make sure that progress is being made.

## **Steps to Developing The District of Columbia Overweight and Obesity Action Plan**

In 2008, the District of Columbia Department of Health (DOH), Community Health Administration convened the District of Columbia Obesity Prevention and Reduction Work Group, with representatives from a cross-section of District government agencies and community organizations. The Working Group's first citywide charge was to create a five year Overweight and Obesity Action Plan for the District. In addition to the Working Group, three subcommittees were established to support the development of the Plan.

- *The State Plan Subcommittee* has guided the development of the Action Plan and assisted with organizing stakeholder meetings.
- *The Policy Subcommittee* has worked to identify a set of policies to be included in the Action Plan and recommended strategies to reach policy makers.

- *The Resource Development Subcommittee* has assisted in getting community input through town hall meetings and will work to secure the necessary resources for implementing and sustaining the Plan.

## **Stakeholder and Community Town Hall Meetings**

To determine the goals, objectives, and strategies that form the Action Plan, a series of meetings were held with key District of Columbia stakeholders and residents. These meetings ensured that the content of the Plan was shaped by those individuals and groups who would be targeted by the plan and thus will be integral in implementing and sustaining the Action Plan. This process also allowed DOH to identify strategies that would be realistic to achieve in the District.

Stakeholder meetings were held from November 2008 – March 2009 in each of the six settings as described above. For each setting, co-chairs suggested a list of invitees, augmented with recommendations from DOH and members of the Working Group. Stakeholders represented both the public and private sectors from all Wards of the District (Appendix A).

At each meeting, stakeholders were given a briefing of the project and then asked to share their visions of the District if it were perfectly set-up to reduce and prevent overweight and obesity. Stakeholders then proposed strategies that could achieve these visions. The types of strategies proposed by stakeholders included:

- Recommendations for policy, legislation, and regulation;
- Mobilizing communities;
- Changing organizational practices;
- Developing coalitions and networks
- Understanding individual and commu-

nity dynamics

Several Community Town Hall meetings took place throughout the District to gain input from residents on strategies for healthy eating and physical activity. Wards and communities with the highest rates of overweight and obesity were prioritized and Town Hall meetings occurred in Wards 1, 4, 5 and 8, and with youths at Anacostia High School and the Cesar Chavez Charter School for Public Policy. Opinions from these participants helped refine the strategies identified by stakeholders.

Consistently at these Town Hall meetings, District residents identified as the primary barriers to adopting healthy lifestyles a lack of knowledge, combined with a lack of access to healthy eating options and safe places and appropriate opportunities for physical activity. Residents requested that restaurants, schools, and food retailers offer healthier foods they can afford, along with more community-based affordable fitness programs, community gardens, nutrition education, and cooking classes. Residents acknowledge they need to commit to eating well and becoming more physically active with their family, friends, and co-workers, while identifying and recognizing structural barriers and lack of choice.

### **Developing Goals, Objectives, and Strategies**

In developing The District of Columbia Overweight and Obesity Action Plan for 2010-2015, the Department of Health engaged multiple community partners and District agency personnel to address the clinical aspects, such as screening, counseling, and treatment of individuals, as well as the community and policy-based social determinants related to food and physical activity choices and weight status. The plan sets forth goals, objectives, and strategies for policies, partnerships, and programs that attempt to remove many of the barriers that impede individuals from adopting healthier lifestyles in neighborhoods, schools, worksites,

and places of worship, and to promote the benefits of healthy weight.

During the planning process participants identified achievable strategies for six specific settings: schools and child care facilities, food retailers and food service, physical activity, medical and health services, worksites, and faith-based organizations. The process also identified partners, resources, and evaluation measures for each of the strategies.

For the District of Columbia's Overweight and Obesity Action Plan, a strategy is "an approach, a course of action, or a method used to achieve an objective, which in turn is a means to achieving a goal." Strategies are not action steps, specific policies, or program activities. Strategies are based on evidence from peer-reviewed journals, Centers for Disease Control publications, and community and state-based inventories of successful policies and strategies. Stakeholders, DOH staff, members of the Working Group and Subcommittees, and representatives from District government agencies have generated and refined the goals, objectives, and strategies in this city-wide plan.

To correct the serious health disparities related to overweight and obesity in the District, special attention is given to strategies that are targeted towards populations at greatest risk of overweight and obesity and in neighborhoods with limited access to food and physical activity. In addition, the thousands of people who visit the District for work and play daily also stand to benefit from the strategies outlined in this plan

### ***Essential to the success of this city-wide plan to prevent and reduce overweight and obesity is:***

- capturing input from key stakeholders and District residents who will implement the strategies
- addressing the needs that residents raise

- including strategies that motivate change at multiple levels
- developing a balanced complement of individual and environmental strategies,
- developing practical strategies that can be implemented by stakeholders with variable resources.

Traditional intervention models have focused on using clinical methods to treat obesity on an individual basis. However, a growing body of evidence suggests that using a targeted community-based, public health model to promote healthy weight is also efficacious when targeting overweight and obesity on a larger scale. Such public health approaches help to make the healthy choice the easy choice for individuals, thus supporting the individual’s ability to adopt healthy behaviors. In addition, an approach in which high-risk groups are targeted at the individual, small group/community, and population levels may be the most effective way in which to address overweight and obesity.

*District Government agencies that will be key players in implementing the Action Plan include:*

- *Department of Health*
- *Department of Parks and Recreation*
- *Office of the State Superintendent for Education*
- *DC Public Schools*
- *Office of Planning, Department of Transportation*
- *Metropolitan Police Department*
- *Department of Health Care Finance*
- *Department of Public Works*
- *Department of Consumer and Regulatory Affairs,*
- *Department of Human Resources*

### **Who will implement the Action Plan?**

With oversight from the District of Columbia Department of Health, this plan is intended to be implemented by stakeholders in the District of Columbia (such as those listed in Appendix A) who are committed to reducing prevalence of and preventing overweight and obesity, and ensuring that all District residents have access to healthy, affordable food, opportunities that promote physical activity, and the knowledge, motivation, and support needed to live a healthy life. The successful implementation and sustainability of the plan depends upon collaboration, negotiation, and buy-in among a large cross-section of District agencies and community stakeholders.

### **What is the focus of the D.C. Action Plan?**

The District of Columbia Overweight and Obesity Action Plan supports the implementation of strategies that: 1) create a culture of wellness, 2) address social determinants of health, and 3) enable and support behaviors that effectively reduce and prevent overweight and obesity.

The goals, objectives, and strategies in The District of Columbia Overweight and Obesity Action Plan seeks to work through social and physical environments District-wide to include schools and child care facilities, medical and health services, food retail and food service establishments, places for physical activity, work-sites, and faith-based institutions -- in order to promote the adoption of policies and programs to support healthy lifestyles.

### **Recommended policy changes from each of the settings include the following:**

1. *Improve access to healthy food through*
  - Broad implementation of wellness policies
  - Changing tax, vending, and zoning regulations to expand opportunities for healthy food vendors, both retailers and food service to operate in high need neighborhoods
  - Establishing healthy food guidelines

for all foods sold and/or distributed through schools, District agencies or buildings, and child care institutions

## *2. Improve access to physical activity opportunities through*

- Adopting and implementing policies that promote physical activity within a variety of settings, including schools, child care centers, after-school programs, and worksites
- Expanding physical activity requirements, policies, and opportunities through schools, after-school programs, and child care centers. Utilizing a variety of strategies including use of joint-use agreements
- Changing tax, vending, and zoning regulations to expand businesses offering physical activity
- Ensuring neighborhoods have safe and clean sidewalks, parks, recreational facilities, and other areas to walk, bike, and be physically active

## *3. Improve access to physical education, nutrition education, and preventive health services through*

- Changing benefit packages to provide reimbursement for services related to obesity treatment and prevention (such as nutrition counseling and physical activity programs)
- Requiring that menus and menu boards in all food establishments provide appropriate nutrition information
- Planning and conducting with partners a multi-year, policy and behavior change social marketing and public information campaign

## **How will the plan be evaluated and updated?**

The District of Columbia Department of Health (DOH) plans to conduct annual evaluations of the progress made and challenges identified in implementing the plan and prepare annual progress reports. In addition, DOH will work with partner organizations to determine whether adjustments to the plan are needed.

# Overweight and Obesity Status in the District



For adults, BMI equals weight (kg) divided by height (m) squared. Adults with a BMI above 25 are overweight, and those with a BMI above 30 are obese. For children and teens, weight status is determined by plotting weight and height by age and sex on CDC growth charts and determining the percentiles. Children and adolescents in the 85th to 95th percentiles are at risk of being overweight, and those in the 95th percentile or above are overweight.

