GET HEALTHY PHILLY
Healthy, Active & Smoke-Free
Institute of Medicine
Workshop on Obesity and Health Equity

Making Healthy Foods and Beverages Available: Combating Inequities in the Food and Beverage Environments of Ethnic Minority and Low Income Communities

June 6, 2013

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Philadelphia Department of Public Health
Philadelphia is the poorest of the 10 largest U.S. cities.

Percentage of People Whose Income in the Past 12 Months is Below the Poverty Level for the Ten Largest Cities, 2010

- Philadelphia: 26.70%
- Dallas: 23.60%
- Houston: 22.80%
- Phoenix: 22.50%
- Chicago: 22.50%
- Los Angeles: 21.60%
- New York: 20.10%
- San Antonio: 19.10%
- San Diego: 17.40%
- United States: 15.30%
- San Jose: 12.30%

US Census
Teen Obesity

Teen Obesity by Largest Cities, 2011*

- Philadelphia: 17.3%
- Chicago: 15.5%
- Dallas: 15.3%
- Houston: 13.6%
- Los Angeles: 13.3%
- New York: 11.6%

* Data unavailable for Phoenix, San Antonio, San Jose, San Diego

Source: CDC, Youth Risk Behavior Surveillance Survey, 2011.
Adult Obesity
Counties with More Than 1 million people and Highest Population Density*

<table>
<thead>
<tr>
<th>County</th>
<th>Obesity Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tarrant, TX</td>
<td>33.6%</td>
</tr>
<tr>
<td>Wayne, MI</td>
<td>33.1%</td>
</tr>
<tr>
<td>Philadelphia, PA</td>
<td>32.6%</td>
</tr>
<tr>
<td>Dallas, TX</td>
<td>32.1%</td>
</tr>
<tr>
<td>Franklin, OH</td>
<td>31.4%</td>
</tr>
<tr>
<td>Harris, TX</td>
<td>30.4%</td>
</tr>
<tr>
<td>Allegheny, PA</td>
<td>29.7%</td>
</tr>
<tr>
<td>Cook, IL</td>
<td>27.1%</td>
</tr>
<tr>
<td>Cuyahoga, OH</td>
<td>26.2%</td>
</tr>
<tr>
<td>Kings, NY</td>
<td>26.2%</td>
</tr>
<tr>
<td>Bronx, NY</td>
<td>24.6%</td>
</tr>
<tr>
<td>Los Angeles, CA</td>
<td>24.3%</td>
</tr>
<tr>
<td>Orange, CA</td>
<td>20.7%</td>
</tr>
<tr>
<td>Middlesex, MA</td>
<td>20.5%</td>
</tr>
<tr>
<td>Hennepin, MN</td>
<td>20.4%</td>
</tr>
<tr>
<td>Queens, NY</td>
<td>19.7%</td>
</tr>
<tr>
<td>Alameda, CA</td>
<td>18.4%</td>
</tr>
<tr>
<td>Nassau, NY</td>
<td>17.8%</td>
</tr>
<tr>
<td>New York</td>
<td>14.8%</td>
</tr>
</tbody>
</table>

Notes: Source: 2010 Census and Behavioral Risk Factor Surveillance System.
Data for counties with > 1 million people and population density > 1,500 people per square mile.
Data for Fairfax Co, VA are not available.
Health Impact Pyramid

Examples

Eat healthy, be physically active

- Weight management; medication for HTN, cholesterol, diabetes
- Mediterranean diet, daily physical activity, bariatric surgery
- Counter-advertising campaigns, bike lanes, healthy corner stores, SSB tax
- Income supports, education, housing, employment

Socioeconomic Factors

- Counseling & Education
- Clinical Interventions
- Long-lasting Protective Interventions
- Changing the Context to make individuals’ default decisions healthy

Source: Frieden T, AJPH 2009
How can we make it easier for Philadelphians to engage in healthy behaviors?
Accelerating Progress in Obesity Prevention - IOM

- **Strategy 2-1**, Adopt policies/practices to reduce SSBs

- **Strategy 2-2**, Increase availability of healthier options for children in restaurants

- **Strategy 2-3**, Utilize strong nutrition standards in government

- **Strategy 2-4**, Implement healthy food retail strategies

- **Strategy 2-5**, Promote and research U.S. agriculture policy to address obesity
Strategy 2-1: Addressing SSB Consumption through the Media

Survey of 500 Caregivers in Philadelphia:

- Generally don’t consider their children obese
- Are concerned about obesity in children but much more so about diabetes
- Understand the health risks of sugary drinks but underestimate the sugar content
- Want to feel empowered do something good for their family

Do you know what your kids are drinking?

