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News Release

Study Finds Continued Progress in Fight against Obesity among City School Students

Rates of obesity and severe obesity among Philadelphia school children decreased by 6.3% and 13.9%, respectively, between 2006 and 2013, according to a study conducted by the Philadelphia Department of Public Health and published in *Preventing Chronic Disease*, a journal of the U.S. Centers for Disease Control and Prevention.

The study, based on height and weight data collected by nurses in the School District of Philadelphia, showed that obesity declined from 21.7% to 20.3% over seven years. Reductions were greater among African American and Asian children (compared to whites and Hispanics) and among boys (compared to girls).

“Just a decade ago, childhood obesity seemed like an insurmountable challenge for Philadelphia. But, through *Get Healthy Philly*, the collaborative efforts of multiple City agencies and the leadership of the Department of Public Health, our great city is seeing real progress on this issue,” said Mayor Michael A. Nutter. “Our work to promote healthy eating and active living in schools, afterschool programs, recreation centers, parks and neighborhoods is having an impact on the overall health and wellness of young

people. These decreases, while impressive, are just the beginning – we have more work to do.”

Nationally, childhood obesity has begun to plateau and, among young children (ages 2 to 5) has started to decline. Communities across the country—including eastern Massachusetts; Kearney, NE; and Los Angeles, CA—have also reported reductions, but Philadelphia’s larger declines among African American children are unique.

Levels of *severe* obesity among Philadelphia school children also decreased, from 8.5% to 7.3%, including significant reductions among African American girls in the last four years. Severe obesity can lead to serious complications during childhood, such as high blood pressure, diabetes, and social and emotional distress.

“Obesity prevention requires a comprehensive set of strategies—from media campaigns to enhanced access to healthy food access to science-based nutrition and physical activity standards,” said Dr. James Buehler, Health Commissioner for the City of Philadelphia. “We should be proud of our collective efforts, but there is still more work to be done.”

Despite reductions in the first three years of the study period, obesity among Hispanic girls and girls in grades K through 5 increased over the final four years. And by the end of the study period, Hispanic children had the highest level of obesity among both boys and girls. These groups may face unique challenges related to diet and physical activity. Based on national data, Hispanic children go to schools with greater availability of junk foods and are exposed to more marketing for unhealthy foods and beverages than African American children. In Philadelphia, Latina teens have the highest level of soda consumption. Moreover, girls may face particular barriers to exercise. A prior local study showed that middle-school-aged girls in the city were five times less likely than boys to get sixty minutes of daily physical activity. The Department of Public Health has already begun to address these challenges by engaging organizations specifically working with girls and Hispanic children.

While the study did not assess the cause for declines in obesity, it cited some potential contributors. Over the past decade, significant national attention has been devoted to addressing childhood obesity by government agencies, schools, community

organizations, and the private sector. Locally, in the mid-1990s, the School District of Philadelphia increased access to free and reduced-cost meals through a pilot program with the U.S. Department of Agriculture. In 1999, it also began offering nutrition education to all students eligible for the Supplemental Nutrition Assistance Program (SNAP, formerly known as food stamps). And between 2004 and 2006, the District worked with child health advocates to implement one of the most comprehensive nutrition policies in the country, including removal of sugary drinks from vending machines. In 2009, school meals became even healthier with the elimination of fryers from school kitchens and a shift to low-fat milk.

Building on these efforts, the City's *Get Healthy Philly* initiative has worked across local government and with non-profit, academic, and business partners to achieve the following since 2010:

- Establishing Wellness Councils in 170 schools, enabling teachers, students, and principals to put healthy policies into practice;
- Developing food and fitness standards for all City-funded afterschool and recreation programs;
- Supporting the creation of 30 miles of bike lanes and 18 miles of trails;
- Integrating walking, biking, and healthy food access into the City's new zoning code and comprehensive plan;
- Assisting approximately 900 corner stores, Chinese take-out restaurants, and farmers' markets to make healthy foods more available and affordable in low-income communities;
- Launching media campaigns about the health harms of sugary drinks and excess salt consumption;
- Implementing nutrition standards for snacks and beverages sold in more than 300 vending machines in City of Philadelphia buildings;

"Interventions that make healthy choices the default can lead to improved health," said Dr. Giridhar Mallaya, Director of Policy and Planning for the Department of Public Health. "To continue making progress with obesity, additional policy changes will likely

be needed, such as food and fitness standards for childcare programs and stronger physical education requirements in schools.”

Unlike childhood obesity, adult obesity in Philadelphia has continued to climb, but the rate of growth has slowed since 2010. Daily consumption of sugar-sweetened beverages among teens and adults in the city has declined by 24% and 16%, respectively, since 2007.

Details of the City’s healthy eating and active living efforts can be found at www.phila.gov/getthehealthyphilly and www.foodfitphilly.org. The full study can be read at www.cdc.gov/pcd or http://www.cdc.gov/pcd/issues/2015/15_0185.htm.

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