## **District of Columbia Rates of Overweight and Obesity**

Rates of overweight and obesity in the District of Columbia, and across the United States, have grown considerably over the past several decades. More than half of all adults living in the District (55 percent) are overweight or obese. Nearly a third of children and adolescents living in the District are either at risk of overweight or are overweight (35 percent), with almost a fifth of all high school students (18 percent) being overweight.<sup>5</sup>

Overweight and obesity are terms that describe the degree to which a person weighs more than what is recommended for his or her height. Excess body weight adds greater risk for certain chronic diseases and health problems. Changing clothing sizes, feeling sluggish, adding more fat

than muscle to the waist, hips, or abdomen are all signs of weight gain. The term “body mass index” (BMI) is an indicator of whether populations are overweight or obese.

Overweight and obesity affect people of all ages, ethnic groups, incomes, and education levels, but certain populations tend to be at greater risk.

- Ethnicity: Non-Hispanic blacks and Hispanics/Latinos are more likely to be overweight or obese than non-Hispanic whites.<sup>7,8</sup> The majority of District residents are African American (56 percent) and white (34 percent), with smaller populations of Hispanic or Latino residents (8 percent), and Asians (3 percent).<sup>9</sup> Two out of every three non-Hispanic blacks (69 percent) and

over half of all Hispanics (57 percent) are overweight or obese in the District, compared to one out of three non-Hispanic whites (39 percent).

- Income: Obesity also increases with lower socioeconomic status. <sup>10</sup> District neighborhoods with lower average incomes and literacy levels tend to have higher numbers of individuals who are overweight or obese (Wards 1,

4, 5, 7, and 8), compared to those neighborhoods that have higher income and education levels (Ward 2, 3) (Table 1).

- Gender: Women of childbearing age are likely to retain weight after pregnancy, raising their risk of being overweight or obese. <sup>11</sup>

**Table 1. Understanding Overweight and Obesity in the District**

	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8
% Overweight	39%	35%	31%	39%	38%	30%	33%	30%
% Obese <sup>a</sup>	19%	13%	12%	22%	30%	19%	40%	42%
% African American <sup>b</sup>	43%	30%	6%	78%	88%	69%	97%	92%
% Hispanic <sup>b</sup>	23%	9%	7%	13%	3%	2%	1%	2%
% Caucasian <sup>b</sup>	35%	56%	84%	10%	8%	27%	1%	6%
Average household income <sup>c</sup>	\$63,000	\$98,000	\$128,000	\$78,000	\$49,000	\$69,000	\$39,000	\$29,000
% consuming five servings of fruits and vegetables <sup>a</sup>	37	33	37	32	30	35	24	32
Number of grocery stores <sup>d</sup>	6	11	14	2	3	6	2	2
Food Access Score <sup>e</sup>	C-	C+	B	C+	C	B-	C	D-
Percentage getting recommended levels of moderate or vigorous physical activity <sup>a</sup>	70	81.4	84.9	61.7	59.2	84.9	58.5	54.7
Average distance to park <sup>f</sup>	132 m	135 m	165 m	157 m	206 m	127 m	170 m	254 m
Violent Crimes <sup>g</sup>	1341	906	124	911	1179	1102	1121	4596

<sup>a</sup> Behavioral Risk Factor Surveillance Survey, 2007.

<sup>b</sup> U.S. Census Bureau, 2000.

<sup>c</sup> Social Compact, Washington, D.C. Neighborhood Market DrillDown, 2007.

<sup>d</sup> Social Compact, Washington, D.C. Grocery Gap Analysis, 2008.

<sup>e</sup> D.C. Hunger Solutions, Healthy Food, Healthy Communities, 2006.

<sup>f</sup> D.C. Office of the Chief Technology Officer, 2007.

<sup>g</sup> D.C. Metropolitan Police Department Geocoded Information Management System Preliminary Data (Violent Crime = Homicide, Sex Abuse, Robbery, Assault with a Deadly Weapon)

# Consequences of Overweight and Obesity

Overweight and obesity cause serious health, psychosocial, and economic problems. As body weight exceeds norms, individuals are at greater risk of type 2 diabetes, untimely death, strokes, hypertension, sleep apnea, complications during pregnancy, cardiovascular disease, asthma and respiratory ailments, depression, and some cancers (Figure 1).<sup>12</sup>

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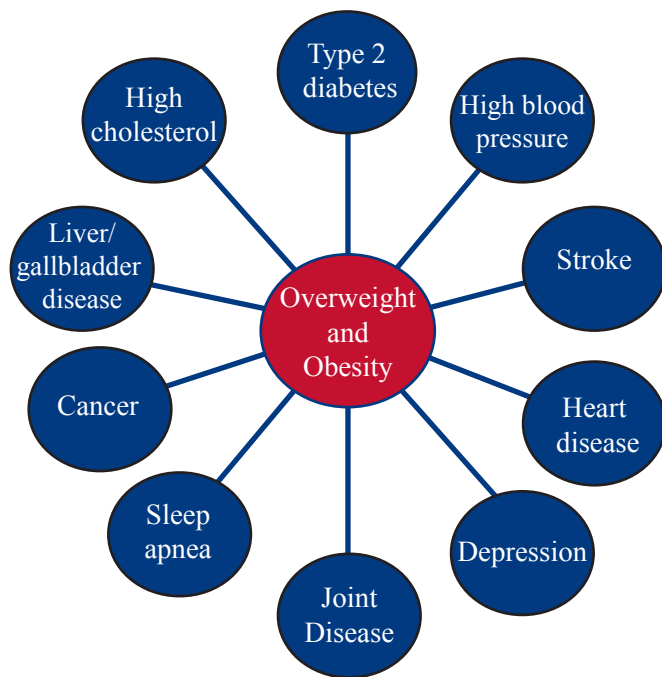
*Obesity is a serious issue when you find an obese five year old that has diabetes and high blood pressure.*

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Some estimates of life expectancy indicate that obese women live seven fewer years and obese men live four fewer years compared to their normal-weight counterparts. There are also serious psychosocial consequences associated

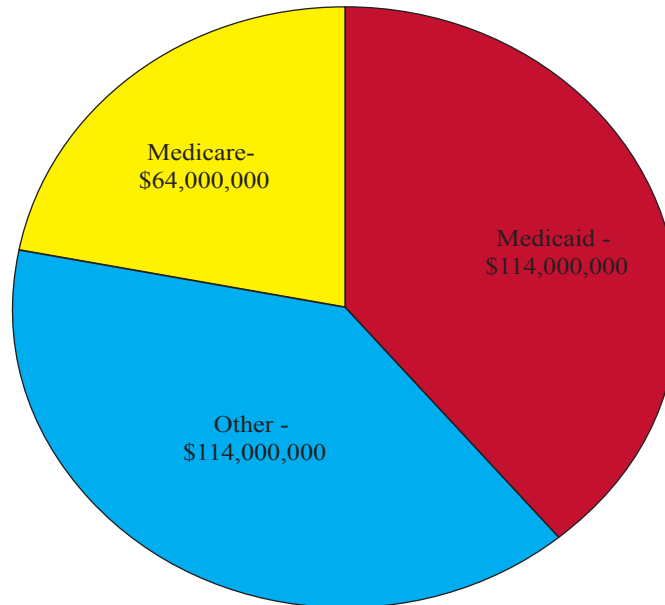
with being overweight and obese, including poor school performance, higher unemployment rates, social isolation, depression, and increased teasing/bullying.<sup>14, 15, 16</sup>

The increase in chronic disease conditions and deterioration in mental health related to excessive weight gain leads to significant increases in health care costs due to increased inpatient, outpatient, and prescription drug costs associated with treating obesity and its associated chronic diseases.<sup>17,18</sup> The total cost of overweight and obesity in the United States is estimated to be more than \$147 billion each year, and the medical costs of overweight and obesity in the District are estimated to be over \$400 million every year (Figure 2).<sup>20</sup> These costs will continue to escalate, unless actions are taken to address the social determinants, disease prevention and health promotion aspects of this public health threat.



**Figure 1.** Overweight and obesity are related to numerous chronic diseases. These relationships lead to increased mortality shorter life expectancy, and increased health care costs.

## The Cost of Obesity in the District of Columbia



**Figure 2.** In 2004, the total cost of obesity to Medicaid, Medicare, and other insurance companies in D.C. was estimated to be \$372 million

### Factors Related to Overweight and Obesity

Though individual eating habits and amount of physical activity determines body weight, the control of these behaviors rests with social determinants such as employment, household resources, social support systems, availability and access to affordable and quality health services, and the environments where individuals live, work, play, learn, and worship. Solutions will be found in interventions that improve the availability of more fruits and vegetables, and opportunities to include physical activities where individuals live, worship, play, and work.

