

# PROGRAMS TO REDUCE OBESITY IN HIGH OBESITY AREAS

Obesity is a major health problem on a national level, but it is particularly persistent in certain areas. These places are the focus of the Centers for Disease Control and Prevention (CDC)'s Programs to Reduce Obesity in High Obesity Areas (High Obesity Program). CDC's Division of Nutrition, Physical Activity and Obesity (DNPAO) began the program in 2014 to combat the obesity problem using environmental approaches and help reduce adverse health outcomes such as diabetes, heart disease, hypertension, and some cancers.

**The High Obesity Program funds land grant universities and colleges in states with some of the highest obesity areas of the country, specifically, those with counties where more than 40% of the adult population is obese.** Grantees collaborate with existing cooperative extension and outreach services at the county level in their states to develop obesity solutions. They put into action a set of evidence-based strategies in early care and education (ECE) centers or the community setting. Activities include the following:

- Convening partners to assess community assets and needs and leverage resources.

- Providing training, technical assistance, and support for program development, implementation, and evaluation.
- Evaluating and monitoring progress on program implementation and assessing program effectiveness.
- Translating and communicating evaluation results for stakeholders, decision makers, partners, funders, and the public.

**This profile features information on select variables of the high obesity counties included in this project as well as select information on obesity, physical activity, and environmental supports for physical activity and diet.**

*CDC's Division of Nutrition, Physical Activity, and Obesity (DNPAO) works to maintain health and prevent chronic disease by promoting healthy eating and active living for Americans of all ages. DNPAO works with state and local partners on community solutions to help increase healthy food choices and connect people to places and opportunities where they can be regularly active. DNPAO provides implementation and evaluation guidance, technical assistance, training, surveillance and applied research, and partnership development to improve dietary quality, increase physical activity, and reduce obesity across multiple settings.*

## Profile of High Obesity Areas in: ALABAMA

**ALProHealth: Alabama Preventing and Reducing Obesity: Helping to Engage Alabamians for Long-Term Health** was created to manage the collaboration between Auburn University, the Alabama Cooperative Extension System (ACES) at Auburn University, and multi-sector community partners. ALProHealth will train and build capacity in the 14 High Obesity Program counties in Alabama for activities such as community and school gardens, healthy vending and concessions, farmers' markets, and other healthier retail venues as well as safer and more trails for walking.

County	County population <sup>1</sup>	County adult obesity prevalence <sup>2</sup>	% Population living in rural areas <sup>3</sup>
Barbour	27,457	40.5%	67.8%
Bibb	22,915	41.4%	68.4%
Bullock	10,914	48.5%	51.4%
Chambers	34,215	41.4%	49.1%
Coosa	11,539	41.7%	100.0%
Crenshaw	13,906	44.8%	100.0%
Cullman	80,406	40.3%	73.2%
Escambia	38,319	44.7%	63.5%
Greene	9,045	47.4%	100.0%
Lowndes	11,299	42.5%	100.0%
Macon	21,452	40.2%	55.5%
Pickens	19,746	41.7%	100.0%
Sumter	13,763	45.0%	100.0%
Wilcox	11,670	48.9%	100.0%

**Table 1. Estimated Adult Obesity Prevalence**

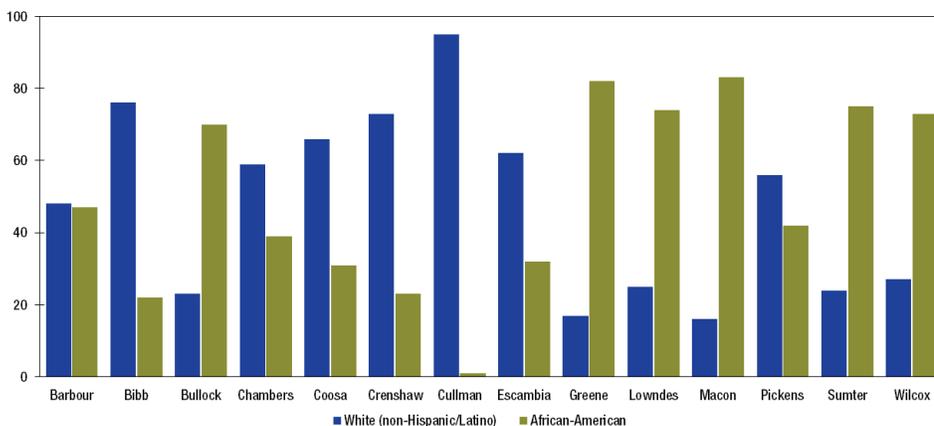
- Ranges from 40.2% to 48.9%. The overall state adult obesity prevalence is 33.8%.<sup>2</sup>
- Children in rural areas are 25% more likely to be overweight or obese than children in metropolitan areas.<sup>4</sup>
- All but Chambers County are between 51% and 100% rural.

