COUNCIL OF THE CITY OF PHILADELPHIA

COMMITTEE ON PUBLIC HEALTH AND HUMAN SERVICES

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Room 400, City Hall
Philadelphia, Pennsylvania
Wednesday, February 24, 2010
10:50 a.m.

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PRESENT:
COUNCILWOMAN MARIAN B. TASCO, CHAIR
COUNCILMAN W. WILSON GOODE, JR.
COUNCILMAN CURTIS JONES, JR.
COUNCILWOMAN DONNA REED MILLER
COUNCILWOMAN BLONDELL REYNOLDS BROWN
COUNCILMAN FRANK DiCICCO

RESOLUTION 100089 - Resolution authorizing the Committee on Public Health and Human Services to hold hearings to investigate the emergence of national and local adult and childhood obesity as an epidemic...

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COUNCILWOMAN TASCO: Good morning. I'd like to call the Committee on Public Health and Human Services to order. I'd like to recognize the presence of Councilwoman Blondell Reynolds Brown, Councilwoman Donna Reed Miller and myself, Marian Tasco, Chair of the Committee.

We're here today to have a public discussion on Resolution 100089. It is a resolution and not a bill, so, therefore, we can proceed with the hearing without a quorum, but other Councilmembers will come in as they arrive.

We had another hearing earlier this morning and one this afternoon. So we will proceed so we will not delay and tarry and keep those of you who are very busy away from what you have to do.

So now we'll ask the Clerk to read Resolution No. 100089.

THE CLERK: Resolution 100089, authorizing the Committee on Public

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Health and Human Services to hold hearings to investigate the emergence of national and local adult and childhood obesity as an epidemic, the causes of obesity; the racial and ethnic disparities in the prevalence of obesity and obesity-related illness; and how the ready availability of unhealthy foods and beverages contributes to the obesity of many in Philadelphia and to evaluate obesity prevention and reduction initiatives in order to reduce the rates of childhood obesity.

COUNCILWOMAN TASCO: Thank you very much.

The Chair recognizes Councilwoman Brown for opening remarks.

COUNCILWOMAN BROWN: I thank you, Madam Chair, and let me open by first saying a huge thank-you to the leadership at the Philadelphia Health Department and your colleagues and team members for joining with us in putting a laser beam on this important public

policy issue.

Overweight and obesity, especially among children, have emerged as serious threats to our nation's health. They have risen rapidly among women, men and children of all racial and ethnic groups, and this trend is projected to continue.

Obesity we know is a major modifiable risk factor for cardiovascular disease. It also increases the potential for high blood pressure, high blood cholesterol and type 2 diabetes.

We need to take action. Americans must make better food choices and become more physically active.

And parenthetically, let me thank the Health Department for supporting the menu labeling bill.

The first step is to raise public awareness about the serious threat posed by this growing epidemic and to get information into the hands of those who will act.

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Obesity, which is defined as body mass index, BMI, of 30 or greater, has increased in the United States over the last 20 years. And you should know I became keenly interested in this issue in 2006 when I read a report released by the National Institutes of Health which spoke to the alarming rise of obesity amongst children.

It has grown in the last 20 years from 10 to 27 percent of the adult population and tripled, from five to 18 percent, of older children nationwide.

In Philadelphia, the problem is even more severe, with adult obesity increasing from 25 percent of the City population in year 2000 to 28 percent in 2008, and childhood obesity increasing from 24 percent in 2000 to 28 percent in that same period.

In Philadelphia, there are significant racial, ethnic and geographic disparities in the occurrence of this preventable disease. African Americans

and Latinos had significantly higher rates of obesity in 2008. Obesity rates in upper North Philadelphia are higher than in other areas of the City.

Planning and implementation of multi-faceted interventions -- and that should really be underscored. It's going to take a fabric of interventions to make a dent in this epidemic. Multi-faceted interventions in public health, food policy, urban design and community action are required if we are to be successful in combatting the obesity epidemic.

First Lady Michelle Obama recognized it's a threat poses -- the threat obesity poses to our children, and I close by quoting First Lady, "The physical and emotional health of an entire generation and the economic health and security of our nation is at stake. This isn't the kind of problem that could be solved overnight, but with everyone working together, it can be solved. So let's move."

Thank you, Madam Chair.

COUNCILWOMAN TASCO: Thank you, Councilwoman Brown.

We were very pleased to be able to join with the First Lady on Friday at the Fairhill Elementary School where she made her remarks about her program "Let's Move," and she had visited the Whole Foods Supermarket in Progress Plaza -- Fresh Grocer. We got a lot of new supermarkets. And she talked about the initiative taken in Pennsylvania through the efforts of our State Representative Dwight Evans with his supermarket initiative to bring more supermarkets into the neighborhoods throughout the State of Pennsylvania, and certainly we have opened several new supermarkets in Philadelphia in neighborhoods where for years there have been no supermarkets and people have not had access to fresh vegetables.

And so it was good to have her here, to thank all of The Food Trust, the

Reinvestment Fund and all the groups that participated in this whole campaign to address the issue of obesity. And we are on the move, and we want to thank the leadership of this City, the Mayor, Dr. Schwarz, the Health Department for the work they're doing to get this issue on the front page and the first -- make it a top issue for us in Philadelphia to figure out how we can help our young people with this issue of obesity.

So it's exciting to be here. We thank all of you for coming out this morning, and we're going to begin with our panels. We have placed all of those people who have asked to testify into panels. We have seven panels, so we're going to begin with our first panel.

I would like to recognize Councilman Goode, who has joined us also.

Dr. Schwarz and Bob Sussen from the Philadelphia Health Department.

(Witnesses approached witness table.)

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DR. SCHWARZ: Good morning.

COUNCILWOMAN TASCO: Good morning. Would you state your name for the record and proceed with your testimony.

DR. SCHWARZ: Chairwoman Tasco, Councilwoman Reynolds Brown, members of the Committee on Public Health and Human Services, I'm Donald Schwarz. I'm Health Commissioner in Philadelphia. Thank you for the opportunity to present testimony today on Resolution 100089 concerning the emergence of adult and childhood obesity as an epidemic both nationally and locally.

Obesity is one of the most troubling challenges to the public's health today. Obesity is defined as a body mass index, or BMI, of 30 or greater. BMI is calculated from a person's weight and height. Obesity is a major risk factor for cardiovascular disease, many types of cancer, diabetes, sleep apnea, poor self-esteem and

depression. People who are overweight; that is, those with a BMI of 25 to 29, are also at greater risk of chronic diseases.

Obesity and overweight among children and adults in the U.S. have increased dramatically in the last 20 years. According to the Centers for Disease Control and Prevention, while ten percent of the American adults and five percent of American children were obese in 1990, 27 percent, 2.7 times, of adults and 18 percent of children, more than three times the number of children, are obese today. Research has shown that 80 percent of children between 10 and 15 years of age who are overweight will be obese as adults. Obesity-related medical expenses in the United States were nearly $150 billion in 2008, with taxpayers responsible for half of the costs through Medicaid and Medicare.

Obesity and overweight have become a norm in Philadelphia. According

to the Public Health Management Corporation Household Health Survey, between 2000 and 2008, adult obesity increased from 25 percent of our population to 29 percent. Obesity affected 24 percent of 6- to 17-year-old children in 2000 and now affects 28 percent. Philadelphia in 2008, 64 percent of adults and 57 percent of children were overweight or obese.

While obesity does affect the entire City of Philadelphia, as Councilwoman Reynolds Brown has said many times, geographic and racial and ethnic disparities are significant. In Philadelphia in 2008, blacks and Latinos had significantly higher rates of obesity than whites. In predominantly African American and Latino upper North Philadelphia, nearly 70 percent of children were found to be overweight or obese in 2008.

Increases in obesity are driven by many factors, including genetic risk,

the technology revolution with its associated increases in screen time, decreases in physical activity, challenges in our dietary intake and fundamentally increased energy intake and decreased energy output.

Much of the increase in obesity in the U.S. can be attributed to increased caloric intake, particularly through snacking. As nutrient-poor high-calorie foods have become cheaper and more available, nutritious foods have become relatively more expensive. Families in poverty, therefore, find that unhealthy food products are often their only option. Lack of access to affordable, healthy food is a well-documented risk factor for obesity and related poor health outcomes, and the need for increased access to healthy food is especially great in low income, disenfranchised neighborhoods.

A 2006 report authored by The Food Trust and the Public Health

Management Corporation here in Philadelphia found that residents in low-income neighborhoods here were half as likely to have access to quality grocery stores as residents of high-income neighborhoods. Since the launch of the Pennsylvania Fresh Food Financing Initiative in 2004, significant progress has been made in closing the City's grocery gap, as was stated by our First Lady and as mentioned by Councilwoman Tasco, just this past Friday. However, corner stores which stock high-profit low-nutrition items remain a ubiquitous part of Philadelphia's landscape, serving as food stores for children and adults in many communities that lack supermarkets.

A recent study revealed that Philadelphia school children buy on average 360 nutrient-poor calories from corner stores for just over $1 per visit. Remember that the average caloric need for an active 7-year-old boy in a whole

day is 1,820 calories. That means that a single snack now accounts for almost 20 percent of a child's required caloric intake. A child, therefore, who snacks before, during and after school has already consumed 60 percent of his required caloric intake. We would hope that that 20, 40 or 60 percent includes other nutritional needs like calcium, vitamins, protein and minerals. Unfortunately, the most commonly purchased items were chips, candy and sugar-sweetened beverages, the most common snacks that have little or no nutritional value beyond fat and carbohydrate calories. Local data suggests that nearly 70 percent of Philadelphia residents, and especially children, would eat more fruits and vegetables if they were fresh, affordable and available in their neighborhoods.

In response, Mayor Nutter's Greenworks Philadelphia Plan calls for the addition of more than 70

food-producing gardens and farms to an existing network of 200 throughout the City over the next five years. The Food Trust has created a Healthy Corner Store initiative to supply training and resources to corner stores that want to offer healthier options, but only 40 corner stores out of thousands in Philadelphia are currently involved. Plus, current zoning laws prohibit the display of fresh produce on sidewalks in front of stores, limiting residents' exposure to healthy foods while they walk through their neighborhoods. Instead, they see billboards, magazines and posters advertising nutrition-poor, inexpensive choices. The City boasts over 40 farmers markets, but only 13 are in low-income neighborhoods, with the majority financially and geographically inaccessible to most low-income residents.

Lack of physical activity is certainly another contributing factor to

the increase in the rate of obesity. Some barriers to physical activity in the City of Philadelphia include the loss of local retail activities in our communities. New retail activities have moved to the outskirts of the City where residents must drive to access these services. Other barriers to physical activity: Crime and violence make outdoor physical activity unsafe for many City residents, as we all know. Over half of Philadelphians report that they never use City parks and recreation facilities.

While Philadelphia has the highest rate of bike commuting among large U.S. cities and hundreds of thousands of daily public transit riders, nearly 60 percent of residents drive to work, and transit incentives are underutilized.

Our Philadelphia school children have minimal physical activity requirements by state law, especially

high school students, who are required to take just two semesters of gym in four years of school. After-school programs in the City, which were originally created to provide safe spaces for homework help, generally do not offer structured physical activity. In-home settings, screen time and the physical inactivity that is associated with it are profound. A recent study by the Annenberg School of Communications at the University of Pennsylvania showed that two-thirds of 6- to 13-year-olds in Philadelphia and two other cities had televisions in their bedrooms. The majority watched over three hours of TV per day, and their homes had an average of four television sets. Numerous barriers to physical activity, both infrastructural and social, remain in homes, schools and communities.

The City and its Department of Public Health have taken some actions and are planning a variety of initiatives to

address obesity and obesity-related disorders. With leadership from Councilwoman Reynolds Brown and many others, legislative action led to Philadelphia banning the use of trans fats in food establishments in 2007. Mandated menu labeling for chains of more than 15 food service providers is making calorie and nutrition information available to consumers at the point of ordering for the first time in Philadelphia. These landmark actions signaled that this Council is willing to do what is needed to promote the health of all Philadelphians, and we salute you.

The Philadelphia Department of Public Health is proud to partner with Council on these important initiatives. However, we need to do more to educate City residents about their food choices and limit their exposure to unnecessarily harmful ingredients. The City would also like to enact a series of interventions that will, first and foremost, make

healthy foods more available by increasing the value of food stamps when used to purchase healthy foods, by establishing affordable farmers' markets in more low-income communities, by expanding a network of corner stores that offer healthy foods and produce, and by improving the quality of foods in schools and other after-school settings. In addition, we wish to decrease the consumption of unhealthy foods by enhancing broad-based media campaigns to change social norms around eating, by removing high calorie low-nutrition foods from schools, by providing nutrition education and enforcement of the menu labeling law that exists in the City. We want to promote physical activity in daily living by creating physical activity standards for after-school programs, expanding a pedestrian and bike network throughout the City, and incorporating active living considerations into neighborhood

planning.

As part of promoting physical activity in daily living, the Philadelphia Department of Public Health would like to encourage Philadelphians to walk more and use Philadelphia's many parks. As one of America's most intact historical cities, Philadelphia, as you know, possesses an excellent base infrastructure for healthy, walkable neighborhoods. In fact, the downtown has been rated one of the country's five most walkable urban areas by walkscore.com.

The City also boasts an extensive parks system, including 63 neighborhood parks and Fairmount Park, the largest urban park in the nation, with 9,200 acres and 215 miles of trails. As you well know, there are 52 City-funded recreation facilities with 140 playgrounds, 53 pools and five ice rinks. Everyone could be exercising.

By working in conjunction with other City departments and partners, the

Department of Public Health plans to help reduce the incidence of obesity in the City through a combination of educating people on food choices, making healthy foods more available and accessible to all Philadelphians and promoting physical activity.

I also wish to highlight that we have many Philadelphians who are suffering and dealing with the issues around obesity on a daily basis, and we are not as a city supportive to those individuals, providing not stigma but the supports that are required to help people improve their health, because it is my belief that all Philadelphians wish to be healthy. We need to give them both the chance and the environment to do so.

Thank you for allowing me to present testimony on this important issue. I will be happy to answer any questions that you might have.

COUNCILWOMAN TASCO: Thank you. I think we'll finish with the panel and

then we'll ask questions of everybody.

Mr. Sussen.

MR. SUSSEN: Good morning, Councilwoman Tasco and distinguished members of the Committee on Public Health and Human Services. My name is Robert Sussen. I'm a Management Analyst with the Philadelphia Department of Public Health and a 20-year City employee. I am here today to share my personal experiences related to my lifelong struggle with obesity with this Committee.

I fall into the category deemed morbidly obese, which is sort of a super-sized form of obesity that has brought many conditions into my life which endanger that life. I guess the best place to start is in the beginning.

I was born in the City of Philadelphia in 1961 at the Pennsylvania Hospital and grew up in East Germantown. I was raised by an aunt and uncle, along with my sister and three cousins. Ours

was a working-class family. Our diet was filling, but due to cost considerations contained large amounts of poor-quality fatty meats and processed food, sugary breakfast cereals and packaged snacks such as potato chips. A treat was fast food and a reward was candy.

I was overweight when I entered school, and the offerings of the school cafeteria were just as poor as the offerings that I received at home due to the budgetary considerations of the school cafeterias at that time. Thus began a cycle of poor body image and low self-esteem, leading to a food addiction, which in turn led to a lifelong battle with weight.

In my teen years, I had many hard physical jobs, which somewhat offset my poor eating habits and nutrition, but as I reached college and lost the structure of home life, as most of us know, young people on their own make even worse choices. When I hit college, I

discovered beer, and attending college parties, you have no concept that you're consuming thousands upon thousands of empty calories, that you're working a lot of evening and part-time jobs that make you eat mostly fast food and microwaveable foods because they're readily available to you.

In the years since college I've had a series of non-physically demanding white-collar jobs and have gotten increasingly larger over that period of time. These jobs, while not physically demanding, have at times been very stressful. I served as a social worker for many years at DHS, and at the same time that we were comforting the children with food, we comfort ourselves with food. That, for a food addict, was one more excuse to eat, and at my highest weight some six years ago, I was close to 500 pounds.

Members of Council, I have provided you with this brief overview of

my poor nutritional background and even poorer attitudes towards food in order to present you with some of the impacts and costs that obesity has had on my life. By my early 30's, I had developed sleep apnea and type 2 diabetes. By my early 40's, I had acid reflux, my gallbladder exploded, I developed neuropathy, which has pretty much eliminated sensation in both of my legs. This has also exacerbated my asthma and pretty much destroyed my knee joints, and because of my large size, I cannot get knee replacement surgery because there would be no opportunity to rehab.

My major attempt to deal with this was that some five years ago I attempted to have bariatric surgery, went through the psychological and other testing necessary for the six months prior to that to prepare for the surgery, went into the surgery, woke up in the recovery room thinking that I was starting to a new life and found that the

surgeons, upon opening me up on the table, decided that I had developed fatty liver syndrome due to my poor diet. That is a major enlargement of your liver, which obstructed the surgeons' ability to redirect the pathway of my stomach. That was devastating, and started an even worse spiral of eating and self-recrimination and self-loathing.

I have been dealing with these issues for a very long time and am now at this age, close to 50, have a compromised immune system, which opens me up for any number of illnesses; take 14 meds, including injectable insulin on a daily basis; have lost many days of work with a personal cost to myself, because even with our generous number of sick days, there have been many periods when I've had extended periods of illness that have exceeded the number of sick days available to me.

I've tried any number of commercial diets that were costly and

ineffective. Aside from that, there's also, for those of us that really enjoy our jobs, and I do, there's a loss of productivity to your office, which not just in City service but with private employers is devastating, and while I've been fortunate that my superiors have always been understanding, in many instances in private industry, obese workers are pushed out of their work environments and really have no recourse. They become isolated. They become almost pariahs in our society.

Obesity is one of the few prejudices still accepted in our society. On many cases on the street and in public, I've been ridiculed, and you see it regularly. People, while they would have a hue and outcry for racial prejudice, think nothing for a prejudice that crosses all economic and racial lines.

I'm getting a little off track here. I'm sorry about that, but getting

back to some of the other social impacts, it does make your world very small. As you become larger, you're uncomfortable in public places and restaurants, because the facilities are not set up for large people. You begin to diminish your world to a point where work and home are your world, and for those that no longer have employment, many become homebound and stay that way and really live very unhappy existences.

I hope that the personal experiences that I've shared in some small way help you to decide to add your support to the mission of Deputy Mayor Schwarz in preventing the children of this city from having to deal with the pain and unhappiness that I experienced. We must offer obese adults of this city education and support to better their lives, not write them off.

In January, I started the long road back to health and enjoyment of life with the support of many friends, family

and co-workers. I am blessed to have the support group, but I believe that the scourge of obesity must be aggressively attacked from birth through adulthood, and that inclusion and understanding are the best solution for those isolated by the insidious nature of this disease and prejudices that surround it. The cost savings to our city, for every dollar we spend on prevention education and increased availability of healthy foods to all of our citizens in this city will be repaid tenfold through cost savings in healthcare, increased productivity of our workforces, higher employment of those individuals that through shame or through size prejudice are not employed, and just a better overall life for the many individuals in our city that deal with being a large person on a day-to-day basis.

I thank you all for listening to me.

