

**DISTRICT OF COLUMBIA**  
**Mayor's Council on Physical Fitness, Health and Nutrition**

**NOTICE OF PUBLIC MEETING**

The District of Columbia Mayor's Council on Physical Fitness, Health and Nutrition will hold a public meeting on Wednesday, May 17, 2017, from 3:00 to 5:00 pm, at the Department of Health, 899 North Capitol St., N.E., Room 306, Washington, D.C. 20002. Below is a draft agenda for the meeting.

Members of the public are welcome to attend. Questions about the meeting may be directed to [amelia.peterson-kosecki@dc.gov](mailto:amelia.peterson-kosecki@dc.gov).

Call-in Number: 1-866-718-0178

Passcode: 5339716

**DRAFT AGENDA**

**5/17/2017**

- I. Call to Order
- II. Introductory Remarks
- III. Introductions
- IV. Adoption of the Agenda
- V. Commission Overview Including Review of the MCPFHN Establishment Document
- VI. Relevant District of Columbia Health and Wellness Goals (DOH, DPR, Other)
- VII. Open Discussion
- VIII. Opportunity for Public Comment
- IX. Future Meeting Schedule
- X. Items to Continue for Next Meeting
- XI. Adjournment

**Relevant Documents**

Mayor's Council on Physical Fitness, Health and Nutrition Establishment

DC Healthy People 2020 Framework - <https://doh.dc.gov/node/1163689> (pages 57-58)

DC Community Health Needs Assessment - <https://doh.dc.gov/node/872532> (pages 37 – 40, 46)

Physical Activity Guidelines for Americans <https://health.gov/paguidelines/>

Sustainability DC Plan - <http://www.sustainabledc.org/>

*D.C. Code § 7-121*DISTRICT OF COLUMBIA OFFICIAL CODE  
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\*\*\* Current through laws effective as of May 19, 2014, and through D.C. Act 20-306 \*\*\*

DIVISION I. GOVERNMENT OF DISTRICT  
TITLE 7. HUMAN HEALTH CARE AND SAFETY  
SUBTITLE A. GENERAL  
CHAPTER 1. PUBLIC HEALTH  
SUBCHAPTER I-A. MAYOR'S COUNCIL ON PHYSICAL FITNESS, HEALTH, AND NUTRITION

## D.C. Code § 7-121 (2014)

## § 7-121. Mayor's Council on Physical Fitness, Health, and Nutrition

(a) There is established a Mayor's Council on Physical Fitness, Health, and Nutrition ("Mayor's Council") with the mission to improve the health and wellness of all District residents through physical activity and healthy eating.

(b) (1) The following individuals, or their designees, shall be members of the Mayor's Council:

- (A) The Mayor of the District of Columbia;
- (B) The Director of the Department of Parks and Recreation;
- (C) The Chancellor of District of Columbia Public Schools;
- (D) The Chair of the Public Charter School Board;
- (E) The Director of the Department of Aging; and
- (F) Director of the Department of Health;

(2) The Mayor shall designate one of the members listed in paragraph (1) of this subsection to serve as the chairperson. The chairperson shall serve at the pleasure of the Mayor.

(3) (A) In addition to the members listed in paragraph (1) of this subsection, the Mayor's Council shall include:

- (i) Five members appointed by the Council of the District of Columbia; and
- (ii) Up to 14 members appointed by the Mayor.

(B) All members appointed pursuant to this paragraph shall:

- (i) Be residents of the District of Columbia;
- (ii) Have experience related to physical fitness, health, or nutrition;
- (iii) Serve 3-year terms; and
- (iv) Serve without compensation.

(C) Vacancies shall be filled in the same manner as the original appointment.

(c) The Mayor's Council shall meet no fewer than 2 times per year. The time and place of its meetings shall be provided by the executive committee, established by § 7-126; provided, that the Department of Health shall convene at least 2 meetings per year.

**HISTORY:** Dec. 2, 2011, D.C. Law 19-58, § 2, 58 DCR 8969.

**NOTES:**

SECTION REFERENCES. --This section is referenced in § 7-126.

LEGISLATIVE HISTORY OF LAW 19-58. --Law 19-58, the "Mayor's Council on Physical Fitness, Health, and Nutrition Establishment Act of 2011", was introduced in Council and assigned Bill No. 19-34, which was referred to the Committee on Health. The Bill was adopted on first and second readings on July 12, 2011, and September 20, 2011, respectively. Signed by the Mayor on October 14, 2011, it was assigned Act No. 19-188 and transmitted to both Houses of Congress for its review. D.C. Law 19-58 became effective on December 2, 2011.

*D.C. Code § 7-122*DISTRICT OF COLUMBIA OFFICIAL CODE  
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D.C. Code § 7-122 (2014)

## § 7-122. Powers and duties

(a) The Mayor's Council shall:

- (1) Advise the Mayor on matters related to physical fitness, obesity, and nutrition;
- (2) Develop objectives to raise awareness of the:
  - (A) Risks of obesity;
  - (B) Benefits of physical activity and fitness; and
  - (C) Benefits of healthy eating;
- (3) Publish an annual report on the state of physical fitness, obesity, and nutrition, including any recommendations ("fitness report");
- (4) Publish an annual report detailing all gifts, donations, and other funds received and all expenditures; and
- (5) Perform any other duties as determined by the Mayor to be necessary or appropriate.

(b) The Mayor's Council may solicit and receive contributions to support the purposes of this subchapter.

**HISTORY:** Dec. 2, 2011, D.C. Law 19-58, § 3, 58 DCR 8969.

**NOTES:**

SECTION REFERENCES. --This section is referenced in § 7-124.

LEGISLATIVE HISTORY OF LAW 19-58. --For history of Law 19-58, see notes under § 7-121.



# DC Healthy People 2020 Framework

Government of the District of Columbia  
Department of Health

# Nutrition, Weight Status and Physical Activity

## GOAL

Chronic disease risk is reduced through the consumption of healthful diets and daily physical activity to achieve and maintain a healthy body weight.

## BACKGROUND

Proper nutrition and physical activity are key to maintaining a healthy weight. The District is one of the fit-test cities in the U.S. and has the second lowest obesity rate in the nation (22.8% in 2013).<sup>11</sup> Still, disparities are large with 36.4% of African American adults experiencing obesity and Wards 5, 7 and 8 well above the national figure. The same trend exists for those who participate in physical activities.<sup>11</sup> Factors that can affect proper nutrition can include access to affordable, fresh fruits and vegetables, income, time to prepare meals, culturally relevant nutrition education, and mental health.

## IMPORTANCE

Poor nutrition and lack of physical exercise can lead to the worsening of chronic diseases such as diabetes, cancer and cardiovascular disease and can also affect the development of babies if pregnant women are not receiving proper nutrients. Food access and community safety are key determinants of health that, when appropriately tackled, can improve nutrition and physical activity.

