



# Health Equity Data Brief

## Obesity in Black Philadelphians: Possible Causes and Consequences

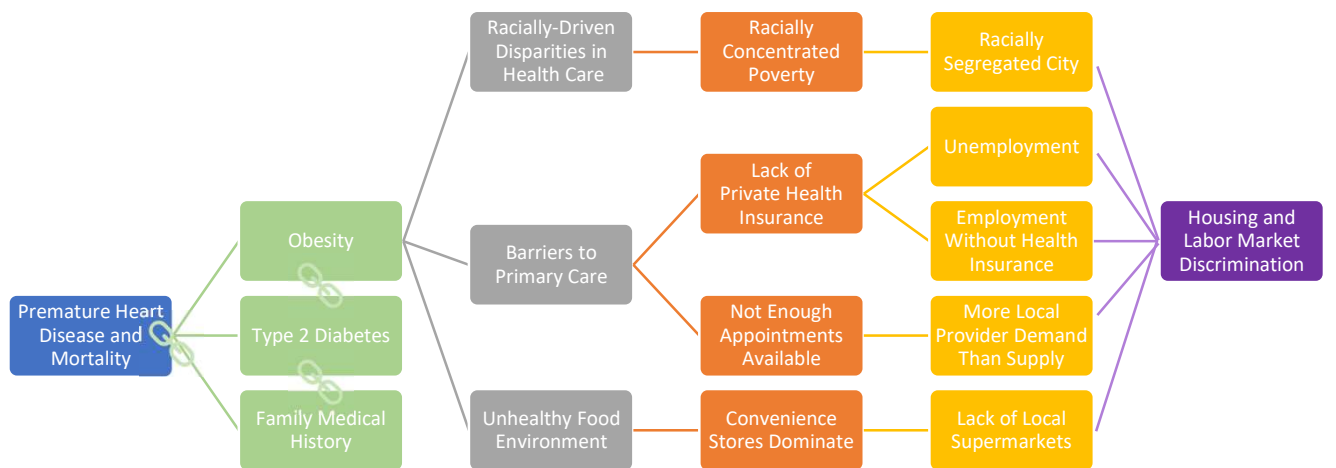
### The Complex Origins of Obesity

Obesity is an excess of body fat that presents a risk to health.<sup>1</sup> The factors that contribute to obesity are many and varied.

Black Philadelphians face obesity at higher rates than other residents of the city.<sup>2</sup> This is partly because they are more likely to encounter barriers to achieving good health than residents from other racial and ethnic groups.<sup>3</sup>

Figure 1 illustrates that in Philadelphia’s Black community, some of the contributing factors in obesity have deep roots. A long history of bias in social and economic policies has led to racial segregation and a concentration of poverty in non-Hispanic Black communities in Philadelphia.<sup>4</sup> As a result, the environment in which many Black Philadelphians live, learn, work, play, worship, and age can impact weight control.<sup>5</sup>

**Figure 1**  
Tracing Roots of Obesity for Black Philadelphians

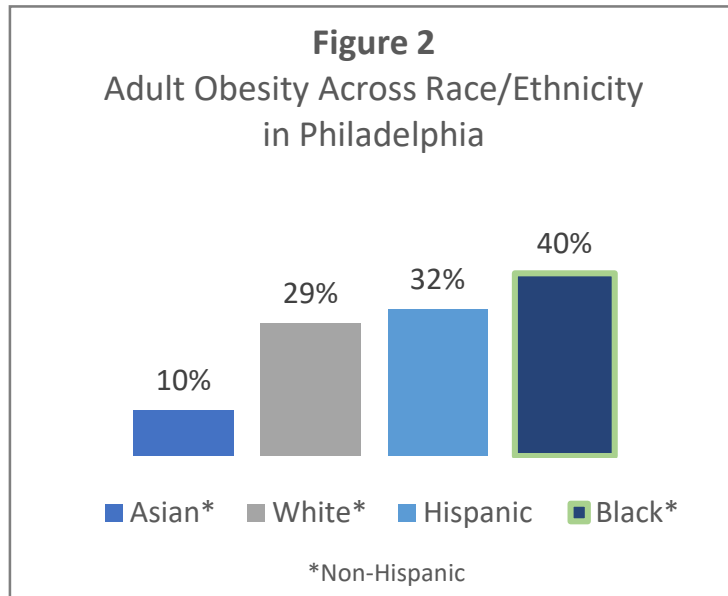


## The Prevalence of Obesity Among Black Philadelphians

Figure 2 compares levels of adult obesity in Philadelphia across four racial/ethnic groups. According to this data, Black adults have the highest rate of adult obesity in Philadelphia.