- Media campaign seen or heard 40 million times over 15 months
  - 78% of caregivers recalled the campaign
  - Caregivers were exposed once every 2 days, on average

- Exposure to the TV ad (*The Talk*) was associated with the belief that sugary drink consumption is linked to weight gain and diabetes

- Exposure to the African American radio ad (*Jump Rope*) associated with:
  - Greater intentions to replace sugary drinks with healthier drinks
  - Greater recognition of sugar content in sugary drinks

- City Council passed a law in 12/2012 limiting advertising to 20% of window and door space and smaller portions of walls

Source: Jordan A et al, Annenberg Public Policy Center
Progress – SSB Consumption in Philadelphia

Source: CDC, Youth Risk Behavior Surveillance Survey; PHMC, Southeastern PA Household Health Survey

**Teens drinking ≥1 sugary drink daily**

- 2011: 25.0%
- 2009: 28.0%
- 2008: 31.1%

20% reduction

Source: Youth Risk Behavior Surveillance System

**Adults drinking ≥1 sugary drink daily**

- 2012: 35.4%
- 2011: 37.4%
- 2010: 38.4%

5% reduction

Source: Public Health Management Corporation (PHMC) Household Health Survey

Source: CDC, Youth Risk Behavior Surveillance Survey; PHMC, Southeastern PA Household Health Survey
Strategy 2-2: Implementing Menu Labeling to Improve Nutritional Choices

- Philadelphia’s 2008 law requires not just calories but also sodium, fat, and carb counts on menus
- 2010 federal menu labeling (ACA) **preempts** Philadelphia law
  - No FDA regulations finalized
- Submitted petition for exemption from preemption to FDA
  - Local law pre-dates federal law
  - Local response to local problem
  - Restaurants are generally complying
  - Let us evaluate

### KIDS MENU

<table>
<thead>
<tr>
<th></th>
<th>Calories</th>
<th>Satur. Fat</th>
<th>Trans Fat</th>
<th>Carb Grams</th>
<th>Sodium Mg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kids Hamburger with fries</td>
<td>1,087</td>
<td>10</td>
<td>1</td>
<td>50</td>
<td>1,672</td>
</tr>
<tr>
<td>Add Cheese</td>
<td>70-82</td>
<td>34</td>
<td>0</td>
<td>89</td>
<td>1,407</td>
</tr>
<tr>
<td>Cheesy Mac</td>
<td>1,012</td>
<td>34</td>
<td>0</td>
<td>89</td>
<td>1,407</td>
</tr>
<tr>
<td>Pasta w/ Red Sauce</td>
<td>945</td>
<td>15</td>
<td>0</td>
<td>93</td>
<td>1,616</td>
</tr>
<tr>
<td>Hot Dog</td>
<td>698</td>
<td>8</td>
<td>1</td>
<td>61</td>
<td>2,128</td>
</tr>
<tr>
<td>BBQ Drum Sticks</td>
<td>693</td>
<td>5</td>
<td>3</td>
<td>56</td>
<td>2,607</td>
</tr>
</tbody>
</table>

**HICKORY-SMOKED BAR-B-QUE COMBO**

Can’t decide? Get the best of our Smokehouse! Your Choice of Bar-B-Que Ribs, Bar-B-Que Chicken or Smoked Pulled Pork. Served with seasoned fries, ranch beans and fresh coleslaw.

Duo Combo 18.75 1,429 calories 5,362 sodium

Trio Combo 22.75 1,823 calories 6,743 sodium
Menu Labeling Evaluation in Sit-down Chain Restaurants

<table>
<thead>
<tr>
<th></th>
<th>Customers in unlabeled restaurants (n=321)</th>
<th>Customers in labeled restaurants (n=327)</th>
<th>Adjusted difference*</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calories in food purchased</td>
<td>1,691 kcal</td>
<td>1,556 kcal</td>
<td>-151 kcal (-270.0, -32.6)</td>
<td>0.013</td>
</tr>
<tr>
<td>Sodium in food purchased</td>
<td>3,315 mg</td>
<td>3,111 mg</td>
<td>-224 mg (-457.0, 8.0)</td>
<td>0.059</td>
</tr>
<tr>
<td>Saturated fat in food purchased</td>
<td>36.5 g</td>
<td>33.5 g</td>
<td>-3.7 g (-7.4,-0.1)</td>
<td>0.047</td>
</tr>
<tr>
<td>Carbohydrates in food purchased</td>
<td>131 g</td>
<td>115 g</td>
<td>-14.7 g (-25.8,-3.6)</td>
<td>0.010</td>
</tr>
</tbody>
</table>

*Adjusted for age, race/ethnicity, income, education, day of the week, frequency of dining out, and body size

Source: Auchincloss A, Drexel University School of Public Health, 2013
Strategy 2-3: Implementing Comprehensive Nutrition Standards in Schools

- 2004: Comprehensive school nutrition policy (no SSBs in vending machines, snack and a la carte standards, nutrition education)
- 2009: Removed fryers from school kitchens, switched to 1%-fat milk
- 2010: Created Wellness Councils in 170 schools
- 2011: Assessed school food procurement and contracting processes
- 2012: Implemented new federal school nutrition standards (first district in PA)
Strategy 2-4: Healthy Corner Stores