County	% County population below poverty line <sup>5</sup>	% Children below poverty line <sup>5</sup>
Barbour	26.7%	44.1%
Bibb	18.1%	30.8%
Bullock	21.6%	31.9%
Chambers	24.1%	42.1%
Coosa	20.9%	30.4%
Crenshaw	19.1%	24.8%
Cullman	18.8%	25.8%
Escambia	25.4%	37.4%
Greene	32.9%	56.0%
Lowndes	26.7%	37.6%
Macon	27.3%	43.5%
Pickens	27.2%	36.7%
Sumter	38.0%	46.9%
Wilcox	39.2%	50.3%

**Table 2. Poverty Levels**

Poverty levels are significant social determinants of health.<sup>6</sup>

- Nine of these counties are classified as “persistent poverty”<sup>a</sup> counties by the US Census Bureau.
- All but Coosa and Cullman counties are classified as “persistent child-poverty counties”<sup>a</sup> by the US Census Bureau.



**Figure 1: Selected Racial/Ethnic Demographics in High Obesity Counties in Alabama<sup>5</sup>**

Bullock, Greene, Lowndes, Macon, Sumter and Wilcox are located in the mid-section of Alabama known as the “Black Belt.”<sup>b</sup> These are counties that, historically, have majority African-American populations.

**Table 3. Physical Activity**

County	% Adults physically inactive <sup>3</sup>	% Population with access to physical activity <sup>3</sup>
Barbour	32%	44%
Bibb	33%	39%
Bullock	33%	23%
Chambers	35%	63%
Coosa	32%	26%
Crenshaw	32%	36%
Cullman	31%	38%
Escambia	37%	61%
Greene	33%	16%
Lowndes	32%	6%
Macon	32%	48%
Pickens	32%	7%
Sumter	32%	34%
Wilcox	33%	29%

- Across all counties, more than 31% of adults aged 20 years or older self-report no leisure-time physical activity.
- In these counties, between 6% and 63% of the population have “reasonable”<sup>c</sup> access to parks, recreational areas, or community places for physical activity.