Forty percent of all Black adults in Philadelphia are obese. In contrast, only 10% of Asian adults are obese. Nearly a third of white and Hispanic adults are obese (29% and 32% respectively).

People who develop obesity increase their chances of developing Type 2 diabetes, heart disease, or both.<sup>6</sup> In fact, all three of these conditions tend to occur together. Due to the high rate of obesity in Black adults, managing (or reversing) obesity not only reduces the prevalence of this condition in Philadelphia's Black community, but can reduce the prevalence of other serious conditions as well.



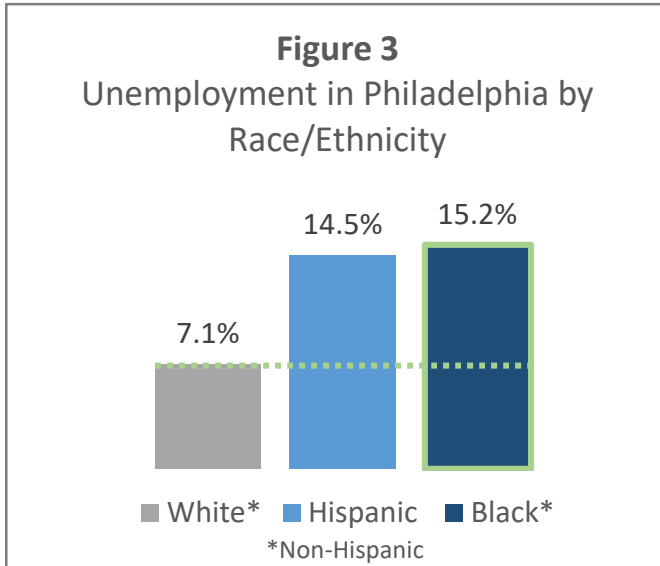
*Source: Public Health Management Corporation (PHMC) Household Health Survey | 2014/15*

## Racially-Driven Disparities in Health Care

Skin color and ZIP code should not prevent anyone from staying healthy. But in Philadelphia, it is an unfortunate reality that socioeconomic status influences health and well-being. The likelihood of developing certain health conditions, the ability to access health care, and the quality of care received can be linked to race/ethnicity and neighborhood.

Due to generations of discrimination, Philadelphia is a highly segregated city. Racially biased lending policies have contributed to segregation, lowered property values in majority-Black neighborhoods, and lowered levels of home ownership for Black Philadelphians.<sup>7</sup> This history has led to areas of racially-concentrated poverty across the city.

Labor market discrimination compounds inequities. One indicator of that discrimination is unemployment. Figure 3 illustrates that the unemployment rates for both Black and Hispanic Philadelphians are more than double the unemployment rate of white Philadelphians.



*Source: US Census Bureau, American Community Survey, 1-year estimates | 2015*

Just over 7% of white Philadelphians experience unemployment compared to 14.5% of Hispanics. Black Philadelphians have the highest unemployment rate of all at 15.2%.

The effects of housing and labor market discrimination on majority-Black (race) neighborhoods (ZIP code) can impact the equitable delivery of health care in a variety of ways. As just one example, Philadelphians from majority-Black neighborhoods are more likely to live near and receive care from public safety net hospitals that serve lower-income communities.<sup>8</sup>

Safety net hospitals may not be able to provide the level and type of care found in the private hospitals located in or near higher-income neighborhoods.

Other drivers of inequity for Philadelphia’s majority-Black neighborhoods include a lack of investment that leaves residents with fewer options for transportation and digital access than their counterparts in neighboring ZIP codes. The absence of resources can make scheduling and attending provider appointments, tests, and procedures challenging, if not impossible.<sup>9</sup>

### Barriers to Primary Care

Managing obesity often begins in primary care settings, which in theory should be the most accessible and least costly avenue for care. But for many Black Philadelphians, obtaining primary care is more complicated than meets the eye.