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*“Break disease habits  
and replace  
them with healthy habits”*

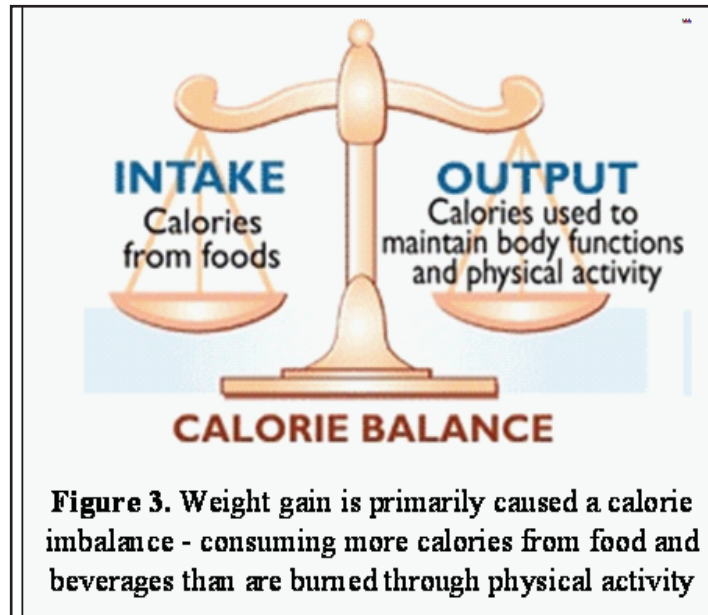
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*Social determinants of health are factors in the social environment that affect the health of individuals and communities.*

*These factors include:*

- *Socioeconomic status*
- *Transportation*
- *Housing*
- *Affordable health care services*
- *Jobs and employment opportunities*
- *Access to services*
- *Social or environmental stressors*
- *Parental supervision of food intake and physical activity*





The food and physical activity environments in the District vary widely between wards, which may partially explain the higher rates of overweight and obesity, particularly in Wards 1, 4, 5, 6, 7, and 8. While Wards 2 and 3 have lower rates of obesity, there remain areas within these wards where household resources may be limited, communities lack retailers offering healthy, affordable food, and residents believe parks and recreational areas are not clean and safe. A number of key individual behavior changes, along with strategies and policies that support healthy choices, can help a person achieve the right balance between calories consumed and calories burned and achieve a healthy weight. Parents and other adults play an important role in modeling healthy choices for children. Parents should become familiar with techniques for

encouraging behaviors that will lead to healthy eating and active living. The CDC has identified six target behaviors that have sufficient scientific evidence to support weight management in both children and adults. These target behaviors are:

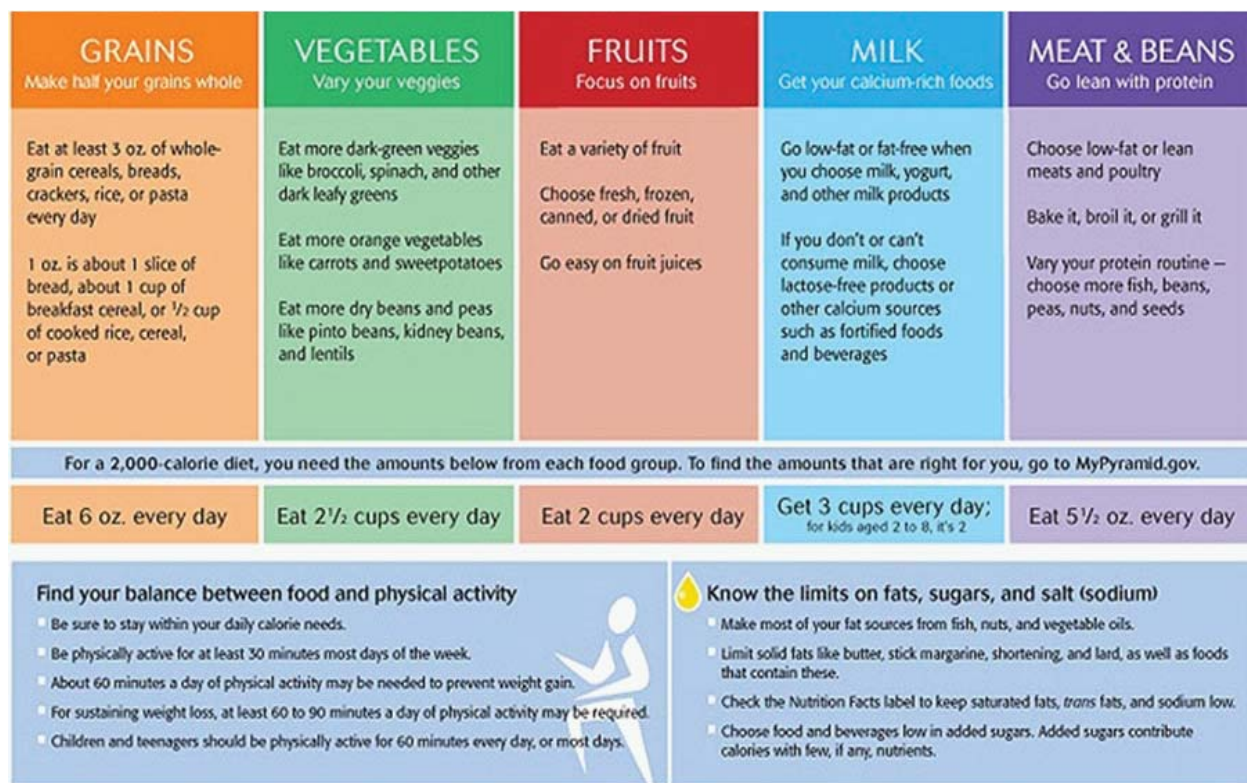
- Increase regular physical activity
- Increase consumption of fruits and vegetables
- Decrease the consumption of sugar-sweetened beverages
- Reduce the consumption of high-energy-dense foods (generally foods high in fat and sugar)
- Increase breast-feeding initiation and duration
- Decrease television viewing

# Access to Healthy, Affordable Foods in the District of Columbia

Many District neighborhoods are considered to be “food deserts” – neighborhoods or communities that have virtually no access to healthy, affordable foods, especially fruits and vegetables. Therefore, it is not surprising that many District residents do not consume five to nine servings of fruits and vegetables daily. In addition to consuming the required amount of

whole grain food products, legumes, and other foods recommended in the 2005 Dietary Guidelines for Americans (Figure 4), approximately two-thirds of District adults (66 percent) and four out of five District youths (81 percent) are not consuming five servings of fruits and vegetables a day.<sup>22, 23</sup>

Figure 4. The 2005 Dietary Guidelines for Americans



Source: The U.S. Departments of Agriculture and Health and Human Services; to be revised in 2010.

*“The best restaurant is the one you have at home. You spend less if you cook at home. We need cheaper, fresher foods.”*

A number of surveys of District residents describe how the food environments in various neighborhoods affect residents' ability to purchase and consume healthy foods. A 2006 report analyzed District food resources, and made the following conclusions:

1. Grocery stores are not evenly distributed throughout the city (Table 1).
2. Many healthy items are not available at every grocery store, and tend to cost more.
3. Low-income communities rely on corner markets that stock limited numbers of healthy items.
4. Farmer's markets are unequally distributed throughout the city.
5. The District has few alternative food sources, including food cooperatives, community-supported agriculture, and/or community gardens.

The report also ranked each ward based on residents' access to healthy, affordable food and found wide variations across the District (Table 1), finding Ward 3 with the highest access and Ward 8 with the lowest access.



In 2006-2007, District residents and convenience store owners in Ward 8 were surveyed. Research found these residents regularly rely on the large number of fast food and “carry-out” establishments (59 percent) and convenience

stores (22 percent) in their neighborhoods. Parents identified high costs, poor selection, and distance from supermarkets as major barriers to purchasing fresh fruits and vegetables. Surveys also revealed that store owners often discontinue the sale of fresh fruits and vegetables due to lack of consumer demand.

Additional reports on District residents confirm these barriers and solutions to healthy eating in their neighborhoods. A 2007 report identified limited control over food selection, especially for children, as a key barrier. A 2008 report of Ward 8<sup>27</sup> found residents wanted better access to affordable, healthy foods and nutrition education. Finally, surveys collected by researchers<sup>28</sup> showed that residents across all wards strongly supported more grocery stores, increased Food Stamp and WIC Program benefits, and school breakfast programs.

Taken together, these reports show that many District residents live in neighborhoods with limited access to healthy, affordable foods. District residents are supportive of initiatives and programs that would help them obtain healthier foods in their neighborhoods, as well as nutrition advice to manage their weight.