## OBJECTIVES AND TARGETS

**NWP-1.1** Increase fruit consumption

 **64.7%** (2013)

Baseline (2013)	64.7%
DC 2020 Target	71.2%

**NWP-1.2** Increase vegetable consumption

 **78.0%** (2013)

Baseline (2013)	78.0%
DC 2020 Target	83.8%

**NWP-2** Decrease the number of “food deserts”

 **9 deserts** (2015)

Baseline (2015)	9 deserts
DC 2020 Target	0 deserts

**NWP-3.1** Increase the rate (per 100,000) of licensed nutritionists/dietitians practicing in DC

 **4.7** (2012)

Baseline (2010)	2.1
DC 2020 Target	15.0

# Nutrition, Weight Status and Physical Activity

## OBJECTIVES AND TARGETS

**NWP-3.2** Include nutritionists/dietitians under Medicaid

 **No** (2015)

Baseline (2010)	No
DC 2020 Target	Yes

**NWP-4.2** Reduce the proportion of adults who are considered obese

 **21.7%** (2014)

Baseline (2012)	23.7%
DC 2020 Target	19.2%

**NWP-6.1** Increase physical activity levels in High Schoolers

 **28.1%** (2012)

Baseline (2010)	28.4%
DC 2020 Target	31.6%

**NWP-4.1** Reduce the proportion of children and adolescents who are considered obese

 **15.9%** (SY2014/15)

Baseline (SY2012/13)	18.5%
DC 2020 Target	9.9%

**NWP-5** Reduce the proportion of High Schoolers who are considered overweight

 **17%** (2012)

Baseline (2010)	18%
DC 2020 Target	13%

**NWP-6.2** Increase physical activity levels in youth ages 18-24

 **75.8%** (2014)

Baseline (2011)	91.4%
DC 2020 Target	87.0%

**NWP-6.3** Increase physical activity levels in adults

 **79.2%** (2014)

Baseline (2011)	76.4%
DC 2020 Target	88.6%

## RECOMMENDED STRATEGIES

**NWP-I** Adopt use of health impact assessments for new and existing construction or improvement projects to ensure safe communities that promote healthy living and physical activity.

**NWP-II** Incorporate best practices to improve healthy food offerings in schools.

**NWP-III** Plan for walkable, bikeable, mix-use neighborhoods that encourage and promote physical activity.

**NWP-IV** Encourage development of full-service grocery stores in food deserts and augment offering of healthy, affordable foods at corner stores.

# Older Adults

## GOAL

- 1) Older adults live in an 'age-friendly' environment where all people can participate in society in a manner that enhances their personal growth, respect, and social inclusion
- 2) Older adults have access to and information about active recreation, healthful food, and safe and walkable neighborhoods to promote healthy lifestyles.

## BACKGROUND

Older adults are among the fastest growing population in the U.S., and the District of Columbia is similarly preparing for expected growth among the 50+ year old population.<sup>12</sup>

The District of Columbia is striving to become an age-friendly city, which is an international process coordinated by the World Health Organization. A city is evaluated comprehensively for age-friendliness by assessing built environment, social and civic participation, technology, community support, and preparedness/resilience, to name a few.<sup>35</sup>

## IMPORTANCE

As people age, they often have to manage chronic and other diseases that affect quality of life. The built environment and social determinants of health are important to consider. The District's AARP Livability Index score, which measures how livable a neighborhood is, is 58 [scale is zero (very poor) through 100 (excellent)].<sup>35</sup> In addition, older adults are disproportionately affected by injuries, with falls causing severe disability for many, and health services for this and related issues should be tailored for these populations.

## Age-Friendly DC STRATEGIC PLAN 2014 - 2017 EXECUTIVE SUMMARY

— MAY 2015 —





# Older Adults

## OBJECTIVES AND TARGETS

**OA-1** Improve overall health of older adults (50+)



Baseline (2011)	73.6%
DC 2020 Target	90.0%

**OA-2** Increase seniors who participate in regular physical activity (50+)



Baseline (2010)	72.4%
DC 2020 Target	89.6%

**OA-3** Ensure all residents have access to parks and open spaces within 1/2 mile



Baseline (2012)	96%
DC 2020 Target	100%

**OA-4** Reduce the rate (per 100,000) of emergency department visits due to falls among older adults (65+)



Baseline (2014)	2053
DC 2020 Target	MIP*

**OA-5** Prevent an increase in elder abuse (cases)



Baseline (2012)	892
DC 2020 Target	892

\*MIP = Monitor for Informational Purposes

## RECOMMENDED STRATEGIES

**OA-I** Include screening in preventive care and prenatal visits related to abuse of elderly and vulnerable adults.

**OA-II** Increase access to technology (computers, tablets, smartphones, and wifi) at home and in public places for low-income residents age 50+.

**OA-III** Increase older adults (50+) who volunteer or participate in civic activities.

**OA-IV** When renovating playgrounds and parks, design new infrastructure for active recreation, including workout equipment, for all ages and abilities.



# DISTRICT OF COLUMBIA COMMUNITY HEALTH NEEDS ASSESSMENT



Prepared by  
District of Columbia Department of Health  
February 28, 2014



## PROMOTING HEALTHY BEHAVIORS

Understanding determinants of health behavior and how to influence behavior change could improve the health of communities in the District and shape effective interventions. Several health behaviors where interventions could have a great impact health include nutrition, alcohol consumption, tobacco use, physical activity, sexual health, and oral health.

Poor nutrition is a major risk factor for disease and disability in the District and in the US. Consuming a diet high in fat and refined sugar (energy dense foods) and low in fruits, vegetables and whole grains (nutrient dense foods) has become a major public health concern because these dietary behaviors contribute to overweight and obesity. Diet quality is not the only factor to impact health, but the amount of food eaten and daily physical activity performed also determine weight status. Further, overweight and obesity are associated with increased risk for health problems such as diabetes, heart disease, high blood pressure, stroke and result in a major burden on healthcare costs.



Tobacco use is a major public health problem and is the most preventable cause of death and disease. The problem does not only affect the smoker but also those who are exposed to secondhand smoke. Each year thousands of deaths are attributable to smoking and tobacco smoke exposure. The economic burden associated with smoking is also very significant. Tobacco use increases the risk for cancers, particularly of the lung and oral cavity, cardiovascular and respiratory diseases and disorders.

In order to reduce the number of smokers, the Department of Health's Community Health Administration and Addiction, Prevention, and Recovery Administration focused on preventing smoking amongst children and adolescents, since regular smoking usually begins during the adolescent years. The department also extended its targeted focus area to include reducing tobacco rates for Hispanics and pregnant women.

Dental disease is also one of the main problems that affect children. Many suffer from tooth decay and about 50 percent of children are affected by cavities and dental related problems before they are even ten years old. Oral health means much more than healthy teeth, it is integral to general health. Even though safe and effective disease prevention measures exist that everyone can adopt to improve oral health and prevent disease, we still continue to see profound disparities in the oral health of Americans. According to the Centers for Disease Control and Prevention, untreated dental disease may result in pain and suffering that affect a child's ability to eat, attend school and communicate. This disease adversely affects individuals of lower socio-economic status, particularly African-Americans and Hispanics. Often they lack dental insurance, have limited resources to pay for expensive dental treatment, and cannot access dental services.