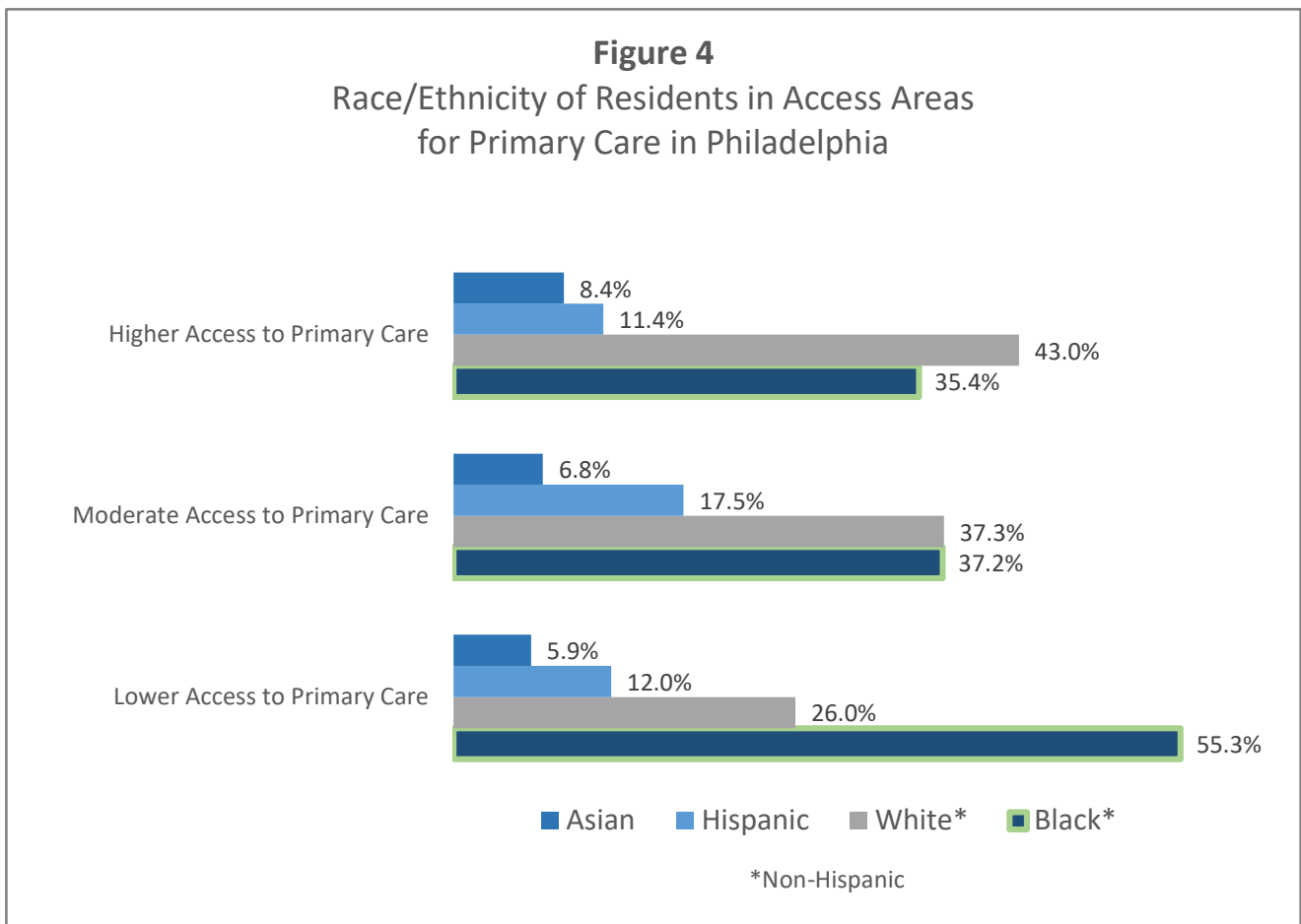
Owing to higher unemployment, Black Philadelphians are more likely to have lower incomes. That makes them less likely to have health insurance (either employer-sponsored or individual coverage). If they qualify based on income level, they may be enrolled in Medicaid.<sup>10</sup>

The combination of poverty and insurance status creates a perfect storm in Philadelphia’s poor Black communities when it comes to primary care.

- Without health insurance, it is left to the patient to pay the full cost of medical care. If those costs are too high to fit into the household budget, household members will go without much needed routine care.

- Medicaid recipients can visit only those providers who accept Medicaid. Providers receive a smaller reimbursement from Medicaid than they do from private insurers. Therefore, many providers limit the number of appointments available to Medicaid recipients. That means longer wait times for appointments for those on Medicaid.
- Neighborhoods where many residents are uninsured, underinsured, or on Medicaid have fewer primary care providers.<sup>11</sup> In those neighborhoods, demand for primary care exceeds the supply of providers.