- 650 corner stores offering and promoting healthier products in exchange for modest incentives, marketing materials, and trainings

- Over 150 stores received shelving or refrigeration units to display and store perishables (“mini-conversions”)

- Availability of certain healthy foods has improved, but purchases may not yet have changed

- City’s new zoning code encourages the incorporation of fresh food markets into commercial and mixed-use developments by offering density bonuses that don’t count the square footage of those markets against the maximum buildable area (14-603(7))

Evaluation: Glanz K et al, 2012; Foster G et al, 2012
High Poverty and Low to No Access to Healthy Foods

PLANNING DISTRICT - LOWER NORTH

Legend
- Supermarkets (Score = 25 to 400)
- Corner Stores (Score = 2)
- Chain Convenience Stores (Score = 10)
- Produce Carts (Score = 2)
- Farmer Markets (Score = 5)
- Non Residential
- High Poverty and Low to No Walkable Access

High Poverty: Census tracts where 20% or more live in poverty as defined by household income <100% of the federal poverty level. (Source 2005 – 2009 US Census, American Community Survey)

Low to No Access: Areas with a walkable access to healthy food score of 20 or lower based on a combined, weighted proximity to healthy food retail outlets.

Area of Study

Created by Jonathan Sniker at the Philadelphia Department of Public Health on 7/26/2012
Email: jonathan.sniker@phila.gov
Phone: 215-686-5212
High Poverty and Low to No Access to Healthy Foods
PLANNING DISTRICT - LOWER NORTH 2012

Legend
- Corner Stores (Score = 2)
- Chain Convenience Stores (Score = 10)
- Enhanced Healthy Corner Store (Score = 10)
- Healthy Corner Store (Score = 5)
- Farmers Markets (Score = 5)
- Produce Carts (Score = 2)
- Supermarket (Score Range = 10 to 400)
- Non Residential
- High Poverty and Low to No Walkable Access
- Blocks With Improved Access Since 2010

High Poverty: Census tracts where 20% or more live in poverty as defined by household income <100% of the federal poverty level. (Source 2005 – 2009 US Census, American Community Survey)

Low to No Access: Areas with a walkable access to healthy food score of 20 or lower based on a combined, weighted proximity to healthy food retail outlets.

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Strategy 2-5: Leverage USDA Programs/Policies to Promote Healthy Eating

- 10 new farmers’ markets in low-income areas & Philly Food Bucks
  - $2 of free fruits and vegetables for every $5 of SNAP benefits
  - 400% increase in SNAP redemption at markets citywide
  - Food buck users were twice as likely to increase fruit and vegetable consumption and try new fruits or vegetables
  - Possible new incentives in Farm Bill; however, these are in the context of possible large cuts to SNAP ($4 – $21 billion over 10 years), categorical eligibility, & heat and eat provisions, and continued asset tests in PA

- SNAP-Ed nutrition education in 200 public schools since 1999
  - SNAP-Ed funds are currently at risk in Farm Bill debates

- Universal feeding pilot in 200 public schools since mid-1990s
  - Eliminates the need for distributing and collecting income eligibility paperwork
  - Has led to increased school breakfast and lunch participation
Progress – Child Obesity (2006-2010)

Obesity among Philadelphia schoolchildren (5-18 years), 2006/07 - 2009/10

- 5% decrease
- 8% decrease
- 7% decrease

Source: Robbins et al, Preventing Chronic Disease, 2012; Accompanying editorial from RWJF, “Philadelphia Freedom.”
Child obesity prevalence, Philadelphia

Source: Robbins et al, Preventing Chronic Disease, 2012; Accompanying editorial from RWJF, “Philadelphia Freedom.”
Progress – Adult Obesity (2000-2012)

Adult obesity prevalence, Philadelphia

- Menu labeling law
- Complete Streets executive order
- Get Healthy Philly
- 630 healthy corner stores
- 10 new low-income farmers' markets & Philly Food Bucks
- 20 miles of new bike lanes
- Health-promoting comprehensive city plan and zoning code
- Sugary drinks media education initiative
- Healthy vending and workplace wellness reforms

PHMC Household Health Survey
Conclusions and Considerations

• Cross-sectoral collaboration is key both within and outside of government.
• Effective programs should be scaled up when funding allows.
• Citywide and organizational policies must undergird programmatic efforts.
• Policies and programs take time to have a cumulative effect.
• Evaluation is critical. Not all interventions will succeed as initially designed.

• How do we supplement school food programs when public school budgets are being slashed?
• While increasing access to and affordability of healthy foods, how do we limit the availability and marketing of unhealthy products?
• While we have achieved infrastructural/transportation changes, how do we effectively promote physical activity, particularly for girls?
• How do we sustain federal public health, prevention, and nutrition assistance funds?
Thank you!

www.foodfitphilly.org
www.phila.gov/gethealthyphilly
www.facebook.com/foodfitphilly