Good morning, Chair Nadeau and members of the committee. My name is Juanita Winston and I am the Senior Policy Analyst at the Center for Community Resilience at the Milken Institute of Public Health at The George Washington University. Thank you for the opportunity to testify in support of the “Nutrition Education Amendment Act of 2021”. The views expressed in this testimony are my own and do not necessarily reflect the views of the George Washington University.

**District Context**

In the past year alone, the COVID-19 pandemic has magnified severe health disparities along racial and ethnic lines, especially as it relates to the structural factors that influence health equity. Obesity is a complex and multifactorial disease with genetic, behavioral, socioeconomic, and environmental causes and is associated with many other chronic and debilitating diseases, including diabetes and heart disease. Collectively, these diseases are the leading contributing factors leading to death from COVID-19 infections. These diseases are also the leading causes of death in the District, especially for residents of Wards 7 and 8.

Adequate access to healthy food and drink, along with nutritional education and awareness play a central role in prevention, management and treatment of obesity. Today, sugar-sweetened beverages, including energy drinks, sports drinks, and soda beverages are the single largest source of calories and added sugars in the U.S. diet. Additionally, a prospective study among middle school students over two academic years found that the risk of developing obesity increased by 60% for every additional serving of sugar-sweetened beverage per day.\(^1\) The clear connection between sugary drink consumption and chronic diseases led the Center for Disease Control and Prevention, the American Medical Association, the American Academy of Pediatrics, and the American Heart Association to call for the reduction of sugary drink consumption as

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a means to address diabetes, heart disease, and other related diseases. Moreover, sugary drink consumption in youth has also been associated with behavioral problems in young children\(^2\) and aggressive behavior in adolescents\(^3\) which may impact school performance or involvement in the criminal justice system.

**Fostering Equity in Public Policy**

Given the mounting calls for federal, state, and local legislative action to address long-standing health inequities in Black and Brown communities, the Nutrition Equity Amendment Act of 2021 comes at an opportune time as a targeted policy solution to curb consumption of products that lead to poor nutritional outcomes among the most vulnerable populations. Excess consumption of added sugars, especially from sugary drinks, pose a grave threat to the health of children, adolescents and adults in the District of Columbia, disproportionately affecting low-income and minority communities, where diabetes rates are 4 to 5 times higher than in more affluent, whiter areas of the city. According to DC Department of Health data, more than half of all adults living in DC are overweight or have obesity, and rates exceed 70% in Wards 7 and 8. These increases in obesity are accompanied by multiple and expensive health consequences, including diabetes, heart disease and cancer or lead to diabetes’ complications, such as blindness, kidney failure, and lower leg amputation. Legislative provisions such as an excise tax on sugary drinks would decrease excess sugar consumption, reduce the onset of diseases caused by sugar consumption, and provide an important source of revenue to the Family Success Centers and the Nourish DC Fund to reduce the disparate health impacts among those most disproportionately affected within the District.

The Center for Community Resilience envisions a nation of resilient, equitable communities where the voices of all children and families are included and empowered at decision-making tables across sectors, driving practice and policy change that heals trauma across generations. We believe that the Nutrition Equity Amendment Act of 2021 represents health equity in action because it reduces the barriers to unhealthy beverage consumption and allocates the resources of an excise tax to the communities most affected by historical inequities. Arguably, these health disparities are not new, and stem from a lengthy history of structural racism and discriminatory policies and practices in the United States that marginalize specific groups of people. For instance, the discriminatory practice of redlining alone has impeded community development and resulted in little to no tax revenue for improvements, schools, hospitals, and other critical neighborhood fixtures, such as supermarkets. When communities are historically


disadvantaged due to structural racism and inequitable public policy, legislation can provide a way to improve population health, engender community healing and spark the necessary systems change to poor health and illness as a result of broader social, political, and economic structures.

Higher rates of underlying conditions we see magnified on the front lines today through the COVID-19 pandemic stems from years of failed policies and intentional harm through predatory practices, profitability and greed. As policymakers and local elected officials think about the structural underpinning of health inequities, we should recognize the crucial role that large corporate firms play through the marketing of toxic sugar drinks. The sugary drink manufacturers deliberately obscure the link between sugary drinks and chronic disease and the link of sugary drinks to adverse health outcome, particularly in communities of color.

The Nutritional Equity Amendment Act of 2021 is a monumental step in the right direction because it nudges local businesses to market and sell more water and healthy beverages in lieu of sugary drinks. Further, this bill takes a sound approach to returning money back to communities with the disproportionate amount of disease by reinvesting $3.5 million annually for experiential food literacy programming at K-5 elementary schools. This legislation also transfers $5 million annually to the Department of Health for programs aimed at reducing and preventing nutrition-related chronic diseases such as diabetes, hypertension, and heart disease, and invests $1 million annually to the newly established Nourish DC Fund to provide grants, loans, and technical assistance to local food businesses in low food access communities. This inevitably creates wealth-building and ownership opportunities for Black and Latino small business owners and entrepreneurs, where structural racism and continuous neighborhood disinvestment has led to limited healthy food access. These reinvestments are long overdue and are critically needed to address diet-related health disparities that land hardest on communities of color.

The District, especially through the work of the leadership of this Committee, has taken steps to improve the nutritional content and quality of food served at the District’s shelters and transitional housing facilities and to support additional grocery stores in Wards 7 and 8. The proposed bill represents a timely legislative effort to prevent and mitigate obesity, which disproportionally harms poor communities of color and puts their lives at risk. The provisions of this bill center equity in local policy by uniting effective, data-driven solutions to prevent obesity and its poor health outcomes, and reduces pervasive inequities through law and public policy.

Thank you for this opportunity to testify on the Nutrition Equity Amendment Act of 2021. We look forward to supporting Council Member Nadeau and her colleagues and applaud the Council’s efforts on such historic legislation.