# OBESITY

District of Columbia	Percent Healthy Weight	Percent Obese
<b>TOTAL</b>	<b>43.7</b>	<b>22.4</b>
<b>Gender</b>		
Male	39.3	18.5
Female	47.7	26
<b>Age</b>		
18-34	53.3	18.2
35-44	47.1	21.4
45-54	37.6	25.3
55-64	36.2	26
65+	41.9	22.6
<b>Race/Ethnicity</b>		
Caucasian	57.9	9.6
African American	30.1	34.9
Other	49.2	17.1
Hispanic	54.7	12
<b>Education</b>		
Less than High School	27.7	39.6
High School Graduate	30.6	33.4
Some College	32.3	33.4
College Graduate	52.5	14.4
<b>Income</b>		
Less than \$15,000	35.6	37.2
\$15,000-\$24,999	37	31.7
\$25,000-\$34,999	34.4	32.1
\$35,000-\$49,999	38	26.8
\$50,000-\$74,999	40.8	27.6
\$75,000 and over	50	14.3

<b>Ward Comparison</b>		
Ward 1	44.7	21.3
Ward 2	55.6	14.4
Ward 3	56.7	7.5
Ward 4	37.5	25.8
Ward 5	33.6	29.9
Ward 6	47.9	17.4
Ward 7	30.1	35.3
Ward 8	22.7	44.4

Source: 2010 District of Columbia BRFSS

### Healthy People 2010 Objectives

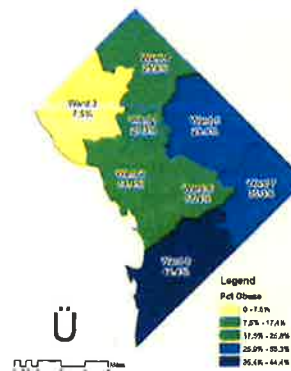
**Goal Not Met: Reduce the proportion of adults who are obese to 15 percent; the District's rate is 22.7 percent.**

**Goal Not Met: Increase the proportion of adults who are at a healthy weight to 60 percent; the District's rate is 42.6 percent.**

District respondents who participated in the Behavioral Risk Factor Surveillance System (BRFSS) survey were asked to provide their height and weight measurements. Body Mass Index (BMI) calculations were made and respondents were classified as: (1) neither overweight nor obese (BMI less than 24.9); (2) overweight (BMI 25.0-29.9); and (3) obese (BMI 30.0 and greater).

- Overall, 43.7 percent of respondents were of healthy weight (neither overweight nor obese) compared to 35.3 percent nationally. BRFSS data also revealed that 22.4 percent of District respondents were obese compared to 27.6 percent nationally.
- Females were more likely than males to have a healthy weight, at 47.7 percent.
- Adults aged 18-34 years were more likely than all other age groups to have a healthy weight, at 53 percent.
- Adults aged 55-64 years were more likely than all other age groups to be obese, at 26 percent.
- Caucasians were more likely than all other race/ethnic groups to have a healthy weight, at 58 percent.
- African Americans were more likely than all other race/ethnic groups to be obese, at 35 percent.
- Adults with less than a high school education were more likely than all other education subgroups to be obese, at 39.6 percent.
- Adult households with an income of less than \$15,000 were more likely than all other income subgroups to be obese, at 37 percent.
- Adults who resided in Ward 8 were more likely than all other wards to be obese, at 44.4 percent.
- Adults who resided in Ward 3 were more likely than all other wards to be neither overweight nor obese, at 57 percent.

Figure 45. Map of Obesity Rate by Ward, 2010



District of Columbia Community Health Needs Assessment



# OBESITY TRENDS

**District residents have a healthier body mass index (BMI) compared to the rest of country.**

*The District provides greater access to healthy food options compared to nationally, except in school settings.*

*Currently, there are no state laws addressing childhood obesity in the District.*

Obesity rate is one of the key indicators established and monitored by the One City Action Plan to improve the quality of life for all residents in the District. Obesity is a costly condition that can reduce quality of life and is related to numerous of health problems, some of which include high blood pressure, heart disease, diabetes, stroke, and premature death. Policy and environmental change initiatives that make healthy choices in nutrition and physical activity available, affordable, and easy will likely prove most effective in combating obesity.

- Overall, District residents are less likely to be obese than the average US resident. In 2010, 22.4 percent of District respondents (BRFSS) were obese compared to 27.6 percent nationally.
- District residents are less likely to be overweight than the average US resident. In 2010, 34.8 percent of District respondents (BRFSS) were overweight compared to 36.3 percent nationally.
- District residents are more physically active than the average US resident. In 2010, 80 percent of District respondents (BRFSS) participated in exercises such as running, calisthenics, golf, gardening, or walking compared to 76 percent nationally.
- According to the CDC State Indicator Report on Fruits and Vegetables (2009), the District has greater access to healthy food retailers and farmers markets compared to the rest of the US, but does not offer fruits and vegetables as competitive foods in middle and high schools.
- Currently, there are no state laws addressing childhood obesity in the District.

**Access to Fruits and Vegetables: Policy and Environmental Indicators, 2009**

	DC	US
% of Census tracts with Healthy Food Retailers within 1/2 mile of boundary	82.4%	72.0%
Farmers Markets per 100,000 population	3.9	1.7
% of Farmers Markets that accept EBT	21.7%	7.6%
% of Farmers Markets that accept WIC FMNP Coupons	56.5%	28.2%
% of Middle and High Schools that offer Fruits & Vegetables as Competitive Foods	0.0%	20.9%
% of Cropland Acreage Harvested for Fruits & Vegetables	0.0%	2.5%
State-Level Healthier Food Retail Policies	Yes	Yes
State Food Policy Council	NA	Yes
State-Level Farm to School Policies	No	Yes
Number of Local Food Policy Councils	1	59

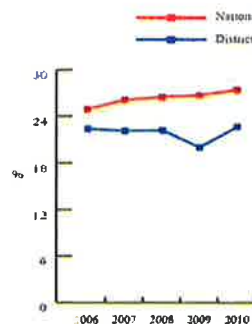
Source: Centers for Disease Control and Prevention, *State Indicator Report on Fruits and Vegetables, 2009*, available at: <http://www.fruitsandvegetablesmatter.gov>

**State Laws Addressing Childhood Obesity, 2011**

	DC	US
Prohibits Sugar Sweetened Beverages in School Vending Machines	No	Yes
Requires Physical Education for All Grades (K-12)	No	Yes
Mandates BMI Screening in Schools	No	Yes

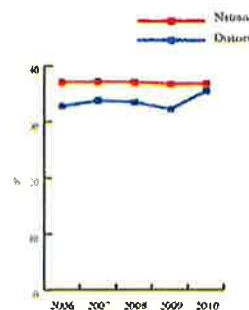
Source: Childhood Obesity Prevention, *2011 State Legislation Report, American Academy of Pediatrics*, (p. 38).