COUNCILWOMAN TASCO: Thank you

so much for that testimony.

(Applause.)

COUNCILWOMAN TASCO: We'll come back after this young lady.

Are you going to make a presentation?

DR. SCHWARTZ: Yes.

COUNCILWOMAN TASCO: What is your name?

DR. SCHWARTZ: Thank you. My name is Marlene Schwartz and I am a psychologist from Yale University and I work at the Rudd Center for Food Policy and Obesity at Yale. Thank you for this opportunity to come down and speak with all of you.

At the Yale Rudd Center, what we do is study various policy approaches to addressing obesity, and we are looking at all sorts of strategies that are being used across the country. So these include things like strengthening the nutrition standards for foods that are sold in schools, foods that are served in

day cares, documenting the extensive marketing of unhealthy foods to children, such as sugar cereals, the negative consequences of that marketing. We also have published reviews on the research on the specific role of sugar-sweetened beverages in this problem, which I'll discuss. And quite related to the last speaker, we also have done quite a bit of research on the stigma of obesity and discrimination against obese individuals. So I'm going to focus on those last two categories.

As we just heard, there is no question that weight discrimination is a social injustice that reduces the quality of life of many Americans, and despite the fact that being overweight or obese is more common now than it's been in the past, the level of negative attitudes towards obese people has actually risen, not fallen, over time. We've done some research on this and found that weight discrimination has increased by 66

percent in the last decade, and when you ask people to report their experiences, the rates of reporting discrimination now among obese people are comparable to the rates of racial discrimination, particularly among women. So it's reached quite a high level.

As we heard, discrimination is most apparent in employment settings. There's research documenting that obese employees are less likely to be hired, less likely to be promoted and are paid less than their thinner counterparts. There is no federal law to prohibit discrimination based on weight, and only one state, Michigan, has a state law on this topic. The fact that there is no legal recourse for individuals who have experienced discrimination really shows how this type of discrimination is still an acceptable form of prejudice. And I think that this basic feeling that overweight people have brought this on themselves and are to be blamed for their

own condition has really led us as a culture to focus on personal responsibility rather than looking in a more holistic way at the environment and all the factors driving poor diet and low levels of physical activity.

The good news is I feel like this has been changing a lot, and as has already been brought up a couple of times, the First Lady's initiative is a beautiful example of how there are efforts now to really bring everyone together and think about this in a much more complex way, and this hearing is another example of that.

So one driver that I would like to spend a little more time on is the unique role of sugar-sweetened beverages in the risk of obesity. The biggest shift in beverage consumption among children in the last 40 years has been an increase in sugar-sweetened beverages and a decrease in milk consumption, and if you go to a convenience store, you can

see it right there. In addition to all the traditional carbonated beverages like Coke and Pepsi that we grew up with, there are now sports drinks, energy drinks, flavored water, sweetened teas, fruit drinks with added sugar and more. So there's a huge growing market of these types of beverages.

The calories consumed from sugar-sweetened beverages have doubled since the 1970s, and children now consume an average of 173 calories per day, and these are basically pure sugar calories that really aren't recognized by the body when they're consumed. What I mean by that is, when you drink calories, sort of sugar calories like that, your body doesn't register that you've taken that in and you don't compensate for those calories as well in your intake for the rest of the day. So what happens is, people who drink these types of beverages end up having a lot more calories over the course of the day than people who

don't.

The science in this area is extremely compelling. There are studies after studies that use a lot of different research designs and samples that have found that sugar-sweetened beverages play this unique and significant role in providing excess empty calories that contribute to weight gain and health problems such as type 2 diabetes. One particularly compelling study was a two-year research study in Harvard -- at Harvard done in middle school children, and they found that for every serving of a sugar-sweetened beverage, the risk of being obese increased by 60 percent for those children.

So you will hear from people from the beverage industry or from scientists who receive funding from the beverage industry that the science is mixed, that there are no bad foods, that a calorie is a calorie and that it's really not fair to pick on this one

product. My response to that is that you may not want to use the word "bad," but you can certainly say there are empty calories that provide excess unwanted sugar, and those are not the same as calories that provide needed nutrients.

Another message that you may hear is that decreasing sugar-sweetened beverage consumption won't solve the problem of childhood obesity, and the answer to that is, of course. No one action is going to be powerful enough to turn this epidemic around. This is a complex problem. It requires comprehensive solutions, and that's why you have such a variety of speakers today. But while not independently sufficient to change this, decreasing sugar-sweetened beverage consumption is a necessary and critical piece of the picture, and it must be part of a larger plan to improve diet and reduce obesity.

Thank you.

COUNCILWOMAN TASCO: Thank you

very much for your testimony and thanks for coming down to provide that testimony.

Councilwoman, you have questions? Go ahead.

COUNCILWOMAN BROWN: Let me thank all of you very, very much for laying a firm foundation on why it's imperative that we look at this issue, and let me thank Mr. Sussen for your very compelling personal story, which affirms why we need to, as public policymakers, do better.

One of my questions was going to be -- and you answered it through your story -- is there a role for government, and you made it clear and plain absolutely yes. You also answered my question with regards to how obesity affects costs. So I thank you also for simply underscoring that.

Dr. Schwarz, in your testimony, you mention that there are going to be educational efforts underway linked to

the menu labeling. Can you just briefly elaborate on that, if you would.

DR. SCHWARZ: There already are efforts in the Philadelphia public schools to help children understand how to read labels and particularly understand menu labeling.

COUNCILWOMAN BROWN: Is that universal across the District yet?

DR. SCHWARZ: They're working to make it universal in every classroom.

COUNCILWOMAN BROWN: All right, then.

For your FYI, thank you for your testimony. We're pleased to say that here in Philadelphia, Philadelphia public schools, if I might toot my own horn for 60 seconds, I introduced a resolution in the year 2002 asking the schools to discontinue sodas for all the reasons you just stipulated. The recommendation was K through 8, and then the School Reform Commission decided in their infinite wisdom, no, K through 12.

So in the Philadelphia public schools for children K through 12, they're not supposed to have access to the machines.

(Applause.)

COUNCILWOMAN BROWN: So we were ahead of the curve.

Dr. Schwarz, is Philadelphia different than other parts of the country when it comes to the role of poverty and the obesity epidemic?

DR. SCHWARZ: No, it isn't, but remember that of the ten largest cities in the country, the poverty rate is the highest here by a substantial proportion. So anything that affects all cities related to poverty will be particularly evident in Philadelphia.

COUNCILWOMAN BROWN: And then lastly, the answer has been addressed, what public health and healthcare providers can do and should do, which has been outlined in your testimony.

So I thank you again for making the trip. Thank you for your compelling

story, and clearly the mission --

COUNCILWOMAN TASCO: Don't go yet.

DR. SCHWARZ: Thank you.

COUNCILWOMAN TASCO: It's her resolution, so I deferred to her to ask the first questions, but I have a couple myself. Again, I thank all of you for coming to testify, and certainly your personal testimony is very appropriate and very informative for all of us. You know, we all have friends or someone who we know who is fighting the challenge of obesity, and so it's not anything that's new to us and we certainly understand the pain that you go through.

When you were testifying, Dr. Schwartz, Marlene Schwartz, I thought about the incident with the airline seat, and there are people I know who have to buy two seats because of their size. So, I mean, certainly this issue now is very national, on television. They're talking about it. They were on Nightline last

night with a program about it, but I want to ask a question.

There's been some just small pushback, and it could be political, but why would you think there would be pushback to the First Lady's promotion of this initiative of obesity? Because some comments have been they don't think government should be in their business, they shouldn't tell them what to do. Would you like to comment on that?

DR. SCHWARTZ: Sure. Well, I think that when it's a matter of public health and public safety, that it is government's business, and I think that there needs to be a shift, as I said, looking at obesity as a matter of personal responsibility to more of a societal problem, especially because of the associated costs, the burden of which are put on the government and the public. So I liken it to things like smoke-free workplaces, seatbelts, you know, fluoride in water. There are lots of ways in

which the government does intervene in our lives in order to create an environment that will be healthier for us.

COUNCILWOMAN TASCO:

Dr. Schwarz.

DR. SCHWARZ: I would add that I think we need to -- and I hope this panel has made it clear -- we need to have an approach that prevents obesity rather than discriminating against those who are struggling with obesity. And I think that is a very careful line that needs to be drawn, and I very much appreciate the First Lady's approach, which says we all need to be healthier and these are the things that we all need to do so that all Americans have the ability to work toward better weight control. I think it's embracing and I think it's less stigmatizing, but we have issues on both sides of this. We have issues on the "how to prevent" and we have issues on discrimination, and

government has a role in both of those concerns.

COUNCILWOMAN TASCO: You talked about the current zoning laws prohibit the display of fresh produce on sidewalks in front of corner stores. Have you talked to the L&I Commissioner about that and how we might address it?

DR. SCHWARZ: I believe that there may well be action needed by Council. So there's an ordinance that goes way back in terms of public health, actually. In the past, there's been concern both about vectors and vermin in the City and about contamination of food products. We now have better display approaches, and I think that we could do this in a better and more controlled way that would at least allow children to see the variety of fresh fruits and vegetables which they might otherwise not see in their communities today.

COUNCILWOMAN TASCO: An experience I had when I first became a

Councilmember was on 5th Street. I had two grocery stores catty-corner and they both wanted to display their fruit on the sidewalk, and so to resolve the issue between the two and the competition, we did spot zoning, and we went over and measured and told them how far they could come out to the sidewalk. We didn't prevent them from selling the fruit, but we did set up the parameters through the Zoning Board, zoning process, that they could display their vegetables, but they couldn't extend -- there were so many feet, there were guidelines under which they had to display.

DR. SCHWARZ: Yes.

COUNCILWOMAN TASCO: So that is possible to do right now through the zoning process.

DR. SCHWARZ: Thank you.

COUNCILWOMAN TASCO: And we're also in the 50th Ward, the local CDC now has a fresh vegetable market. I think it's either maybe once a month or once a

week up on Wadsworth Avenue. Again, we had to go to get the zoning permission to do that, but because we had the support of the businesses on Wadsworth and the neighbors -- because I did have a shoe store that wanted to display their shoes on the street and I wouldn't let them do that, but we did do the vegetables. You have to walk a fine line when you're an elected official. You know, you can't do shoes, but you can do -- we did set up a vegetable market. And wherever we can, we try to provide access to fresh vegetables, fresh fruit and vegetables.

I know the School District is going to testify, so I'll leave the questions I have about the School District.

Have you taken steps to coordinate with Recreation Commissioner Susan Slawson and the School District to develop new ways to promote physical activity among adults and children?

DR. SCHWARZ: Absolutely. That

planning is going on, and they have been incredibly strong participants and advocates.

COUNCILWOMAN TASCO: I will tell you when my grandchildren were little, Finley Rec Center was like a half a block down the street, and I would say, Why don't you go to the playground.

Oh, somebody might grab us.

I said, Who wants you?

But, you know, that was a fear that they had because of just the whole environment, the whole media stuff about violence, children being picked up. So I would have to take them down there, but it was a wonderful -- the Rec Department had provided a wonderful play yard for the neighborhood children, but it was not really utilized that much. Because in our day, we used to just be all over the neighborhood and our parents couldn't find us half the time, but times have changed and so children are much more cautious about where they go.

DR. SCHWARZ: Yes.

COUNCILWOMAN TASCO: But you're right, the activity is extremely important.

Any other questions or comments?

Councilman Goode and then Councilman Jones.

COUNCILMAN GOODE: Thank you, Madam Chair.

COUNCILWOMAN TASCO: Councilman Jones always attends every hearing and he sits in his chair and I forget to call on him.

Councilman Goode and then Councilman Jones and then Councilwoman Miller.

COUNCILMAN GOODE: Thank you, Madam Chair.

One of the things that stuck out in the testimony of Dr. Schwartz, Dr. Marlene Schwartz, was the issue related to experiments, manipulating food prices, decreasing the cost of healthful

food relative to the cost of less healthful foods and the statement that it's been found to be effective in promoting the purchase of more healthful items, which to some extent is common sense. But in the context of the relationship between poverty and obesity and poverty and health, how do you believe that can be achieved other than by increasing prices on unhealthy foods? Have you seen instances or matters in public policy where we've actually been able to decrease the prices on healthy foods?

DR. SCHWARTZ: Well, it's really the relative price that's important.

COUNCILMAN GOODE: So, in other words, the way to achieve it is purely by increasing prices on unhealthy foods?

DR. SCHWARTZ: Well, that's the strategy that's been tried in other areas, meaning it's been -- cigarette taxes have been a strategy to decrease

use of cigarettes, and that has shown to be effective; that is, cigarette prices go up, use of cigarettes does go down. And the groups that tend to be the most responsive to price increase are actually younger people and also people who have less money, which makes sense, they'd be more sensitive to price changes.

So one idea that's been discussed in other places is the idea of taxing sugar-sweetened beverages and having something like a penny-per-ounce tax that would discourage the choice of that beverage and encourage, because it would be relatively less expensive, water.

COUNCILMAN GOODE: It doesn't necessarily make it less expensive. The relative costs change, but the issue is how do we actually look at the possibility, if it's actually possible legally, to manipulate food prices in terms of lowering the cost of healthy foods? Have you seen any instances of

that? In other words, to some extent, particularly in the City that has a 24 percent poverty rate, that that may continue to expand, it could be said that healthy food is cost prohibitive for a portion of the population.

DR. SCHWARTZ: So one idea would be to take the revenue that was generated by a tax and put it towards subsidizing the healthier foods, and that could be done in a variety of ways. I mean, one way could be through either WIC or the SNAP program to provide extra support for those programs so that people could use their benefits to obtain more healthier foods, or other kinds of subsidies like that. But it would be -- you'd have to target -- take the revenue generated by the tax and target it specifically to then subsidize the foods that you wanted to promote.

COUNCILMAN GOODE: But beyond that, you don't have any examples of how we could actually control the food prices

of healthy foods?

DR. SCHWARTZ: No.

COUNCILMAN GOODE: Thank you.

Thank you, Madam Chair.

COUNCILWOMAN TASCO: I'm going to interject along this line of thinking. Dr. Schwarz, what is the Health Department doing to educate people about how to prepare healthy meals? Because part of it is education, and I looked at Mr. Sussen in terms of you said your parents, it was the cost and also -- I forget exactly what you said, but maybe if your mother knew how to prepare meals that were less expensive than the pre-packaged stuff or whatever was going on back in '61, she might have had a different menu for you.

MR. SUSSEN: Councilwoman, I think a lot of it is what Councilman Goode has said, though. My family didn't have a lot of money, and in many cases, you look to fill the bellies of the children in your house. That isn't

always the best food. I think we're back to cost of good food, because now that I've seriously committed to dieting, eating healthy in our city is expensive. Fresh food, vegetables are very expensive. Hell, for what we -- I'm sorry. I don't mean to curse, but to buy a bag of apples, you can buy fast food for an entire family if you buy poor-quality food.

I think poverty is a very large part of this whole issue, and I'm not bright enough to know the answer to that other than they're tied together, poverty and nutrition, and that's why it's important for government to intervene. Government is the only one with the ability to mandate and to help interject itself into situations where private commerce doesn't work, because the market is going to charge whatever it will bear.

DR. SCHWARZ: I think you'll also hear today from those in Philadelphia who have tried to work

specifically on the issue of how to make low-cost healthy food available in communities. But you specifically asked me about what the Health Department was doing to educate people about how to prepare healthy foods, and what I have to answer is, not enough. The Department has programs in our health centers. We've worked with coalitions in Philadelphia. There is something called PUFFA, which is a Philadelphia initiative for healthy lifestyle, including food and fitness. Those partners, some of whom are here today, will tell you about what everyone is doing to try to educate folks. I have to say that more needs to be done. The School District is a good partner. I think they'd like to be an even better partner. We have to work together to figure out what the right messages are. I am particularly excited that WIC has included since this past October fresh fruits and vegetables as part of what women and children can now

get with WIC vouchers.

COUNCILWOMAN TASCO: I saw that at the store.

DR. SCHWARZ: It's a 25-year fight that succeeded, and that will make a major difference to the relative cost to families and particularly vulnerable children and pregnant women for healthy foods. And I believe you are right, we have a responsibility to help families understand how now to prepare those foods, but they have to have access to them. So it's multi-faceted. We have to get healthy fruits and vegetables, healthy foods into communities. We have to help people find even better ways to finance those healthy food choices. We have to disincentivize things that people have traditionally eaten and gotten used to eating, I'm afraid, while we give them new incentives and new information. I think it's multi-faceted.

COUNCILWOMAN TASCO: Thank you very much.

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Councilman Jones.

COUNCILMAN JONES: Thank you, Madam Chair. And you're right, I do come to your hearings and you are always gracious enough to allow me input. Thank you.

I want to congratulate you for having this hearing, first of all, and it's an important issue that I first heard of from Councilwoman Blondell Reynolds Brown. Quite frankly and quite candidly, I didn't understand the true importance of it until you did a map that showed where the problem of obesity was and then an overlay as to where health issues like diabetes and kidney failure which were synonymous to neighborhoods of low health and understanding of healthy eating, high degrees of improper food.

Michelle Obama said on Good Morning America that there are some neighborhoods that have what are called food deserts, food deserts, where you can't find healthy foods for miles.

There was a survey that I did on Facebook, Wilson, where I said you can tell the quality of your neighborhood, what do you run into first - a child on a porch with a book, a fresh vegetable or a gun? And in many of those food deserts, you find unfortunately the unhealthy food and the gun. And if you start to overlay the statistics of many of the bad things that happen in low-income neighborhoods, many people, many theorists, believe it comes to nutrition, hypertension, hyperactivity by way of our young people, because something is going on with them nutritionally and it starts there.

So I'm pleased to see the City's efforts to work on these issues. I think that it is important that that food stamp idea reinforce what our thinking is. I couldn't think of one thing that can do more to incentivize positive eating behavior, and I support that.

As we move forward with this, I

understand Praise 103 wants to do something to encourage this fitness thing, and I hope that our fitness czar, if we still have one of those in the budget -- we cut that?

COUNCILWOMAN TASCO: Call Councilwoman Brown. I do Curves.

COUNCILMAN JONES: I'm hoping that we as an Administration and as a body, as a Council, take this charge on seriously both in our legislative work but in our deeds by way of disbanding these food deserts in our community. And I like your idea, Councilwoman Tasco, about those fruit stands, because I remember as a child going down 60th Street in West Philly and being able to get a fresh fruit or vegetable. And we need to maybe even encourage a Halloween that does not have candy and maybe we can --

COUNCILWOMAN TASCO: We'll give out fruit.

COUNCILMAN JONES: So I'm

thankful for your work of this Committee. I'm thankful to my colleague, Councilwoman Reynolds Brown, and thank you for educating me about the importance of this issue.

Thank you, Madam Chair.

COUNCILWOMAN TASCO: Thank you very much.

The Chair recognizes Councilwoman Miller.

COUNCILWOMAN MILLER: Thank you. Thank you, everyone. Good morning.

(Good morning.)

