REPORT ON OBESITY

SUNY DOWNSTATE MEDICAL CENTER
SUNY Downstate Medical Center would like to thank the following individuals for their help in preparing the Report on Obesity.

RESEARCH
Steven D. Ritzel, MPH, MIA
Director for Regional Planning and Public Health Research, Office of Planning
Clinical Assistant Professor of Preventive Medicine and Community Health

Priya Naman, MPH
Data Analyst Manager, Office of Planning

ADVISORY COMMITTEE
Elizabeth Boskey, PhD, MPH
Assistant Professor of Preventive Medicine and Community Health

Judith LaRosa, PhD, RN
Professor of Preventive Medicine and Community Health

Doris Youdelman
Senior Editor/Writer, Office of Institutional Advancement

REVIEWERS
Gail Abramowitz, MA, RD
Clinical Nutrition Manager

MaryAnn Banerji, MD, FACP
Associate Professor of Medicine, Division of Endocrinology

Clinton Brown, MD
Clinical Assistant Professor of Medicine, Division of Renal Diseases

Gerald Deas, MD, MPH, MS
Research Assistant Professor of Preventive Medicine and Community Health and Director of Health Education Communication

Pascal J. Imperato, MD, MPH & TM
SUNY Distinguished Service Professor and Chair, Department of Preventive Medicine and Community Health

Design: Frank Fasano, Division of Biomedical Communications

Cover photos: copyright BananaStock Ltd., all rights reserved; (top row right) Getty Images; (bottom row, left) Ernest A. Cuni, Division of Biomedical Communications

Published by SUNY Downstate Medical Center, 2004
Dear residents and friends of Brooklyn:

Obesity is one of the most noticeable health problems and, often, the most overlooked. Two-thirds of Americans are overweight or obese. It is not surprising that the U.S. Surgeon General has labeled obesity a national epidemic. A new study by the Centers for Disease Control and Prevention helps explain why: In the last 30 years, women have increased their caloric intake by 22 percent, and men by 7 percent.

Overweight and obesity are not problems limited to those who can afford to eat well. In many of the poorest nations, as well as in our own communities, obesity and poor nutrition often go hand in hand. A recent report by the World Health Organization links obesity due to unhealthy diet and lack of physical activity to the increase in cardiovascular disease, various forms of cancer, diabetes, osteoporosis, and other chronic diseases worldwide.

This *Report on Obesity* presents data on the prevalence of overweight and obese children, adolescents, and adults in New York City. Only limited data are available for Brooklyn because, unlike asthma, measles, and certain other diseases, obesity is not classified as a reportable condition by the Department of Health. That is only part of the problem. We need more local information and research to guide policymakers and healthcare providers in developing effective ways to combat this growing epidemic.

The cost of obesity is also growing. In 2003, close to $75 billion was spent on medical care for obesity-related health problems. Medicare, Medicaid, and other government programs absorbed more than half this cost. In New York State alone, Medicaid spending on obesity-related illnesses totaled $3.5 billion. When indirect economic costs are included—such as days of work lost to illness and reduced productivity—the nationwide cost of obesity in 2003 was more than $130 billion.

Since nutrition and physical activity are essential to good health throughout life, *Report on Obesity* emphasizes the importance of teaching good eating and exercise habits beginning in childhood. We must bring this message to the school, the workplace, and the community. Through such weight-reduction campaigns as “Lighten Up Brooklyn,” sponsored by the Brooklyn Borough President’s Office, and this campus’s own “A Healthy Downstate” program, we can begin to make more Brooklynites aware that better health is within their control.

John C. LaRosa, M.D.
President
## Contents

- Health Consequences of Being Overweight or Obese ......................... 3
- The Problem of Obesity in Adults ............................................. 4
- Lack of Physical Activity in Adults ........................................... 7
- Obesity Begins in Childhood .................................................... 9
- Obesity in High School Students .............................................. 12
- Where Do We Go from Here? .................................................... 17
- Appendices ................................................................................. 18
- Calories Burned during Exercise ................................................. 18
- Food Habits ................................................................................. 19
- Glossary ..................................................................................... 20
- Resources and Technical Notes .................................................... 20
Over the last 40 years, the number of Americans who are overweight or obese has increased dramatically. While many people are conscious of their weight as it affects their appearance, the real problem is how it will affect their health.