Figure 46. Percent Obese, DC and US, 2006-2010



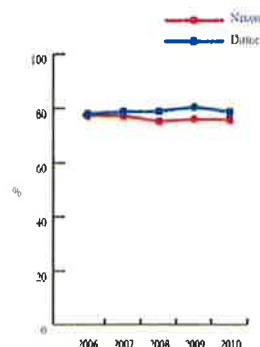
Source: 2010 District of Columbia BRFSS

Figure 47. Percent Overweight, DC and US, 2006-2010



Source: 2010 District of Columbia BRFSS

Figure 48. Percent Exercise, DC and US, 2006-2010



Source: 2010 District of Columbia BRFSS

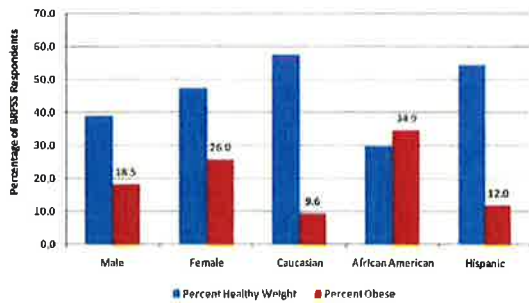


# OBESEITY TRENDS

Blacks have the highest obesity rates, and are least likely to exercise or consume the recommended serving of fruits and vegetables.

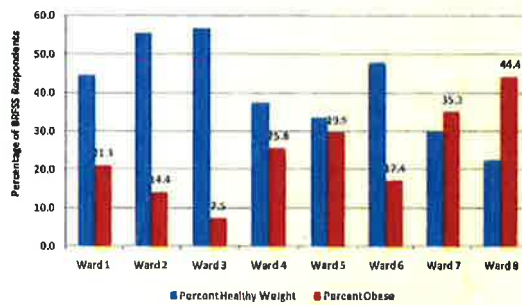
Ward 8 residents have the highest obesity rates, and are least likely to exercise or consume the recommended serving of fruits and vegetables.

Figure 49. Percent Obese (in red), by Gender and Race/Ethnicity, 2010



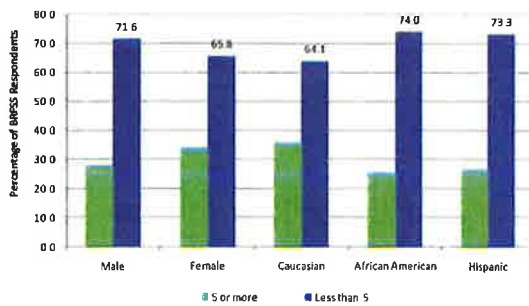
Source: 2010 District of Columbia BRFSS

Figure 50. Percent Obese (in red), by Ward, 2010



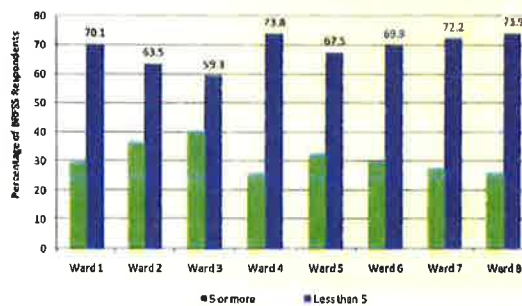
Source: 2010 District of Columbia BRFSS

Figure 51. Percent Consumed Less than 5 Servings of Fruits and Veggies (in purple), by Gender and Race/Ethnicity, 2009



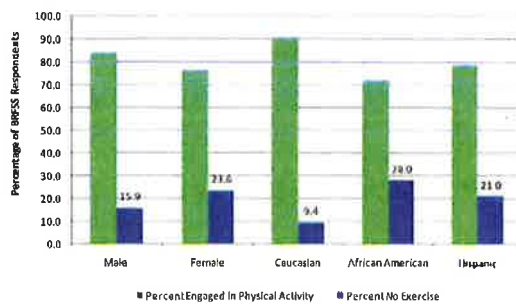
Source: 2009 District of Columbia BRFSS

Figure 52. Percent Consumed Less than 5 Servings of Fruits and Veggies (in purple), by Ward, 2009



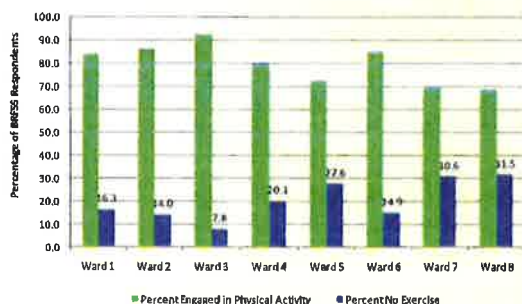
Source: 2009 District of Columbia BRFSS

Figure 53. Percent No Physical Activity in Past Month (in purple), by Gender and Race/Ethnicity, 2010



Source: 2010 District of Columbia BRFSS

Figure 54. Percent No Physical Activity in Past Month (in purple), by Ward, 2010



Source: 2010 District of Columbia BRFSS

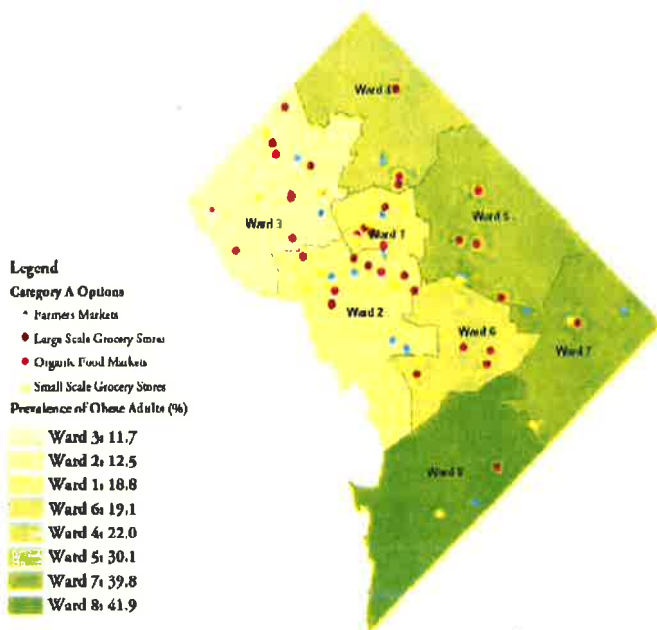
District of Columbia Community Health Needs Assessment



# FOOD OPTIONS IN DISTRICT

The availability of healthy food options varies widely across the wards in the District. The abundance of Category A options (Farmers Markets, Organic Food Markets, Large Scale and Small Scale Grocery Stores) corresponds with areas where adult obesity levels tend to be lower, whereas, Category B options (Convenience Stores, Carry-outs, and Traditional Fast Food Restaurants) are highly prevalent in wards with higher obesity levels. Increasing availability of healthy food options could reduce environmental barriers for District residents to choose healthy behaviors.

**Figure 55. Category A\* Food Options by Adult Obesity Prevalence in the District of Columbia**



\*Category A Food Options include Farmers Markets, Organic Food Markets, Large Scale and Small Scale Grocery Stores.

Source: Obesity in the District of Columbia, Center for Policy, Planning, and Evaluation, 2009

### The District of Columbia Overweight and Obesity Action Plan

In 2010, the District of Columbia developed the five-year District of Columbia Overweight and Obesity Action Plan to engage community partners and government agencies and address clinical as well as broader social and community-based determinants related to weight status, overweight and obesity. The plan calls for the District community to adopt policies and inform interventions that improve availability of healthy foods and physical activity in neighborhoods, schools, worksites, and places of worship. The following are some of the goals and objectives of the Action Plan:

- District children and adults are able to maintain healthy eating and physical activity to support a healthy weight while in schools and child care facilities.
- District residents consume a diet consistent with the Dietary Guidelines for Americans.
- District residents are physically active on a regular basis consistent with the Physical Activity Guidelines for Americans.
- District residents are able to maintain healthy eating and physical activity at their place of employment to support a healthy weight.
- 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.