COUNCILWOMAN MILLER: I just want to touch on the food desert issue. One of the ways that we can help as City Council members is to encourage more fruit and vegetable truck vendors in neighborhood locations, and we'll have to work on that. We can do that. We can do that in neighborhoods. I know that of those stores and truck vendors in my district, they make lots of money. I mean, it's a good way too to help with

the recession. When we're looking for people that are unemployed, let's talk them into being a vendor that sells fruits and vegetables, and maybe there's other ways we can help them get what they need for their business.

Sometimes, though -- and I'm not saying that we should put them near supermarkets, because the supermarkets complain, because that's a premium item. We don't need them in supermarkets. We need them out in neighborhoods where there is no supermarket.

And I also wanted to touch on the weight discrimination. For about nine years, I worked in Employment and Training, and I was actually in charge of admissions, so I would bring all kinds of students in, because I wanted our staff to be challenged, because they were good. Any time there was a person that we brought in that was overweight or obese, I knew that we were going to have a really hard time getting them employed.

Our training was clerical skills. Many of our students became bank tellers, et cetera, positions where they're out front greeting and meeting the public. I always held a particular interest in helping those weight-challenged people get employment. So I do know that there's absolutely just discrimination in the area of employment with those people that are overweight.

I wanted to ask you a question, though, Mr. Sussen. I can look at you and see your problem. What about your sisters and your cousins that you grew up with? Is the whole family --

MR. SUSSEN: Yes. My entire family, the members that I know, have always had problems with weight. Probably because of the eating patterns, but from what I understand, going back generationally my people have been big people, and a lot of that, though, I think is addressable if we had had the right nutrition in our home. I think

education starts with the parents, because they're the ones feeding the children, and then the children from pre-kindergarten on, because I made a lot of bad eating choices.

I don't put the blame for my obesity solely on the society we live in. I made a lot of really bad food choices and built upon those bad choices, but a lot of that was the easiness in our society to eat badly. And then once you begin to get large, you run into that horrible cycle of you're large, so you're isolated, so you eat more and get larger and keep further isolating yourself. That's why I think no matter what we do as a government, we need to reach out to a lot of these people that truly once you reach a certain size, as you said, you start to have problems gaining employment and have a substance existence in the society, bring them into our family of the City of Philadelphia, help them up so that they get jobs, feel better, can

afford better food, can do the things necessary to make their lives right. It's a hard thing.

COUNCILWOMAN MILLER: Well, I know one thing you said earlier was that it's more expensive for you to eat healthy, but you can go to -- there are places that you can buy tomatoes, all kinds of fruits and vegetables much less than what they charge in supermarkets.

MR. SUSSEN: Surely, ma'am, but I've got a nice --

COUNCILWOMAN MILLER: And they're very popular places.

MR. SUSSEN: I go to 9th Street to the produce market to cut costs, but, again, we're a city of neighborhoods. You know a lot of people in our little neighborhoods around the City spend much of their lives in an eight-block area and don't go much beyond that.

COUNCILWOMAN MILLER: I do know that. I realize --

MR. SUSSEN: That's why -- I'm

sorry.

COUNCILWOMAN MILLER: And the other thing, we are a product of how we live. Children learn what they live.

MR. SUSSEN: Yes, ma'am.

COUNCILWOMAN MILLER: Yesterday one of my staff members and I were talking about this upcoming hearing and talking about lifestyles and structured meal plans versus, he called it -- his eating habits are eating for convenience.

When I was a child, I lived with my parents, but I used to stay with my grandparents all the time, and my grandmother used to make this wonderful food, and then, of course, my mother made that kind of food. Then I became an adult, who was not used to cooking, so I had to learn how to cook as an adult while I was raising my family, and I am still in the habit of making sure that we have prepared cooked food.

I have a friend who all week long they eat fast food and on the

weekends they have prepared food, she cooks. And when she told me what they do, it kind of shocked me, because we ate a home-cooked meal every night. We ate together as a family. We sat down at the table and we ate. And if we had pizza or a steak sandwich or a hoagie, that was a weekend treat. It was not a standard part of our meal plan. Nowadays it's different.

I remember when I had my first daughter, McDonald's came to town. When I was growing up, there was no McDonald's. Certainly there were, you know, restaurants where you could go buy lunch or whatnot. And my daughter and my niece used to go to my mom's for after school, and every day they wanted her to take them to McDonald's. So after about two weeks, my mother was really funny, she just says, I am not taking these children to McDonald's anymore. I am not buying Ronald McDonald a new suit. So that's how we cut out the McDonald's

every day after school, and then they would just going on the weekends or if we went shopping.

But certainly when we were growing up, we were not in the habit of going to fast food restaurants all the time. I grew up here in Philadelphia in Germantown. I noticed you grew up in East Germantown, but I am older than you, because I looked for your age and I'm saying, you know, what supermarkets were around? There were supermarkets around that East Germantown people accessed. We've always had supermarkets, you know that, in Germantown, and we still have them. And we did just open up a new Fresh Food Grocer in an area near Chew and Chelten, I'm sure you're familiar with, and there had not been a supermarket there in more than 30 years, but we have that now.

MR. SUSSEN: The Acme closed, ma'am.

COUNCILWOMAN MILLER: Remember

the Acme right there at Germantown -- I mean at Chew and Chelten. We've opened a Fresh Grocer at Chew and Church Lane, which is a few blocks down the street.

But I also wanted to pick up -- Curtis Jones asked about the food czar or whatever she was.

COUNCILWOMAN TASCO: Health czar.

COUNCILMAN GOODE: Fitness czar.

COUNCILWOMAN MILLER: Fitness czar, right. And you know what? I thought it was fun. I signed up once for one of those fitness journeys, even though because of my schedule I really could not keep -- I couldn't do all that they wanted done.

But, remember, Tasco, years ago we talked about looking for empty space to bring in exercise equipment? Right now there are people I know from City Council that use the 5th Floor.

COUNCILWOMAN BROWN: Sixth

Floor.

COUNCILWOMAN MILLER: Sixth Floor, 5th Floor. They use the 5th Floor as walking. They walk around the 5th Floor every day at lunchtime.

If we had more access to those -- if there is a room, if the City is interested, we can find some space in some of these buildings where people -- we were going to actually bring in equipment that we had at home and we weren't using and we figured we could use it here, but that's something that we need to think about doing. Many corporations, you know, have exercise rooms or fitness centers on site and people can do that at lunchtime or break time or after work, and I think that those are kind of important too to make available to City of Philadelphia employees. And cooking classes are really good. As Tasco said, we have to learn how to cook healthy.

So we're just in a different

world now. But one thing I did want to say to Dr. Schwartz, the other Dr. Schwartz, the Marlene Dr. Schwartz -- I wanted to call you the Philadelphia Dr. Schwarz. But one of the things I've noticed -- I have a large family. We have lots of kids and whatnot, and one of the good things I have noticed, yes, they are crazy about sodas and whatnot and when we have barbecues, we don't like them to drink sodas, mainly because they waste them. You end up throwing out more than half the can. But I have noticed that more and more of the children are grabbing bottled water, and we don't -- at least in my house we don't have the water with the sugar and the flavor or whatnot, because I don't like that. I think it's too sweet and we just use plain old bottled water, and I thought that that was a good thing.

DR. SCHWARTZ: I think that is a good thing. We did a study in Connecticut where we had gone into a

school and sort of did what you guys had done so much earlier where we took out the soda and we added water, and we found that the kids will drink the water if it's there.

COUNCILWOMAN MILLER: They were really into water. It's amazing.

DR. SCHWARTZ: So I think there's a lot of potential to really have children focus on drinking water and not turning to the caloric beverages.

COUNCILWOMAN MILLER: I've seen that turn around over the years from the young people that come to my home.

So I too want to thank you. I do think government should be involved. I think it's important, because you named all the reasons why government or how it impacted. It also impacts government in terms of funding. If we're paying as much as you quoted in here that we're paying for Medicare because of obese-related illnesses -- I'm a diabetic. I did not become a diabetic

because I was overweight or obese. I had stress problems because of my daughter's illness. I have a daughter who had pediatric cancer, and shortly after all that is when I became a diabetic, which my doctors thought that was going to happen anyway. So I try to do the right thing, but I'll tell you, though, those pizza commercials at night really tempt me. Oh, my God, you look at the commercials that come on at night when you're in your bed, it's like, God, I got to get one tomorrow. But so far I haven't done that. I have not done it.

COUNCILWOMAN TASCO: You forget.

COUNCILWOMAN MILLER: Yeah, I do forget it.

But anyway, thank you for coming, too.

DR. SCHWARTZ: Thank you.

COUNCILWOMAN TASCO: Thank you so much. We appreciate your testimony. We appreciate your time. Thank you for

coming down --

DR. SCHWARTZ: Sure.

COUNCILWOMAN TASCO: -- from Yale to share with us.

Our next panel will be Leslie Best, Pennsylvania Department of Health, and then after her -- is Leslie Best here?

MS. BEST: Yes.

COUNCILWOMAN TASCO: Okay. Now, our next panel after this will be Dr. Snyder from Independence Blue Cross, Dr. Shirley Huang of CHOP and Vikki Lassiter of Penn African American Obesity. So if you're prepared, they'll come up next.

(Witnesses approached witness table.)

COUNCILWOMAN TASCO: Are you Dr. Snyder?

DR. SNYDER: I am.

COUNCILWOMAN TASCO: Are you going to come on this panel? All right. Because Dr. Schwartz came on the other

panel. Okay. That's fine.

Before you begin your testimony, the Chair recognizes Councilwoman Brown.

COUNCILWOMAN BROWN: I thank you very, very much. I do want to seize the moment while they are able to stay, because they have to report back to Radio 1, but we're pleased today that Ronald, calls himself "Big City" Goodwin and Desiree "Dezzie" Neal are here from Radio 1, 107.9 and 103.9, and they are radio personalities who are overweight and are taking a keen look at this issue to see what role they can play with my office and with the Department of Health to get this up on -- to pump up the volume, to quote a song.

So we want to thank you for your presence here and look forward to the work that will continue as a result of today's hearings. Thank you very much.

Thank you, Madam Chair.

COUNCILWOMAN TASCO: Thank you, and thank you for coming. And that certainly is a venue that we can use to get our messages out about what we're doing about this whole issue of obesity.

We thank you for coming. Ms. Best, would you please identify yourself for the record. We will ask each of you to testify and then we'll take questions at the end of the presentation.

MS. BEST: Yes, ma'am. Thank you. Good morning, Chairwoman Tasco and members of the Health and Human Services Committee.

COUNCILWOMAN TASCO: Would you speak into the mike. Pull it to you, please.

MS. BEST: My mother never accused me being quiet.

Good morning, Chairwoman Tasco and members of the Health and Human Services Committee. Thank you for the opportunity to testify at this important

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policy hearing on childhood obesity. My name is Leslie Best, Director of the Bureau of Health Promotion and Risk Reduction with the Pennsylvania Department of Health. I am presenting information today on behalf of Secretary of Health Everette James, and I'm pleased to have the opportunity to provide this Committee with the information on childhood obesity in the Commonwealth and the Department's efforts to address obesity by improving nutrition and increasing physical activity.

The Department would like to commend the Council for its recent resolution and its leadership in holding these hearings.

At the turn of the 20th century, the major causes of death and disease were markedly different from what we currently see. Today, the challenges from infectious diseases such as tuberculosis, diarrhea and other communicable diseases have been far

surpassed by chronic diseases such at diabetes, heart disease, stroke and cancer. Seven out of ten deaths are related to chronic diseases. Five chronic diseases - heart disease, cancer, stroke, chronic obstructive pulmonary disease and diabetes - cause more than two-thirds of all deaths each year.

However, deaths alone don't convey the full impact of chronic disease. These serious diseases are often lifelong conditions that are treatable but not curable and also represent a diminished quality of life. This burden is shared by adults, adolescents and children of all ages, and the attendant economic impact is borne by taxpayers and by employers. The CDC, the Centers for Disease Control and Prevention, reports that the medical costs for treating obesity-related illnesses are $147 billion in 2008. That's up from 78 and a half billion dollars just ten years ago.

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Obesity is now second only to tobacco as the leading preventable cause of death and disease. Obese children and adolescents are at risk for health problems during their youth and as adults, as being overweight or obese increases the risk of many chronic diseases.

Environmental factors, including lack of access to full-service grocery stores, increased costs of healthy foods, lower cost of unhealthy foods and lack of access to safe places to play and exercise, all contribute to the increase in obesity rates by inhibiting or preventing healthy eating and healthy lifestyles.

In Pennsylvania, 64 percent of adults are overweight or obese. That's 72 percent of men and 57 percent of women are overweight or obese. According to 2010 research issued by the Journal of American Medical Association, the corresponding national prevalence is 68

percent of adults are overweight or obese with 72 percent of males and 64 percent of females being overweight or obese. So Pennsylvania is comparable to the national statistics.

Childhood obesity is also a major public health concern in Pennsylvania. Based on body mass index that's supplied annually to the Department by all Pennsylvania schools, almost 32 percent of children in grades K through 6 are overweight or obese. About 33 percent of children in grades 7 through 12 are reported as overweight or obese. In 41 of Pennsylvania's 67 counties, more than 35 percent of children are overweight or obese.

We know overweight children face increased health risks both as adolescents and as adults, as we've seen an increase in the incidence of type 2 diabetes, asthma, sleep apnea and joint problems among our youth. The CDC reported this month that as a result of

the childhood obesity epidemic, about 20 percent of our children now have abnormal cholesterol levels.

Last year, the CDC issued a report that included 24 recommended community strategies and measurements to prevent obesity, and those strategies also reflect recommendations from the United States Task Force on Community Preventive Services. Both reports recommended the creation of or enhanced access to places for physical activity based on strong evidence of the effectiveness of those practices in increasing physical activity. Urban design and land use interventions that support walking are important elements of the built environment and have been demonstrated to be associated with increased physical activity both in adults and children.

Another recommendation is to increase the amount of physical activity in physical education programs in

schools. As we all understand, that increasing the amounts of moderate to vigorous physical activity in our youth increases their fitness. Together with the Philadelphia Department of Health, we're working with middle schools here in the City to give kids an opportunity to engage in physical activity every day.

Taking action against childhood obesity is a state and national and local priority. President Obama has established a Task Force on Childhood Obesity, and he charged them to develop an interagency action plan to solve the problem of obesity of our nation's children within a generation. First Lady Michelle Obama has joined with community leaders, teachers, doctors and parents in a nationwide campaign to address childhood obesity that will give parents the support they need, to provide healthier foods in schools, increase physical activity and make healthier food available in our communities. During her

visit just last week, the First Lady held out what is being done now in Philadelphia as a model for the nation as an example of community efforts to improve the health of our children.

I'm pleased to report that your state Health Department has taken several steps that align well with "Let's Move," the First Lady's initiative, that confront the childhood obesity epidemic. For example, we're using federal funding to leverage matching funds from health foundations to implement the Active Schools program in 40 middle schools across Pennsylvania. Five of those middle schools are in the City of Philadelphia. Schools are implementing evidence-based physical activity programs to ensure students participate in at least 30 minutes every day of moderate to vigorous physical activity; a collaboration with the Pennsylvania Medical Society to provide education and information to over 21,000 primary care

practitioners, physicians, physician assistants, nurse practitioners on childhood obesity prevention and treatment. We are including medical education for these front-line practitioners, as well as BMI measurement tools and information.

Pennsylvania was the second state of the nation to require a BMI measurement of every school child, and we're using this data to track the impact of childhood obesity and to better target interventions.

With American Recovery and Reinvestment Act funds, we plan to complement physical activity programs with nutrition education in schools. Working with schools and food service suppliers, we plan to implement an age-appropriate menu labeling system in schools that will help make the students make healthier food choices.

Working with community-based partners, we plan to establish the

walking routes that will promote not only the historical and cultural heritage of our communities, as we heard earlier about the City of Philadelphia, while at the same time promoting physical activity suitable for use by families, teachers, for all ages and all abilities.

There's no question that lifelong habits with respect to nutrition and physical activity begin in childhood, and we need to intervene early through education and through environmental policy change to promote healthy weight and prevent obesity-related chronic diseases.

The burden placed on our society by obesity and related chronic diseases is enormous. CDC has estimated that in Pennsylvania medical expenses attributed to obesity exceed $4 billion, 1.2 billion of that is made up by Medicaid. Although diet and exercise are key factors that affect weight, environmental factors beyond individual

control, such as lack of access to healthy foods, safe places to play, are also contributing factors to obesity, because they reduce our ability for healthy eating and active lifestyles. State and local strategies to promote and increase physical activity and healthy eating among children must engage the families, the schools and our communities to create an environment of healthy choices, healthy schools, physical activity and access to healthy foods. This comprehensive, coordinated approach can help us use those policy environmental changes to transform communities into places that support and promote healthy lifestyles for all our citizens.

On behalf of Secretary of Health James, I thank the Committee for providing the Department of Health the opportunity to participate in this most important discussion.

Thank you.

COUNCILWOMAN TASCO: Thank you very much and thank you for your testimony. We'll come back with some questions.

Would you identify yourself, please, for the record.

DR. HUANG: Hi. I'm Dr. Shirley Huang, Medical Director of the Healthy Weight Program at the Children's Hospital of Philadelphia. First of all, thank you so much for giving me the opportunity to testify at this hearing on childhood obesity.

The Healthy Weight Program strives to improve the health and quality of life of children with excess weight by delivering excellent clinical care, engaging families in making healthy lifestyle changes, together supporting education and building partnerships. I would like to share with you the health concerns with childhood obesity and why screening for obesity and its serious health concerns are critical in children.

First, our children could be the first generation to have a lifespan that is two to five years shorter than their parents. And contrary to popular belief, not all children outgrow their baby fat. In fact, 50 percent of preschoolers who are obese actually grow up to be adults who are obese as well.

Children are also having diseases which have traditionally been only seen in adults. Over 60 percent of children who are obese actually have high cholesterol or high blood pressure and are at high risk for heart disease and stroke. We weren't thinking about these issues several years ago, several decades ago. They are also at high risk to have diabetes, sleep apnea, orthopedic problems, liver disease and cancers, a lot of the health issues that you've already heard earlier in this testimony. Many children unfortunately may also be depressed, teased or even bullied at school.

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I would like to share with you a story about a 13-year-old boy whom I have seen recently who has struggled with his weight since he's been three years old. He came in with his mom weighing 295 pounds with a BMI of 60, which is well above the 99th percentile for boys his age. He could not keep up with his friends and was very sad that he could not get on any rides at any amusement parks because of his size. He actually needed surgery because his legs were so curved, but he needed to lose 50 pounds before the surgery.

During my physical exam, he could barely walk since his legs were so curved, and they were actually of different lengths. I also discovered that he had high cholesterol and was pre-diabetic. So not only did we work with the family on lifestyle changes, but we had to partner with the YMCA, who was willing to start him on an aquatic program, and we also worked with the

schools to provide him with adaptive exercise equipment at the school itself. We also referred him to our CHOP physical therapists who specialize in children with obesity. Unfortunately, we are still fighting with his insurance company because his coverage -- CHOP was not a capitated site for his coverage for his physical therapy.