### *Access to Safe, Clean Spaces to be Physically Active in the District of Columbia*

In some communities, District residents report limited access to safe, clean spaces to be physically active on a regular basis, and insufficient opportunities to participate in regular physical activity, making it difficult for residents to achieve the amount of daily physical activity recommended in the 2008 Physical Activity Guidelines for Americans (Table 2). These guidelines provide recommendations across the life span—children and youth, adults, seniors, pregnant women, and people with disabilities and/or chronic medical conditions. Recent surveys of District residents reveal that one in five adults do not engage in recreational exercise, and one in three youths are active for less than 60 minutes each day.<sup>29,30</sup>

Group	Intensity of Aerobic Activity*	Amount of Time for Exercise
Children and Adolescents	Moderate or vigorous	At least 60 minutes a day; at least 3 days a week
Adults	Moderate	At least 150 minutes a week; at least 10 minute of exercises at a time
	Vigorous	At least 75 minutes a week; at least 10 minute of exercises at a time
Older Adults	--	Follow the same guidelines as adults or be as physically active as abilities and conditions allow
Women During Pregnancy	Moderate	At least 150 minutes a week; at least 10 minute of exercises at a time
Adults with Disabilities	Moderate	At least 150 minutes a week; at least 10 minute of exercises at a time
	Vigorous	At least 75 minutes a week; at least 10 minute of exercises at a time
People with Chronic Medical Conditions	--	Using guidance form health professionals engage in regular physical activity as much as possible

\* Moderate intensity aerobic activities include hiking, skateboarding, bicycle riding and brisk walking. Vigorous intensity aerobic activities include bicycle riding, jumping rope, running, and sports such as soccer, basketball, or ice or field hockey.

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*“Children at risk for obesity are more likely to be low income and minority and have limited access to safe facilities and neighborhoods for physical activity. Safe, clean, and inviting places that encourage children to be active can make a significant difference in the fight against obesity.”*

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In a 2008 report,<sup>31</sup> access to parks was assessed for each ward by measuring the distance to the nearest park for the average person living in the District. On average, the distance to the nearest public park is about 550 feet, or a two minute walk, while the farthest distance is a five minute

walk. While the data shows easy access to parks for most residents, in surveys residents cite a number of barriers that keep them from being physically active on a regular basis regardless of distance to a green space. Some of these barriers to physical activity are highlighted in a 2006 survey of Ward 8.<sup>32</sup> According to respondents the condition of parks and recreation centers in Ward 8 is generally “fair”, though several are located in high crime areas or more than ten blocks away from major residential neighborhoods. Parents reported that many centers have outdated equipment or are unsafe. The report also noted that many sidewalks in Ward 8 are in disrepair, though the majority are in “fair” condition. Another report also found that residents reported limited opportunities to engage in physical activity in their neighborhoods, especially for children.<sup>33</sup>

Residents also expressed the need for free or low-cost community-based fitness programs that were fun, and accessible to people across the lifespan with varying degrees of physical

abilities.<sup>34</sup> Likewise, researchers noted that residents across the District supported enhanced parks and bike trails to encourage physical activity.<sup>35</sup> These community assessments show

that many District residents live close to parks and recreational facilities, but safety concerns and poor conditions may limit their use.

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*I have learned to be more physically active and eat a healthy diet.  
At first, I did not like vegetables.  
I knew they were healthy for me but did not why.  
If kids knew what fruit and vegetables did in the body, they might be encouraged to eat more.*

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# District of Columbia Government Efforts to Prevent and Reduce Overweight and Obesity

## **The District of Columbia Department of Health**

### *The Child Health Action Plan 2008*

The Child Health Action Plan<sup>36</sup> was developed by DOH, in consultation with a number of community-based organizations and individuals. The plan seeks to implement evidence-based strategies and public health models to improve children's health outcomes in the District. The plan strives to reverse the trend in childhood obesity rates in the District by 2015 through the following strategies:

- Support improved nutrition and increased physical activity for District children, youth, and families.
- Increase prevention and treatment programs in the health care delivery systems.
- Engage government and community in citywide child-family obesity planning.

## **The District of Columbia Plan to Prevent and Control Cardiovascular Disease, Diabetes, and Kidney (CDK) Diseases 2008-2013**

The CDK plan<sup>37</sup> seeks to encourage members of the District public health system to take specific actions to reduce the incidence of CDK in the District with an emphasis on collaboration. The plan also addresses the need to target specific high-risk populations: low-income residents, African-Americans, non-English speaking populations, and children and adolescents. The plan has seven target areas that include strategies for government, the healthcare delivery system, community organizations, and private sector businesses:

- System Coordination and Capacity
- Data Capacity and Utilization
- Public Policy Guidance
- Quality of Healthcare
- Community Outreach and Education

- Prevention and Testing
- Children, Adolescent, and Guardian Services

## **Chronic Care Initiative (CCI)**

Begun in 2008, the Chronic Care Initiative is providing funding for a five-year initiative aiming to improve the health outcomes of District residents who face any of six serious chronic conditions, and to promote longer and healthier lives at each stage of illness for all District residents. Ten million dollars in tobacco settlement funds were allocated by the Council of the District of Columbia for this initiative targeting cardiovascular disease, hypertension, diabetes, obesity, chronic kidney disease, stroke, and chronic lung disease. The Initiative seeks to improve the reliability, efficacy, and efficiency of health care services that persons living with chronic disease receive. A CCI Coalition meets regularly to help implement the initiative.

## **Office of the State Superintendent of Education and the Board of Education for District of Columbia Public Schools**

### *Local Wellness Policy 2006*

The Local Wellness Policy<sup>38</sup> was created in 2006 as required by the federal Child Nutrition and Women, Infants, and Children Reauthorization Act of 2004, and addresses the following:

- Ensuring quality nutrition, health, and physical education.
- Establishing nutritional guidelines for all foods served and sold on campus during the school day.
- Assuring that guidelines for school meals are not less restrictive than those set at the federal level by the U.S. Secretary of Agriculture.
- Establishing a plan for measuring the impact and implementation of the local wellness policy.
- Community involvement.

### **The District of Columbia State-Level Education Strategic Plan 2009-2013**

This strategic plan<sup>39</sup> envisions that all District residents will receive an excellent education for success in the 21st century and that OSSE will set high expectations, provide resources and support, and exercise accountability to ensure that all residents receive that education. One objective related to school health and wellness seeks to reduce the percent of students classified as overweight or obese by one percent each year beginning in 2011 through the following strategies:

- Implementing health and physical education standards.
- Tracking students' BMI through the Youth Risk Behavior Survey (YRBS).
- Improving student fitness and nutrition assessments by ensuring that each child has access to daily physical activity and healthy school meals.

### **District of Columbia Office of Planning**

The Healthy By Design<sup>40</sup> plan is a citywide initiative aimed at developing a healthier, more livable, more walkable city. Healthy by Design encourages active living and healthy eating by increasing access healthy food, primary care facilities, walkable destinations and recreational opportunities.

*DC WalkScape* provides information about healthy eating and active living resources in neighborhoods.

The Office of Planning's DC Comprehensive plan includes policies that encourage the development of community gardens, schoolyard gardens, and produce/farmers markets throughout the city.

### **District of Columbia Department of Human Resources**

#### *Wellness Wednesdays*

The DC Department of Human Resources (DCHR), and more than 15 private healthcare and financial services vendors, have joined to-

gether to hold Wellness Fairs for District Government employees. The Wellness Fairs are hands-on, information packed events focusing on health literacy and fitness in which attendees are taught how to better read, understand, and act on crucial health and medical information. The fairs feature interactive exhibits, hosted by nationally recognized healthcare providers, offering health screenings, great prize giveaways, raffles and much more. DCHR has recognized employee health to be an important asset, and host these fairs to help employees maximize their health potential.

### **District of Columbia Department of Parks and Recreation**

The mission of the Department of Parks and Recreation (DPR) is to improve the quality of life of District residents through fitness, health and recreational programs. DPR has experience implementing programs that promote physical activity and fight obesity. In addition, DPR expanded its food program offering nutritious meals to patrons in all centers starting December 2009. The food program has an educational component to foster awareness about the importance of a balanced diet. In addition, DPR is launching a community gardens initiative which will also have an educational component and will complement the food program.

### **District of Columbia Department of Transportation**

#### *Safe Routes to School*

The DC Safe Routes to School Program works to improve safety for students who walk and bicycle to school, encourage students and their parents to walk and bicycle to school, boost student physical activity, reduce parents' fuel consumption, and reduce pollution and traffic congestion near schools. To help achieve those goals, DDOT offers Safe Routes to School planning assistance for DC Schools that are interested in improving safety for student walkers and cyclists? DDOT will help schools create a plan.

### *Pedestrian Master Plan*

The District of Columbia Pedestrian Master Plan was prepared by the District of Columbia Department of Transportation to be the first comprehensive citywide effort to address pedestrian safety and access issues. The vision of the Pedestrian Master Plan is to make Washington, DC a city where any trip can be taken on foot safely and comfortably, and where roadways equally serve pedestrians, bicyclists, transit users and motorists.

### **Metropolitan Police Department**

MPD has an afternoon safe passages program to provide a police presence and security through certain well traveled areas for most District high schools and some middle schools.

### **Deputy Mayor for Planning and Economic Development**

#### *Great Streets Initiative*

The Great Streets Initiative is a multi-year, multiple-agency effort to transform nine under-invested corridors into thriving and inviting neighborhood centers using public actions and tools as needed to leverage private investment. The Office of the Deputy Mayor for Planning and Economic Development has partnered with the District Department of Transportation and the Office of Planning to manage the program. The Initiative will invest over \$200 million in new mixed use development projects, storefront improvements, transportation, streetscape, and transit improvements along these nine corridors.