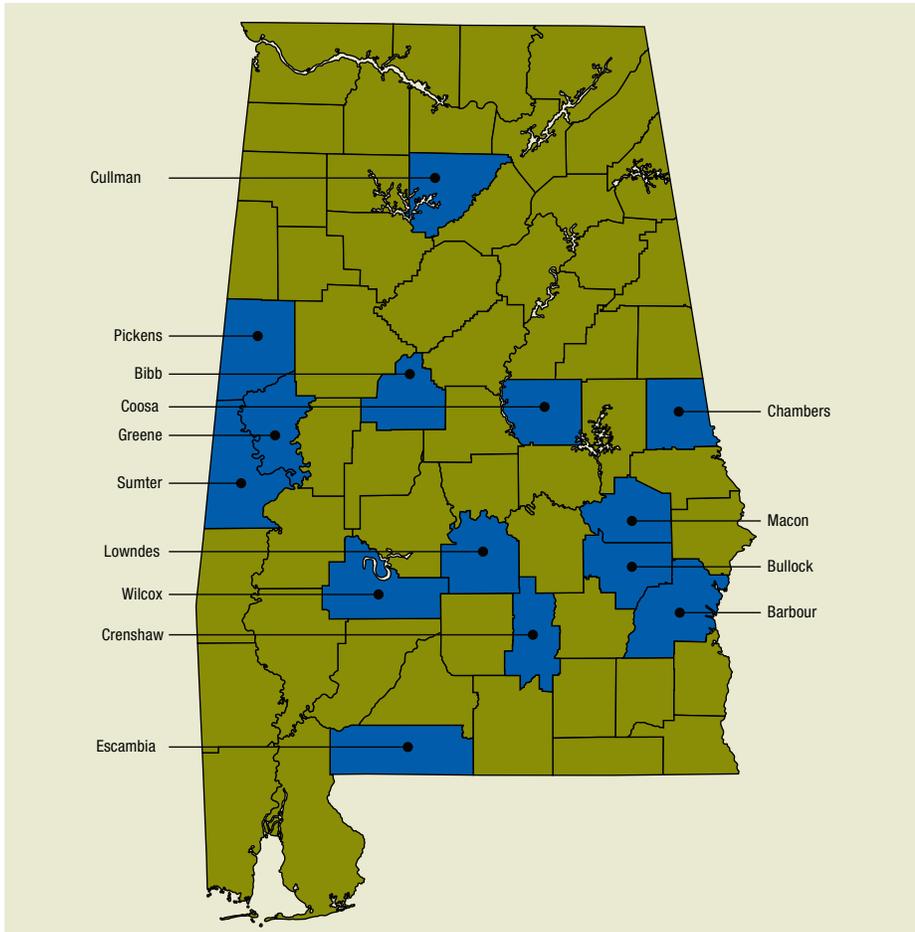
**Table 4. Food Access & Insecurity**

County	% Low income <sup>d</sup> population with limited access to healthy foods <sup>3</sup>	% Population with food insecurity <sup>3</sup>	% Children eligible for free or reduced price lunch <sup>7</sup>
Barbour	11%	23%	66.4%
Bibb	2%	15%	53.5%
Bullock	20%	24%	90.1%
Chambers	9%	21%	65.1%
Coosa	7%	17%	65.0%
Crenshaw	16%	17%	50.4%
Cullman	3%	14%	44.8%
Escambia	8%	20%	61.7%
Greene	21%	28%	87.3%
Lowndes	26%	26%	90.8%
Macon	19%	26%	98.1%
Pickens	2%	21%	68.1%
Sumter	11%	28%	85.6%
Wilcox	28%	30%	96.4%

- Six counties had more than 21% of the population with food insecurity.
- Across the counties, the percentage of children enrolled in public school eligible for free and reduced lunch ranges from 44.8% to 98.1%.



**Figure 2. High Obesity Counties of Alabama**



**Notes:**

<sup>a</sup>A county was classified as persistent child poverty if 20% or more of related children younger than 18 years old were poor as measured by the 1980, 1990, and 2000 decennial censuses and the American Community Survey 5-year estimates for 2007–2011.

<sup>b</sup>This defined the color of the topsoil found in the region that developed into a major cotton-producing agricultural area. It later also referred to the descendants of slaves staying in the area after slavery was abolished. (<http://southernspaces.org/2004/black-belt>).

<sup>c</sup>“Reasonable access” is defined as individuals who reside in a census block within a half mile of a park or in urban census tracts; reside within one mile of a recreational facility or in rural census tracts; or reside within 3 miles of a recreational facility.

<sup>d</sup>Low income is an annual family income less than or equal to 200% of the federal poverty threshold for family size.

**References:**

1. US Census Bureau. 2010 Census website. [http://factfinder.census.gov/faces/nav/jsf/pages/community\\_facts.xhtml](http://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml). Accessed December 1, 2015.
2. Centers for Disease Control and Prevention “Request for Proposal.” In: *Programs to Reduce Obesity in High Obesity Areas (CDC-RFA-DP14-1416)*, pages 5–6. Atlanta, GA: US Department of Health and Human Services; 2012.
3. Robert Wood Johnson Foundation, University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps website. <http://www.countyhealthrankings.org/app/alabama/2014/measure/outcomes/1/map>. Accessed December 1, 2015.
4. Lutfiyya MN, Lipsky M.S., Wisdom-Behounek J, Inpanbutr-Martinkus M. Is rural residency a risk factor for overweight and obesity for U.S. children? *Obesity*. 2007; 15(9):2348–2356.
5. US Census Bureau. American Community Survey, 2009–2013 estimates website. [http://factfinder.census.gov/faces/nav/jsf/pages/community\\_facts.xhtml](http://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml). Accessed December 1, 2015.
6. Winkleby M, Cubbin C. Influence of individual and neighbourhood socioeconomic status on mortality among black, Mexican-American, and white women and men in the United States. *Epidemiol Community Health*. 2003;57(6): 444–452.
7. US Department of Agriculture. USDA Food Atlas website. <http://www.ers.usda.gov/data-products/food-environment-atlas/go-to-the-atlas.aspx>. Accessed December 4, 2015.