The effect on Black Philadelphians’ ability to access primary care can be seen in Figure 4 below. They represent the highest percentage of people living in areas of the city where there is lower access to primary care. This is another barrier to managing health conditions like obesity.



*Source: Race/Ethnicity– American Community Survey, U.S. Census Bureau*

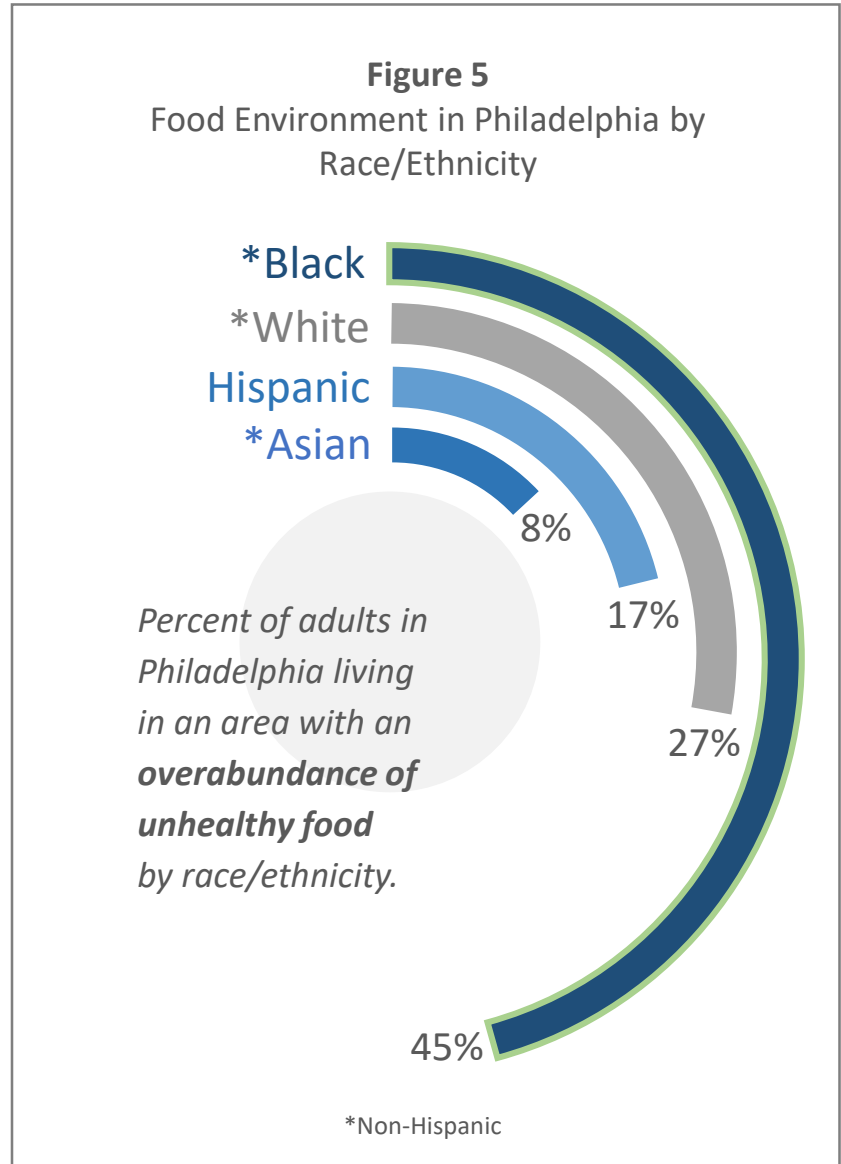
## Unhealthy Food Environment

Diet is critical to managing obesity. The USDA's Dietary Guidelines for Americans<sup>12</sup> advises that a healthy eating plan is one that:

- Emphasizes fruits, vegetables, whole grains, and fat-free or low-fat milk and milk products.
- Includes a variety of protein foods such as seafood, lean meats and poultry, eggs, beans, peas, soy products, nuts, and seeds.
- Is low in added sugars, sodium, saturated fats, trans fats, and cholesterol.
- Stays within daily calorie needs.