# 1 Schools and Child Care Facilities



**Vision:** The District of Columbia will be a city in which all school-age children and young adults have access to healthy foods, high-quality opportunities to be physically active, and nutrition education at schools, child care facilities and in afterschool programs.

**Rationale:** Schools, child care facilities, and afterschool programs play a critical role in preventing and reducing overweight and obesity among District children and their families. With over 90,000 children being served by District of Columbia Public Private, Parochial, Public Charter Schools and Early Child Care and Education Services these programs are central to improving children's diets, increasing physical activity and reducing sedentary time.<sup>41, 42, 43, 44, 45, 46</sup> Evidence exists that links academic performance with physical activity and healthy eating.<sup>47, 48, 49</sup>

The strategies for Educational Institutions targeting children and youth focus on the following issues:

- Implementing and evaluating school and child care wellness policies.
- Ensuring access to healthy foods and physical activity/physical education in schools, child care facilities, and after school programs.
- Providing all children and young-adults, and parents with ongoing health promo-

tion education on the benefits of healthy eating and active living.

The success of these goals, objectives, and strategies relies on support from all education stakeholders – children, parents, teachers, staff, administrators, school board members and other elected officials. Partnerships with existing School Based Wellness Councils and other parent-teacher organizations are also important. When ensuring access to healthy foods, physical education class activities for all children, and nutrition education in schools and child care facilities, using registered dietitians and other appropriate professionals and common high quality curricula is critical. Messages children and their families receive must be evidence-based, culturally relevant, and appropriate for all ages and literacy levels.

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*Begin the education at the pre-school level where kids can have a good time growing and making healthy food, tasting these healthy foods, and learn that it takes sunshine, rain, and seeds to eat well.*

---

## **GOAL 1**

District of Columbia children and young adults are able to maintain healthy eating and physical activity to support a healthy weight while in schools, child care facilities, and afterschool programs.

### **OBJECTIVE 1.A**

Each year, an increasing number of schools, child care facilities, and afterschool programs will implement and regularly evaluate a comprehensive wellness policy that meets or exceeds that developed by DC Public Schools.

#### **STRATEGIES**

- 1.A.1 Conduct outreach to children, parents, teachers, administrators, and school board members to increase awareness of school wellness policies.
- 1.A.2 Engage and use children, parents, teachers, and administrators in child care facilities and schools to oversee and implement the wellness policy for the school or child care facility.
- 1.A.3 Encourage the use of health impact assessments when new facilities are designed or built.

### **OBJECTIVE 1.B**

Each year, an increasing number of children will have access to and select healthy meals and integrated, evidence-based nutrition education in schools, child care facilities, and afterschool programs.

#### **STRATEGIES**

- 1.B.1 Optimize participation in the USDA National School Lunch Program, School Breakfast Program, Summer Food Program, After School Snack and Supper Program, Child and Adult Care Food Program, and Fresh Fruit and Vegetable Snack Program.
- 1.B.2 Improve the capacity of food service personnel at schools and child care facilities to prepare healthy meals with good student acceptance.
- 1.B.3 Provide standardized, well-supervised nutrition education to children and adults in numerous community settings.
- 1.B.4 Increase the number of schools and child care facilities with opportunities for safe gardening.
- 1.B.5 Require schools and child care facilities to specify in contracts with food vendors that all meals served meet nutritional standards.
- 1.B.6 Establish farm-to-school and explore farm-to-child care facilities with regional farms that support the purchase of local produce and nutrition education.

### **OBJECTIVE 1.C**

Each year, an increasing number of children will be physically active on a regular basis to meet the Physical Activity Guidelines for Americans.

#### **STRATEGIES**

- 1.C.1 Require that all children receive the recommended amounts of physical education at school (150 minutes/week for elementary students; 225 minutes/week for middle-school students) and child care (120 minutes/day).
- 1.C.2 Adopt policies and programs to train teachers and staff from child care centers, public, charter, and independent schools on how to incorporate physical activity into routine

- daily activities
- 1.C.3 Establish partnerships among educational programs and community-based organizations to share resources and offer physical activity to District children.
  - 1.C.4 Adopt policies that require after-school programs to have a structured physical activity component.
  - 1.C.5 Open school buildings, school grounds, parks, and/or recreational facilities for use solely by District residents through use of amended joint-use agreement regulations.\*
  - 1.C.6 Amend the District of Columbia Board of Education Graduation Requirements to increase to 2.5 Carnegie units the amount of physical education students in District schools must complete to graduate.

### ***OBJECTIVE 1.D***

Each year, an increasing number of children and young adults from high-need neighborhoods will gain and use the knowledge needed to purchase and prepare healthy, affordable food through expanded educational opportunities.

### ***STRATEGIES***

- 1.D.1 Expand standardized, well-supervised nutrition education and physical education-activity programs available to District residents of all ages through existing educational and community settings.
- 1.D.2 Optimize WIC participation by extending its model of nutrition education, nutritional counseling, and breast feeding to address overweight and obesity in the wider District population.

### ***KEY EVALUATION INDICATORS***

- Annual progress report of Local School Wellness Policy implementation that indicates the number of schools, child care centers, and afterschool programs that have implemented wellness policies, including meeting standards for nutrition and physical education.
- Percentage of WIC and CSFP-eligible residents 1) participating in nutrition intervention and education sessions and 2) completing a pre- and post-test survey on nutrition.

# 2 Medical and Health Services



**Vision:** The District of Columbia will be a city in which all residents have access to integrated, high-quality weight management health care programs and services.

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*“One’s health is  
the most  
important thing”*

---

**Rationale:** Physicians and other health care professionals encounter patients who are overweight or obese; however, excess weight is not always addressed by these providers. There are a number of opportunities for physicians and other health professionals to assume a more aggressive role in screening, in instructing on healthful eating and the need for daily physical activity, as well as in treating patients for overweight and obesity depending on the professional background of the provider.

Numerous health benefits of breastfeeding convey to both the child and mother, including reduced risk of overweight and obesity. The Centers for Disease Control and Prevention has identified a set of evidence-based strategies to increase breastfeeding rates that include maternal education, health professional support, and support for breastfeeding in the workplace, and

media and community-wide campaigns.

Preventing and reducing obesity in the District also requires training of health care professionals as well as encouraging physicians and health professionals to screen patients for excess weight during patient encounters, annual assessment of patients’ nutrition and physical activity behaviors, and implementation of effective weight management programs. In addition, providing reimbursement to physicians and other qualified health professionals for weight-related assessments and counseling will further enhance the ability of the health care system to prevent and reduce obesity.

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*We must breastfeed our  
children and nourish  
our babies – that is  
where health begins.*

---

The strategies for medical and health care professionals focus on the following issues:

- Increasing initiation and duration of breastfeeding through education and provision of lactation centers at work and school.
- Increase the number of residents receiving weight management services from primary care providers and subspecial-

- ists where appropriate
- Increasing training and education to health care professionals on obesity prevention and reduction as well as healthy eating/active living
- Extend insurance reimbursement to physicians and other health professionals for overweight and obesity-related activities
- Building the appropriate linkages between overweight and obesity with other medical conditions

## **GOAL 2**

District of Columbia residents have access to breastfeeding opportunities and integrated high-quality weight management care.

### ***OBJECTIVE 2.A***

Each year, an increasing number of women will breastfeed their children through the first 6-12 months of life.

- 2.A.1 Develop a city-wide program that supports and promotes breast feeding among residents who are lowest adapters through peer counseling, lactation centers, a breastfeeding campaign, and encouragement from physicians or through District employers who currently must provide employees with opportunities to breastfeed.

### ***OBJECTIVE 2.B***

Each year, an increasing number of patients will have weight assessments and participate in weight management programs deemed medically necessary and clinically appropriate.

### ***STRATEGIES***

- 2.B.1 Develop and implement evidence-based core measures for primary care providers that address assessment, prevention, and management of overweight individuals.
- 2.B.2 Engage the school health nurse or other school health provider in facilitating health promotion classes, providing case management, and providing direct nursing services to District school children.
- 2.B.3 Revise health benefit packages to provide reimbursement to physicians who document the use of core measures related to overweight and obesity during patient visits.
- 2.B.4 Provide Medicaid, Medicare, and private reimbursement to health professionals and institutions offering evidence-based weight management through nutrition and physical activity.
- 2.B.5 Incorporate Quality Measures of Performance related to prevention into health plans available to District residents.

### ***KEY EVALUATION INDICATORS***

- Breastfeeding rates and duration of breastfeeding
- Number of physician encounters that included a documented BMI measurement
- Number of obesity prevention and reduction training and education programs for health care providers
- Annual review of health insurance benefits to assess whether covered benefits include services related to weight management

# 3 Food Service and Food Retail Establishments



**Vision:** The District of Columbia will be a city in which all residents will have access to healthy and affordable foods in their neighborhoods.