So I share with you this story so you can see how serious obesity can get in such young children and the need for partnership in treating his obesity. However, we cannot even start to treat obesity if we first cannot identify the problem correctly. So I urge all pediatric providers to obtain a BMI on each child every year and to plot it on a growth curve. You had heard earlier the definitions of overweight and obesity in adults. Those definitions include a BMI number in adults. In children, that BMI number doesn't really count, because those BMI numbers change as they continue

to grow. So we use BMI percentiles that are plotted on a growth curve. So if a child's BMI plots above the 85th percentile on the growth curve, they are considered to be overweight. If a child plots above the 95th percentile on the growth curve, they are considered to be obese. And depending on whether or not they are overweight or obese, that child should then be screened accordingly for the major medical issues that are related to the obesity.

So in conclusion, it is certainly very, very challenging to address childhood obesity, and we cannot do this alone in the healthcare setting. We must work together not only with the child, but also with the family, with the community, with the schools, with the insurance companies and with you, the government. CHOP has formed numerous partnerships within the hospital, in the community and in research to ensure better health outcomes for America's

children. Some of our current partners include the State of Pennsylvania, the American Academy of Pediatrics, the Obesity Society, regional YMCAs, schools, Special Olympics, WHYY, homeless shelters and community-supported agriculture programs, or CSA programs. Together, we have devised solutions and best practice models that we would like to share with the greater City of Philadelphia.

I thank you for the opportunity to start this partnership today between CHOP and the City and about this issue of childhood obesity.

Thank you.

COUNCILWOMAN TASCO: Thank you very much.

Dr. Snyder.

DR. SNYDER: Hello. My name is Richard Snyder. I'm the Senior Vice-President and Chief Medical Officer at Independence Blue Cross, and I would like to thank the members of the Health and Human Services Committee for the

opportunity to present our perspective on obesity.

The recognition of the prevalence of obesity was recently drawn to our attention again through the JAMA article that was published on January 20th, 2010, the National Health and Nutrition Examination Survey, which looked at BMIs and overweight and obesity in adults and as well in adolescents. And I won't go into a lot of the numbers that I was going to reference because they've largely been referenced in advance of my presentation. However, there are some interesting trends that I do think you need to recognize.

In the case of adults, there have, over the past ten years, been about a five percent increase in aggregate in the rate of obesity amongst adults by age group, but if you look at gender and ethnic and racial backgrounds, it's a very different picture. The African American and Hispanic and Mexican

American populations or sub-populations within that aggregate number rise at a rate of more like eight to 12 percent depending on the age group. So the disparity that impacts our populations here in the United States is very -- the disparity is noticeable and rising and gaining -- there's a greater disparity.

Amongst children, you see a similar kind of pattern, with a greater tendency towards females becoming overweight or obese as they age into the upper school age groups, and, again, the same ethnic and racial kinds of patterns are observed. So recognizing -- based on claims data and information that we have at Independence Blue Cross, we cannot validate that the prevalence is the same for our population as it is for the country as a whole or for the State of Pennsylvania, but it's logical that it would be. And so if you assume that roughly a third of our population is obese, you would assume that a third of

our population might be looking for some services to address the obesity.

At IBC, we focus primarily on efforts to support our members in preventing and treating overweight obesity using kind of a multi-factorial approach, but it's always positive. We do not discriminate against people based on their weight. So the programs that we implement address many different age, gender, ethnic, educational and socioeconomic statuses and preferences, but they're typically all positive, they're all incentive-based programs. The goals of these programs are in all instances to promote positive behavior change through positive messaging and positive rewards. And some of our most visible programs that you may be aware of are the Fitness Reimbursement Program, which is the largest program. Over the past four years, we've paid out over $20 million. And the interesting fact behind that is, while we paid out over $20

million, only seven percent of our membership is enrolled for the Fitness Reimbursement Program, when ostensibly you have about a third or maybe as high as 40 percent of our members who are obese and a larger percentage that are overweight or a large percentage that are overweight as well.

COUNCILWOMAN TASCO: So seven percent of your population enrolled in that program and cost $20 million?

DR. SNYDER: Each year we have enrollments of between 125,000 and 135,000 people in the program, meaning that the intent is, they sign up with the goal of exercising 120 times and then receiving a reimbursement check at the end of that 120 period -- 120 visits to the gym. Each year about 28,000 to 38,000 of those members complete 120 visits.

COUNCILWOMAN TASCO: It's hard, though, I'll tell you that.

DR. SNYDER: It is, and I

recognize that.

COUNCILWOMAN TASCO: We need less time.

DR. SNYDER: Yeah. I recognize that probably there are a lot of people who get halfway there, and then maybe next year they'll achieve the 120 visits.

COUNCILWOMAN TASCO: But it's also your schedule.

DR. SNYDER: It's also the schedule, that's right.

In addition to that, we have kind of a similar program for obesity management where hospital and other providers can enroll patients in weight loss programs, and we reimburse for that as well. A much smaller percentage of people actually avail themselves of those services. About 0.4 percent or about 7,000 to 9,000 members a year enroll in those programs. A higher proportion, about 0.2 percent or 5,000 people per year, complete that program, and the payout over the past four years for that

program has been about $3.3 million.

So there are some positive incentives that we provide in the form of reimbursements for completing programs that are intended to keep you healthy and help you to maintain or lose weight.

In addition to that, recognizing that we want to prevent and address obesity in the school setting, we became the sponsors of a program called Healthy Tools for Schools, and in Southeastern Pennsylvania, we're the sole sponsor of that program at this time. That program to date has 364,000 students enrolled -- or the school districts containing 364,000 students, including the School District of Philadelphia and the Archdiocese. The program is a web-based tool that enables nurses to collect the data to measure or to calculate BMI and make the appropriate reporting -- meet the appropriate reporting requirements to the state and to the federal government. In addition,

it contains a lot of information that's accessible to the teachers, both nurses, health education teachers, health teachers, math teachers, et cetera, for use in the classroom to make people aware of obesity and the impact of foods and calories on obesity and exercise on obesity.

In addition to that, there are a number of other similar programs, which I'll just list briefly. There's a nutritional counseling program, which permits our members to have six free visits per year for addressing nutritional issues, including obesity. And in the course of the past year, we've only had 20,000 people, a little over 20,000 people, actually avail themselves of those services, paying out approximately 1.8 million.

The thing that everybody doesn't want to address is obesity surgery because of the complications and the impact of obesity surgery, but with

our current benefit structure -- and we do cover it, one of the few insurers that do cover it -- we've had about 4,200 people receive obesity surgery over the course of the past year and a half.

Finally, the Pennsylvania Department of Health has rolled out a program called Active Schools, which enables grants of $10,000 to initiative programs of exercise in schools, and Independence Blue Cross has contributed $100,000 for ten grants in the Southeastern Pennsylvania region. And there are a number of other similar kinds of programs that we have available and educational materials and so forth, all aimed at helping people to make positive lifestyle choices that we can discuss, if you have further questions.

That would end my testimony. Thank you.

COUNCILWOMAN TASCO: Thank you all for your testimony.

I want to ask, Ms. Best, as you

were talking about the -- I can't remember. That was so long ago. I want to talk to you about babies. Do we begin to look at babies in terms of obesity in babies and maybe taking action at that early, early stage to address the issue?

And, Dr. Huang at CHOP, I'm sure you probably see children as they come in for a problem, but how do we work with the parents and pediatricians to begin to identify obesity in babies?

MS. BEST: I'm sure Dr. Huang has information on this, but what the Department has done is recognized the important role of breastfeeding, and not just the bonding between the mother and the child, but that breastfeeding has been shown to be effective at reducing obesity later on in the younger children. And what the Department has done in conjunction with our Bureau of Maternal and Child Health is not only promote breastfeeding and educate women about the importance of breastfeeding, but to also

complement that with information and support to those healthcare practitioners that are seeing women with those infants and even while they're pregnant to educate them about how to breastfeed, the importance of breastfeeding and to support them with breastfeeding.

What we've done in some of the buildings, to give an example of the environmental support for that, is that women need a safe, clean, comfortable place to go and breastfeed. So we have developed some "moms rooms" that support pumping breast milk so that they can continue to breastfeed after they return to work, and that's one way to really support women who have heard for nine months about the importance of breastfeeding, and this enables them to actually implement it when they need to return to work.

DR. HUANG: I would definitely have to agree with you that breastfeeding is definitely one of the important topics

to bring up with families, and I would even argue that this conversation about healthy living and obesity should start even before the child is born, so working with moms and dads as they're planning to be pregnant or when they are pregnant to start that conversation on, Well, have you thought about breastfeeding? I mean, have you thought about what the healthier choice is should be upcoming and thinking about some of those things are going to be very important even before the child is born, too.

During infancy, actually the American Academy of Pediatrics recommends that children have no screen time when they're younger than two years of age. So those kind of recommendations are also helping to promote physical activity in terms of obesity prevention as well, too. Trying to limit fruit juice as much as you can is another message that we're trying to give families as well, and promoting physical activity at a young

age certainly is very important.

In the older kids in terms of obesity prevention, what we've been rolling out at CHOP for the past four years is our 5-2-1-0 Strength in Numbers Campaign, and it's actually consistent with the national recommendations on childhood obesity treatment, as well as Michelle Obama's "Let's Move" campaign. So 5-2-1-0 is striving for at least five fruits and vegetables each day, limiting screen time to two hours each day, having one hour of physical activity daily and zero sweetened beverages. So even that message of 5-2-1-0 we've been trying to implement at CHOP and also throughout our community, and hopefully that will be implemented more so now because it's on Michelle Obama's campaign.

COUNCILWOMAN TASCO: Thank you.

Dr. Snyder, I have one question. I don't know if this applies to you after you laid out all of your programs that IBC is involved in, but one

of the questions I have is, why do insurance companies pay for bariatric surgery and not for significant financial investments in prevention?

DR. SNYDER: Well, it's partially based on customer demand. Actually, there are a lot of insurance companies that do not cover it and also don't cover the preventative kinds of things to the degree that we're covering them. So that's probably a business decision and a customer-driven decision for many of those insurance companies. We've always chosen to have a prominent kind of presence in the community supporting these kinds of efforts. And in addition, I haven't mentioned, but we have obviously many programs that support people with the end stage diseases that are a result of obesity or related to obesity.

So in terms of why would they not cover prevention or this sort of thing, that's really something that is

driven by the type of insurance and the type of customers that insurance companies are attracting. Here in this community we tend to be focused on the community and focus considerable resources on the community.

COUNCILWOMAN TASCO: Thank you.

Any other questions?

Councilwoman Miller.

COUNCILWOMAN MILLER: Do you have a list of all the programs that Blue Cross does have as relates to -- you read them off. We all have Blue Cross here, and it's just easier to read your list than it is to go through that booklet of your programs.

I was wondering, in order for you to pay or reimburse or have some payment towards some type of physical activity, it has to be some type of approved program. Because there's lots of line dancing, aerobic classes that go on in rec centers and other places, in churches and community centers. They

have to meet some certain criteria in order for them to be a reimbursable center?

DR. SNYDER: They generally require supervision, and that's partially for safety reasons, if you're going to have people exercising who may be at risk for heart problems and so forth, and we're looking for programs that provide aerobic exercise opportunities.

We are expanding the scope of it somewhat and would consider other options. In addition to that, we are rolling out a program called Healthy Lifestyles Rewards where you actually self-report exercise and earn points, which are later redeemable for whatever it is that your employer would like to provide, a reimbursement card, a redemption card or something of that type. And that's becoming a little more popular as well, as people want to have flexibility in what they provide to their employees in return for their exercise

and giving them the option to self-report exercise that they do on their own.

COUNCILWOMAN MILLER: Would that include home exercise equipment or a bicycle?

DR. SNYDER: The Healthy Lifestyles Reward program does include home exercise or exercise in small groups, that sort of thing.

COUNCILWOMAN MILLER: What about purchasing of bikes that you ride in the streets, not the bike at home but the regular ordinary two-wheelers?

DR. SNYDER: We do not currently have a program to reimburse for the purchase of those items.

COUNCILWOMAN MILLER: I do want to talk about the baby fat issue. Dr. Huang, in your testimony you said that the baby fat ends up turning into obesity. There's been a lot of programs on TV with obese children, and some of them have had parents on where they'll say, Is it the parent that's to blame.

Have you seen any of those types of programs? They've been on TV. I catch them every now and then when I'm off work. So I don't really know -- I'm not a big TV person, so I don't know the show and the time and all that. I just know that I have caught some of those programs. In fact, one was on not long where parents are just really overfeeding the children and that's caused them to be pretty obese.

For example, how can -- I think you said the child was three who was weighing 295 pounds at three years old. How does that happen? How does that occur?

DR. HUANG: Yeah. I mean, it's a complicated question. You know, I think there is some influence of genetics on obesity. Certainly children who have two obese parents are going to have a much higher risk of being obese as a child who does not have any obese parents. So there certainly is a part of

genetics, but there's also a big part of environment as well, and certainly feeding practices are a part of the conversation, but I don't think it's the whole conversation. And certainly we work with families on teaching them, educating them about what healthy choices are, how to create a healthy environment at home. Some families don't realize that fruit juice may actually contribute to obesity as well too, and it sounds healthy because it's 100 percent, it's got fruit in it, but too much of that can certainly cause you to gain weight as well.

So things like that we're trying to educate with the families, but there's also a lot of other influences that the family may not have control over. If you've got a kid who lives in South Philly and they want to go out for a walk, but it's crime ridden and it's not safe, I mean, that's not that family's fault. That's the society's

issue that we need to deal with kind of at this level here, too.

So I think the issue of what's causing that child at three years of age to be overweight is very complicated, and I think there's many areas of influence. And so I think it's great to have a hearing like this so you can hear all the different levels and to acknowledge that, no, it's just not genetics; no, it's not just family; no, it's not just community; no, it's not just schools, but we all need to work together on our own part to come together to really try to address this issue properly.

COUNCILWOMAN MILLER: I do agree wholeheartedly that there's a whole lot of pieces to this puzzle, to this pie. We all do have to work together, but it just seems to me, 295 pounds is not baby fat. That's like wow, at three years old. And we all -- we service those communities that are crime ridden. Three of the top -- three of the police

districts that have the most crime are in my district. Trust me, I know all about that, but this seems to be just a little bit out of the ordinary.

And so, good. I'm glad to hear that we're all working with the families also, because I think that that's where it starts. To me, it's no getting around that. That's where it starts. I mean, the parents or the caretakers are the first people that feed and introduce this child to food.

I've also watched that TV program -- I don't know the name of it -- where they do the bariatric surgeries. I think it's called Big. I have no idea, but it's about a father and a son, they're physicians and they do those surgeries all the time, the obese surgery. So then they follow the patient and they talk about eating habits and they talk about the parents and how things have to change.

So I think this is an important

issue that we can change through education, as you said. So I just wanted to make those comments.

DR. HUANG: Can I just make one comment? Also I think part of our job also is to raise awareness and educate clinicians and families about the issue of obesity. I saw this child when he was 13 years old. So when it started when he was three years old, that was ten years ago. Ten years ago, you know, people probably were not really looking for obesity. So I think part of what we need to do is also be educating our young doctors, our young providers on what is obesity, how do we identify it, how do we address that, and then educating the families as well, too, that it's not all about baby fat and sometimes it may grow out, but sometimes it may not. So we need to start looking at it earlier.

COUNCILWOMAN MILLER: Thank you.

COUNCILWOMAN TASCO:

Councilwoman Brown.

COUNCILWOMAN BROWN: My colleagues have actually raised the points that I wanted to. I had a particular interest in especially the issue around insurance, so my issues have been adequately addressed.

Thank you, all.

COUNCILWOMAN TASCO: Thank you very much for your testimony. We appreciate your taking time to come and share with us, and we've learned a lot. Thank you.

Vikki Lassiter, Dr. Gary Foster.

COUNCILWOMAN MILLER: Dr. Schwarz? Excuse me. Dr. Don Schwarz, I want to ask you a question. One of my staff members e-mailed me a question. They want to know -- they said there was a grant application that the City could apply for for Healthy Urban Food Enterprise Development Centers, Recovery Act money. Do you know if Philadelphia

applied for that?

DR. SCHWARZ: I don't. I can find out for you.

COUNCILWOMAN MILLER: What I'm going to do, I'm going to forward this e-mail to you.

DR. SCHWARZ: Great. I will be happy to find the answer.

COUNCILWOMAN MILLER: Great. Because that will help with the neighborhood food issue.

DR. SCHWARZ: Absolutely. Thank you.

(Witnesses approached witness table.)

COUNCILWOMAN TASCO: Good afternoon. Ms. Lassiter, would you please identify yourself for the record and begin your testimony.

MS. LASSITER: Good afternoon. My name is Vikki Lassiter and I'm the Director for the African American Collaborative Obesity Research Network and I am here today representing

Dr. Shiriki Kumanyika, who is our Network's Chair and Founder, as well as a Professor of Epidemiology at the University of Pennsylvania.

The African American Collaborative Obesity Research Network is based at the University of Pennsylvania School of Medicine. We were established in 2002, and we have a particular focus of addressing obesity as it affects African Americans. Today, I was asked to address the issue of obesity from a national perspective with a particular focus on racial and ethnic disparities.

The latest national data on obesity levels of adults and children are for the years 2007 and 2008, released by the Centers for Disease Control and Prevention in January of this year, and according to the data, which are based on precise weight and height measurements taken on national population samples, 10 percent of all pre-school children are obese, 20 percent of all school-age

children are obese, and 18 percent of all teens are obese.

Now, separate estimates for male and female children and non-Hispanic white, non-Hispanic black and Hispanic populations indicate disparities in obesity levels by race and gender. For example, among boys of all age, obesity is more common in Hispanic boys compared to white or black boys. Among girls of all ages, obesity is more common in African American girls compared to white or Hispanic girls.

Among all adults, as you heard earlier this morning, 68 percent are overweight or obese. Now, 32 percent of white and Hispanic men are obese compared to 37 percent of black men who are obese. Thirty-three percent of women who are white, 43 percent of Hispanic women and 50 percent of black women are obese.

These data have serious implications for health, healthcare and quality of life for the population in

general, but specifically for black and Hispanic populations. Obesity increases the risk of diabetes, high blood pressure, heart disease and cancer, and it makes these conditions more difficult and more costly to manage.

The obesity levels in black and Hispanic populations are associated with the higher-than-average levels of most obesity-related conditions such as type 2 diabetes. The prevalence of obesity is lower in children than it is among adults. However, reports of risk factors and diseases that complications of obesity are increasingly being identified in children. In addition, obese children are more likely to become obese adults.

Beyond these major implications for the population in general, obesity is sometimes more prevalent among those with low incomes. For example, this is more evident in white women as well as Hispanic women and children. The reality is that the same factors that lead to

obesity in the population at large are the same factors that lead to obesity in ethic minority and low socioeconomic status populations. However, there are factors that are more prevalent or more intensified in minority or low-income communities.

In the written testimony that we provided, we reflect on less favorable or more favorable policy for environmental context for obesity prevention in high-risk populations, as well as areas where restructured environmental and policy changes might have a greater-than-average likelihood of helping to reduce health disparities.

In closing, the solutions that reach the population at large will be far more cost effective than efforts that really treat one-on-one treatment and prevention with individuals or rely on individual motivation. Initiatives that help the entire population to consume healthier diets and to increase their

physical activity will provide improved health not only to those that are obese or overweight, but for those that aren't overweight or obese. This is particularly relevant for the ethnic minority and low-income populations for whom on average there are already social and economic disadvantages generally and particularly related to environments controlling weight.