Being overweight or obese increases the risk of many health conditions and diseases. People who are obese or overweight have more hospitalizations or visits to doctors. Weight problems can make some conditions, such as asthma and joint pain, more severe or difficult to tolerate. The more weight you carry, the greater the risk to your health—being obese is more dangerous than being overweight.

If you are overweight or obese, you increase your chances of having the following:

- heart disease and stroke
- high blood pressure and high cholesterol
- type 2 diabetes
- certain cancers—prostate, colon, kidney, gall bladder, uterus, and breast (post menopause)
- breathing problems—asthma, sleep apnea (interrupted breathing during sleep)
- arthritis
- bladder problems
- pregnancy complications—high blood pressure, gestational diabetes, difficult labor and delivery, increased need for cesarean deliveries, risk of birth defects, and diseases in infants

Children who are overweight are likely to be obese as adults. They tend to have higher cholesterol levels and blood pressure than other children and may develop health problems, such as diabetes and heart disease, at an earlier age. They are also more likely to have low self-esteem than other children.

Knowing if you are overweight or obese is the first step to changing your condition. Ask your doctor or health professional to determine if you are overweight or find out by using the equation below to determine your Body Mass Index (BMI).

### What is BMI?

Body Mass Index (BMI) helps measure whether a person’s weight is in the healthy range for his or her height. BMI is used differently for adults and for children.

### Health Consequences of Being Overweight or Obese

<table>
<thead>
<tr>
<th>BMI</th>
<th>Weight Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below 18.5</td>
<td>Underweight</td>
</tr>
<tr>
<td>18.5 – 24.9</td>
<td>Normal</td>
</tr>
<tr>
<td>25.0 – 29.9</td>
<td>Overweight</td>
</tr>
<tr>
<td>30.0 and above</td>
<td>Obese</td>
</tr>
</tbody>
</table>

For example, a person who weighs 220 pounds and is 6 feet 3 inches tall has a BMI of 27.5.

\[
\text{Weight in Pounds} \times 703 = \text{BMI}
\]

\[
\frac{220 \text{ lbs}}{(75 \text{ inches}) \times (75 \text{ inches})} \times 703 = 27.5
\]
Within the past decade, adult obesity has nearly doubled in the United States. According to recent surveys, 1 in every 6 adults in New York City is obese. The data that follow highlight some important findings about which groups of adult New Yorkers have a greater chance of being overweight or obese. Although New Yorkers have a lower obesity rate than the rest of the nation, we still have a long way to go to achieve a healthier lifestyle.

**Obesity in Brooklyn Neighborhoods**

While the obesity epidemic affects communities throughout the United States, Brooklyn residents have special reason to be concerned. In 7 of 11 Brooklyn neighborhoods (as defined by the United Hospital Fund) the obesity rate is higher than it is for New York City as a whole. In Williamsburg and Bushwick, 1 out of every 4 adults is obese, and in Bedford-Stuyvesant, Crown Heights, and East New York, 3 out of 10 adults are obese.

Source:
Community Health Survey,
New York City Department of Health and Mental Hygiene, 2002
The percentage of adults who are overweight is similar for White, Black, and Hispanic New Yorkers—generally ranging between 30 and 40 percent. The percentage of Asian-American New Yorkers who are overweight is much lower—roughly 25 percent, or 1 out of 4.

The burden of obesity is higher for Blacks and Hispanics. Black New Yorkers have an obesity rate that is more than double that of Whites, and five times the rate of Asian-American residents. Although Asians and Pacific Islanders may have lower levels of overweight and obesity than other groups, a recent finding shows that at lower levels of BMI they are at risk for many of the same diseases.*

Source:
Thorpe, L.E., et al., One in 6 New York City Adults Is Obese, in NYC Vital Signs, 2003:2(7)1-4

* Lancet 2004:363(9408) 157-63
OBESITY IN ADULTS

New York City Adults Who Report Being Overweight or Obese by Sex, 2002

Being overweight is more common among New York City men than among women. But with obesity, the reverse is true—the obesity rate among New York City women is higher than the rate for men.