---

*“Everyone needs to eat healthy.”*

---

**Rationale:** Following the 2005 Dietary Guidelines for Americans (Figure 4)<sup>52</sup> is likely to help individuals reduce the risk of overweight, obesity, and chronic disease. However, many Americans, including many District residents, do not consume diets that meet the objectives outlined in the Dietary Guidelines.<sup>53</sup> There are several barriers that prevent individuals from consuming a healthy diet, including limited access to affordable healthy foods and a lack of knowledge or skills related to healthy food preparation.<sup>54</sup> Ensuring better access to healthy foods through grocery stores, corner stores, farmer’s markets, food pantries, restaurants, and community or home gardens, can support good nutrition.<sup>55, 56, 57, 58</sup> Healthy foods must be competitively priced and promoted compared to unhealthy foods to increase sales and consumption.<sup>59, 60</sup> Providing nutrition information on menus and at the point of sale can also help

customers choose and purchase lower calorie items.<sup>61, 62</sup> However, additional education may be necessary for menu labeling to work as many consumers do not have the nutrition knowledge and skills needed to interpret menu labels. Public health professionals must develop the knowledge and skills to ensure that menu labeling is culturally appropriate for people with varying literacy skills.

The strategies for food service and food retail establishments focus on the following issues:

- Increasing access to healthy food through grocery stores, corner stores, farmer’s markets, urban gardens, food pantries and mobile food vendors.
- Increasing access to healthy foods in restaurants and shelters.

---

*“If kids plant and harvest foods, they will eat them.”*

---

These strategies seek to increase the availability of healthy foods to all District residents, especially those living in high-need neighborhoods. Increasing access will require opening new food retail and food service establishments, as well as making sure that transportation is avail-

able to these establishments. It will also require that healthy foods be competitively priced and culturally appropriate. Several of the strategies in this section link nutrition and health with economic development. When possible, support should be provided to

existing and new, locally-and minority-owned businesses that operate in the neighborhoods of highest need.

Ensuring that all District residents have access to healthy, affordable foods in their neighborhood food retail and food service establishments will help increase the number of residents who consume a healthy diet, consistent with the Dietary Guidelines for Americans.

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*Support community agriculture by bringing buying clubs to worksites and faith-based organizations, so individuals can get access to fresh fruit. Help families learn they can work at local farms to receive free fruit.*

---



### **GOAL 3**

District of Columbia residents consume a diet consistent with the Dietary Guidelines for Americans.

#### **OBJECTIVE 3.A**

Each year, an increasing number of residents with limited access to healthy food will have access to and use food retailers that sell healthy, affordable foods in their communities.

#### **STRATEGIES**

- 3.A.1 Amend the tax code and zoning regulations to encourage food retailers to locate in high-need neighborhoods.
- 3.A.2 Provide support to existing and new Certified Business Enterprise (through the Department of Small and Local Business Development) food retailers selling healthy, affordable foods in neighborhoods with limited food access.
- 3.A.3 Ensure public transportation is available to residents to reach grocery stores and supermarkets.
- 3.A.4 Investigate and adopt best practices to promote increased access to fresh produce and healthy foods
- 3.A.5 Identify and implement policies that expand opportunities for residents to become involved in healthy food businesses as a vehicle for increasing economic development, green jobs, and healthy food access in targeted neighborhoods.

#### **OBJECTIVE 3.B**

Each year, an increasing number of residents with limited access to healthy food will have access to and use farmer's markets, urban gardens, and mobile food vendors that sell healthy, affordable food in their communities.

#### **STRATEGIES**

- 3.B.1 Permit farmers' markets, produce carts, and/or community supported agriculture programs to operate in government, commercial mixed-use and residential districts and to use federal nutrition programs.
- 3.B.2 Maximize participation in and use of federal assistance programs at farmer's markets and other food retail outlets.
- 3.B.3 Target new District street vending licenses to vendors who sell healthy food in neighborhoods with limited food access.

#### **OBJECTIVE 3.C**

Each year, an increasing number of residents with limited access to healthy food will have access to and use restaurants and food services that sell healthy, affordable foods in their communities.

#### **STRATEGIES**

- 3.C.1 Require that menus and menu boards in all food establishments provide appropriate nutrition information.
- 3.C.2 Enhance utilization of senior nutrition meal programs, nutrition education, and exercise classes.
- 3.C.3 Provide support to existing and new Certified Business Enterprise (through the Department of Small and Local Business Development) food establishments serving healthy foods in neighborhoods with limited food access.
- 3.C.4 Establish a saturation index that limits food establishments offering unhealthy menu

- options and fosters food establishments that offer healthy menu options.
- 3.C.5 Establish and enforce guidelines for all foods sold and/or distributed at Department of Park and Recreation sites.
- 3.C.6 Amend the home-delivered meal program policies to match the number of meals served with community need.

***KEY EVALUATION INDICATORS***

- Percentage of youth, ages 17 and under, and adults who eat the recommended five fruits and vegetables per day
- Assessment of sweetened-beverage consumption
- Percent change in citizens access to fresh and healthy food relative to baseline
- Number of farmer's markets, urban gardens, supermarkets, and other vendors offering healthy foods

# 4 Places for Physical Activity



**Vision:** The District of Columbia will be a city in which all residents have access to safe, affordable, high-quality opportunities to be physically active on a regular basis in their neighborhoods.

**Rationale:** Regular physical activity is essential for maintaining good health for people of all ages and abilities. Not only can physical activity help with weight management, it also reduces risk of chronic disease and promotes psychological well-being.<sup>63, 64</sup> Many District residents do not engage in regular physical activity. A number of barriers can prevent someone from being physically active: lack of time, motivation, skills, or resources; limited access to safe, clean, age and physically appropriate quality recreational facilities and programs, and inadequate transportation infrastructure, such as sidewalks, bike trails, transportation.<sup>65, 66, 67</sup> A number of proven interventions have been shown to increase physical activity, including social marketing campaigns, policy changes, behavior-change programs, and changes to the built environment.<sup>68, 69, 70</sup>

The strategies for physical activity focus on the following issues:

- Adopting policies that make increased routine physical activity the easy choice in a variety of settings
- Increasing walking and bicycling

among District residents.

- Ensuring access to safe, clean opportunities to be physical activity.
- Implementing joint-use agreements to encourage sharing of resources.

The District already has a large number of parks, recreational facilities, and open spaces in existence across the city; but the challenge will be to ensure that these resources are utilized, safe, and clean. Access to some of these resources will require the adoption of joint-use agreements that set clear ground rules for use, as well as availability of transportation. Facilities need to offer affordable programs that appeal to residents of all ages and abilities

Several of these strategies also link physical activity and health with economic development, and offer opportunities to support existing and new, locally-and-minority-owned businesses that operate in the neighborhoods of highest need.

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*I plan to do more walking  
with my daughter, swim  
more with my daughter,  
bike more with my daughter,  
and turn off the TV.*

---

Ensuring that all District residents have access to safe, affordable, high-quality opportunities for physical activity in their neighborhoods may increase the number of residents who are physi-

cally active on a regular basis, consistent with the Physical Activity Guidelines for Americans (Table 4).

## **GOAL 4**

District of Columbia residents are physically active on a regular basis consistent with the Physical Activity Guidelines for Americans.

### ***OBJECTIVE 4.A***

Each year, an increasing number of residents will use non-motorized forms of transportation to get to school, work, place of worship, and retail establishments.

#### ***STRATEGIES***

- 4.A.1 Develop and adopt policies that encourage walking and biking.
- 4.A.2 Repair and maintain sidewalks and bike lanes with adequate lighting, signage, landscaping, and/or surveillance in neighborhoods where resident participation in physical activity on a regular basis is limited.
- 4.A.3 Amend the tax code and/or zoning regulations to encourage establishment of Certified Business Enterprise (through the Department of Small and Local Business Development) fitness businesses in neighborhoods where resident participation in physical activity on a regular basis is limited.

### ***OBJECTIVE 4.B***

Each year, an increasing number of residents of all ages and abilities will have access to, and will use, safe and clean opportunities to be physically active.

#### ***STRATEGIES***

- 4.B.1 Enhance the capacity of government agencies to serve as leaders in the promotion of physical activity and healthy eating.
- 4.B.2 Increase the frequency with which public recreational facilities, parks, and open spaces are patrolled by security organizations.
- 4.B.3 Coordinate regular disposal of trash and litter from parks and recreational facilities, engaging neighborhood residents and youth when possible
- 4.B.4 Ensure flexible hours of operation and adequate transportation for residents to access parks and recreational facilities.
- 4.B.5 Open school buildings, school grounds, parks, and/or recreational facilities for use solely by District residents through use of amended joint-use agreement regulations.
- 4.B.6 Develop and distribute model joint-use agreements that can be used by recreational facilities and faith-based organizations, workplaces, child care programs, and other community-based organizations.