In low-income neighborhoods of Philadelphia, such foods are nearly impossible to find. In those areas, there is a disproportionately low number of healthy, high-produce stores and an overabundance of unhealthy, low-produce stores.<sup>13</sup>

The lower-income neighborhoods of Philadelphia that have a shortage of primary care providers often have a shortage of supermarkets and other fresh food outlets as well. The fresh produce and protein available in supermarkets are



*Source: Neighborhood Food Retail in Philadelphia, City of Philadelphia Department of Public Health | September 2019*

Note: Areas with an overabundance of unhealthy food are defined as areas with more than 20 low-produce supply stores within walking distance. High poverty areas are defined as 20% or more of the block group living below federal poverty guidelines.

often more expensive than the fare at convenience stores and fast-food chains, where foods high in sugars, sodium, saturated fats, trans fats, and cholesterol are on the menu at lower prices.

The impact of the food environment on rates of obesity cannot be overstated. Problems with the state of food environments in Philadelphia neighborhoods are complex. Yet the truth behind those environments is simple and clear—you really are what you eat.

## Equity vs. Obesity: The Work Ahead

The data reviewed here indicates:

- **Obesity is a health concern in Philadelphia’s Black community.** Forty percent of Black adults in Philadelphia are obese.
- **Poverty is a driver of inequity in health care.** The unemployment rate of Black Philadelphians is more than twice that of white Philadelphians. People with lower incomes often have less opportunity and limited means to obtain quality health care.
- **Many Philadelphians experience barriers to primary care, where weight management is most often addressed.** More Black Philadelphians live in areas with lower access to primary care providers than do any other racial/ethnic group.
- **The food environment in many Philadelphia neighborhoods does not include healthy, fresh foods.** Forty-five percent of Black adults in Philadelphia live in areas where there is an overabundance of unhealthy foods.

Obesity is just one consequence of the inequities Black Philadelphians face in neighborhoods across the city. Because obesity is a risk factor for other serious health conditions like Type 2 diabetes and heart disease, it is a life-threatening consequence.

Reversing the damage done through generations of unequal treatment in health care and elsewhere will take commitment and collaboration on the part of every stakeholder in the health care system. The root causes of health care inequity must be addressed to create healthier outcomes for every person, in every neighborhood in Philadelphia.

## Source Notes

1. *Obesity - Symptoms and causes - Mayo Clinic.* (2021, September 2). Mayo Clinic. <https://www.mayoclinic.org/diseases-conditions/obesity/symptoms-causes/syc-20375742>
2. *Obesity & Diabetes | RHEI.* (n.d.) <https://dev-penn-rhei.pantheonsite.io/topic/obesity-diabetes>
3. *Racism & Discrimination in Healthcare | RHEI.* (n.d.). <https://dev-penn-rhei.pantheonsite.io/topic/racism-discrimination-healthcare>
4. *Food Access | RHEI.* (n.d.). <https://dev-penn-rhei.pantheonsite.io/topic/food-access>
5. *Roadmap to Whole Person Health.* (n.d.). In [www.dhs.pa.gov](http://www.dhs.pa.gov). [https://www.dhs.pa.gov/HealthInnovation/Documents/WholePersonCareReport\\_Final.pdf](https://www.dhs.pa.gov/HealthInnovation/Documents/WholePersonCareReport_Final.pdf)
6. *Obesity and Diabetes | RHEI.* (n.d.) <https://dev-penn-rhei.pantheonsite.io/topic/obesity-diabetes>
7. *Socioeconomic Disadvantage | RHEI.* (n.d.) <https://ahephl.org/topic/socioeconomic-disadvantage>
8. *Specialty Care Access | RHEI.* (n.d.). <https://dev-penn-rhei.pantheonsite.io/topic/specialty-care-access>
9. *Specialty Care Access | RHEI.* (n.d.). <https://dev-penn-rhei.pantheonsite.io/topic/specialty-care-access>
10. *Specialty Care Access | RHEI.* (n.d.). <https://dev-penn-rhei.pantheonsite.io/topic/specialty-care-access>
11. *Primary Care Access | RHEI.* (n.d.). <https://dev-penn-rhei.pantheonsite.io/topic/primary-care-access>
12. *USDA Dietary Guidelines for Americans.* Available at: Dietary Guidelines for Americans, 2020-2025. (n.d.). In [www.dietaryguidelines.gov](http://www.dietaryguidelines.gov). [https://www.dietaryguidelines.gov/sites/default/files/2020-12/Dietary Guidelines for Americans 2020-2025.pdf#page=31](https://www.dietaryguidelines.gov/sites/default/files/2020-12/Dietary%20Guidelines%20for%20Americans%202020-2025.pdf#page=31)
13. *Food Access | RHEI.* (n.d.). <https://dev-penn-rhei.pantheonsite.io/topic/food-access>