While not shown here, New York City men are less likely to be overweight or obese than their counterparts at the national level. Among New York City women, however, the incidence of these problems is just about the same as it is for women nationwide.

Source:
Thorpe, L.E., et al., One in 6 New York City Adults Is Obese, in NYC Vital Signs, 2003:2(7)1-4

New York City Adults Who Are Overweight or Obese by Age Group, 2002

For adult New Yorkers, the risk of being overweight rises gradually as they get older. The chance of becoming obese, in contrast, rises sharply with age. Fewer than 1 in 10 New Yorkers between the ages of 18 and 29 is obese, but more than 1 in 4 of those between 50 and 64 years of age suffers from obesity.

After age 65, the obesity rate declines. This doesn’t necessarily mean that older New Yorkers are losing weight, although some do. It may reflect the fact that obese people are more likely to die before they reach old age.

Source:
Thorpe, L.E., et al., One in 6 New York City Adults Is Obese, in NYC Vital Signs, 2003:2(7)1-4
Americans consume more processed carbohydrates (breads, starches, etc), saturated fats (butter), fried foods, and fewer vegetables and fruits than people from Europe and other developed countries. Not only are our food choices less than ideal, but food portions (serving size) have greatly increased over the past 20 years.

More exercise is needed to burn off these added calories. Yet while the amount of food Americans eat has increased, levels of physical activity may actually have declined.

**New York City Adults Reporting No Physical Activity in Past Month by Race/Ethnicity, 2002**

The percentage of adult New Yorkers who reported having no physical activity in the previous month varied by ethnic group. Whereas 20 percent of White residents reported that they had not had any physical activity, more than 25 percent of adult Black residents, nearly 35 percent of Hispanic New Yorkers, and 30 percent of Asian-American residents said they had not engaged in any recent physical activity.

*Source: Thorpe, L.E., et al., One in 6 New York City Adults Is Obese, in NYC Vital Signs, 2003:2(7)1-4*
Adults Reporting No Physical Activity by Sex, 2002

Although the results are slightly better for the City than the State, roughly 1 in 4 men and 3 in 10 women reported that they had not engaged in any physical activity during the previous month.

Source:
Behavioral Risk Factor Surveillance System, 2001; Centers for Disease Control and Prevention; Thorpe, L.E., et al., One in 6 New York City Adults Is Obese, in NYC Vital Signs, 2003:2(7)1-4

New York City Adults Reporting No Physical Activity by Income Level, 2002

Lack of physical activity is also related to income. New Yorkers with yearly incomes below $25,000 were more than twice as likely to have had no physical activity within the previous month than those with incomes over $50,000.

Source:
Thorpe, L.E., et al., One in 6 New York City Adults Is Obese, in NYC Vital Signs, 2003:2(7)1-4
As it has for adults, obesity in children has increased dramatically in the United States since the 1960s. In New York City, the rate of obesity in children is even higher than it is for adults.

A recent survey of children in the New York City public school system found that only slightly more than half have a healthy weight. Compared to these children, youngsters who are overweight or obese have a far greater chance of developing long-term health problems, such as asthma, diabetes, heart disease, and depression—beginning in childhood and becoming more serious later in life.

**Distribution of Elementary School Children (Ages 6 – 11) in New York City by Weight, 2003**

In New York City, 43 percent of all elementary school children are overweight or obese.

Source:
Distribution of Obese Elementary School Children (Ages 6 -11) in New York City by Race/Ethnicity, 2003

More than half of obese children in New York City elementary schools are Black or Hispanic. This probably reflects both the fact that the majority of children in the City’s schools are Black or Hispanic and that obesity rates are higher in these groups.

Source:
Elementary School Children (Ages 6-11) Who Are Overweight or Obese by Sex, 2003

Close to 20 percent of elementary school boys are overweight, and more than 25 percent are obese. In this age group, boys are slightly more likely to be overweight or obese than girls.