#### ***KEY EVALUATION INDICATORS***

- Percentage of adults who engage in moderate physical activity for at least 30 minutes per day
- Percentage of youth, ages 17 and under, who engage in physical activity for at least 60 minutes per day
- Assessment of screen time
- Percent of non-roadway assets (sidewalks, bridges, alleys, trees, parking meters, streetlights, and signs) in Good or Excellent condition
- Percent of Department of Parks and Recreation parks rated “clean and safe”

# 5 Worksites



**Vision:** The District of Columbia will be a city in which all employees have access to healthy foods, opportunities to be physically active, and preventive health services in their places of work.

**Rationale:** Increasing evidence supports the need for workplace wellness programs and more companies than ever are implementing health and wellness strategies to reduce health care costs and long-term disability. With additional benefits such as reduced absenteeism, higher productivity, reduced use of health care benefits and increased productivity, and morale, this plan provides guidance for employers to implement workplace wellness programs within their organizations.

Adults in the U.S. typically spend at least half of their waking hours at work, so work environments can have a big impact on health. At a time when health care costs are skyrocketing, many employers are looking for ways to maintain a healthy workforce and reduce costs. Worksite wellness programs have been shown to increase productivity, reduce employee health risks, reduce absenteeism, improve employee morale, and reduce health care costs.<sup>71, 72, 73</sup> The CDC outlines the key components of a comprehensive worksite wellness program in their *Healthy Workforce 2010* guide-

book.

Several components that relate to overweight and obesity include supporting regular physical activity among employees, ensuring that employees have access to healthy foods, providing employees with access to counseling and education on health-related issues, supporting breastfeeding in the workplace, and choosing health insurance providers that offer coverage for preventive health services.

Ideally, all District worksites would adopt an evidence-based, comprehensive wellness program that includes these elements where feasible. Worksites can begin by implementing a few initiatives, and still make strides towards improving employee health and reducing costs.<sup>75</sup>

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*“Much of our health care costs are related to nutrition, physical activity, and obesity. Employers are bearing the burden of health care costs; they have no choice but to focus on employee wellness programs.”*

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By increasing the number of employers in the District that adopt worksite wellness programs, more residents and workers will have increased access points for healthy foods, opportunities to be physically active, and preventive health services.

Ideally, all District worksites would adopt an evidence-based, comprehensive wellness program that includes these elements where feasible. Worksites can begin by implementing a few initiatives, and still make strides towards improving employee health and reducing costs.

The strategies for worksites in the plan focus on the following issues:

- Engaging all District of Columbia Government agencies in developing and implementing comprehensive worksite wellness programs.
- Providing technical assistance to local businesses to develop and implement comprehensive worksite wellness programs.

## **GOAL 5**

District of Columbia residents are able to maintain healthy eating and physical activity at their place of employment to support a healthy weight.

### ***OBJECTIVE 5.A***

All District of Columbia agencies and organizations doing business in the District of Columbia will develop and implement comprehensive worksite wellness programs that will provide healthy foods, encourage regular physical activity, and support preventive health services for their employees.

### ***STRATEGIES***

- 5.A.1 Develop evidence-based worksite wellness programs and develop policies to support the health and well-being of all employees
- 5.A.2 Provide technical assistance to agencies in an effort to develop evidence-based worksite wellness policies and programs
- 5.A.3 Encourage the use of health impact assessments when new facilities are designed or built.
- 5.A.4 Encourage employers to support changes in the workplace by designating space for wellness activities including exercise
- 5.A.5 Improve access to healthier foods in the workplace: encourage business to make available healthy snacks/foods at catered events, in vending machines, in employee cafeterias

### ***OBJECTIVE 5.B***

Each year, an increasing number of District of Columbia businesses will implement evidence-based worksite wellness programs.

### ***STRATEGIES***

- 5.B.1 Urge the adoption of evidence-based worksite wellness programs, through contract negotiations with insurers to offer lower or reduced premiums to business with comprehensive prevention programs.
- 5.B.2 Provide incentives to employers that implement evidence-based wellness programs.
- 5.B.3 Encourage all District unions to promote contract language that supports comprehensive worksite wellness benefits when renewing or negotiating contracts.
- 5.B.3 Encourage the use of health impact assessments when new facilities are designed or built.

### ***KEY EVALUATION INDICATORS***

- Number of District Government agencies reporting development and implementation of worksite wellness programs
- Number of worksites reporting development and implementation of worksite wellness and programs



# 6 Faith-Based Institutions



**Vision:** District faith-based Institutions will come together under one coordinated umbrella to promote wellness both in their faith centers and throughout the District of Columbia, communicating best practices for healthy eating and active living and building a movement to support a city-wide culture of wellness.

**Rationale:** The District has hundreds of faith-based institutions that count thousands of residents as members. Due to their extensive reach and involvement, faith-based organizations are uniquely positioned to support and promote healthy eating, physical activity, and overall healthy living among members. Faith-based institutions can offer health and nutrition education, counseling and outreach, support networks, and healthy foods and physical activity at meetings. A number of intervention studies done in African-American churches show an increase in fruit and vegetable consumption among parishioners with these programs. , , Additionally, when designing and building new facilities faith-based leaders should consider health impacts.

The faith-based strategies in this plan focus on:

- Engaging and supporting District faith-based institutions that promote healthful eating and physical activity among their parishioners through wellness programs.

- Emphasizing health when designing and building new facilities.
- Forming partnerships with other community-based organizations.

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*The nursing ministry at our church includes health fairs, the youth ministry provides talks with nurses, and youth leaders get the word out on eating healthy and getting moving. We have used the church bulletin to get everyone to go back to church and ask pastors to start wellness efforts.*

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Engaging the District faith-based community is an opportunity to support good nutrition, physical activity, and health among a wide range of District residents.

## **GOAL 6**

District of Columbia residents are able to maintain healthy eating and physical activity at their faith-based institutions to support a healthy weight.

### ***OBJECTIVE 6.A***

Each year, an increasing number of faith-based institutions will promote healthy eating and physical activity.

### ***STRATEGIES***

- 6.A.1 Develop and implement sustainable wellness programs and policies.
- 6.A.2 Encourage the use of health impact assessments when new facilities are designed or built.
- 6.A.3 Extend to non-members in the community access to healthy living activities and recreational spaces through joint use agreements.
- 6.A.4 Enhance the ability of faith-based communities to form partnerships with health professionals to deliver preventive services to residents.

### ***KEY EVALUATION INDICATORS***

- Number of faith-based organizations that report development and implementation of wellness programs

# 7 Overarching Support System and Infrastructure



**Vision:** Establishing viable alliances and coordinating bodies across the District, launching a five-year communications plan, and ensuring that all components of the plan are rigorously evaluated will enhance the plan's overall effectiveness and the District's ability to sustain support and resources.

**Rationale:** The previous strategies focus attention on ensuring that District residents have access to healthy food, safe and clean places to be physically active, and information necessary for behavior change. For the District Action Plan to succeed it will require a sustainable support system that provides sufficient resources, manpower, and leadership from both government and non-government entities across the District.

The following Overarching Support System strategies set forth four specific actions that District stakeholders and community members identified as critical to sustaining this Action plan:

1. Collaborations among the various stakeholders, within communities, and across committed government and non-government parties.
2. A city-wide communication plan that reaches District residents with consistent, constant messages to empower them to select healthy foods, become

physically active, and manage their weight.

3. A web-based Resources Inventory that provides information about how and where to obtain healthy food, nutrition information, physical activity, and preventive health services for weight management.
4. A system for evaluating progress towards achieving goals and objectives, and monitoring implementation of the strategies in the plan.

## Coordination and Coalition Building

An integrated support system and infrastructure provide the leverage to change cultural norms. Be it among stakeholders, within neighborhoods, or across government agencies, sustained coordinating bodies are essential.

- **Community Wellness Councils:** District residents from across the city expressed interest in forming neighborhood-based wellness councils or wellness teams. These groups would develop and promote wellness activities to improve the food and physical activity environment in their neighborhoods, as well as provide ongoing support to fellow participants and neighbors. Advocating for changes in local

policies might also be a task of these groups.

- **City-wide Coordinating Body:** To maintain the coordination and momentum necessary to achieve the goals and objectives of the District Action Plan, a city-wide coordinating body, facilitated by DOH, would be responsible for implementing and evaluating the plan. This body would include representatives from District government agencies, as well as representatives from community-based organizations and District residents.

### **Communication and Information Exchange**

Information alone does not guarantee behavior change; it does, however, empower individuals to frequent the retailers and restaurants offering healthy food or motivate them to get out and be physically active with their families. Knowing where to find this information remains a barrier for many District residents to change lifestyle behaviors.

- **Marketing and Communications Campaign:** To launch a successful and sustainable information campaign will require that District government agencies form partnerships with the broad number of community-based organizations committed to implementing. The DC Overweight and Obesity Action Plan. Many of the stakeholders involved in developing the plan already have experience in motivating District residents to adopt healthier eating habits, increase physical active, and embrace wellness. Having a long-term, coordinated campaign with consistent messages, key target audiences, specific channels of communications, and spokespersons will allow for a widespread information campaign that reaches a broad range of District residents.
- **Resource Inventory:** Building and

maintaining a consumer-friendly, electronic clearing-house of resources and information can be achieved through a partnership among stakeholders committed to implementing the plan. This resource inventory could provide information, by address, on preventive health professionals, recreation facilities, healthy food stores and restaurants, food assistance insurance coverage and other social support services. It could also include general information on healthy, affordable food items to prepare at home and easy physical activity tips for individuals of all abilities.

