

Health Policy

NEWSLETTER

Get Healthy Philly: Policy Change to Promote Healthy Eating, Active Living, and Tobacco Control

The City of Philadelphia has embarked on many groundbreaking initiatives to improve the health of its people and communities. Providing the health policy perspective at a recent Health Policy Forum was Giridhar Mallya, MD, MSHP, Director of Policy and Planning for the Philadelphia Department of Public Health. In this position, Dr. Mallya helps to define public health priorities for the City and coordinates the Department's research and data analysis activities. He is the primary Investigator for *Communities Putting Prevention to Work* (CPPW), a Philadelphia project funded by the Centers for Disease Control and Prevention (CDC). Dr. Mallya is a Jefferson alumnus, having completed his residency in Family Medicine at Jefferson before going on to serve as a Robert Wood Johnson Clinical Scholar.

Dr. Mallya provided an overview of the challenges Philadelphia faces with respect to the issues of obesity and tobacco use. In response to these pressing public health concerns, the city has launched *Get Healthy Philly* as part of the CPPW Initiative. CPPW is a federal program using funds from the American Recovery and Reinvestment Act (ARRA) to explore causal factors and develop solutions that take into account the complex contextual determinants that play a role in public health issues. Philadelphia was fortunate to be awarded two federal grants, totaling \$25.4 million over two years, to support both tobacco and obesity prevention efforts.

Obesity

Dr. Mallya noted that the key determinants of obesity include poor diet and lack of opportunities for sustained physical activity. In Philadelphia, obesity-related health issues are the second leading cause of death (22,000 related deaths in Philadelphia since 2000), and account for \$750 million in health care costs annually.

The combination of increased caloric intake, inadequate consumption of fruits and vegetables, and high consumption of fast food and soda has led to a surge in obesity rates. In 2008, 65%

of adults citywide were obese, as were 46.9% of children. In addition to food consumption, a lack of regular physical activity among Philadelphians is another major contributing factor; one-quarter of children do not get sustained physical activity (30 minutes) even once a week, and almost 50% of adults exercise less than 3 times per week.

Get Healthy Philly will address these issues by focusing on increasing access to healthy affordable foods, decreasing availability and consumption of unhealthy foods, and enhancing opportunities for safe activity in daily living.

Tobacco

Dr. Mallya also discussed tobacco use, a well-recognized public health concern. According to Dr. Mallya, tobacco use is the leading cause of death in Philadelphia; 1 in 3 smokers die of smoking-related illness. In Philadelphia, smoking caused approximately 3,000 deaths in 2006 and is estimated to cause \$800 million in lost productivity annually. In many communities, up to 4 of 10 adults smoke. Of the 10 largest US cities, Philadelphia has the highest adult smoking rate, at 27.3% in 2008. While national trends indicate that smoking is on the decline overall, the smoking rate appears to be on the rise in Philadelphia.

Dr. Mallya discussed the role of advertising in driving tobacco use. As he noted, tobacco advertisements are omnipresent, and tobacco manufacturers are adept at finding ways to circumvent limits on advertising. Smoking is a normative behavior in many Philadelphia communities, and advertisements take advantage of the trends, targeting those communities, often with a specific focus on communities of color.

In addition to advertising, Dr. Mallya also pointed out that pricing and tax policies are key. A pack of cigarettes currently costs only \$5 in Philadelphia, while the same pack is \$11 in New York City. The financial disincentive to consumers may help to drive the change in behavior to decrease their tobacco use or, ultimately, to quit smoking.

While 3 of 4 smokers want to quit, smoking is a notoriously challenging habit to break. Smoking cessation resources that have been shown to assist smokers with their efforts to quit can be difficult to access, resulting in low utilization. Dr. Mallya emphasized that the city needs to work with insurers, employers, legislators, and other stakeholder groups to make cessation support widely available.

In summary, *Get Healthy Philly* is focused on changing the climate to promote quitting by increasing access to smoking cessation aids, and by decreasing initiation (reducing youth access to tobacco products).

How do we make healthy behaviors the default? *Get Healthy Philly* includes 5-7 year goals for both obesity and tobacco prevention, and healthy living is being incorporated into the City of Philadelphia's 2035 Comprehensive Plan which will increase opportunities for safe physical activities. In addition, the city will be conducting careful evaluations of the numerous initiatives included under *Get Healthy Philly*.

Finally, in order to advocate effectively for policy change, the city is taking a strategic approach to data analysis by using geospatial modeling to evaluate data by district, in addition to the more traditional analyses by zip code. The results, in turn, enable the City to make particularly compelling policy recommendations to legislators regarding the pressing public health policy concerns in their respective districts. Hopefully these combined efforts will lead to the changes in context necessary to promote healthy living for all Philadelphians. ■

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For more information on *Get Healthy Philly* visit: <http://www.phila.gov/health/Commissioner/CPPW.html>