Thank you.

COUNCILWOMAN TASCO: Thank you very much. We'll come back with questions.

Dr. Foster.

DR. FOSTER: My name is Gary Foster. I'm a Professor of Medicine and Public Health and Director of the Center for Obesity Research and Education at Temple University. I've spent 100 percent of my professional life over the last 29 years trying to better understand, prevent and treat obesity, and for the last 25 years or so have been

investigating in the City of Philadelphia school-based and community-based approaches to prevention of children, especially among poor children and among children who are African American and Latino.

First, I want to thank you for having this hearing. This is the most serious and prevalent public health problem that our country and our city faces, and I think it takes a lot of courage on Council's part and on this Committee's part to address this issue, which is fraught with complexity and political issues, financial issues. So I really commend you in making this front and center.

As you've already heard, the rates of childhood obesity have tripled over the last 30 years, and predictably there have been increases in the rates of childhood obesity, high blood pressure, high cholesterol and sleep apnea, but to make that a little more real for a second

or to bring it home to life, I want you to think about an obese child in the City of Philadelphia who goes to sleep tonight who has sleep apnea, who will literally stop breathing for a minimum of 10 seconds and will do that 25, 30, 40 times, not a night but an hour. Think about a child who is an obese child in the City who will go to bed tonight and manage his blood sugar throughout the night and the next day. And these are largely attributable to the increased rates of obesity.

This isn't a finger-pointing game about fly straight, eat the right thing and move more. Our environment produces obesity in conjunction with our genetic predisposition. So this is both a biological and a behavioral battle.

In addition to these medical consequences -- and these are data that come from the City of Philadelphia -- there are increased psychosocial and behavioral consequences, stigma and

discrimination, as you heard so eloquently described this morning, increased absenteeism and poor academic performance among obese children.

Finally, the economic toll of having children develop adult diseases and their costly complications cannot be overestimated. These facts have led to the staggering possibility that we're living in the first generation in which parents may actually outlive their children.

As I've mentioned earlier, my colleagues and I have been doing research and have been afforded that opportunity through great collaborations at the School District of Philadelphia, with the non-profit community groups like The Food Trust and others in the City, and I wanted to share just some highlights from those studies.

The bad news from a study that we published in 2008 in Pediatrics suggested that if we followed 4th to 6th

graders in ten Philadelphia elementary schools and did nothing -- so we measured their weight and did no interventions -- that approximately 15 percent of children who were not overweight in 4th to 6th grade would be overweight just two years later. The good news is that a school nutrition policy initiative, which eventually became the District's policy, could reduce that rate by 50 percent.

My take-home message is that small structural changes can make a big difference. Still bad news, though. That means that seven percent of children even in the context of this policy initiative became overweight. That led us to think about this isn't just about schools. It's about communities. It's about homes. It's about a lot of other things that you've all heard about and talked about today.

And some more staggering news that we, at least to my mind, that we published last year in Pediatrics --

again, these are 24 corner stores in the City of Philadelphia that surrounded ten elementary schools, and what we found is that nearly 1,000 children who shopped at those stores, every time they went to the store they spent a dollar seven cents, and for that dollar and seven cents, they were able to purchase 360 calories. Forty-two percent of children who went to corner stores went to them both in the morning and after school. So that's a whopping 720 calories, and Commissioner Schwarz has already outlined for you in his opening comments about how that stacks up against the energy expenditure of young children. The most frequent purchases were chips, candy and sugar-sweetened beverages.

So I leave you with the big thoughtful question hopefully, is what can be done. Clearly, there's no single solution to this complex and serious problem. I think there's several things that have been done in Philadelphia which

we should be very proud of and which we should applaud. One is the food and beverage policy in the School District of Philadelphia that sets criteria for healthy foods and drinks. The second is under Councilwoman Blondell Reynolds Brown's leadership. Nutritional information is now more easily accessible in places where children and their families make food decisions.

But much more needs to be done. These range from enforcement and monitoring of the District's policy to social marketing campaigns to help children and their families eat better and move more, to increasing access to safe places to play and increasing access of healthy foods at a reasonable price among those most at risk for obesity and diabetes in this city and across the country, those who are poor, those who are African American and those who are Latino.

In times of financial

difficulty, the prevention and management of childhood obesity can seem like a luxury. I can assure you that if we don't allocate resources to prevent and manage this problem now, we will certainly pay for it in future health costs and diminished productivity of our citizens. I urge you to find initiatives that can create the revenues needed to effectively prevent and treat childhood obesity.

Fortunately, Philadelphia has taken a leadership position on this issue, as recognized by the First Lady, the Secretary of Agriculture and the Secretary of Treasury on their recent visit. To maintain our leadership position, we must push ahead with new funding and new initiatives. This is the right time. We have -- there's a political will nationally. We have a City Department of Health that has an extraordinary and unprecedented vision and leadership, has begun to facilitate

conversations between the private, the public and the university sectors. We have non-profits like The Food Trust who are acknowledged nationally for the pioneering work they do. We have a willing school district who wants to do all they can.

We're making a dent, but it's a small one, and we need to be aggressive.

Thank you for holding this hearing and bringing attention to the acute problem of childhood obesity that will have long-term consequences for our City's fiscal, medical and emotional health.

COUNCILWOMAN TASCO: Thank you very much for your testimony. We and the City Council are serious about being supportive and helpful to our Department of Public Health, and certainly Councilwoman Brown has raised this issue, which was raised on a national level through our National League of Cities, and she participated in the discussion at

that level and brought it back to this City Council. We have wonderful leadership in Dr. Schwarz.

So rest assured that we will continue in this vein to push forward on trying to address the issue of obesity in the City of Philadelphia.

We thank you all for your testimony.

Are there any questions?

(No response.)

COUNCILWOMAN TASCO: Thank you. I think we're questioned out. We're going to call this next panel. Thank you all for testifying.

We have Yael Lehmann, Sandy Sherman, Pamela Townsell, and next will be Ms. Bettyann Creighton from the School District. Is she here? Okay. So we all have you here together. Thank you.

(Witnesses approached witness table.)

COUNCILWOMAN TASCO: There is an Appropriations Committee scheduled for

1 o'clock. That meeting will take place immediately after these hearings are completed.

Please introduce yourself and present your testimony.

MR. LEHMANN: Good morning, Chairwoman Tasco, of course Councilwoman Blondell Reynolds Brown and other Councilmembers and guests. My name is Yael Lehmann and I'm the Executive Director of The Food Trust. Thank you for inviting me here today to discuss the vital issue of childhood obesity and for, through these hearings, again proving what First Lady Michelle Obama told the nation during her visit to North Philadelphia last week, "When faced with the obesity epidemic, Philadelphia didn't call the problem unsolvable. We came together as a city and took a stand. We said no child should be consigned to a life of poor health because they lack access to healthy, affordable foods in their community."

At The Food Trust, we've developed a comprehensive approach to addressing the childhood obesity epidemic. We have many projects underway to bring healthy foods to neighborhoods that lack them, but today I will concentrate on the Pennsylvania Fresh Food Financing Initiative, an idea that started here in Philadelphia, thanks to Councilwoman Blondell Reynolds Brown and others, with the support of City Council, and is now the model for the Obama Administration's national Healthy Food Financing Initiative and an important part of the First Lady's "Let's Move" campaign.

The seed for the Fresh Food Financing Initiative was planted more than a decade ago when a nationwide study revealed that Philadelphia had the second lowest number of supermarkets per capita among the country's major cities. Worse yet, The Food Trust found that lower-income neighborhoods were most

affected by this deficit. Lower-income communities in Philadelphia and across the state that lacked supermarkets also had higher rates of diet-related diseases like obesity.

With Philadelphia's encouragement and the unwavering support and leadership of State Representative Dwight Evans, Pennsylvania developed the Fresh Food Financing Initiative, an innovative grants and loan program that encourages supermarket development in communities that lack access to affordable, nutritious food.

The initiative, which began in 2004, is a public-private partnership between The Reinvestment Fund, The Food Trust, the Greater Philadelphia Urban Affairs Coalition and the Pennsylvania Department of Community and Economic Development. The Commonwealth invested $30 million over three years, which The Reinvestment Fund leveraged to provide 190 million in total project investment.

Those dollars have supported 83 supermarket projects, creating or preserving 5,000 jobs and 1.6 million square feet of food retail space and providing more than 400,000 Pennsylvanians with healthier food choices in their communities.

In Philadelphia, the Pennsylvania Fresh Food Financing Initiative has supported the expansion or construction of 25 supermarket projects, including recent success stories like Brown's ShopRite in Parkside and The Fresh Grocer supermarkets at Progress Plaza and on Olney Avenue. When the Olney Avenue Fresh Grocer opened in August, it became the neighborhood's first supermarket in 40 years.

The initiative's real success is in the stories we hear from Philadelphians who are hungry for healthier food choice. Lucinda Hudson moved to Parkside in 1973. She waited for more than three decades for Brown's

ShopRite, forced to ride two buses to buy fresh produce for her family. Now she says, I walk over there every day for my broccoli and my cabbage, and when it opened, we had to pinch ourselves a couple of times.

There are still Philadelphia communities that lack supermarkets, Philadelphia families who can't buy apples or bananas in their neighborhood corner stores, Philadelphia children who are struggling with overweight and obesity. But to quote First Lady Michelle Obama, "If there's anyone out there who doubts that it can be done, then I would urge them to come here to Philadelphia to see what you've done here."

COUNCILWOMAN TASCO: Thank you very much for your testimony. We certainly appreciate all the hard work that you all have done and just laud you for being out there fighting and providing fresh food, fresh vegetables to

families.

Identify yourself, please, for the record.

MS. TOWNSELL: Good afternoon. My name is Pamela Townsell. I am a parent of eight children between the ages of 10 and 24 and four grandchildren between the ages of one and four. I live in the West Oak Lane section of the City. My oldest and my youngest children struggle with their weight. I've worked hard to find ways to help them be healthy and to maintain healthy weights. They both eat a lot and are not active enough. My ten-year-old daughter, Autumn, mimics whatever I do. If I don't always eat healthy, neither does she. My oldest son has tried to lose weight by going to the gym and eating healthy, but he still struggles with his weight.

I took my daughter to the University of Pennsylvania and participated in their Garden Gangs program. There we met with other parents

and children who were also trying to maintain healthy weights. For a year, we went every week to learn how to eat healthier and to be more active. Each week parents in the group met with a psychologist to learn about healthy eating while the kids got together to play games and to learn to be healthier.

Farmer Ruth came in every week and brought new food for us to taste and to take home. That was great since it got us to try different foods we never had before, like Swiss Chard and Starfruit. Autumn got excited about going shopping with me. We started buying different exotic foods.

The Garden Gang psychologist also went over portion sizes, reading food labels, foods that are high in sugar and knowing how much food to put on your plate. This was really helpful for me since I didn't realize I was putting an adult portion size on her plate.

I also learned that my daughter

was spending too much time watching television. She's more successful in being active if we do it as a family. She won't do it on her own. My son, who is 24, tries to go to the gym and be active, but it's hard for him to be consistent. Autumn and I now stretch for ten minutes in the morning before going to school, and we try to be more active together.

I have several refrigerators in my home. I have a large family, so I need more than one. But we've changed what's in the refrigerators now. So we have more fresh fruits and more vegetables. I don't buy any packaged snacks anymore. Instead we have cut-up carrots and celery sticks. My grandchildren especially like the carrot sticks. Even my dog enjoys them.

My daughter now takes salads to school. She goes to Pennypacker Elementary School and doesn't like the school lunches. Most days she brings a

tuna sandwich with a bottle of water, which she makes at home, along with a salad. She also brings two pieces of fruit. She eats one with lunch and saves the other for before her after-school program.

I'm fortunate that we have a farmers' market, Weaver's Way co-op, and the new Fresh Grocer in my community. By the way, which is only a block and a half away, so it's very accessible. This makes it easier to buy fresh fruits and vegetables.

Autumn is now very conscious of what she eats. She doesn't really miss the old snacks too much. I cut back on the money she has to stop at the corner store on the way to and from school. On the weekends she may stop at the corner store and get a small bag of chips or a Granola Bar. Given the choice, she now chooses to eat healthy.

In conclusion, all parents need the kind of support I got from the Garden

Gang. We all need to learn what is healthy to eat and about portion sizes and to be more active. I was fortunate that Autumn and I could be a part of that program and that I could find fresh produce in my neighborhood.

Thank you.

COUNCILWOMAN TASCO: Thank you very much. You're my constituent, and we're proud of you. Thank you.

MS. SHERMAN: Good afternoon. Thank you for the opportunity to testify. My name is Sandy Sherman and I'm the Director of Nutrition Education at The Food Trust. You're getting an overdose, I'm sorry, of The Food Trust here.

A decade ago, The Food Trust and many other organizations formed the Comprehensive School Nutrition Policy Task Force in partnership with the School District of Philadelphia, Temple University Center for Obesity Research and Education and many other groups. We developed this task force to put together

a comprehensive policy that would provide recommendations to prevent childhood obesity. The goal was to change the school environment, which Bettyann Creighton will talk about soon, to support healthy eating, increase physical activity and to decrease the prevalence of childhood obesity and diet-related diseases. Based on the changes that we partnered with Philadelphia schools, as Dr. Foster and Yael have shared, 50 percent fewer children became overweight at the end of a two-year period. This certainly shows that school-based nutrition interventions that are low cost can work with strong partnerships.

The Task Force modeled their policy after the Center for Disease Control's Guidelines for Healthy Eating and Physical Activity. We developed school health councils in every school. We developed recommendations in each school for healthy eating, did a coordinated nutrition and physical

activity curriculum, instruction for students, integration of school food service and nutrition education, which was discussed earlier, staff training, family and community involvement and the evaluation results you've heard.

As Dr. Foster already said, the School District in 2004 implemented their beverage policy, which only allows for 100 percent water, 100 percent juice and 100 percent low-fat milk. It's the strongest policy in the country, and we're really proud of it here. The policy does not add for the addition of any sweetened beverages, with the exception of chocolate milk, which we needed to include. They also have snack standards which were implemented at the same time, which are very strong.

One of the best things about the initiative was that each school formed a school health council. Each council assessed the environment and developed an action plan to change. The

schools took ownership. They went ahead and identified solutions they could carry out on their own. They asked to have water fountains fixed. They enacted active recess where students were encouraged to run and play instead of standing around and talking. And they got rid of candy fundraisers in their classrooms. These were all things that they could do within their schools for really no cost because they came together and decided that it was a positive thing to do.

Students, parents, teachers and the School District are firmly behind these policies, and our experience tells us that students will accept these healthy changes if they're accompanied by nutrition education. The School District has a very strong SNAP nutrition education program called Eat Right Now, which is available in most City schools and provides very dynamic education for most of our City's youth.

While The Trust, in partnership with the School District, was able to exert considerable environmental influence in the schools, as other people have shared, including Dr. Schwarz and Dr. Foster and Pamela here, it was evident that these healthy efforts were being undermined by nearby corner stores that offer the inexpensive and unhealthy snacks and beverages we heard discussed earlier. In response to this problem, The Trust developed a Healthy Corner Store Initiative to create healthier snack options for youngsters on the way to and from school. We decided it wouldn't work to say, Don't go to the corner store. It was far more effective to offer healthier foods and to work with the District to provide education and support in school and after school to encourage students to purchase healthy snacks and to support youth leaders such as the one Albali Rosa, who introduced Michelle Obama on Friday, who works to

encourage her community to be healthier.

As Dr. Schwarz said, we now have a network of 40 stores, which is small but growing, in North Philadelphia who work with us to provide fresh fruit salads and water at the door as students walk in before they see the candy and chips. And with Temple University's Center for Obesity Research and Education, we are completing this spring a three-year study to investigate if our efforts can reduce youngsters caloric intake by 200 calories a day. So to bring that 360 calorie stop down to 160 calories would a make significant difference.

So now is the time for Philadelphia to develop strong obesity prevention policies. With your support and strong leadership, our City government, community organizations and committed citizens can effectively decrease childhood obesity. I applaud your efforts to support healthy eating

and physical activity and look forward to our future partnered endeavors.

Thank you.

COUNCILWOMAN TASCO: Thank you very much.

We'll hear from Ms. Creighton.

MS. CREIGHTON: Good afternoon, Councilwoman.

COUNCILWOMAN TASCO: Good afternoon.

MS. CREIGHTON: Thank you so much for holding these hearings. I have to tell you that my passion for this issue began 36 years ago as a first-year health and physical education teacher at a Philadelphia junior high school. I had to cover in the boys gym. At that time, we were separated. So I was in the boys gym with 66 boys, the other male teacher and myself, and lo and behold, when the boys were separated for teams, it was shirts and skins, and one of the young men, who I knew from a health class, came over to me and said, Ms. Fisher, do I

have to take my shirt off? And I knew why he didn't want to take his shirt off.

And so hopefully we can sensitize ourselves to those things and draw attention to this issue, that it's not just about the eating and physical activity, but there's a whole host of other things that go along with this.

It's frightening to think about the side-effects of obesity that 30 percent or more of our children are facing, including but not limited to, diabetes as young as ten years old, high blood pressure, fatigue, absenteeism, asthma and tragically social stigma, teasing, stress and depression.

Obesity compounds itself among children. The heavier a child becomes, the less likely he or she is to participate in physical activity or be chosen to participate. The less the child participates, of course, the more likely that the weight will increase.

We know that there is a

connection between health and academics. The research has been done to prove this. We know that schools that make the health of students, staff and buildings a priority have seen results and improvement in the environment of the school. McDaniel Elementary School does line dancing led by the principal every single morning after breakfast. The physical education teacher at Bernie Elementary School leads the entire school in an exercise routine every morning via the PA system during PSSA month. And Catharine Elementary School has prioritized socialized recess so that every student is active and safe every day during play.

The guiding document for the School District of Philadelphia's plan for healthy students, staff and buildings is our outstanding Wellness Policy adopted in 2006 that addresses six health-related components that are required to be implemented in schools.

The number one component of the Wellness Policy is the formation of wellness councils or health councils, as Sandra referred to, at every school. This council is based on the CDC's Coordinated School Health model. Health champions, including leadership from the community, are identified at each school. These individuals are willing to advocate and support the wellness council philosophy of collaboration. After assessing the health of the school, the council prioritizes an action plan and shares this plan with the entire school community. Currently, we have ten middle grade schools coordinating student wellness councils as part of the NFL Fuel Up to Play initiative with the Midatlantic Dairy Council and The Food Trust.

The council and Wellness Policy become the vehicles for addressing the remaining five components of the Wellness Policy. And you've heard about our

rigorous beverage and snack policy, our outstanding Eat Right Now nutrition education program. One of the components is assuring quality physical education, increasing physical activity throughout the day, and then other school-based activities such as health screenings and staff wellness.

As we work towards inspiring young people to be physically active, we have to think outside the box. We cannot criminalize video games. We need to embrace this technology and use it to our advantage. We have schools now with video fitness centers that include the Wii systems, Jackie Chan J-Mat, Dance Dance Revolution and video game bikes. We also have the five schools that the Department of Health from the state referred to with the Active Schools grant that are utilizing the Hop Sports system of projected physical activity lessons that include swimming, yoga, kickboxing and soccer in physical education classes.