District of Columbia Community Health Needs Assessment



# PHYSICAL HEALTH

District of Columbia	Percent Engaged In Physical Activity
<b>TOTAL</b>	<b>80</b>
<b>Gender</b>	
Male	84.1
Female	76.4
<b>Age</b>	
18-24	82.8
25-34	86.5
35-44	83
45-54	78.5
55-64	78.1
65+	72
<b>Race/Ethnicity</b>	
Caucasian	90.6
African American	72
Asian	73.3
Other	78.1
Hispanic	79
<b>Education</b>	
Less than High School	61.8
High School Graduate	66.8
Some College	78.8
College Graduate	86.4
<b>Income</b>	
Less than \$15,000	70.7
\$15,000-\$24,999	64.5
\$25,000-\$34,999	69.8
\$35,000-\$49,999	73.5
\$50,000-\$74,999	78
\$75,000 and over	89.2
<b>Ward Comparison</b>	
Ward 1	83.7
Ward 2	86
Ward 3	92.2
Ward 4	79.9
Ward 5	72.4
Ward 6	85.1
Ward 7	69.4
Ward 8	68.5

Source: 2010 District of Columbia BRFSS

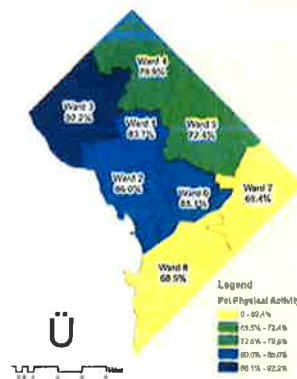
### Healthy People 2010 Objectives

**Goal Not Met: Reduce the proportion of adults who engage in no leisure-time physical activity to 20 percent; the District's rate is 21.4 percent.**

District residents who participated in the Behavioral Risk Factor Surveillance System (BRFSS) survey were asked if during the past month, other than their job, did they participate in any physical activities or exercise such as running, callsthenics, golf, gardening or walking for exercise.

- Overall, 80 percent indicated that during the past month, other than their job, they participated in physical activities or exercise such as running, callsthenics, golf, gardening or walking for exercise compared to 76 percent nationally.
- Males were more likely than females to participate in some form of physical activity within the past month, 84 percent and 76 percent, respectively.
- Adults aged 25-34 years were more likely than all other age groups to participate in some form of physical activity within the past month, at 86.5 percent.
- Caucasians were more likely than all other race/ethnic groups to participate in some form of physical activity within the past month, at 90 percent.
- College graduates were more likely than all other education subgroups to participate in some form of physical activity within the past month, at 86.4 percent.
- Adults with a household income of \$75,000 or more were more likely than all other income subgroups to participate in some form of physical activity within the past month, at 89 percent.
- Adults residing in Ward 3 were more likely than all other wards to participate in some form of physical activity within the past month, at 93 percent.

Figure 66. Map of Physical Activity by Ward, 2010



District of Columbia Community Health Needs Assessment





# PROMOTING HEALTHY AND SAFE COMMUNITIES

The environment plays a major role in the health and wellbeing of residents. The quality of the air, the natural environment, hazardous materials, food, water, housing and land use have health consequences. It is, therefore, important that public health pay attention to the environmental causes of morbidity and mortality.

Since its inception in 2006, the District Department of the Environment (DDOE) has focused on protecting and enhancing the health of District residents and the natural environment. DDOE's Environmental Services Administration works to reduce hazards and contaminants in District land, air, water and homes by certifying facilities and professional service providers, reviewing plans, issuing permits, and conducting inspections. The Department of Health's Health Regulation and Licensing Administration (HRLA) also focuses on reducing the number of food-borne illnesses.



In 2000, many of the indicators and progress measures for the District of Columbia indicated that violence and abusive behaviors constitute even more of a problem for this city than the nation in general. Nationally, violence and abusive behavior continue to be major causes of death, injury and stress. Unintentional injuries and accidents also cause morbidity and mortality, affecting all segments of society. Injuries continue to be the second leading cause of death for young persons ages 15 to 24 and the leading cause of death for African Americans in this age group. Understanding the incidence and prevalence of violence related injuries in the District of Columbia creates opportunities for the development and implementation of comprehensive and effective prevention measures.

It is vital that public and private agencies in the District continue to collaborate in addressing injury and violence prevention. Public, private, and community-based agencies throughout the District have traditionally approached violence and injury outreach from a judicial, educational, and/or environmental perspective. The focus of the Department of Health (DOH) is a holistic approach to address the public health problems associated with violence and injury prevention.



# YOUTH AND YOUNG ADULTS

District of Columbia	Percent Middle School	Percent High School
<b>TOTAL</b>	<b>3,314</b>	<b>2,094</b>
<b>Gender</b>		
Male	48.2	44.7
Female	51.8	55.3
<b>Age</b>		
11 or younger	15.4	N/A
12	31.7	N/A
13	33.4	N/A
14 or older	19.4	N/A
15 or younger	N/A	37.3
16 or 17	N/A	48.8
18 or older	N/A	13.9
<b>Grade</b>		
6th	33.8	N/A
7th	39.2	N/A
8th	25.2	N/A
9th	N/A	29.1
10th	N/A	30.6
11th	N/A	22.7
12th	N/A	17.1
<b>Race/Ethnicity</b>		
Black	76.3	71.6
Hispanic	11.8	15.6
White	3.8	4.2
All other races	3.3	4.7
Multiple races	4.8	4.0

One in every 5 DC residents is an adolescent between the age of 10 and 24. In the past decade, the youth and young adult population in the District has grown by almost 8 percent, with the largest gains seen among the 20 to 24 subgroup. As the District continues to be a magnet for young people, it is important to examine the behaviors that jeopardize not only their current health status, but more importantly, risk factors that would impact the general population as they mature into adulthood.

The District of Columbia Youth Risk Behavior Survey (YRBS) monitors 7 categories of health risks and behaviors identified as most likely to negatively impact a young person's health and well-being. These include weight and dietary behaviors, physical activity, tobacco use, alcohol and illicit drug use, injury/violence, mental health, and sexual behavior. The YRBS was administered in grades 6-12 (Middle School and High School) in the District and was completed on a voluntary basis.

**District of Columbia 2009 YRBS Highlights\***

**Weight, Diet, and Physical Activity**

- 21 percent of middle school (MS) and 25.6 percent of HS students described themselves as slightly or very overweight.
- 79.9 percent of high school (HS) students ate at a fast food chain or carry out restaurant on one or more times in the past 7 days.
- 28.4 percent of HS students drank a can, or glass of soda one or more times per day in the last week.
- 22.3 percent of HS students ate fruit or vegetables 5 or more times per day in the last week.
- 74.8 percent of MS and 37.5 percent of HS students went to physical education (PE) classes on one or more days in an average week.