### **Monitoring and Evaluation**

Evaluation is an essential component of any planning process, as it provides important information about progress towards implementing the plan and achieving the intended goals and objectives. Currently, the District government and non-government partners employ numerous approaches to evaluate progress in achieving performance goals. To assess the effectiveness of The DC Overweight and Obesity Action Plan, several evaluation components are included:

- **Evaluation of the development and implementation of the plan:** The Obesity State Plan Subcommittee evaluated the process of developing The DC Overweight and Obesity Action Plan using the CDC's State Plan Index to ensure that an effective process was used and that the final plan is high-quality. DOH with its partners will need to conduct annual evaluations of the progress implementing the plan, prepare progress reports, and determine whether adjustments to the plan are needed.
- **Evaluating progress through the use of "key indicators":** DOH will identify a set of population-level indicators that

show progress across a continuum towards overweight/obesity prevention and reduction. These key indicators should be measured city-wide, but stratified by ward, race/ethnicity, gender, age, income level/poverty status, and educational attainment, whenever possible. This evaluation will be collected and reported bi-annually by DOH's Center for Policy, Planning, and Epidemiology.

- *Evaluation of the strategies:* Each strategy included in The DC Overweight and Obesity Action Plan will have identified evaluation measures that show progress and outcomes. DOH will need to require all grantees to evaluate funded projects to assess effectiveness.

## **GOAL 7**

District of Columbia Government agencies collaborate to ensure that residents at risk of overweight and obesity have access to healthy foods, opportunities to be physically active, and information to regularly make healthy choices.

### ***OBJECTIVE 7.A***

The District of Columbia will develop, update and promote an inventory of resources available to residents that promote health eating and active living.

### ***STRATEGIES***

7.A.1 Provide information on health professionals, healthy food establishments, opportunities for physical activity, and nutrition-education programs.

### ***OBJECTIVE 7.B***

Key coalitions of stakeholders and community residents will emerge to implement nutrition and physical activity strategies in The DC Overweight and Obesity Action Plan.

### ***STRATEGIES***

7.B.1 Help form and engage resident groups in each ward that will promote healthy weight management programs, policies, and legislation.

7.B.2 Help form and engage stakeholder groups to provide input on progress implementing The DC Overweight and Obesity Action Plan.

### ***OBJECTIVE 7.C***

The District of Columbia will coordinate the development and maintenance of a 5-year communication program that effectively motivates residents to eat healthy food and be physically active every day.

### ***STRATEGIES***

7.C.1 Plan and conduct with partners a multi-year, behavior changing information campaign that reaches target audience and motivates healthier eating and more physical activity.

7.C.2 Design and implement a social marketing campaign to promote healthy eating, using both conventional approaches and “new media” targeted to youth (internet, Twitter, etc.)

7.C.3 Identify policies that might be targeted to limit the promotion of unhealthy foods to children using evidence based best practices from across the country.

## **GOAL 8**

The District of Columbia Government obtains current and critical data sets that describe the health status of residents and track implementation of The DC Overweight and Obesity Action Plan.

### ***OBJECTIVE 8.A***

The District of Columbia will broaden its data collection and evaluation efforts to collect, analyze, and report information related to implementation and progress of The DC Overweight and Obesity Action Plan.

### ***STRATEGIES***

8.A.1 Establish a set of core indicators to evaluate progress towards reducing and preventing

overweight and obesity.

- 8.A.2 Establish a set of evaluation methods to track progress in implementing the strategies included in The DC Overweight and Obesity Action Plan.
- 8.A.3 Establish a sustainable, city-wide data tracking system that will document health-related parameters by wards.
- 8.A.4 Require that all projects and research funded by the District of Columbia Department of Health be evaluated.
- 8.A.5 Create an inventory that identifies on-going obesity-related research at District government agencies, universities, hospitals, and community-based organizations.

#### ***KEY EVALUATION INDICATORS***

- Existence and updating of a resource inventory
- Existence of an Obesity Work group (documentation of meetings and list of members)
- Existence of a communications program
- Annual progress reports that detail progress made in implementing the District of Columbia's Obesity and Overweight Action Plan and report data related to key evaluation indicators and the following additional indicators:
  - Percentage of adults that are overweight or obese
  - Percentage of children and adolescents that are at risk of overweight or overweight
  - Percentage of children, ages 2-5 in the WIC program that are at risk of overweight or overweight

# APPENDIX A. List of Stakeholder Participants

Over 300 stakeholders representing over 100 organizations were involved in developing The DC Overweight and Obesity Action Plan.

100 Black Men of Greater Washington, D.C. Inc.  
Aban Associates  
Advocates for Better Children's Diets  
All Nations Baptist Church  
Alliance for a Healthier Generation  
Allied Health Services, Howard University  
Altarum Institute  
American Cancer Society  
American Heart Association  
Amtrak  
Anacostia High School  
Barney Neighborhood House  
Black Data Processors Association - District of Columbia  
Black Nurses Association of Greater Washington  
Blueprint Gym, Body by Most  
Capital Area Food Bank  
Carefirst BlueCross BlueShield  
Center for Nonprofit Advancement  
Chartered Health  
Chartwells-Thompson  
Children's National Medical Center  
Children & Youth Investment Trust Corporation  
CORE Health, LLC  
Council of Churches of Greater Washington  
Creative Cause  
D.C. Area Health Education Center  
D.C. Chapter of the American Academy of Pediatrics  
D.C. Children and Youth Investment Trust Corporation  
D.C. Healthy Families  
D.C. Healthy Solutions  
D.C. Hunger Solutions  
D.C. Scores  
District of Columbia Area Health Education Center  
District of Columbia Central Kitchen  
District of Columbia Chartered Health Plan  
District of Columbia City Council Committee for Libraries, Parks, and Recreation, Office of Harry Thomas  
District of Columbia Healthy Solutions  
District of Columbia Department of Consumer and Regulatory Affairs  
District of Columbia Department of Health



District of Columbia Department of Health Care Finance  
District of Columbia Department of Human Resources  
District of Columbia Department of Parks and Recreation  
District of Columbia Fire Department  
District of Columbia Food Handler Licensing  
District of Columbia Food Safety  
District of Columbia Healthy Solutions  
District of Columbia Office on Aging  
District of Columbia Office of Planning  
District of Columbia Public Schools  
District of Columbia Solutions  
Doctors on Call  
Downtown Cluster of Congregations  
Eating to Live  
Eden Good  
Family Voices of District of Columbia, Inc  
Farm Sanctuary  
Fresh Farm Markets  
Friends of Choice in Urban Schools  
Fuel  
Gaston and Porter Health Improvement Center  
George Washington University, Department of Health Policy  
George Washington University, Emergency Medicine  
Georgetown Lombardi Cancer  
Greater Mount Calvary Holy Church  
Heal Humanity  
Health Care Now!  
Health Concepts International  
Health Right  
Healthy Kinder, Inc.  
Holy Trinity United Baptist Church  
Howard University  
Imani Temple on Capitol Hill  
Independent Dietitians (5)  
Independent Fitness Instructors (7)  
Independent Physicians (4)  
International Brotherhood of Teamsters  
Jamaican Women of Washington  
Jewish Community Center  
John Hopkins School of Public Health  
Johnson Memorial Baptist Church  
Kaboom!  
Masjib Mohammed  
Matthew Memorial Baptist Church  
Mayor's Interfaith Council  
Metropolitan Police Department

Mid-Atlantic Gleaning Network (MAGENET)  
Mount Airy Baptist Church  
National Council of Negro Women  
Office of Councilmember Harry Thomas  
Office of Latino Affairs  
Office of Public Education Facilities Modernization  
Office of State Superintendent of Education  
On the Fly  
Parents United  
Plymouth Congressional United Church of Christ  
Positive Energy Works  
Providence Hospital  
Road Runners Club of America  
Safeway  
Secrets of Nature Health Food Center  
Simply Swing  
Smooth 'n EZ Hand Dancing  
Social Compact  
SOME (So Others Might Eat)  
Summit Health Institute for Research and Education, Inc. (SHIRE)  
Take Shape For Life  
The Spoken Word  
Turkey Thicket Recreation Center  
Union Temple Baptist Church  
Unison Health Plan  
United Black Christians, Region 3  
United Church of Christ  
United Medical Center  
United Planning Organization  
Unity Health Care  
University of the District of Columbia, Cooperative Exertion Service  
Urban Families and Mothers  
Ward 8 Wellness Council  
Washington Informer  
Washington Parks and People  
Wellness Corporate Solutions  
Woodbridge Warriors  
YMCA

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