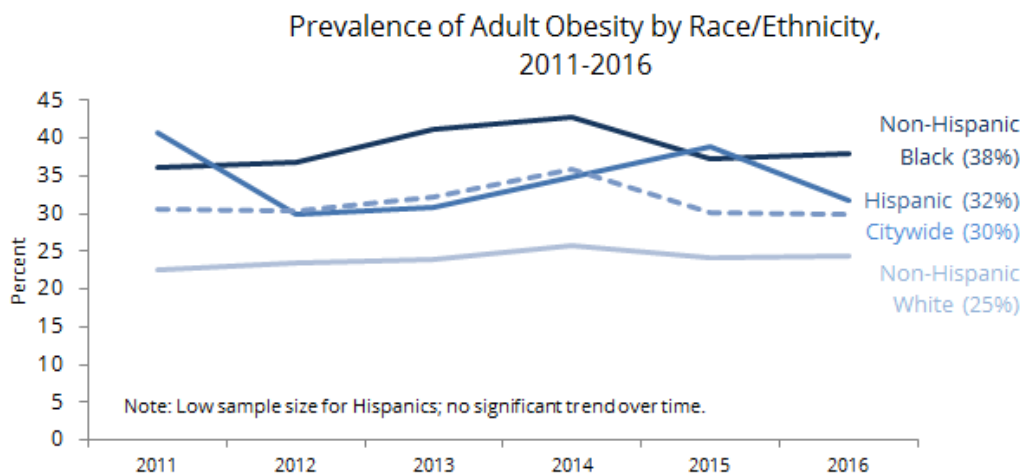




Obesity Among Adults in Philadelphia, 2011-2016

Over one-third of U.S. adults have obesity, which increases risk of several leading causes of preventable deaths, including: heart disease, stroke, type 2 diabetes, and specific types of cancer.¹ In the U.S., obesity rates have been rising since the early 1960s.² Rates are highest among Non-Hispanic Blacks and Hispanics compared to other race groups; middle aged (40 – 59 years) and older adults (over 60); and those with lower socioeconomic status.³ This issue of CHART looks at trends in obesity rates among adults in Philadelphia from 2011-2016, based on self-reported weight and height on the Behavioral Risk Factor Surveillance System, an annual telephone survey.

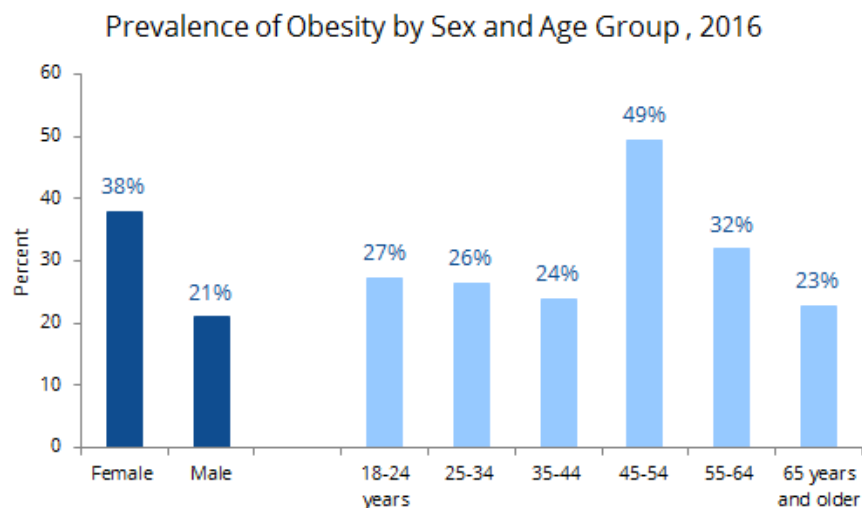
Increases in adult obesity appear to be slowing down but non-Hispanic blacks and Hispanics continue to have significantly higher rates



- Approximately 3 in 10 adults have obesity (defined as a body mass index [BMI] ≥ 30).
- Overall, despite some fluctuations, obesity rates have remained stable during these years.
- Non-Hispanic Blacks and Hispanic adults have significantly higher rates of obesity than non-Hispanic White adults.

