

**Testimony Before the Committee on Transportation & the
Environment
B24-566 Walk Without Worry Amendment Act of 2021
Council of the District of Columbia**

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Good morning Chairperson Cheh and members and staff of the Committee. I am Dr. Bill Dietz, Chair of the Redstone Global Center for Prevention and Wellness at the George Washington University School of Public Health. The views expressed in this testimony are my own and do not necessarily reflect the views of the University.

The Redstone Center seeks to make the District the healthiest capital in the world, by ending chronic health disparities and improving the health of all residents. We cannot achieve this objective without making climate change a central part of our public health strategy. Recognizing that climate change and health disparities often have common drivers, we prioritize double-duty policy solutions that address both planetary and human health. We support the Walk Without Worry Amendment Act of 2021 because improving pedestrian infrastructure will have benefits for both climate and health. Improved walkability will increase opportunities for physical activity, increase access to public transit, and reduce pedestrian injury and death, all of which will encourage increasingly active lifestyles among residents and address climate change.

Improving pedestrian safety

In the first half of 2020, the District had 1.89 deaths per 100,000 residents, the second highest rate of pedestrian deaths in the country, and numerous injuries resulting from vehicle-related incidents. This legislation will make our existing infrastructure more resilient and safer for pedestrians by strengthening standards for continuous sidewalks, raised crosswalks, and raised intersections. Safety concerns often act as a barrier to walking and other forms of physical activity. Reduced physical activity leads to adverse health effects, such as obesity, type II diabetes, and other health conditions.

Increasing physical activity levels

Approximately 80% of US adults and adolescents do not achieve the recommended levels of physical activity, and more than 1 in 4 District residents report no physical activity, a rate higher than the national average. Physical inactivity is a recognized risk factor for severe COVID-19 infections. Furthermore, the global COVID-19 pandemic led to 40% reductions in physical activity. CDC's Guide for Community Preventive Services has recommended enhanced walking infrastructure as a policy approach to increase physical activity. Upstream approaches like improved walking infrastructure are more likely to address health disparities for socially and economically disadvantaged populations that face higher rates of chronic disease and lower

physical activity levels. For example, diabetes prevalence is highest in Wards 7 and 8 with rates 3 times greater than other Wards. Diabetes is a significant risk factor for heart disease, the #1 cause of death in D.C. Rates of strokes are 2 to 4 times higher for adults with diabetes compared to those without. Inequities in these health outcomes are exacerbated by significant differences in rates of physical activity; 38% of adults in Ward 8 report physical inactivity compared to just 6% in Ward 3. Equitable improvement in pedestrian infrastructure is a critical first step to reduce these disparities.

Increasing active transport

Car use has been associated with decreased physical activity and increases in the prevalence of obesity and other chronic diseases. Walkable communities can encourage residents to use active transport modes, such as walking, biking, and using public transit, as alternatives to driving. Simultaneously, increasing active transport and reducing car use is a double duty solution: it reduces greenhouse gas emissions and associated climate impacts, and improves health. Because passenger vehicles account for nearly 20% of the District's GHG emissions, significant shifts to active transport are essential to achieve our goal of achieving carbon neutrality by 2050.

Increasing active transport can also reduce air pollution. Car exhaust leads to poor air quality and increased particulate matter pollutants, which are associated with pulmonary diseases such as asthma, as well as obesity in children and adults. Decreased air pollution will also reduce health disparities in Wards 7 and 8 which have the highest levels of air pollution from traffic congestion. Finally, in addition to its benefits for human health and the environment, increased walkability and increased access to public transit improve social connectedness and benefit local businesses.

Thank you for the opportunity to testify today, and I am happy to answer your questions.