We are currently introducing high school students, some of our toughest audience, to rugby, lacrosse, golf, archery and speedminton, non-traditional activities that may be the hook to get kids involved. Our students are using medicine balls for fitness workouts, something that is extremely successful with obese students.

Besides our classroom curriculum, community partners have taken an active role in our mission to increase physical activity for our students. These partners include Marcine Mattleman's organization, ASAP; the Students Run Philly Style; Healthy Dragons dragon boating initiative; Arthur Ashe Tennis; Independence Blue Cross Good Skates; Ed Snider Youth Hockey Foundation; the Outward Bound organization; the Bicycle Coalition and Neighborhood Bike Works; the Rock School of Performing Arts; ING Run for Something Better; the American Heart Association's

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Jump Rope for Heart and Hoops for Heart; President Clinton's Alliance for a Healthier Generation; the Eagles Youth Partnership; the Don't Quit Foundation; and Interlinks Healthy Tools for Schools.

So you can see, Councilwoman, that we are really happy to have partners.

Finally, we have been fortunate to receive two Carol M. White Physical Education for Progress grants, affectionately known as PEP grants. The current grant is being used to write curriculum that includes a core fitness unit, adventure unit and non-traditional activity unit.

During our partnership with the Department of Public Health's Steps To a Healthier Philadelphia, over 80 schools that initiated wellness councils received pedometers and pedometer lessons. It's truly amazing how a gadget as simple as one that counts steps has been the stimulus to get our most sedentary

students off the bleachers.

The District recognizes the importance and benefits of physical activity and quality physical education. Increasing physical activity with regular movement breaks throughout the day and addressing the health of students is a whole school effort and requires a shared vision among the school community. Unfortunately, our state regulations do not define the number of minutes, hours or days that students are required to have physical education, and that's always been a problem for us. In a time of epidemic obesity rates, it is imperative that we bring the Wellness Policy to life and that every school in this district understands the urgency of increasing physical activity and improving nutritional choices of students and staff. The value of healthy students, staff and schools is priceless. These attributes are critical not only to daily living, but also for our children

to become responsible healthy adults and productive members of society.

Thank you.

COUNCILWOMAN TASCO: Thank you. You probably stated it and I might have missed it. Now, is this Wellness Policy a voluntary program for each school or is it mandatory in each school?

MS. CREIGHTON: Councilwoman, this policy has been approved by the SRC. It's the implementation that takes the work, and that's -- I'm not going to stop until it's implemented everywhere.

COUNCILWOMAN TASCO: So what do you need to get it implemented? What are you using?

MS. CREIGHTON: Well, we have our partners who all speak to this. We are certainly working with the Department of Public Health in applying for the CDC Building Healthy Communities. We have done presentations for our upper administration. So we have them in the works. So we're working very diligently

to have it implemented.

COUNCILWOMAN TASCO: Well, thank you very much. It sounds very good and I'm glad to see --

MS. CREIGHTON: And I have a brochure here that outlines it. I'll give this to you.

COUNCILWOMAN TASCO: Sure.

MS. CREIGHTON: As well as pedometers.

COUNCILWOMAN TASCO: Okay. Thank you.

Thank you all for your testimony. We really appreciate the good work you're doing.

Keep it up, Food Trust. Don't leave. Thank you.

Next we're going to move these panels along. We have another hearing that was scheduled for 1:00. As soon as we finish with this panel, the Appropriations Committee will meet.

Grill Sergeants, Aimee Smith, D.L. Wormley, Dr. Amy Jordan, ChrisAnne

Smith, Breen Goodwin and Andy Dyson.

(Witnesses approached witness table.)

COUNCILWOMAN TASCO: Good afternoon. Is Ms. Wormley -- Ms. Jordan?

MS. JORDAN: Yes. I'm Amy Jordan, and I will be vacating my seat after my testimony.

My name is Amy Jordan and I'm the Director of the Media and the Developing Child Sector at the Annenberg Public Policy Center, but I also teach at the University, and I'll have to make it back to a 2 o'clock class. So my apologies in advance. You have my full testimony. I'll just be giving you the highlights.

COUNCILWOMAN TASCO: I think that will be helpful. If you summarize your testimony, the full testimony will be a part of the record, so don't feel like you have to do the whole thing, because we will make it a part of the record. The full testimony will be in

the record.

MS. JORDAN: Thank you.

So the research that we've done at the Annenberg Public Policy Center has shown that children on average watch about seven and a half hours or use about seven and a half hours of media a day. This morning Commissioner Schwarz talked about children using, from our research, three hours of television a day, but when you start to add it all up, it becomes a very significant part of how children spend their leisure time. And this is true not just for children, it's also true for adults. The average adult watches about five hours of television a day. And for decades, we've seen a connection between heavy media use among children and adults and obesity, and we've wondered whether or not it's the overweight that comes before the heavy media use or vice versa, but we now have good, strong evidence that shows that heavy media use precedes obesity in

children and adults, but that it's a kind of cyclical process. The more you watch, the heavier you get, and the heavier you get, the more you spend time in sedentary activities.

So I'm going to propose three mechanisms, just three, that we think help explain why this might be the case.

First, eating while viewing leads to greater energy intake. Research funded by the CDC at the Annenberg Public Policy Center indicates that snacking and eating meals with the TV on is a common practice in homes with school-age children. Indeed, almost half of the families that we studied with the CDC grant, in those families we found that there were television sets in the dining room and the kitchens. So it's very common. Experiments have shown that in both children and adults people eat significantly more in conditions when the TV is on than when it's off. So that's the first mechanism. When we eat while

we're viewing, we eat more.

Second, media bombard us with messages that encourage us to consume more food and beverages that are high in fat, salt and/or sugar and low in nutritional value. We call these junk food. In experiments, children who are exposed to ads or product placement for junk foods are more likely to think positively about those foods and request those foods than children who aren't exposed. Researchers also recently found that it's the viewing of commercial television that affect children's weight status, not viewing DVDs or PBS. And this finding wasn't surprising to me as a researcher, because at Annenberg what we found is a preponderance of food and beverage ads on broadcast and cable television, mostly for nutritional-poor products. Meanwhile, ads for healthy foods, low-fat dairy, vegetables, fruits, whole grain foods, non-existent. So you would have to watch children's television

for ten hours before you would come across even one ad for a healthy food.

Finally, when we use a lot of media, we don't exercise enough and are too sedentary, and experiments that have been done with overweight and obese adults successfully produced increases in physical activity among those overweight subjects. In children, interventions that reduced media time were found to be effective in helping overweight children lose weight and preventing normal weight children from gaining weight.

So here's the good news, and this is how I'll conclude. Studies show that media can be part of the solution. The CDC's VERB campaign, which reached children via the media, was effective at giving middle school children the message that physical activity is healthy, fun and something that can be done anywhere. And while -- I think this is a very important point. While advertising junk food to children has been shown to make

them want to eat those unhealthy foods, studies have also shown that when kids are exposed to ads for healthy foods, like apples, they're more likely to want to eat apples. So I think we have a real opportunity here to employ strategies that marketers use and leverage them to help children and families adopt habits that are actually good for them.

I'll conclude there.

COUNCILWOMAN TASCO: Thank you very much.

I just want to interject, which is very amazing to me, the grocery store when the checkout worker does not recognize a vegetable.

MS. JORDAN: Yes. That's right.

COUNCILWOMAN TASCO: I said, Don't you eat that at home?

I don't know what it is.

MS. JORDAN: They can tell you the difference between Skittles and M&M's, but not between Bibb lettuce and

Romaine lettuce.

COUNCILWOMAN TASCO: Right. I do it all the time. When they're young, I said, You should be eating that, you know, like they care, but they don't know. They have to see the photograph with something on it to know what it is to ring it up.

MS. JORDAN: That's a really good point.

COUNCILWOMAN TASCO: Next.

Thank you so much for coming and thank you for your testimony.

MS. JORDAN: I apologize for leaving.

MS. SMITH: Good afternoon. My name is Aimee Smith. I'm with the YMCA of Philadelphia and Vicinity, and I am the Senior Program Specialist for the association.

The YMCA of Philadelphia and Vicinity is the largest non-profit provider of childcare in the Delaware Valley. The YMCA serves more than

140,000 individuals through a wide range of core programs throughout 11 branches in our service area. We have programs that range from childcare to swim lessons, workforce development, health and wellness, but there's just a couple that I really wanted to spotlight today.

The first is our H.I.P. Kids Program, and that's a health intervention program, and these children are referred to us through local school nurses. H.I.P. Kids is for children ages 8 and up who are at risk of becoming or who are overweight or obese. So as we said earlier, they're within the 85th percentile or above. It's a 12-week health intervention program that meets twice a week and is led by a professional with a degree in exercise science, as well as a registered dietician. H.I.P. Kids features individual and group exercise sessions that educate children and parents about their nutrition and physical activity choices. Participants

then learn about behavior modification that improve nutrition and increase daily physical activity, which are two very important components of a healthy lifestyle.

A new program to us this year we just launched in January is the 7th Grade Membership Initiative, and that is in conjunction with the Pennsylvania State Alliance of YMCAs, as well as the Department of Health and the Department of Education and 500 school districts in the State of Pennsylvania. What we're doing is offering free memberships to all 7th graders. If you're in 7th grade, you can present a report card to us, you get a free membership to the YMCA. The reason why we do this, as youth begin to face the very challenges of adolescence, they're more likely to distance themselves from family and its support structures and to experiment with unhealthy and illegal behaviors. The 7th Grade Membership Initiative is a better

way to engage, educate and connect our youth.

We also have a couple of free community events. One is Healthy Kids Day, which is the largest community event and is also free and open to children and families in all YMCAs throughout the country. The goal of Healthy Kids Day is to encourage children to be more physically active, give families the opportunity to engage in play and have fun together and provide access to resources for healthier living.

Within our childcare, school-age and camp programs, we have implemented the Food and Fun Curriculum, and what that is is a nutrition and physical education curriculum designed to encourage children and their families to develop healthy eating habits and lead more active lives through parent newsletters, healthy recipes and also what we're feeding the children throughout the school day.

Another component to that is Healthy Family Home, which is something that the First Lady actually endorses through the Let's Play -- I'm sorry; through her website, and there's a link to Healthy Family Home, which encourages children and families to play and eat together, hopefully leading to healthier lifestyles.

We recently have been selected as a Pioneering Healthier Community, and with that we are putting together a coalition. And we have come to realize, the YMCA has come to realize, that we can't do this alone and neither can anyone. All of these great and wonderful organizations that we've heard from today need to be connected in some way in order for us to have a bigger impact, and that is what the goal of the Pioneering Healthier Communities initiative is. It is funded in part by the Centers for Disease Control. This is something new that we've just started, but we are

hoping to have a bigger impact within the City of Philadelphia.

Thank you for the opportunity to speak today.

COUNCILWOMAN BROWN: Thank you very, very much. Let me just comment that 21st century thinking requires just that, collaboration, because no longer can any one entity or world do it by itself anymore. So to hear that you've reckoned with that and now you're looking to ways to see and collaborate with others who are actually doing the same thing -- CHOP has a wonderful program, the Philadelphia Health Management Corporation has a wonderful program. So to connect with them, it broadens the scale, both this way and this way.

Thank you for your testimony.

MS. SMITH: That is the goal, is to be able to connect all of these organizations, because alone we're doing great work, but together we can do so much more.

COUNCILWOMAN BROWN: Compound the scale, indeed. Thank you.

Please proceed with your testimony.

MS. WORMLEY: Good afternoon. I'm Diane-Louise Wormley, Project Director for the Health Promotion Council. I am here today to share with you how the Philadelphia Urban Food and Fitness Alliance, known as PUFFA, which is a collaborative organization, is addressing the food and fitness environment in some of our more vulnerable neighborhoods.

Imagine a school system where every child in school has a nutritious breakfast and lunch. Imagine a time when locally produced food is used by all our schools. Imagine a time when there are no income or place-based barriers to being able to have access to fresh, affordable local produce. Imagine a time when school gyms and playgrounds, university and private athletic

facilities are open to the community. Imagine a time when neighborhood parks and recreations are clean, safe places for fitness and play.

PUFFA's program, which is funded by the W.K. Kellogg Foundation, is linking community advocates and youth, non-profit partners and institutional experts like The Food Trust, Fair Food, the School District and Common Market. We are working together to develop learning communities to better know how to advocate for the things that are needed by our children and our future. We are looking to bring about how systems change through grassroots advocacy, continue learning and working together can lead to change. PUFFA is in the process of identifying the two community-based collaboratives that will be central to this work over the next three years. We hope to announce them next week.

Our goals are to improve the

food system in Philadelphia schools, to create a healthy community food system and to create opportunities for active living in the natural and built environment.

Our plan centers on the involvement of grassroots neighborhood activists, including, in a prominent leadership role, our youth, who are empowered with training and advocacy, data collection, food and fitness systems, policies and practices, and all together they will learn how to make food and fitness more accessible.

The PUFFA partners may advocate for changing school policy so that all children have that delicious, nutritious and locally produced breakfast and lunch. They may advocate for increasing the participation rates of families in school-based nutrition feeding programs. They may advocate for expanding the farm-to-school programs. They may advocate for the programs that you heard

our colleagues and friends at the School District talk about. They may advocate for negotiating joint-use agreements with schools and recreation centers.

The community-centered PUFFA program will support a local food system that makes affordable locally grown fruits, vegetables and other produce available in our schools, our households and our neighborhoods where our vulnerable children live, learn and play. No child can grow and succeed without the adequate and nutritious food that is needed to build healthy bodies and strong minds. So over the next months and years, expect to hear from our community advocates, our non-profit and institutional partners who will call upon you and other people of decision-making authority to make these visions a reality.

Thank you.

COUNCILWOMAN TASCO: Thank you very much for your testimony.

Next we have Mr. -- we have the Grill Sergeants.

MR. WASHINGTON: Yes. Sorry I'm not in uniform today, but next time. My name is Lawrence Washington and I'm bringing the food component to what we're talking about doing here. I worked almost 20 years in the Four Seasons Hotel as a chef in the Fountain Restaurant. So I have somewhat of a good knowledge of food.

What I did after I left the restaurant was, I opened my own restaurant, and it was in one of our neighborhoods. So what I found was, people were coming to me and asking me, How can I create like different meals for them that's healthy for them that they can take home. So we went from that. And I'm kind of really hard -- because a French restaurant, I'm really hard on people, and one of my test subjects is right here, James Marshall. He can attest to that.

I think that's what we're missing out of this, discipline. You know, you can tell people to eat healthy all day long, but if you don't add discipline to it, that's all you're doing is telling them.

How I came up with the boot camp was, my niece one day, she came to the restaurant after bringing her son from getting a physical. He wanted to play football. They told her if he continue on eating the way he was eating, he would develop diabetes before the year was over. He was 11 years old. So at that point, that's where we came up with we really need to do something about it.

So it's a good thing. I don't know if you paired me up with the Y, because I'm doing some fun things with the Y. I did National Kids Fun Day at the YMCA, and we come in military gear, and we notice we don't even have to say anything. We come in. We're dressed up, and the kids just react to it. That's

why I really believe that this program that we have will really work with the help of the City and some other organizations.

Thank you.

COUNCILWOMAN TASCO: Thank you very much, but you didn't tell me what your program does.

MR. WASHINGTON: It's a program based on -- it's to fight childhood -- we call it a war on childhood obesity. See, they have a war on drugs. They have a war on this, a war on that. So we thought it was fitting for us to be the Grill Sergeants and start a war on childhood obesity.

COUNCILWOMAN TASCO: All right. Thank you very much for your testimony. I appreciate that.

MR. WASHINGTON: Thank you.

COUNCILWOMAN TASCO: Next we're going to have ChrisAnne Smith, Breen Goodwin and Andy Dyson. I just called them out according to this list.

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(Witnesses approached witness table.)

COUNCILWOMAN TASCO: Is there anyone here from the Urban League?

(No response.)

COUNCILWOMAN TASCO: Okay. Thank you.

Good afternoon. Proceed. Identify yourself first.

MS. SMITH: Good afternoon. My name is ChrisAnne Smith. I am the Community Programs Coordinator at Esperanza Health Center located at 3156 Kensington Avenue. We are a federally qualified health center that has served the predominantly Latino community of Eastern North Philadelphia for the past 20 years. From our two locations on North 5th Street and on Kensington Avenue, our 15 clinicians and dedicated support staff provide bilingual, bicultural primary care services in Jesus' name to nearly 6,000 patients of all ages.

Among our patients and throughout our North Philadelphia community, obesity continues to be a public health concern of epidemic proportions, which threatens the long-term well-being of our community. The statistics that I have for you today are quite alarming, as some of you have already heard.

In Southeastern Pennsylvania, more than half of Latino children -- and that's 54.8 percent -- are at risk for becoming obese compared to 41.4 percent of other children in the State of Pennsylvania.

A recent study showed that the rate of severe childhood obesity in the United States has tripled in the last 25 years, increasing the risk for diabetes and heart disease.

Among children and youth, obesity may impact emotional health, leading to low self-esteem and social isolation, as well as lead to diabetes

and other serious health complications in adulthood such as cardiovascular disease, breast cancer and arthritis.

Because of the increase in childhood obesity, it is projected that half of Latino newborns nationwide will develop diabetes during their lifetime.

For the past four years, Esperanza Health Center's dietitian and health educator, Ms. Tabitha Miller, has provided nutrition counseling services serving several hundred patients each year, and now I would like to share some of Tabitha's personal insights concerning obesity problems among our patients at Esperanza Health Center, and I bring you Tabitha's words.

Most of our patients I see are overweight or obese. Even if someone is seeing me for high cholesterol or high blood pressure, they usually have weight problems as well. In addition, many patients feel more comfortable being overweight and do not see obesity as a

health problem that we at Esperanza Health Center see it as. My patients' poor eating habits include skipping meals, especially breakfast, then eating large dinners, followed by desserts or other snacks in the evening. I find that many of my patients do not drink much water, and some drink mainly soda. A greater number of them frequently drink the sweetened iced teas and fruit juices, which also contribute to weight gain. Many like to eat fruits, but, again, they are not regularly able to purchase them. Sometimes the reason is because of economic hardship. More often I find that they are not in the habit of purchasing fresh fruits and vegetables.

People in our community generally lack access to fresh produce and often fresh fruits and vegetables available at local stores -- I'm sorry; fresh fruits and vegetables available at local stores are not of good quality, if they are there.

She says, I see a number of children who are either obese or at high risk for obesity. These children usually don't sense a problem with being overweight, so they have very little motivation to do anything to change. For example, a child will oftentimes eat breakfast both at home and at school, have a school lunch, then go to an after-school program and have a snack and juice, then go home to eat dinner, then have a snack -- and this is true -- ice cream or a glass of milk before bed. In these situations parents have very little control over what the children are actually eating during the course of the day.

Through the nutrition counseling and medical care that they receive at Esperanza Health Center, a significant number of our patients who are overweight or obese have been helped to improve their diets and to lose weight and have achieved improved health.

Esperanza is also committed to public health education and outreach in our community. Our new Lay Health Promoters program is a bilingual and bicultural initiative that will train 40 laypersons to educate others in our community on multiple health topics, including obesity and the importance of nutrition and maintaining good health. We also seek to partner with other non-profit organizations and especially with the City of Philadelphia in providing health education on diet and nutrition.