Sources:
Filling up on junk foods instead of healthy fruits and vegetables, alternating between binge eating and starvation diets, preferring TV to physical activity—these are some of the hallmarks of teenage behavior that pose serious health risks. The habits we pick up during the high school years can last a lifetime. Having a negative body image during adolescence can also be harmful, leading to low self-esteem, poor grades, loneliness, and even depression. As the following data show, the way teenagers see themselves can be very different from the way they really are.

**High School Students Who Are Overweight, 2001**

At the high school level, the percentage of students who are overweight is slightly higher in New York City than it is nationwide.

Source:
Youth Risk Behavior Survey, 2001, Centers for Disease Control and Prevention
OBESITY IN HIGH SCHOOL STUDENTS

High School Students Who Think They Are Overweight by Sex, 2001

Among high school students—both in New York and nationwide—perceptions about being overweight differ sharply from reality. While only about 1 out of every 10 students is overweight, nearly 3 in 10 view themselves as overweight. This difference between perception and reality is especially strong among high school girls. While being overweight is more common among high school boys than girls, girls are much more likely to see themselves as being overweight. The gap between the way students view themselves and the way they are suggests a serious lack of understanding about healthy weight and proper nutrition, especially among female students.

Source: Youth Risk Behavior Survey, 2001, Centers for Disease Control and Prevention

High School Students Who Think They Are Overweight by Race/Ethnicity, 2001

While the percentage of New York City high school students who are overweight is roughly the same for White, Black, and Hispanic students, Black students are the least likely to see themselves as overweight. The perception-reality gap is greatest among Asian-American (included under “Other”) students, who are far less likely to be overweight but more often see themselves that way.

Source: Youth Risk Behavior Survey, 2001, Centers for Disease Control and Prevention

Note: New York State is not shown here because not enough students from certain racial and ethnic groups were surveyed to provide reliable results.
High School Students Who Vigorously Exercised at Least 3 Times Per Week, 2001

Getting enough exercise is important for maintaining a healthy weight. In 2001, only 33 percent of all New York City high school students said that they had engaged in at least 20 minutes of physical activity vigorous enough to make them breathe hard or sweat, on at least three of the previous seven days. The percentage of students who said they got this much exercise was higher for girls than boys (40 versus 25 percent) and higher for Black, Hispanic and “Other” students than for Whites.

Source: Youth Risk Behavior Survey, 2001, Centers for Disease Control and Prevention

Note: New York State is not shown here because not enough students from certain racial and ethnic groups were surveyed to provide reliable results.
High School Students Who Watched 3 or More Hours of TV per Day, 2001

Passive forms of recreation—those that don’t involve any real physical activity—are an important factor contributing to weight problems among children and adolescents. Nearly 60 percent of New York City high school students say they watch three or more hours of television on an average school day. The percentage of Black students who watch this much TV is especially high.

Source:
Youth Risk Behavior Survey, 2001, Centers for Disease Control and Prevention

Note: New York State is not shown here because not enough students from certain racial and ethnic groups were surveyed to provide reliable results.
OBESITY IN HIGH SCHOOL STUDENTS

High School Students Who Ate 5 or More Servings of Fruits and Vegetables per Day, 2001

Fewer than 25 percent of all New York City high school students eat five or more servings of fruit and vegetables per day. Nationwide, the percentage is even lower. More high school boys than girls and more White students than Black, Hispanic or “Other” students eat five or more servings of fruit and vegetables each day.

Source: Youth Risk Behavior Survey, 2001, Centers for Disease Control and Prevention

Note: New York State is not shown here because not enough students from certain racial and ethnic groups were surveyed to provide reliable results.
Obesity takes a terrible toll on the health of individuals and the communities they live in. It can lead to heart disease, stroke, diabetes, asthma, and many other diseases. The Surgeon General and the National Governor’s Association have issued an alarm, calling for programs to combat this growing epidemic. And what we can do on the local level is just as important.