**Tobacco, Alcohol, and Other Drug Use**

- 25.4 percent of MS and 44.8 percent of HS students tried cigarette smoking.
- 38.2 percent of MS and 65.8 percent of HS students had at least 1 drink of alcohol one or more days in their life.
- 34.7 percent of HS students were offered, sold, or given an illegal drug by someone on school property.
- 11.2 percent of MS and 39.7 percent of HS students had used marijuana at least one or more times in their lifetime.

**Unintentional Injuries and Violence**

- 53 percent of MS and 61.5 percent of HS students responded that they or someone close to them has been wounded by a weapon or physically attacked.
- 15.2 percent of MS and 15.7 percent of HS students made a suicide plan.
- 27.1 percent of MS students had carried a weapon such as a gun, knife or club.
- 6.7 percent of HS students had carried a gun on one or more days in the past month.
- 10.8 percent of MS and 16.7 percent of HS students had been hit, slapped, or physically hurt on purpose by their significant other.

**Sexual Behavior**

- 13.7 percent of HS students had sexual intercourse before age 13.
- 39.5 percent of HS students had sexual intercourse with 1 or more people in the last 3 months (currently active).
- Among students who had sexual intercourse, 75.2 percent of MS and 73.6 percent of HS students used a condom during last sexual intercourse.

\*Unweighted data.

Source: District of Columbia [2009 Youth Behavior Risk Survey \(YRBS\) Report](#)



<p>Expand the number and types of jobs available in the District's economy and create a more diverse and resilient economy by 2025. This includes expanding the number of jobs available in the District's economy and creating a more diverse and resilient economy by 2025.</p>																				
<p>IEZ.1 Improve integration of sustainable jobs training into school curricula to expose schoolchildren to new careers</p>	Short	OSSE	DCPS, DCCE, DOES, UDC	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
<p>IEZ.2 Partner with the Workforce Investment Council to develop targeted workforce development strategies</p>	Short	DOES	DMPED	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
<p>Expand the number and types of jobs available in the District's economy and create a more diverse and resilient economy by 2025. This includes expanding the number of jobs available in the District's economy and creating a more diverse and resilient economy by 2025.</p>																				
<p>HW1.1 Expand public park access and programming to promote healthy lifestyles through physical exercise</p>	Short	DPR	DOH	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
<p>HW1.2 Invest in a public health campaign to promote the benefits of healthy eating and active living</p>	Short	DOH	DPR, DCPS, DCLEAD	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
<p>Expand the number and types of jobs available in the District's economy and create a more diverse and resilient economy by 2025. This includes expanding the number of jobs available in the District's economy and creating a more diverse and resilient economy by 2025.</p>																				
<p>HW2.1 Develop a "Healthy by Design" program for new affordable housing projects with priority focus in low-income and underserved neighborhoods</p>	Medium	DCHA	DHCD, DOH, DCCEE, OP	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
<p>HW2.2 Complete a feasibility study to understand the interconnect, economic, and social barriers to healthy lifestyles that are specific to the District</p>	Short	DOH	OP, DPR	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4



EN2.2	Complete a feasibility study to identify opportunities for neighborhood-scale renewable energy systems	Short	DOEE-EA	OP, PSC, DMPEP	4	3	1	0	The microgrid feasibility study has been completed. DOEE has also continued to take actions to achieve an integrated planning process, including the PSC to provide relevant data that will maximize the value of neighborhood-scale renewable energy systems. Finally, DOEE is taking the results of the above microgrid work to provide direct technical assistance to ratepayers through a Microgrid Extension Service. In addition, the Buzzard Point Framework Plan calls for a neighborhood-scale renewable energy system	DOEE is in the process of completing a microgrid feasibility study for DC. In addition, the agency is in the process of conducting an integrated distribution planning process that will seek to maximize neighborhood-scale renewable energy systems. In addition, a microgrid is included in redevelopment plans of the former Walter Reed Army Medical Center campus
EN2.3	Build 1,000 additional residential and commercial renewable energy projects	Medium	DOEE-EA	DCSEU, Community Partners	4	4	2	2	The District added over 750 systems (13.8 MWAC) in 2016	The District added 800 systems (9.37 MWAC) in 2015
EN2.4	Allow community solar and renewable energy systems through legislation	Short	DOEE-EA	PSC	4	4	4	4	Complete.	Complete.
EN2.5	Develop a wind farm in the region to power District government and private facilities	Long	DGS	DOEE	4	4	3	3	Since the wind power purchase agreement (PPA) was executed, 136,530 MWH of clean electricity has been generated, saving \$819,000 and avoiding 95,950 metric tons of GHG emissions	The 46 MW, 20-year wind Power Purchase Agreement was signed by the Mayor in summer 2015. This PPA is the largest wind power deal of its kind ever entered into by an American city, and is projected to save District taxpayers \$45 million over the next 20 years
EN3.1	Develop a plan for citywide rollout of smart meters and smart grid infrastructure	Medium	DOEE-EA	DGS, PEPCO, Washington in Gas	2	2	2	2	DOEE's Energy Administration has identified a number of opportunities and requirements for smart grid investments, including proposing specific design management and renewable energy integration program, needs and action items. Further coordination with PSC staff is needed to ensure DOEE has sufficient regulatory guidance and system information to accomplish legislative and executive mandates	DOEE's Energy Administration is in the process of conducting integrated distribution planning that will seek to identify opportunities and requirements for smart grid investments to fully maximize neighborhood-scale renewable energy systems, and reduce peak demand and total energy use
EN3.2	Work with utility companies to improve the reliability of energy transmission and distribution	Medium	DOEE-EA	PEPCO, Washington in Gas	2	2	2	2	DOEE will continue to actively participate in FC 1130, and will prepare comments that encourage substantive action that protects ratepayers while achieving legislative and executive mandates	PSC Formal Case 1130, in which Energy is a stakeholder participant, will address reliability of energy transmission and distribution. Energy is also participating in FC 1137 (Washington Gas base rate proceeding) to help address reliability and resiliency of natural gas delivery system. Also see response for EN3.1
EN3.3	Modernize electricity infrastructure to enable regulation of local energy generation projects	Medium	DOEE-EA	PEPCO, Washington in Gas, DMPEP	2	2	2	1	DOEE has conducted initial planning and modeling exercises in parallel with the ongoing FCL130. DOEE will continue to evaluate the effectiveness of the current distribution system planning process and initiate discussions with the electric utility company to incorporate key District initiatives, such as the solar RPS, came out and Clean Energy DC, into its Annual Consolidated Report.	DOEE's Energy Administration is in the process of conducting an integrated distribution planning process that will seek to identify opportunities and requirements for distributed energy resources including storage, combined heat and power, and sewer heat recapture projects
EN3.4	Work with local educational and workforce development institutions to raise District residents for work in the renewable energy and energy efficiency industry.	Short	DOES	DMPEP, OSLED	2	1	1	1	The Green Zone Environmental Program (GZEP) partners with DOES and the Marlon Barry Summer Youth Employment Program (MBSYEP) to provide over 300 youth and young adults with an opportunity to learn about energy and environment issues and complete community-based environmental work projects. In 2016, GZEP launched Solar Plus, a solar job training and installer program to create a pipeline to green jobs for young adults in the District.	DOEE, DGS, and DOES collaborated on developing a potential job training program based on cool roof programs in NYC and Baltimore. The program was put on hold while long term training and funding issues are resolved.
FD1.1	Adopt the Sustainable Urban Agriculture Act and zoning amendments for expanded urban agriculture.	Short	DOEE-USA	OP, EDM	4	4	4	1	Complete.	Complete.
FD1.2	Streamline the process to find and use land for community agriculture projects	Long	OP	D65, DPR	3	3	2	0	The DC Urban Farming and Food Security Act was adopted by the District Council, which will help to make sure that food production is a part of future urban development in the District. The Act establishes a 90% tax abatement for private land owners who use, lease, or allow their land to be used for urban agriculture. The Act was amended in the Urban Farming and Food Security Amendment Act of 2015 which was approved in 2016. DGS has been given a funding and a new staff person to implement the act and is collaborating with the DC Food Policy Council to implement the program.	The DC Urban Farming and Food Security Act was adopted by the District Council, which will help to make sure that food production is a part of future urban development in the District. The Act establishes a 90% tax abatement for private land owners who use, lease, or allow their land to be used for urban agriculture. The Act will be amended in the Budget Support Act of 2016. Currently, District Agencies are determining how to best implement the Act