In closing, I want to read that obesity presents a significant health threat to the predominantly Latino North Philadelphia community we serve, as well as to the entire City of Philadelphia and to our nation as a whole. Esperanza Health Center believes that it is vital that the City of Philadelphia continue its investment in initiatives that are focused on nutrition and diet education, including bilingual and bicultural health

education and on improving access in the disadvantaged communities for fresh fruits and vegetables and other healthy foods. We appreciate City Council's attention to this very important health topic.

Thank you very much for your time.

MS. GOODWIN: Good afternoon, Councilwoman. My name is Breen Goodwin and I'm representing the Bicycle Coalition of Greater Philadelphia today.

COUNCILWOMAN TASCO: You're going to have to slow down. My ears can't hear that fast, and speak into the mike, please.

MS. GOODWIN: Almost every Philadelphian has a commute for work. Almost every student has a commute to school. All Philadelphians go on regular errands for basic necessities. How can we as a community begin to incorporate the principles of active living into our daily life?

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Active living is a way of life that values physical activity as an integral part of the individual and social development process. It integrates physical activity into daily life. It is accessible to all throughout every stage and aspect of life and is valued in all its forms.

What is the simplest and most straightforward way to incorporate an active lifestyle into a daily routine? The answer is simple. Incorporate physical activity into what we do each day - going to work, going to school, running daily errands.

The Bicycle Coalition of Greater Philadelphia is doing just this. We are helping to address the growing obesity epidemic by promoting biking as a healthy and low-cost form of transportation and recreation. The Bicycle Coalition takes two approaches to increasing the level of active transportation in the City of

Philadelphia, including direct education programs, direct encouragement initiatives and encouragement through infrastructure change.

Bicycling is a major component in a citywide effort to combat the rising obesity epidemic. As a low-cost and accessible tool for transportation and recreation, the bike is not only a means to get around, but it is also an activity which adults and youth can enjoy. We have the opportunity to change behavior by prescribing fun.

How can we get people out of their cars and walking or bicycling for short trips or errands? More than 25 percent of all trips are made within one mile of the home. More than 40 percent of all trips are made within two miles of the home, and 50 percent of the U.S. working population commutes five miles or less to work. Yet, more than 82 percent of trips five miles or less are made by personal motor vehicle. This has to

start changing by targeting these short trips.

One of the most powerful tools of the bicycle, as I've mentioned already, is that it is inherently fun. Once we get over the hurdle of fear and apprehension, the bicycle becomes a tool to manage one's health. On average, commuting two miles a day by bike instead of car burns 11,025 calories. Commuting by bicycle for 15 minutes each way, about two to three miles, meets the CDC's minimum recommendations for 30 minutes of moderate intensity physical activity per day.

The Bicycle Coalition's direct education initiatives include our Bicycle Ambassadors program focused on the adult population and Safe Routes Philly, our youth-based education program launching this spring. The Bicycle Ambassadors program promotes the bike as an inexpensive, accessible, healthy and fun way of getting around town. Bicycle

Ambassadors encourage adults to ride more often and ride more safely. Ambassadors are the first link for people to consider active living. They quell the fears of adults about -- they help to quell the fear adults have about adult riding and empower people to get back on their bikes. During 2009, Ambassadors spoke to over 25,000 people at over 250 outreach opportunities. We're looking to exceed that number in 2010.

In 1969, according to the National Household Travel Survey, approximately 50 percent of children in the United States got to school by walking or bicycling. By 2001, the numbers had plummeted, with only about 15 percent of students traveling to school by walking or bicycling. This trend helped spur the efforts in the United States to encourage children to walk and bicycle to school by enhancing the appeal, feasibility and safety of these modes of transportation.

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Safe Routes Philly is the Bicycle Coalition of Greater Philadelphia's youth-based bicycle safety program offered to 5th graders in Philadelphia. The 45-minute class introduces cycling as fun, healthy and environmentally friendly for all children to enjoy. Students learn the basics of bicycle safety, including helmet fitting, a pre-ride safety check and the fundamental rules of the road. By the end of 2010, Safe Routes Philly will have taught more than 3,000 5th graders in Philadelphia to ride more safely.

In order to put this effort into perspective, we must look at recent statistical data. Walking one mile to and from school each day is two-thirds of the recommended 60 minutes of physical activity a day. Children who walk to school have higher percentages of physical activity throughout the day and higher levels of cardiovascular fitness. Incorporating walking and bicycling into

a daily routine gets kids engaged with their community as well as increases their daily activity level.

Parents can also become involved with their children's commute and increase the amount of quality time spent with their kids, set a good example for physical fitness and offer adult supervision during the walk or bike to school.

Over the past 40 years, rates of obesity have soared among children in the United States, and approximately 25 million children and adolescents, more than 33 percent, are now overweight or obese or at risk of becoming so. The prevalence of obesity is so great that today's generation of children may be the first in over 200 years to live less healthy and have a shorter lifespan than their parents. Walking and bicycling to school is the first step in the larger effort to improve physical fitness and nutrition among our youngest generation.

In addition to our direct education initiatives, the Bicycle Coalition is also involved in numerous direct encouragement initiatives. I'm going to touch on three briefly - Bike Philly, Bike Month and infrastructure change.

Bike Philly is our family-friendly bike tour celebrating the freedom of car-free Philadelphia streets. Bicyclists of all skill levels are welcome. It's a non-competitive event, and riders are able to pedal at their own pace. Events such as Bike Philly provide an opportunity for people to set personal goals to achieve their active lifestyle.

The month of May is National Bike Month in Philadelphia. The Bicycle Coalition and other organizations host many different encouragement activities throughout the month. Our largest event is National Bike to Work Day. This year we're hoping to have over six local organizations provide rest stations in

various neighborhoods of the City and provide support to those commuting by bike.

The Bicycle Coalition is also involved in numerous initiatives to promote health and well-being through infrastructure change. The new Spruce and Pine bike lanes running river to river has stirred up many emotions with the public. Although there will always be pros and cons with changing the streets, the importance and necessity of change can be captured in the stories of those riding in the lanes.

I would also like to bring your attention to the work being done by the Philadelphia City Planning Commission in partnership with many organizations you have heard from today. The Bicycle and Pedestrian Master Plan is under development and will be presented to City Council in June. This Master Plan will address many of the concerns shared with you today.

By providing adequate walking and biking facilities, more Philadelphians will be able to incorporate active transportation into their daily routine. It is important to understand the importance of infrastructure change in the entire picture of creating a healthy environment and community. Changing the streets encourages people to have a more active and healthy lifestyle. The Spruce and Pine buffered bike lanes are not only a nice neighborhood amenity, but they are a direct health initiative. A lack of bike lanes, unsafe road conditions and the speed and volume of traffic were cited by bicyclists as the top three reasons for not riding.

The City of Philadelphia has a major opportunity to create a more livable community with safe and healthy opportunities for active lifestyle choices. I thank you for taking the time to hear all of the testimony today. The

Bicycle Coalition of Greater Philadelphia looks forward to working with City Council to develop policy and initiatives to help combat the growing obesity epidemic.

Thank you.

COUNCILWOMAN TASCO: Thank you very much for your testimony.

Mr. Dyson, can you kind of summarize your statement?

MR. DYSON: When they said three to five minutes, I was going for three.

COUNCILWOMAN TASCO: Okay.

MR. DYSON: Because short is beautiful.

I'm Andy Dyson. I'm the Executive Director of Neighborhood Bike Works. We are a youth development agency. We've been going for about ten years. Our main program is called Earn a Bike. Young people come in, after-school program, weekends and summer and they fix up and repair a donated used bike. So in

those classes, they're getting skills, practical technical skills there, but we also cover bike safety. So young people are learning to ride safely. They're also getting nutrition and health education.

So we have a couple of health programs too that we do, basically like a spinning class for young people, which is in one school in Southwest Philly, but we also have three locations where we do this Earn a Bike.

Now, when people are finished with Earn a Bike, they can go on to things like racing team. We have entrepreneurship programs and we also have the young people taking a leadership role in the classes too, which has been shown to be something which young people respond well to, is learning health information from their peers.

So there's many of us who are from back in the day or before video games, and in those days a bicycle was

the big thing that you always wanted, and we are trying to bring that back and bring that front and center, and also make it possible for young people who might not be able to get a bike to get one from us.

When kids come there, a lot of times they're like, Oh, is this a regular free bike? And it's not a free bike, because you do have to work for it. You have to take part and learn.

I suppose I should be real quick.

We're working with -- Dr. Foster from Temple University is monitoring and evaluating our North Philadelphia program. So the programs are not just something where people are coming in and getting a bike. There is information going back and forth between researchers and us about whether or not this is helping the children.

We're working also with St. Christopher's Foundation. There's going

to be -- it kind of ties together a lot of things that have been said today, and I hope it's a good ending. We're going to be involved in a program called Farm to Families in North Philly where community-supported agriculture, fruits and vegetables, will be distributed to families in North Philadelphia, the four zip codes. So Bike Works youth are going to be helping with that. That's going to be summer jobs for some of our young people. It's really a strategy to improve access to fresh, healthy food, and it will go along with education also from St. Christopher's Hospital.

I suppose I just wanted to end up with saying that programs like Bike Works, Neighborhood Bike Works, are cheap and something that can encourage life-long patterns of healthy behavior. We do a lot with limited resources. It's not just exercise, as Breen was saying. I was pointing out that it's transportation. So exercise, instead of

becoming something that you do at a gym or some special time, it's something you're doing all the time. I rode down here from West Philly and it was really a lot of fun. Once you get used to it, it's pretty relaxing.

We find that although a lot of times there's very, very justifiable fears from families about having their kids riding around the neighborhoods, people here want to change this city and want to make it a better, safer place for people, and I'm hoping that Neighborhood Bike Works can be part of that. And like many of the agencies here -- in fact, some people who I'm hoping to talk to after this -- we're going to partner and we're going to make this happen.

So thank you very much.

COUNCILWOMAN TASCO: Thank you. I was trying to -- I'm using the phone because I'm trying to get the correct name of this company who has provided to me and my district over the last three

years 150 bicycles --

MR. DYSON: That's --

COUNCILWOMAN TASCO: -- to the schools in the 9th Councilmanic District. And I'm going to say it. I always get it confused. CH2M Hill, the engineering firm. They do it every year. I'm sure they do it in other parts of the City, in other districts, but in the 9th District we've gotten about 150 bicycles, and we are very pleased to be able to present them to elementary school students.

MR. DYSON: That's fantastic. Those bikes are assembled by youth from our program.

COUNCILWOMAN TASCO: Oh, wonderful.

MR. DYSON: So that's a partnership between CH2 and us. It's a super program, because it gives Bike Works kids a job just before the holidays putting those bikes together.

COUNCILWOMAN BROWN: Terrific.

COUNCILWOMAN TASCO: Thank you.

It is right, CH2M Hill. Thank you very much.

Thank you all for your testimony. We appreciate it.

I'm going to get to her, because we're done with them.

I think the Councilman wanted to know -- all right. Thank you.

MS. HILLIER: Hi. Time for one last person.

COUNCILWOMAN TASCO: Well, let me see.

Is there anyone else here to testify?

I think these are the last two people.

(Witnesses approached witness table.)

COUNCILWOMAN BROWN: While our last witness approaches the table, let me just seize the moment to say thank you to our Health Commissioner and to all those who took the time to come and offer testimony, with offering a number of

different perspectives on this important issue as we go forward. So I just want to put on the record a huge thank you, Dr. Schwarz.

COUNCILWOMAN TASCO: Thank you. I want to say thank you, too. You provided some wonderful witnesses and great information, and we look forward to working with you and the Health Department on addressing this issue. Thank you.

MS. HILLIER: My name is Amy Hillier and I am an Assistant Professor at the School of Design at the University of Pennsylvania, and my research expertise is in mapping geographic disparities. So that has come in great handy in this line of research.

I've been doing research about the impact of the new WIC changes, which we're excited are making a difference. I've been doing research about physical activity in parks and about access to healthful foods, but today I'm really

here to talk about outdoor advertising. There's been a lot less research on the impact of outdoor advertising on the availability, the accessibility of it and the impact on children than there has been on children's television, but I'm excited that I was part of a five-city study and have some results to report about Philadelphia.

I'm speaking as a so-called expert, but I'm also speaking as a resident of the City, 15 years in West Philadelphia, and as a mom, and I think that is relevant.

So the study involved five cities, and some students from Cheyney University were involved in it, and the most important finding or one of the most important findings is that advertising looked different in areas where there were low income and when there were people of color. And across all five cities, including Philadelphia, areas with low-income residents, in areas where

there were African American and Latino residents in greater numbers had more ads for what we called promoting sedentary behavior. So in addition to things promoting sugary beverages, fast food, there are also things that promoted people sitting. And there is evidence to show that advertising is specifically targeted to people of color.

Perhaps more important in the context of these conversations are what we found out about how different the advertising profile was in Philadelphia compared to other cities. We had more of certain types of ads. We had more small ads outside of stores than we had in the other cities, and we found out -- as opposed to Austin, which had more billboards. We had fewer billboards, but we had more of the small ads outside of stores. And we found out that -- I kept asking my colleagues in the other cities, Aren't you counting these little ads outside the stores, and I'd send them

photographs that we were taking in the field, and they said, We don't -- our zoning laws do not allow those kinds of ads.

So doing more research on the zoning in Philadelphia, I found out that the stores are permitted to have a certain amount of signage. So a 14 foot typical corner row house that has 14 feet of frontage is allowed to have 84 square feet of signage, and that can be a sign for the property, but it also can be a sign for -- that could also have a logo for a particular product. And in particular, there's something called incidental ads, which can promote ads that are sold on the premises. And just to make sure everybody knows what I'm talking about, this will be an incidental ad. It's a Coca-Cola ad from Chestnut Street. And Philadelphia currently does not regulate those kinds of ads, and what we found is that Philadelphia had by far the most ads of that type.

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I know you were all listening to the testimony this morning. Philadelphia zoning does not permit stands of fresh fruits and vegetables outside corner stores, but we do allow ads that support tobacco, alcohol, sugary beverages and other products that are sold on the premises, and that's because they're sold on the premises that they're allowed, and that's something that relates to our Zoning Code.

Probably even more disturbing was that we found that ads for unhealthful products -- and we were talking about tobacco, alcohol, sugary beverage and fast food -- that they cluster -- that's our scientific word -- around places where kids spend time - schools, day cares, rec centers and libraries. And that meets the scientific standard for clustering, but basically it means there's more ads around places where kids spend time than places where they don't. And we do not have any

evidence to say that they're targeted to children. We did look at other reasons why they might be, but I don't know that it matters the intent of why there's more ads. There's more ads around those places where kids spend time, and particularly in Philadelphia, areas where African Americans live. In Los Angeles it was areas where Latinos live.

So Vikki Lassiter's testimony about the higher incidence of diabetes and obesity among people of color, the fact that people of color are living in a different food environment and a different advertising environment in Philadelphia and in other places certainly contributes to that, not exclusively.

One other -- Philadelphia, the way we license billboards -- and I think you folks have been on Council long enough to know that there's been issues about billboards within 660 feet of schools. That's our zoning regulation.

There shouldn't be any within 660 feet, but in a deal the Law Department struck with Clear Channel, some of those were grandfathered. So now one in five of our institutions, schools and other places that serve kids have a billboard within 660 feet. And so many of our billboards are within the schools. So it's not unusual to have, say, at the Wilson Elementary School in West Philadelphia to have a tobacco ad facing the entrance to the school across the street, or at Dobbins Tech to have an alcohol ad on the building literally across the street, and that's allowable because it's part of the store signage.

This is a complicated issue, all these different factors, and there's less evidence about how this impacts children, but there has been some research to show the ads are impacting their behavior. The advertising companies would not pay for these ads if it wasn't affecting the choices people

were making. They are very effective. There's no question about that.

And I think your question all morning has been, is there a role for government, and particularly is there a role for City government, and I think one of the most encouraging things is that this, of all the issues, the outdoor advertising, may be something that we have more control over than a lot of these other issues that have to do with how healthcare is paid for and food is subsidized.

One thing we cannot do in Philadelphia is, we cannot regulate the content of ads. It doesn't matter if it's a building wrap or if it's a small store sign. You cannot regulate the content of ads if it's a legal product. Admirably, City Council tried to prohibit ads for alcohol within 1,000 feet of schools, and that has been held up in court ever since, and consistently what I've been hearing from the legal world is

that you cannot regulate content. So if we allow ads, we have to know that it could be for a sugary beverage or it could be a promotion, a health promotion, but we cannot regulate content. We can revise our Zoning Code, and there's so many other reasons why we are doing that in Philadelphia. We can regulate incidental ads. We can reduce the amount of signage that's allowed on stores. There's models all over the country, and that may be one of the easiest ways. We can restrict ads, outdoor ads, around places that kids spend time if we are willing to regulate all of those regardless of content.

The City has also been looking at street furniture as a way to generate revenue, and that would generate revenue because there would be a contract and people would pay to do this because then they could have ads. Understandably, the City is in a pretty tight fiscal situation. That opens new opportunities

to have ads, if those benches are near places where kids spend time. Again, we will not be able to regulate the content of those ads.

And I just say that the last issue is voluntary agreements, and The Food Trust has been doing remarkable work with corner stores. I went into the corner store down at the -- down where I live at 43rd and Baltimore and there's one of those ads, Coca-Cola ads, which, by the way, are illegal because they're in the right-of-way. They're attached outside of the store, and I said, Will you take this down? I was with my one-year-old son. I said, This is illegal, will you take this down, and he did. And I don't have the energy to take my son all over the City, but using bully pulpit and using shame or using incentivizing, it certainly is possible. And I think bottom line the message that we really want to have is that our kids are not for sale.

COUNCILWOMAN TASCO: Thank you very much. We appreciate your testimony. Thank you for -- you left us with some interesting thoughts and probably future action.

Good afternoon.

MR. McGREEVY: Good afternoon, Councilwoman and Madam Chair and members. Thank you for the opportunity to speak to you today and thank you for having this hearing. My name is Jim McGreevy. I'm from the American Beverage Association. The ABA represents over 200 non-alcoholic beverage makers and distributors in the United States. In the City of Philadelphia, our member companies have two beverage production facilities in North Philadelphia and on Roosevelt Boulevard in Northeast Philadelphia. These facilities employ nearly a thousand people in beverage production, distribution and in other jobs.

The problem of childhood obesity, the epidemic of childhood

obesity, is a critical one for our society to overcome. I'd like to briefly tell you about some of the initiatives that the beverage industry has committed to to play a role in combatting this epidemic.

In 2006, the beverage industry committed to changing the beverage landscape in schools over the following three years. Modeled after your leadership in 2003, in particular, our alliance with the William Jefferson Clinton Foundation and the American Heart Association, known as the Alliance for a Healthier Generation, pulled full-calorie soft drinks out of schools. Our implementation of the Alliance for a Healthier Generation school beverage guidelines is nearly complete nationwide. We now offer more no and lower calorie beverages in reduced portion sizes in schools where our members have contracts. This has reduced the calories shipped to schools nationwide by nearly 60 percent.