Because obesity starts early, we need to do more to educate parents, children, and adolescents about the importance of eating healthy foods and getting physical exercise. Our schools need more funding for physical education and after-school programs that provide alternatives to TV, video games, and other passive forms of entertainment. We need to develop better school lunch programs. By offering more fruits and vegetables and making 100 percent juices and nonfat/low-fat milk available instead of sodas, schools can help foster better eating habits.

Community residents, local leaders, and government organizations need to develop plans to bring healthier foods to our neighborhoods as well. We must also advocate for safe parks and other open spaces where community members can enjoy healthful exercise and sports.

Most of us spend an important part of our lives at work or school. By encouraging others at our places of work, study, and worship to develop healthy eating and exercise habits, we can help halt the spread of obesity.
Regular exercise and other physical activities are very important in helping you stay healthy and fit. Below are some activities—from gardening to weight lifting—that can help improve your overall health and control weight. Talk to a health professional to select the activities that are best for you.

### Calories Burned During Exercise

<table>
<thead>
<tr>
<th>Activity</th>
<th>Calories Burned (125 lbs)</th>
<th>Calories Burned (150 lbs)</th>
<th>Calories Burned (175 lbs)</th>
<th>Calories Burned (200 lbs)</th>
<th>Calories Burned (225 lbs)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bicycling</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stationary (moderate)</td>
<td>210</td>
<td>252</td>
<td>294</td>
<td>336</td>
<td>378</td>
</tr>
<tr>
<td>Stationary (vigorous)</td>
<td>315</td>
<td>378</td>
<td>441</td>
<td>504</td>
<td>567</td>
</tr>
<tr>
<td>Stationary (vigorous)</td>
<td>420</td>
<td>480</td>
<td>544</td>
<td>618</td>
<td>693</td>
</tr>
<tr>
<td><strong>Rowing</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stationary (moderate)</td>
<td>210</td>
<td>252</td>
<td>294</td>
<td>336</td>
<td>378</td>
</tr>
<tr>
<td>Stationary (vigorous)</td>
<td>315</td>
<td>378</td>
<td>441</td>
<td>504</td>
<td>567</td>
</tr>
<tr>
<td><strong>Basketball</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Touch</td>
<td>240</td>
<td>288</td>
<td>336</td>
<td>384</td>
<td>432</td>
</tr>
<tr>
<td>Flag</td>
<td>300</td>
<td>360</td>
<td>420</td>
<td>480</td>
<td>540</td>
</tr>
<tr>
<td>General</td>
<td>360</td>
<td>432</td>
<td>504</td>
<td>576</td>
<td>648</td>
</tr>
<tr>
<td><strong>Football</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Touch</td>
<td>240</td>
<td>288</td>
<td>336</td>
<td>384</td>
<td>432</td>
</tr>
<tr>
<td>Flag</td>
<td>300</td>
<td>360</td>
<td>420</td>
<td>480</td>
<td>540</td>
</tr>
<tr>
<td>General</td>
<td>360</td>
<td>432</td>
<td>504</td>
<td>576</td>
<td>648</td>
</tr>
<tr>
<td><strong>Racquetball</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Noncompetitive</td>
<td>210</td>
<td>252</td>
<td>294</td>
<td>336</td>
<td>378</td>
</tr>
<tr>
<td><strong>Volleyball</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Competitive</td>
<td>90</td>
<td>108</td>
<td>126</td>
<td>144</td>
<td>162</td>
</tr>
<tr>
<td><strong>Weightlifting</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vigorous</td>
<td>180</td>
<td>216</td>
<td>252</td>
<td>288</td>
<td>324</td>
</tr>
<tr>
<td><strong>Working Out at Gym</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>158</td>
<td>189</td>
<td>216</td>
<td>243</td>
<td>270</td>
</tr>
<tr>
<td><strong>Watching TV</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>30</td>
<td>36</td>
<td>42</td>
<td>48</td>
<td>54</td>
</tr>
</tbody>
</table>

For 30 Minutes: 125 lbs, 150 lbs, 175 lbs, 200 lbs, 225 lbs

For 60 Minutes: 125 lbs, 150 lbs, 175 lbs, 200 lbs, 225 lbs

**Note:** Calories burned vary based on weight and intensity. Always consult a health professional before starting any exercise program.
One of the reasons why obesity is on the rise is that Americans are eating bigger portions today than 20 years ago.