#D1.3	Install educational gardens at 50% of DC Public Schools.	Medium	DPS	OSSE, DWE, DDEE	4	3	3	3	<p>DCPS added a new partner, Real School Gardens, an organization which creates learning gardens to help students succeed. The partnership will result in outdoor classrooms and gardens for elementary schools and three years of follow-up training with the schools to teach the teachers how to use the space. DCPS also installed three outdoor classrooms with gardens since April 2016. Most funding comes from donors. Other DCPS partners include Foodprints, DC Greens, City Blossoms, and Washington Youth Gardens</p> <p>127 school campuses (including District of Columbia Public Schools, public charter schools, and private schools) had active school gardens during FY2015-16, this is an increase of 54% since FY2011-12. There were 37 new garden programs (most since FY2011-12). During FY2015-16, 58% of DCPS schools and 45% of public charter schools had active school gardens programs</p>	<p>With 103 school campuses with school garden programs, 43% of schools have garden programs. This is an increase of nearly 10% from 2011. During the 2015-16 school year, OSSE supported the establishment of 16 new school gardens. Plans for upcoming gardens include Ketchikan Elementary, slated to receive an education garden and outdoor classroom through a partnership with nonprofit REAL School Gardens in Spring 2016.</p>
#D1.4	Develop orchards or other food-producing landscaping on 5 acres of DC's public spaces	Long	DGS	DDOT, UFA, DCPS, DPR, Op, UDC	3	2	2	<p>The DC Council adopted the Urban Agriculture Bill, which provides a framework for urban agriculture in the city. The Food Policy Council (FPC) is currently identifying barriers for urban farmers and is compiling a list of available resources from USDA. Further, the FPC is analyzing potential orchard locations throughout the city. DDOT's Urban Forestry team also continues to expand its urban agriculture efforts, including urban orchards, beekeeping, and urban wood reuse. Further more, work is underway planning the implementation of 1-3 forest garden plots on public land. These sites will emphasize edible landscapes within the context of existing forests, and promises to provide new and exciting opportunities for the public to engage with public forests within the city.</p>	<p>DDOT's Urban Forestry Administration continues to care for and enhance its existing orchard along Sullyland Parkway. The site has proven a laboratory for trialing various fruit/nut species for productivity, hardiness, appropriateness. Moving forward, DDOT has been working with DPR's community program manager to encourage the use of cubic trees and plants on DPR properties. The honey bee program continues to thrive with 100 beehives operating across all 8 Wards. Additionally, the Urban Agriculture Bill instructs the Mayor to identify 25 District-owned vacant lots for urban farming and the District is developing public-private partnerships with private companies such as Uptown Acres and Underground Roots to develop food-producing parcels</p>	
#D1.5	Develop permitting for pop-up agriculture	Short	DCRA	OP, DPR	1	1	1	<p>Residents must obtain a permit from the Department of Parks and Recreation (DPR) to develop agriculture on DPR property. If food is grown at a DPR site, residents and non-profits can obtain a permit from DPR to sell the food. A license from the Department of Health (DOH) is required if selling food to the public. There are about 100 triange parks in the city; the District is evaluating the feasibility of pop-up agriculture on these sites.</p>	<p>No new progress to report.</p>	
#D2.1	Expand the DC Healthy Corner Store initiative	Medium	DOH	DCCK, KP, OP, DDLBO	3	3	3	<p>The DOH partnership with DCCK continues in FY 2017 with the awarding of the Healthy Corners Stores Partnership project. DCCK will continue providing small corner stores with technical assistance in providing fresh and minimally processed, healthy foods. DCCK was awarded \$235,000 to assist corner stores build capacity and improve neighborhood healthful food access.</p>	<p>DOH continues to partner with DC Central Kitchen to provide funding for FrogsBudds, the food benefits that accompany the outreach, education and cooking demos provided by DCCK in Wards 5, 7, and 8 at Healthy Corner Stores. In Fiscal Year 2015, DCCK conducted health and wellness activities that included 650 residents. A total of 6,415 residents were reached with this initiative. Additionally, DCCK's Healthy Food Retail Program provided grant support to a farm, a farmers market and a corner store last year. Thanks to this program, Ward 5's Good Food Market now gets produce from DC Urban Greens, connecting two District-based business enterprises.</p>	
#D2.2	Introduce fresh food circulators and mobile vendors in neighborhoods with poor access to fresh foods.	Medium	DOH	DCRA	3	2	2	<p>In 2017, Martha's Table and the Capital Area Food Bank continue the Joyful Markets initiative using \$1,017,000 to provide 23 lbs. of fresh produce and pantry items to elementary school students in Wards 7, and 8. In 2016 JFMs distributed more than 1.2 million pounds of healthful food operating in 29 schools. That number will expand to 38 in 2017. This initiative is on track to meet its goal of being in 48 schools by the end of the 2018 school year. Additional partnerships include a new pilot with Arcadia Mobile Markets. Arcadia will receive \$45,000 in 2017 to increase the number of mobile sites in low access areas.</p>	<p>In 2016, Martha's Table and the Capital Area Food Bank launched Joyful Markets -- pop up markets at 10 elementary schools in Wards 5, 7, and 8 with music, games and cooking demonstrations -- where families can receive up to 23 lbs. of fresh produce and pantry items. This program is on track to reach more than 10,000 students this year. In addition to partnerships with farmers markets to access SNAP, WIC and FrogsBudds, DOH initiatives include WIC Mobile Markets, home delivered meal service to homebound residents and a Fruit and Vegetable Prescription Program (FVRx) that co-locates markets with health centers to facilitate the purchase of fresh foods. Arcadia operates 8 mobile markets focused on Wards 5, 7 &amp; 8, and the Capital Area Food Bank has a summer meal delivery program for kids across the city.</p>	
#D2.3	Expand the Produce Plus program to farmers' markets and corner stores citywide	Medium	DOH	Op	4	1	2	<p>Funding for Produce Plus significantly increased in FY2017 from \$450,000 to \$1.2 million. The result is increased coordination between DCDOH, the DC Farmer Market Collaborative and the program grantees, DC Greens. More than 7,000 residents received benefits between June and September last year and that number looks to rise significantly this year.</p>	<p>DOH's Produce Plus Program continues to increase access to affordable, locally sourced produce and encourages utilization of DC farmers' markets. In FY2015 more than \$350,000 worth of benefits were distributed and redemption rates at the markets reached 90%. Last year, more than 200 DC Greens volunteers helped new shoppers navigate the markets and access Produce Plus; in 2016, DOH has partnered with DC Greens to coordinate services with public and private partners city-wide</p>	

