

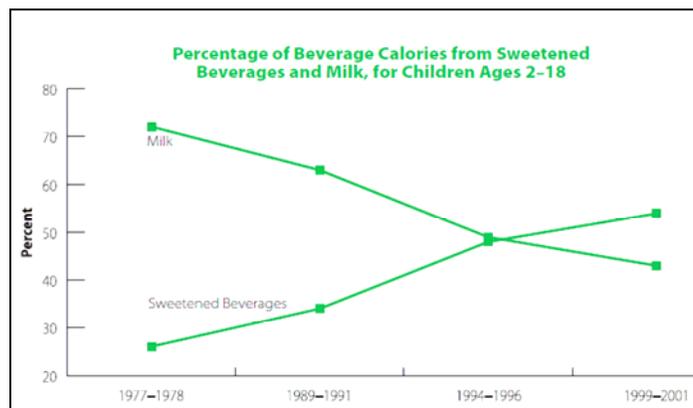
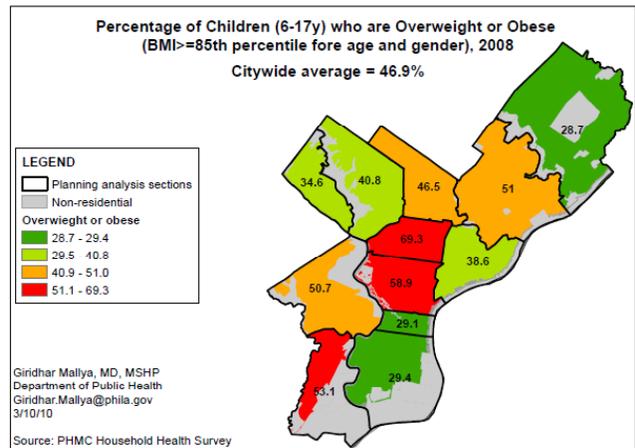
## Obesity in Philadelphia – Philadelphia Department of Public Health 3/10/10

Obesity has become a norm and a public health crisis in Philadelphia. In 2008, 64% of adults and 57% of children 6-11-years-of-age were overweight or obese.<sup>i</sup> Remarkably, nearly 70% of children are overweight or obese in North Philadelphia.<sup>ii</sup> Nationwide, the prevalence of obesity has tripled in the past 20 years,<sup>iii</sup> and obesity-related medical expenditures totaled \$147 billion in 2008.<sup>iv</sup>

Obesity is a major risk factor for heart disease, many forms of cancer, and type 2 diabetes. In Philadelphia, the prevalence of these diseases is well above national goals, and socioeconomic and racial disparities are common.<sup>v</sup> Since 2000, approximately 24,000 Philadelphians have died of diseases caused by poor diet and physical inactivity.<sup>vi, vii</sup> Philadelphians' fruit and vegetable consumption is dismal with nearly 25% of children and 30% of adults getting one or fewer servings per day.<sup>viii</sup> Nearly the same percentage eats fast food 3 or more times per week<sup>ix</sup>, and 1 in 3 high school students drinks soda daily.<sup>x</sup>

Regular physical activity among Philadelphians is just as problematic, with one-quarter of children not getting sustained physical activity (30 minutes) even once a week and nearly half of adults exercising less than 3 times per week<sup>xi</sup>. Despite an excellent base infrastructure for healthy, walkable neighborhoods, auto-based planning has eroded these assets by shifting new development activity to the outskirts of the City, where residents must drive to access services. Moreover, crime and violence make outdoor physical activity unsafe for many City residents. Over half of Philadelphians report that they never use City parks and recreation facilities.<sup>xii</sup>

While increases in obesity are driven by multiple factors, much of the increase in obesity in the U.S. can be attributed to increased caloric intake, particularly through snacking.<sup>xiii</sup> As nutrient-poor, high calorie foods have become cheaper and more available, nutritious foods have become relatively more expensive.<sup>xiv</sup> Lack of access to affordable, healthy foods is a well-documented risk factor for obesity and related poor health outcomes, and the need for increased access to healthy foods is especially great in low-income, minority neighborhoods in the City.<sup>xv</sup> A recent study revealed that Philadelphia school children buy, on average, 360 nutrient-poor calories from corner stores for just over \$1



Rudd Center: Soft Drink Taxes, A Policy Brief, Fall 2009

per visit.<sup>xvi</sup> The most commonly purchased items were chips, candy, and sugar-sweetened beverages.

Sugar-sweetened beverages (SSBs) include any non-alcoholic beverage with added sugar, such as: soda, non-100%-fruit drinks, sports drinks, flavored water, energy drinks, and ready-to-drink sweetened tea and coffee. Philadelphians drink approximately 60 million gallons of SSBs annually,<sup>xvii</sup> translating into just under ½ a liter or 170 calories per person per day.<sup>xviii</sup> Multiple studies have demonstrated a link between SSB intake and obesity.<sup>xix,xx</sup> Sugar in a liquid form does not cause fullness like sugar in other forms, so people end up consuming calories from sugar-sweetened beverages and from other sources.<sup>xxi</sup> Sweet beverages can change children’s taste preferences for the rest of their lives, causing less sweet, healthier foods to be unappealing.<sup>xxii</sup> And while SSB servings have become larger over the past 15 years, targeted advertising to low-income and minority communities,<sup>xxiii</sup> including those in which there are many child-serving institutions,<sup>xxiv</sup> has continued.

## References

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