(Source: Pennsylvania Behavioral Risk Factor Surveillance System (BRFSS), 2011-2016)

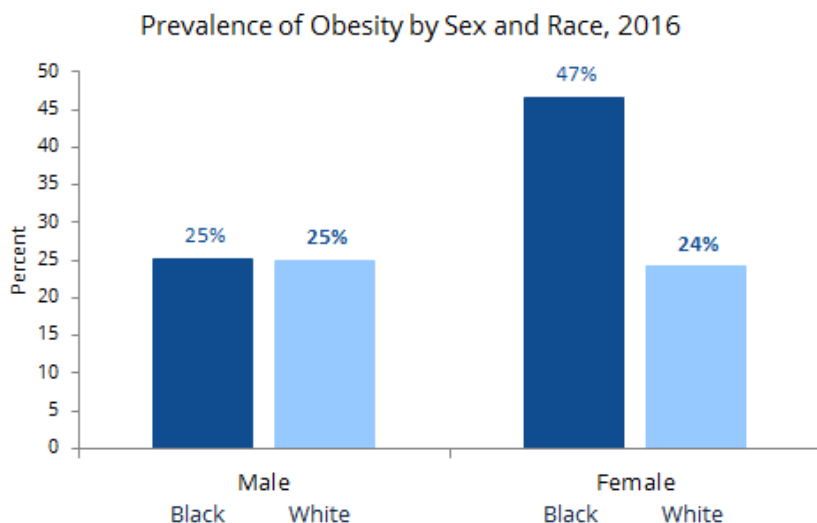
Obesity rates are higher in women and middle-aged adults



- Adult obesity is nearly 2-times higher in women than men.
- Middle-aged (45-54 years) and older (55-64 years) adults have higher rates of obesity than younger (< 45 years) and more senior adults (> 64 years).

(Source: Pennsylvania Behavioral Risk Factor Surveillance System (BRFSS), 2011-2016)

Obesity rates among non-Hispanic black women are nearly two times higher than non-Hispanic white women

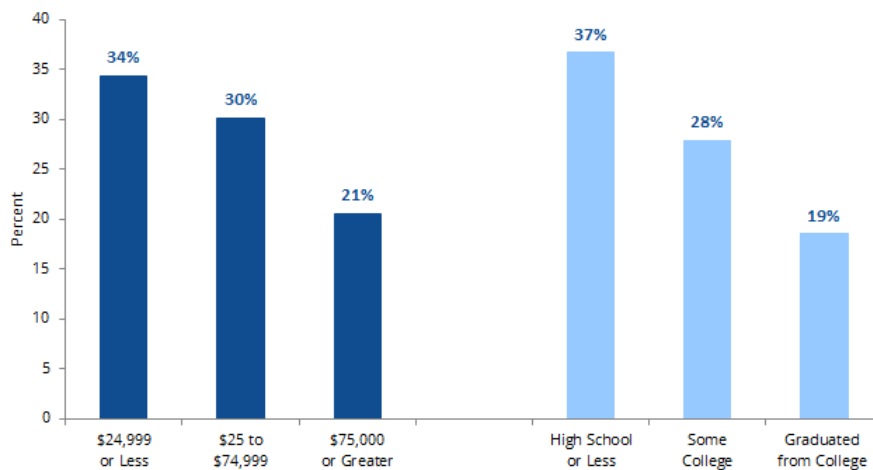


- The disparity in obesity among non-Hispanic blacks is driven by nearly double rates of obesity among non-Hispanic black women compared to non-Hispanic white women.

(Source: Pennsylvania Behavioral Risk Factor Surveillance System (BRFSS), 2011-2016)

Adults with low income and those with a high school education or less have significantly higher rates of obesity