FD2 4	Incorporate best practices in healthy and local menus in all DC Public Schools.	Medium	DCPS	DME	3	3	2	2	0	0	0	0	An updated food services contract was awarded to Sodexo beginning in the 15-17 school year. Per the food services contract, 30% of all food ingredients and products served or used at DCPS locations are purchased locally. Also per the contract, packaging must be either recyclable or compostable. All trays must be compostable. No expanded polystyrene is permitted. Utensils are displayed separately, not in kits. Straws are not provided to students. Fresh cold filtered water is provided to all students in every cafeteria; many schools have bottle fillers in the hallways. DCPS has a School Food Advisory Board comprised of parents, students, administrators, and community members. Vendors are required to administer a Student Satisfaction Survey quarterly. DCPS administers a satisfaction survey to school administrators. Vendors must submit an annual Satisfaction Plan for approval. The plan must include innovative methods to increase participation in food services, variety of options, and palatability.	DCPS has nutritional standards that go above and beyond those in the Healthy Schools Act, including offering no fried foods and no flavored milk. 30% of all food ingredients and products at DCPS locations are purchased locally, exceeding the requirement by 10%. There are currently 51 salad garden schools in DCPS.	No new progress to report
FD2 5	Increase transparency about the nutritional content of food.	Long	DOH	EDM	1	0	0	0	0	0	0	0	The Food Policy Council's "Food Equity Access, Health and Education Working Group" is reviewing nutrition education programs in city to gain a better understanding of what information is already being shared and how much of the population is being captured through education. In addition, city students are doing a price check of the cost differentials in the price of healthy food across the city.	While no significant progress has been made this year, several community groups in Wards 7 & 8 are investigating options for cooperative food purchasing. The District's new Food Policy Council will also look at options to help residents develop these co-ops in future.	No new progress to report
FD2 6	Develop cooperative food purchasing systems.	Medium	OP	DOEE	2	1	1	0	1	0	0	0	The Food Policy Director is hoping to provide technical and technological based support for cooperative food businesses. DCPS has been holding series of roundtables and conducting an assessment of all cooperatives in the city to look at barriers/needs in order to develop a strategy to better support cooperative businesses.	While no significant progress has been made this year, several community groups in Wards 7 & 8 are investigating options for cooperative food purchasing. The District's new Food Policy Council will also look at options to help residents develop these co-ops in future.	No new progress to report
FD3 1	Complete a comprehensive study of DC food supply systems.	Short	OP	DOH	2	1	1	1	1	1	0	0	A draft version of a Food System Assessment will be sent to Council in 2017; it will include baseline production, distribution, agriculture, access, assets, and a potential opportunities assessment will be used for recommendations. The District is putting out a statement of work for a food economy study, which will look at economic growth, opportunities, and strategies for supporting food related businesses in the District.	No new progress to report.	No new progress to report.
FD3 3	Create a Local Food Hub for consolidation and distribution of local produce.	Medium	DMPED	OP, DSLBD, DCRA	2	1	1	1	1	1	0	0	The Food Policy Council, in cooperation with the Regional Food Distribution Group (RDG), is working on the concept of a food hub to collaborate on a regional scale. DC lacks large scale industrial parcels which makes it difficult to create a local food hub. Currently, Whole Foods Market serves as a local distribution point at Saint Elizabeth's in Ward 8.	No new progress to report, though the Food Policy Council has reviewed research studies on food hubs and is working to reach the District's entrepreneurial community about ideas in applying this locally.	No new progress to report.
FD3 3	Develop small business food processing incubator center in DC.	Short	OSLBD	DMPED, OP, DOES	4	4	3	3	3	3	0	0	Complete. Currently, incidental sales of food from community gardens do not require a permit but do require a business license from DCRA.	This action is considered complete, with 5 food processing/incubator centers currently operating in the District.	No new progress to report.
FD3 4	Permit incidental sales of food from community gardens.	Short	DCRA	OP	4	0	0	0	0	0	0	0	Ex-officio members of the DC Food Policy Council include representatives from the following agencies: Department of Human Services; Department of Health; Department of Consumer and Regulatory Affairs; Department of Parks and Recreation; Office of the State Superintendent of Education; Office of Planning; District Department of Transportation; District Department of the Environment; Department of General Services; and Office of the Deputy Mayor for Planning and Economic Development.	The District's first Food Policy Director was appointed, and a citywide Food Policy Council will launch in summer 2016.	No new progress to report.
FD3 5	Designate staff to actively participate in a new Food Policy Council.	Short	OP	DOH	4	3	3	3	3	3	0	0	DCPS is studying the Good Food Purchasing program and completing a baseline assessment of their school food procurement practices. The Good Food Purchasing program provides a metric based, flexible framework that encourages large institutions to direct their buying power toward five core values: local economies, environmental sustainability, valued workforce, animal welfare and nutrition.	DCPS has established a sustainable specification for food service, developed together with DCOC, DCPS, and Office of Aging. This recommends 20% of food be locally sourced and 80% of seafood be from Manistee Bay Aquarium's sustainable seafood list. 30% of DCPS's total food service costs have been spent on food grown or produced locally, and special events like Strawberries and Salad Greens Day provide an extra opportunity for DCPS cafeterias to showcase produce from local farmers and educate our students about the importance of local and sustainable food. The DCPS Farm to School coordinator matches suppliers (farms) with vendors, and the annual percentage of local food is increasing beyond contract requirements. Also in the 2015-16 school year, Food Corps members serving in schools have been working with students to get them interested in and excited about local eating.	No new progress to report.
FD3 6	Increase government and institutional procurement of local foods.	Short	OOP	DCPS, OA, DYRS, DPR, DCOC, UDC	3	3	3	2	1	1	0	0	DCOA is about to rebid their food service contracts to begin in FY18, which will include specifications for locally produced food and seasonal produce.	DCPS has established a sustainable specification for food service, developed together with DCOC, DCPS, and Office of Aging. This recommends 20% of food be locally sourced and 80% of seafood be from Manistee Bay Aquarium's sustainable seafood list. 30% of DCPS's total food service costs have been spent on food grown or produced locally, and special events like Strawberries and Salad Greens Day provide an extra opportunity for DCPS cafeterias to showcase produce from local farmers and educate our students about the importance of local and sustainable food. The DCPS Farm to School coordinator matches suppliers (farms) with vendors, and the annual percentage of local food is increasing beyond contract requirements. Also in the 2015-16 school year, Food Corps members serving in schools have been working with students to get them interested in and excited about local eating.	No new progress to report.