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A final report will be released next month on the final implementation of the beverage guidelines nationwide, and I'd be happy to provide it to the Committee when it's ready.

In addition, in 2008, the industry implemented worldwide our global marketing policy. The policy applies to all non-alcoholic beverages other than water, juices and dairy-based beverages. Our commitment is not to advertise or market other beverages to audiences primarily comprised of children 12 years and younger. Fifty percent or more is the threshold for those audiences.

This advertising and marketing policy applies to the following media: television, radio, print, Internet, phone messaging and cinema, including product placement. It is the first industry-specific global marketing standard of its kind.

Finally, and most recently last week, the industry announced our support

for First Lady Michelle Obama's "Let's Move" initiative to combat childhood obesity. Our commitment with the First Lady is to make the calories on our products more clear and the information provided more consumer-friendly by putting the calorie information on the front of all containers, vending machines and fountain machines. It's kind of our menu labeling -- industry menu labeling program.

Our commitment includes ongoing innovation and reformulation of our products, as well as a continued development to produce smaller package sizes, which we sell in schools, and dedicating marketing resources -- more marketing resources to our no and lower calorie products. We are working daily with the First Lady and the FDA to create a comprehensive, uniform and easy-to-understand front-of-pack label, which will be deployed very shortly, and clear information on our vending fronts

and fountains.

We as an industry are involved in these activities and others to address the epidemic of childhood obesity and believe that the most important thing is to work with all in the community, yourselves as policymakers, universities, parents, to stress the need for energy balance, which you heard earlier from Commissioner Schwarz, the idea of calories in and calories out. We think through greater information, the energy balance equation can be reached better.

We look forward to working with this Committee and others in the City of Philadelphia on these issues. Again, thank you for the opportunity to speak to you today and for holding this hearing, and I'm happy to stand for any questions.

COUNCILWOMAN TASCO: Thank you very much.

Councilwoman Brown.

COUNCILWOMAN BROWN: I have no questions, Madam Chair, at this hour.

COUNCILWOMAN TASCO: Thank you very much for your testimony. Thank you all for coming out.

I think Councilman Goode would like to have Dr. Schwarz come back to the table.

(Witness approached witness table.)

COUNCILMAN GOODE: Good afternoon, Dr. Schwarz.

DR. SCHWARZ: Good afternoon.

COUNCILMAN GOODE: As we transition from the Health and Human Services Committee to the Appropriations Committee, we will consider the appropriation of stimulus dollars. Of those stimulus dollars that will be appropriated, there's $7.9 million being appropriated to the Department of Public Health, which I'm sure you're familiar with.

DR. SCHWARZ: I am.

COUNCILMAN GOODE: Of those dollars, there's $4.87 million dedicated

to the purchase of services.

DR. SCHWARZ: That is correct.

COUNCILMAN GOODE: Which I believe is for -- well, you can actually explain what those dollars are for.

DR. SCHWARZ: This is an award that we look forward to from the Centers for Disease Control. In the request for applications, the Centers for Disease Control specified specific activities that were -- we were to choose among a series of activities and we had to provide those activities in order to be eligible to receive funding. In many cases, those activities are things that are done in Philadelphia by others, not the City. We were required to partner with agencies to show evidence of that partnership, and that's reflected in support for those agencies that are included as partners.

COUNCILMAN GOODE: And so those two areas of concern were?

DR. SCHWARZ: Two areas of

concern?

COUNCILMAN GOODE: I believe there are two campaigns that will be launched from those dollars, anti-smoking --

DR. SCHWARZ: Oh, anti-smoking and obesity.

COUNCILMAN GOODE: Childhood obesity.

DR. SCHWARZ: Childhood obesity. I'm sorry.

COUNCILMAN GOODE: Can you explain the purpose of the childhood obesity dollars, what they're meant to do?

DR. SCHWARZ: They're not just childhood obesity, but they're obesity overall in the City. They're designed to change infrastructure, policy and the climate in the City of Philadelphia around issues that promote obesity.

COUNCILMAN GOODE: And how much is available in terms of those dollars to fight obesity?

DR. SCHWARZ: The Centers for Disease Control said that they would fund cities up to $10 million a year for two years.

COUNCILMAN GOODE: How much is available to the City? Is there a specific dollar amount that's coming to the City?

DR. SCHWARZ: We don't know if we're awarded.

COUNCILMAN GOODE: I believe you were awarded. You put out a request for proposal?

DR. SCHWARZ: So here's -- I'm sorry if there's been confusion on this issue. So the Health Department --

COUNCILMAN GOODE: I'm not confused. I'm actually at the hearing that precedes the Appropriations hearing where we will appropriate money.

DR. SCHWARZ: Correct. We are required by the Centers for Disease Control to be in the field. This is Recovery dollars. We are required to be

in the field for some activities within 30 days of award and for others within 90 days of award. The decision was made that we have a strong application, we would put this particular potential in so that we had an appropriation, should we be funded, in order to be able to move dollars forward in a rapid --

COUNCILMAN GOODE: Is there an appropriation amount?

DR. SCHWARZ: There is, I think, in the transfer ordinance. I don't know the amount of award from the Centers for Disease Control.

COUNCILMAN GOODE: What is the appropriation amount that's within the transfer ordinance, and, more specifically, you did issue an RFP?

DR. SCHWARZ: We did. We've done all of those things in advance if we are awarded. And we've told everybody, if awarded, we will move them.

COUNCILMAN GOODE: Did the RFP have a dollar amount?

DR. SCHWARZ: The RFP, I believe, is $1.2 million for the obesity media campaign, which is part of the whole --

COUNCILMAN GOODE: So now we got it down to there is actually a potential $1.2 million obesity campaign.

DR. SCHWARZ: If the Centers for Disease Control approves the application and approves that amount of money.

COUNCILMAN GOODE: There is 1.2 --

DR. SCHWARZ: I'm not trying to in any way avoid it. I just want to be clear so that you are clear.

COUNCILMAN GOODE: I'm going to make sure we're clear before we leave.

DR. SCHWARZ: Very good.

COUNCILMAN GOODE: So an RFP was released for potentially $1.2 million to fight obesity.

DR. SCHWARZ: That is correct.

COUNCILMAN GOODE: And it's a

campaign that is essentially a media marketing campaign?

DR. SCHWARZ: That is correct.

COUNCILMAN GOODE: How do you envision minority and women-owned businesses being involved in that campaign?

DR. SCHWARZ: I believe that they can and have, I believe, applied to be the media intermediary for that campaign.

COUNCILMAN GOODE: Do you believe that a campaign can be effective without the utilization of minority and women-owned businesses?

DR. SCHWARZ: I don't know the answer to that, to be honest.

COUNCILMAN GOODE: Do you believe that campaign could possibly be more effective with the utilization of minority and women-owned businesses?

DR. SCHWARZ: I am completely supportive of minority and women and disabled-owned businesses as the vendor

for this application, yes.

COUNCILMAN GOODE: Then why did the RFP go out with a goal of zero percent for minority-owned businesses and women-owned businesses?

DR. SCHWARZ: I can ask others who assigned that number to come forward, but I can tell you my understanding.

COUNCILMAN GOODE: I would love that.

DR. SCHWARZ: Let me tell you my understanding. My understanding is that since this is a single vendor award from the CDC, that the decision was made that it either was zero or 100 percent minority contractor.

COUNCILMAN GOODE: So your choice was zero?

DR. SCHWARZ: I did not make that choice.

COUNCILMAN GOODE: If the choice was zero or 100, then the choice was zero, because that's what the RFP said.

DR. SCHWARZ: I understand that.

COUNCILMAN GOODE: So who made the decision that the choice was zero, and is it appropriate that the decision was zero as opposed to 100? Is there not a minority and/or woman-owned firm that is capable of implementing this campaign to fight obesity and receive the prime contract?

DR. SCHWARZ: I'm certain that there are competent minority, women and disabled-owned firms who should be competent to compete for this request for proposals, yes.

COUNCILMAN GOODE: And receive the prime contract.

DR. SCHWARZ: They should be competent to do so. I don't know what the applicants are at the moment.

COUNCILMAN GOODE: So if you set a goal of 100 percent and then didn't meet that goal because you could not select a prime contractor that was a

minority, woman or disabled business, that will be disappointing. More disappointing is not setting the goal at 100 percent.

DR. SCHWARZ: I understand that.

COUNCILMAN GOODE: But setting it at zero percent.

DR. SCHWARZ: I understand that.

COUNCILMAN GOODE: And that's not acceptable.

DR. SCHWARZ: I understand that.

COUNCILMAN GOODE: Could someone explain it?

(Witnesses approached witness table.)

MR. DOW: My name is Kevin Dow. I'm the Acting Chief Operating Officer for the Commerce Department, and I would like to comment on behalf of Dr. Schwarz in regards to the --

COUNCILMAN GOODE: I would

appreciate it if you would not. I'm going to deal with OEO at the Appropriations hearing. I'm trying to find out why the Health Department decided.

MR. DOW: And --

COUNCILMAN GOODE: I'm not asking what OEO approved or what OEO's opinion is. I will ask that question in the Appropriations hearing. Now I'm asking -- we're at a hearing dealing with the issue of obesity, how we combat obesity. We spent hours dealing with this. As we transition into the Appropriations hearing, my question is simply, if we have $1.2 million coming from the federal government in the form of stimulus dollars to fight obesity, why did an RFP go out when it's a media marketing campaign that said that it should be zero percent participation for minority-owned businesses and women-owned businesses? And you said the choice was between zero percent or 100 percent, and

the decision was zero percent. I simply want to know on the record why it was zero percent.

MR. DOW: And that's the question I think I can answer for you, out of respect to Dr. Schwarz.

COUNCILMAN GOODE: I'm actually asking why the decision was made by the Health Department, if it was made by the Health Department. If it was not made by the Health Department, then you can answer the question, but if it was made by anyone else other than OEO, then --

DR. SCHWARZ: The decision was made not by the Health Department but by Office of Economic Opportunity.

COUNCILMAN GOODE: Well, I actually have e-mails from OEO that dispute that.

Can Mr. Gregory approach the witness table.

(Witness approached witness table.)

COUNCILWOMAN TASCO: Point of

information. Councilwoman Brown.

COUNCILWOMAN BROWN: The context of this, which is confusing for us, is when we hear all of the very, very compelling testimony that says that this issue adversely, most negatively impacts communities of color and then we are faced with the possibility or the potential that X number of dollars do not factor in women, people of color and disabilities to have access to a pocket of dollars designed to address an issue in that community, that is unacceptable.

COUNCILMAN GOODE: Mr. Gregory, did you send an e-mail to my Chief of Staff on February 4th at 12:40 p.m. that contradicts what Mr. Dow just said?

MR. GREGORY: Not to my recollection, but --

COUNCILMAN GOODE: Would you like to see the e-mail?

MR. GREGORY: Yes, I would, please. Thank you.

Thank you.

COUNCILMAN GOODE: Would you like to read the e-mail?

MR. GREGORY: Yes, I would.

"Good afternoon, Sadique."

COUNCILMAN GOODE: Sadique.

MR. GREGORY: Sadique. I'm sorry. "Thank you for bringing this to our attention. Have you reached out to the Health Department? If not, I can certainly do so, but it sends a great message to them that participation is their responsibility."

COUNCILMAN GOODE: Why would we reach out to the Health Department to find out about the goals set in an RFP if the goals were set by OEO?

MR. GREGORY: Because the responsibility for actually achieving those goals is on the -- is within --

COUNCILMAN GOODE: Our question was why the goal was set at zero. That's the question I asked in this hearing now. If OEO sets the goal, why would you send us an e-mail telling us to reach out to

the Health Department relating to why the goal was set at zero?

MR. GREGORY: I don't know the answer to that.

COUNCILMAN GOODE: Okay. Thank you very much. I'm finished.

MR. GREGORY: Do you want me to continue reading?

COUNCILMAN GOODE: I'm finished. I'm going to deal with it in the Appropriations Committee.

MR. GREGORY: Would you like this back?

COUNCILWOMAN TASCO: So at this point, where is the RFP?

DR. SCHWARZ: The request for proposal -- we don't have funding. I just want to be clear, but the request has been put out. We've received applications back. We're waiting to hear about funding from the Centers for Disease Control.

DEPUTY COMMISSIONER VAUGHAN: Councilwoman, may I speak?

COUNCILWOMAN TASCO: Yes.

DEPUTY COMMISSIONER VAUGHAN: Deputy Commissioner Kevin Vaughan.

The Health Department, after we received the RFP back from OEO, then proceeded to go to several minority vendor forums in order to make sure that it was fully advertised to minority vendors so that we could attract somebody to make a bid for the RFP. In addition to which, anyone who even talked to us at the table when they came to see us at those forums, we followed up with e-mails to them to make sure that they knew when the RFP was let, so that if they were interested, they could then apply.

So, I mean, the Health Department not only understood its responsibility, but took affirmative action on several different fronts to try to attract somebody who would then be able to put in a bid and win the RFP.

COUNCILWOMAN TASCO: I'll let the Councilman deal with it, but it seems

to me that -- because we do have another hearing, Appropriations hearing, and maybe we can ask those questions then, but to OEO, why would you put out an RFP with no participation? That's the question.

MR. GREGORY: My understanding from this particular RFP from the interaction we had with the Health Department was that this was going to be a sole source provider opportunity. In other words, there are no subcontracting opportunities with this particular RFP.

COUNCILMAN GOODE: Sole source is illegal.

MR. GREGORY: Single source. I'm sorry.

COUNCILMAN GOODE: Single source refers to what?

MR. GREGORY: There's only going to be -- there's no subcontracting opportunities. That was my understanding.

COUNCILMAN GOODE: And why

would there be no subcontract opportunities? Who decided there would be no subcontract opportunities?

MR. GREGORY: I believe we would collaboratively.

COUNCILMAN GOODE: Who recommended before it was collaboratively decided that there be no subcontract opportunities?

MR. GREGORY: Well, that would be -- the purchasing managers would make that determination.

COUNCILMAN GOODE: I'm talking about specifically in this case.

MR. GREGORY: The Health Department.

COUNCILMAN GOODE: The Health Department decided there would be no subcontract opportunities, Dr. Schwarz?

MR. GREGORY: I don't know if I testified that they said that they were --

COUNCILMAN GOODE: You said someone decided it was a single source

contract and there would be no subcontract opportunities.

MR. GREGORY: I said --

COUNCILMAN GOODE: I have that e-mail as well.

MR. GREGORY: I said --

COUNCILMAN GOODE: But I'm asking who decided there would be no subcontract opportunities? All I need to know is the name. Who decided it? Who recommended it? Who was in the room when the decision was made? Why?

I mean, do you think that it actually makes sense there would be no subcontract opportunities? Does that even make sense that there could not be a joint venture on this matter, that it would mean that it's not zero or 100 percent? Does it even make sense there would be no subcontract opportunities?

MR. GREGORY: It made sense that it could be without subcontracting. I viewed it --

COUNCILMAN GOODE: I'm not

saying potentially could be. I'm saying in this case. This is a real RFP with potentially $1.2 million to fight obesity in a media marketing campaign. Does it purely have to be zero or 100? Is there absolutely no opportunity whatsoever for a joint venture that would allow at least some minority or women-owned business participation?

MR. GREGORY: It was my understanding that it was a sole source provider contractor. If we -- we were not allowed to put 100 percent participation range on a sole source or single source provider contract.

COUNCILMAN GOODE: Actually, to be honest, 100 percent is not a range; 100 percent is a number.

MR. GREGORY: That's a --

COUNCILMAN GOODE: Zero to 100 percent is a range, 10 to 100 percent is a range. You can put a range to 100 percent.

MR. GREGORY: So it's your

recommendation we should have put zero to 100 percent?

COUNCILMAN GOODE: My recommendation is someone tell the truth here about who decided there would be no subcontract opportunities. Somebody give me an answer. Who decided it?

COUNCILWOMAN TASCO: Well, I suggest while you all figure out who decided --

COUNCILMAN GOODE: We'll continue it at the next hearing.

COUNCILWOMAN TASCO: And that you pull the RFP back.

COUNCILWOMAN BROWN: Point of information. Point of information, Madam Chair.

COUNCILWOMAN TASCO: Yes. Go ahead.

MR. GREGORY: Again, my answer I guess is, OEO did it in conjunction with the Health Department.

COUNCILWOMAN BROWN: The record should reflect that Councilman Goode and

I were informed of this faux pas and we were also assured that given the inconsistency with the Mayor's new Executive Order with regards to ensuring participation of women, people of color and disabilities, that this particular RFP would be pulled back and fixed before released.

So the question becomes in the next hearing that Councilman Goode will take up, what happened?

Thank you, Madam Chair.

COUNCILWOMAN TASCO: Well, thank you all very much. Councilman Goode will address this issue in Appropriations. We still believe we had a good discussion about the issue of obesity, and we thank the Health Department for its leadership and what you're trying to do, and we will, I'm sure, straighten this matter out.

We have one young lady who will give a brief statement, brief, because we have other people who have been waiting

an hour and a half for their hearing. Identify yourself.

(Witness approached witness table.)

MS. GRIER: Yes. My name is Stephanie Grier. I'm the Administrator for the Consortium for Latino Health, and the Consortium for Latino Health is a member organization comprised of community-based organizations, hospitals, health providers, insurers and others that have combined their efforts to improve the health of Latinos in the City of Philadelphia.

You should have written testimony, so I'm just going to very briefly echo what you heard already in testimony this morning, which is the understanding that overweight and obesity disproportionately affects Latinos. There's been a great discussion of that about the communities, which are most affected, and neighborhoods in the City of Philadelphia are also neighborhoods

where there is the highest concentration of Latinos in the City.

The one thing I would like to point out is that additionally there is strong evidence -- and this is not just on Latinos, but there is strong evidence that immigration to this country, the length of time that you live in the U.S., causes a significant increase in the levels of overweight and obesity, with the most research suggesting after about ten years, there's significant dietary and lifestyle changes that take place, where people are adopting the more American lifestyle and, therefore, the more significant increases in overweight and obesity.

The things that we would just like the Committee and City Council to be aware of as we continue to create and support programs to battle this epidemic is the need to remain culturally and linguistically appropriate, that if we can offer, particularly in reference to

Latino immigrants, we can make efforts to offer foods that they recognize and are able to prepare in their homes. This strongly correlates to the ability for them not to adopt the processed foods lifestyle. So we just want to continue to support that, and the rest of it is on there.

COUNCILWOMAN TASCO: Thank you. Do we have your testimony?

MS. GRIER: Yes, you do have my testimony.

COUNCILWOMAN TASCO: It will become part of the record. The full testimony will be in the record.

MS. GRIER: Thank you.

COUNCILWOMAN TASCO: Thank you very much for coming in, and thank you all for being so patient, those of you who are here for the Appropriations Committee.

This Committee will stand and adjourn until the call of the Chair. Thank you.

2/24/10 - PUBLIC HEALTH - RES. 100098

(Committee on Public Health and Human Services concluded at 2:30 p.m.)

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CERTIFICATE

I HEREBY CERTIFY that the proceedings, evidence and objections are contained fully and accurately in the stenographic notes taken by me upon the foregoing matter on February 24, 2010, and that this is a true and correct transcript of same.

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MICHELE L. MURPHY

RPR-Notary Public

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