Prevalence of Obesity by Income and Education Level, 2016

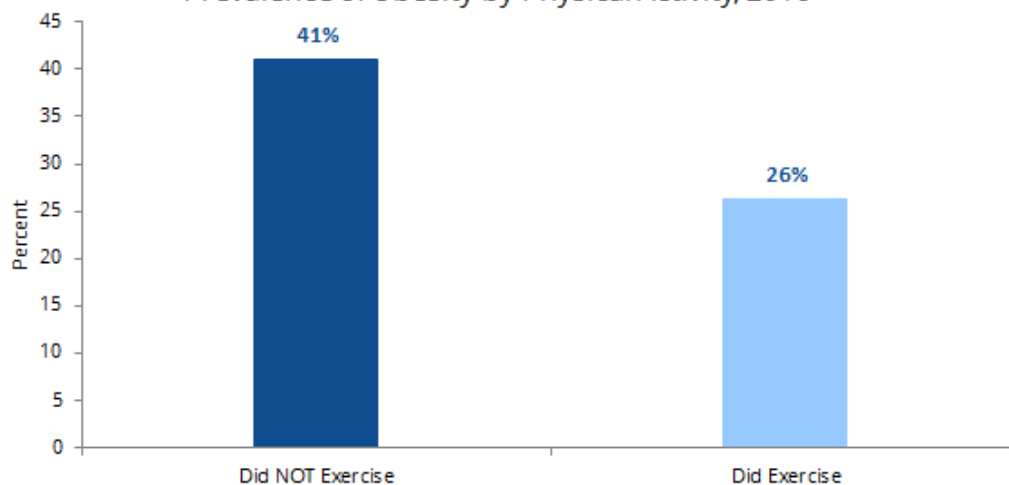


- Approximately 1 in 3 adults with low income have obesity, compared to only 1 in 5 among the highest income group.
- Recent data from health centers throughout the city further illustrate this disparity among low income adults, as the obesity rate among adult patients was 39.1% in 2016 (compared to 30% overall citywide).
- Obesity rates are also highest among adults with a high school education or less, which is directly linked to income.

(Source: Pennsylvania Behavioral Risk Factor Surveillance System (BRFSS), 2011-2016)

Adults with no recreational physical activity have significantly higher rates of obesity

Prevalence of Obesity by Physical Activity, 2016



- Adults who reported no exercise outside of their regular job in the past month had over 1.5-times higher rates of obesity compared to those who reported recreational exercise in the past month.

(Source: Pennsylvania Behavioral Risk Factor Surveillance System (BRFSS), 2011-2016)

What can be done

The Department of Public Health is:

- Partnering with The Food Trust to increase the availability and affordability of healthy food through our collaboration to increase produce sales and Farmers' Markets in low income neighborhoods, and through the Philly Food Buck program, which offers \$2 Food Bucks for every \$5 in SNAP benefits spent at participating Farmers' Markets.
- Implementing comprehensive nutrition standards in all city-funded foodservice programs, including summer and afterschool programs, youth correctional facilities and shelters.
- Promoting physical activity through the [Philly Powered campaign](#).
- Working to promote worksite wellness programs throughout the city.
- Consulting with researchers evaluating the effect of the Philadelphia Beverage Tax on consumption of sweetened drinks.

Healthcare providers can:

- Counsel patients about physical activity, limiting screen time, and avoiding processed foods and sugar-sweetened beverages.
- Refer patients with pre-diabetes to diabetes prevention programs.
- Recommend that acquaintances who are using opioids seek treatment, and help them find treatment providers.

People can:

- Follow recommendations for nutrition and physical activity, including:
 - Avoid sweetened drinks including sodas, sweetened teas, sports drinks, and fruit drinks. Drink tap water or seltzer with an ounce of juice instead.
 - Limit sugar to 25 grams per day for women and 50 grams for men. Read labels, because sugar is in many products.
 - Limit screen time to no more than 2 hours daily.
 - Engage in physical activity for 60 minutes per day and reduce sedentary time. Make the activity something you enjoy. Do it every day for at least a few minutes even if you can't fit in your full hour.
 - Fill half of your plate with fruits and/or vegetables. This will help you limit portion sizes of other, more calorie-dense foods.
 - Include healthy fats your the diet, such as fish (tuna or salmon), olive oil, or a few unsalted nuts.
- Prepare food at home instead of eating processed, take-out or restaurant food. See [FoodFitPhilly](#) for quick and inexpensive healthy shopping and recipe ideas.
- Find [nutrition and physical activity ideas and programs](#) to help make healthy foods more affordable online.

References and Citation

1. Ogden CL, Carroll MD, Fryar CD, Flegal KM. Prevalence of obesity among adults and youth: United States, 2011–2014. NCHS data brief, no 219. Hyattsville, MD: National Center for Health Statistics. 2015.
2. Hurt, R. T., Kulisek, C., Buchanan, L. A., & McClave, S. A. (2010). The Obesity Epidemic: Challenges, Health Initiatives, and Implications for Gastroenterologists. *Gastroenterology & Hepatology*, 6(12), 780-792.
3. Ogden, C. L., Carroll, M. D., Kit, B. K., & Flegal, K. M. (2014). Prevalence of childhood and adult obesity in the United States, 2011-2012. *JAMA*, 311(8), 806-814.

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