

Philadelphia Healthy Chinese Take-out Restaurant Initiative



In March 2010, Philadelphia launched *Get Healthy Philly*, a ground-breaking initiative focused on making it easier for Philadelphians to engage in healthy behaviors by increasing the availability of healthy foods, decreasing the availability and marketing of unhealthy foods and beverages, increasing opportunities for physical activity, and promoting smoke-free environments. The Philadelphia Department of Public Health partnered with Temple University's Center for Asian Health, the Asian Community Health Coalition, and the Greater Philadelphia Chinese Restaurant Association to implement the Philadelphia Healthy Chinese Take-out Initiative, which aims to 1) reduce the sodium content in Chinese take-out dishes by 10-15% in an effort to control and prevent high blood pressure and 2) promote compliance with the Philadelphia Youth Sales Law in order to reduce youth smoking rates.

Why Action is Needed

- Americans consume too much sodium. Excess sodium intake greatly increases the risk of developing high blood pressure (or hypertension), a primary risk factor for heart disease and strokes.¹ Almost 40% of adults and 47% of African Americans in Philadelphia have high blood pressure.²
- On average, Americans consume twice the recommended daily amount of sodium (salt).³
- Most of the sodium in the American diet comes from processed and restaurant foods.⁴ Chinese restaurant dishes contain large amounts of sodium mainly due to the sauces used in food preparation and cooking.
- Tobacco use is a contributing factor to high blood pressure, heart disease, stroke, and other chronic diseases.
- Philadelphia has one of the highest rates of youth smoking and also has more tobacco retailers per capita than any other large city except for Washington, D.C.⁵ Over one-third of youth smokers purchase their own cigarettes.⁶
- In Philadelphia, one out of every three attempts to purchase tobacco underage results in an illegal sale. This is significantly higher among Chinese take-out restaurants.



Key Impacts & Achievements

- Recruited 206 restaurants between July 2012 and April 2013 to participate in the initiative
- Developed and implemented a formative baseline evaluation, including
 - Intake form that gathered data on customer demographics and preferences, ingredients used in preparation and cooking, and food purchasing practices.
 - Baseline survey measuring knowledge, perceptions and behaviors related to salt use
- Conducted a series of free cooking trainings in September 2012 and March 2013 for owners and chefs on low salt cooking techniques such as enhancing flavor with herbs and spices, using lower sodium ingredients, and modifying recipes
- Collected and analyzed samples of two popular dishes from 20 restaurants to assess changes in sodium content. Preliminary results show a 20% reduction in sodium content from July 2012 to March 2013.
- Developed and distributed marketing materials for owners and consumers to promote awareness of the initiative
- Worked with owners to make low-salt changes such as using ½ the amount of prepared sauce in dishes, using lower sodium soy sauce as an ingredient in sauces, creating lower sodium recipes, adding chilis or garlic for more flavor, and limiting distribution of soy sauce packets to customers
- Provided tobacco policy and control resources to help owners comply with the Tobacco Youth Sales Law; materials are available in multiple languages, including Chinese, Spanish, Korean and Vietnamese

For More Information: Contact Jennifer Aquilante, Philadelphia Department of Public Health, at jennifer.aquilante@phila.gov or visit www.phila.gov/health or www.foodfitphilly.org

¹ Institute of Medicine. Dietary reference intakes for water, potassium, sodium chloride, and sulfate. Washington, DC: National Academies Press; 2004.

² Public Health Management Household Health Survey, 2010.

³ U.S. Department of Agriculture. What we eat in America. Available from www.ars.usda.gov/services/docs.htm?docid=18349.

⁴ Centers for Disease Control and Prevention. Vital signs: food categories contributing the most to sodium consumption-United States, 2007-2008. *MMWR*. 2012;61(5):92-8.

⁵ Data sources: Tobacco retailer data from municipal departments of public health for Boston, New York City, Philadelphia, San Diego, Seattle and Washington, D.C.; from Big Cities Coalition retail tobacco sales survey (2009) for Baltimore and Chicago. Population data from U.S. Census.

⁶ Philadelphia Department of Public Health. 2010. The challenge of youth smoking in Philadelphia: Prevalence, tobacco access and illegal sales.