<table>
<thead>
<tr>
<th>Food</th>
<th>20 Years Ago</th>
<th>Today</th>
<th>Increase in Calories:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bagel</td>
<td>140 Calories</td>
<td>350 Calories</td>
<td>210 Calories</td>
</tr>
<tr>
<td></td>
<td>3” Inch Diameter</td>
<td>6” Inch Diameter</td>
<td></td>
</tr>
<tr>
<td>Soda</td>
<td>85 Calories</td>
<td>300 Calories</td>
<td>215 Calories</td>
</tr>
<tr>
<td></td>
<td>6 Ounces</td>
<td>20 Ounces</td>
<td></td>
</tr>
<tr>
<td>Burger</td>
<td>330 Calories</td>
<td>590 Calories</td>
<td>260 Calories</td>
</tr>
<tr>
<td>Turkey Sandwich</td>
<td>320 Calories</td>
<td>1772 Calories</td>
<td>1,452 Calories</td>
</tr>
<tr>
<td>French Fries</td>
<td>210 Calories</td>
<td>610 Calories</td>
<td>400 Calories</td>
</tr>
<tr>
<td></td>
<td>2.4 Ounces</td>
<td>6.9 Ounces</td>
<td></td>
</tr>
<tr>
<td>Pasta</td>
<td>280 Calories</td>
<td>560 Calories</td>
<td>280 Calories</td>
</tr>
<tr>
<td></td>
<td>2 Cups</td>
<td>4 Cups</td>
<td></td>
</tr>
</tbody>
</table>
GLOSSARY

**Body Mass Index (BMI)**
A calculated number used to measure whether a person’s weight is in the healthy range for his or her height. BMI for adults is calculated differently than for children (see next definition).

- Underweight (Adult) = BMI below 18.5
- Normal Weight (Adult) = BMI from 18.5 to 24.9
- Overweight (Adult) = BMI from 25.0 to 29.9
- Obese (Adult) = BMI over 30.0

**Body Mass Index-for-Age**
A calculated number used to measure whether a child’s weight is in the healthy range for his or her height and age. This number changes with age and is also different for boys and girls.

**Vigorous Exercise**
Exercise or physical activity performed for at least 20 minutes, three or more days a week, in which a person breathes hard or sweats.

RESOURCES

The following websites provide additional information on overweight and obesity, physical activities, and eating guidelines.

- **Weight Control**
  http://www.cdc.gov/nccdphp/dnpa/obesity/index.htm

- **Physical Activity/Exercise**
  http://www.walkny.org
  http://www.nysphysicalactivity.org
  http://www.cdc.gov/nccdphp/dnpa/physical/index.htm

- **Healthy Diet**
  http://www.health.gov/dietaryguidelines

- **Surgeon General’s Report**

TECHNICAL NOTES

Specific data on overweight and obesity-related conditions are not readily available or are insufficient on the borough and neighborhood level. Some neighborhood data for Brooklyn was made available from the Community Health Profiles of New York City, 2000, a report from a city-wide survey of neighborhoods on various health conditions and vital statistics. The only recent source of childhood data was gathered from the New York City Department of Health and Mental Hygiene (NYCDOHMH) report, *Obesity Begins Early*. High school data on the national, state, and city level was derived from the National Youth Risk Behavior Survey conducted by local departments of health in conjunction with the Centers for Disease Control and Prevention (CDC). Adult data were derived from the Behavioral Risk Factor Surveillance System from CDC and the NYCDOHMH report, *One in 6 New York City Adults Is Obese*. These surveys are conducted on a regular basis and form the only source of data relating to weight control, physical activity, and diet for our local area. While the National Health Interview Survey (NHIS) and National Health and Nutrition Examination Survey (NHANES) are conducted regularly by the federal government, these surveys provide little or no data on local trends in nutrition, diet, and weight control. For this report, we have provided the most recent and reliable data available for the city and borough.