

# 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:

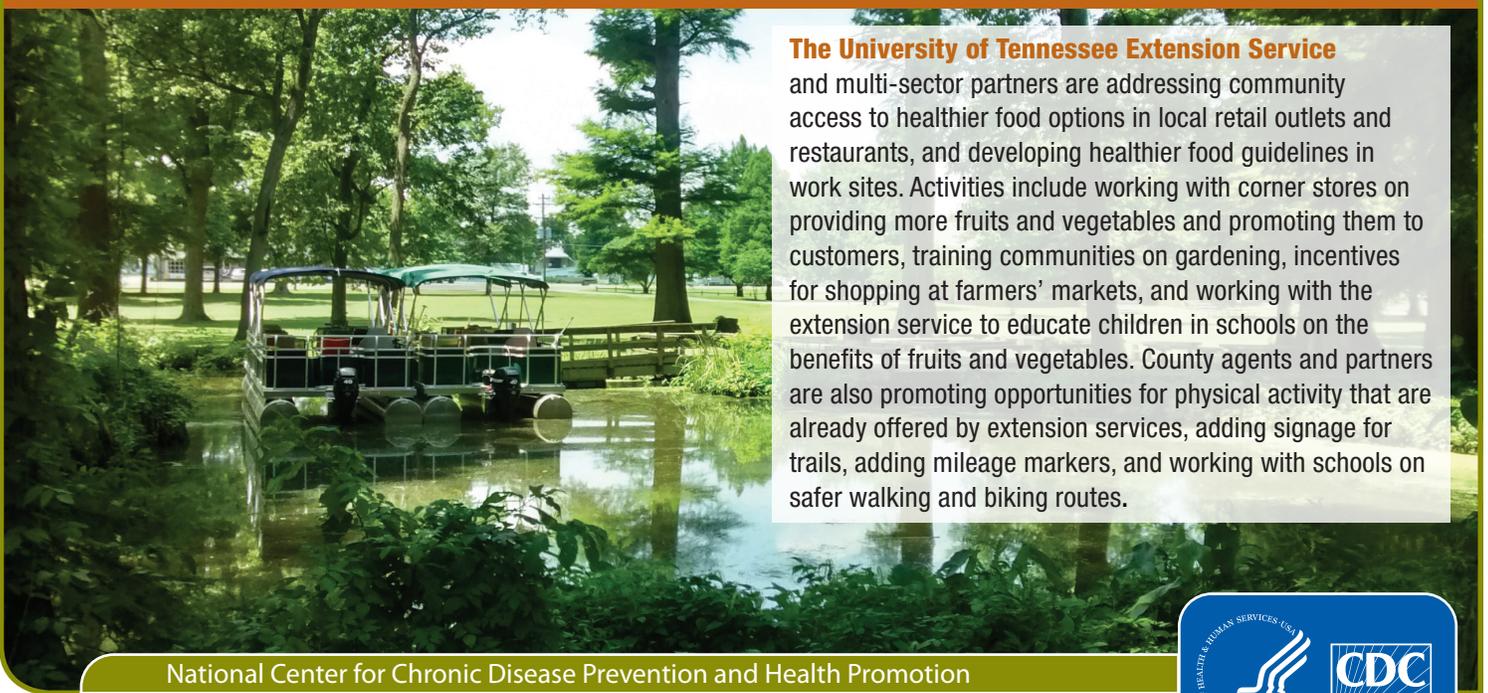
- Convening partners to assess community assets and needs and leverage resources.

- 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: TENNESSEE

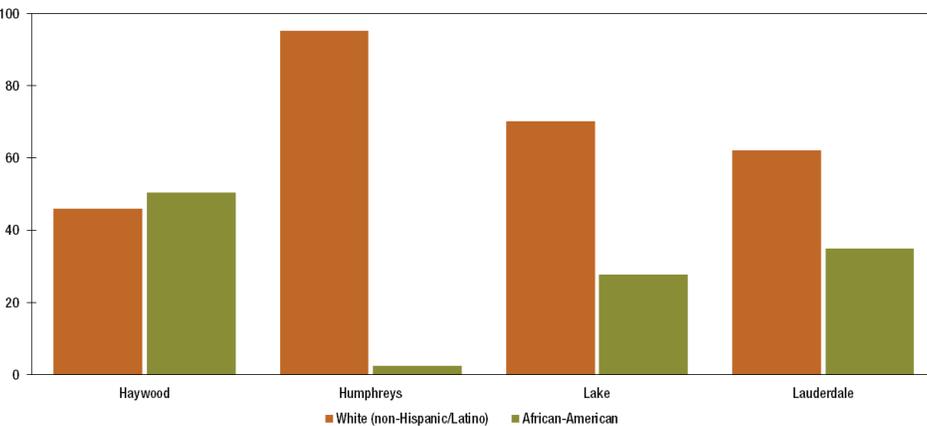


**The University of Tennessee Extension Service** and multi-sector partners are addressing community access to healthier food options in local retail outlets and restaurants, and developing healthier food guidelines in work sites. Activities include working with corner stores on providing more fruits and vegetables and promoting them to customers, training communities on gardening, incentives for shopping at farmers' markets, and working with the extension service to educate children in schools on the benefits of fruits and vegetables. County agents and partners are also promoting opportunities for physical activity that are already offered by extension services, adding signage for trails, adding mileage markers, and working with schools on safer walking and biking routes.

County	County population <sup>1</sup>	County adult obesity prevalence <sup>2</sup>	% Population living in rural areas <sup>3</sup>
Haywood	18,787	42.5%	47.4%
Humphreys	18,538	42.0%	82.5%
Lake	7,832	41.5%	100.0%
Lauderdale	27,815	40.5%	58.7%



County	% County population below poverty line <sup>5</sup>	% Children below poverty line <sup>5</sup>
Haywood	21.1%	29.7%
Humphreys	13.9%	18.3%
Lake	31.7%	49.4%
Lauderdale	26.0%	36.7%



**Table 1. Estimated Adult Obesity Prevalence**

- Ranges from 40.5% to 42.5%. The overall state adult obesity prevalence is 31.1%.<sup>2</sup> All four high obesity counties are located in western Tennessee.
- Children in rural areas are 25% more likely to be overweight or obese than children in metropolitan areas.<sup>4</sup>
- Of the four counties, only Haywood County is less than 50% rural.

**Table 2. Poverty Levels**

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

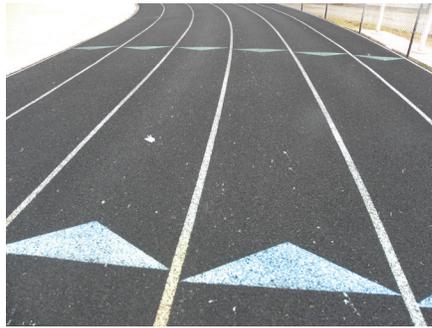
- Lake County is classified as a “persistent poverty”<sup>a</sup> county by the US Census Bureau.
- Haywood, Lake and Lauderdale counties are classified as “persistent child-poverty counties”<sup>a</sup> by the US Census Bureau. In these counties, the percentage of children younger than 18 years living below the poverty line ranges from 29.7% to 49.4%.

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

Haywood County has the second largest African-American population in the state and is one of the only counties in Tennessee with a majority African-American population.<sup>1</sup>



County	% Adults physically inactive <sup>3</sup>	% Population with access to physical activity <sup>3</sup>
Haywood	32%	8%
Humphreys	31%	46%
Lake	33%	52%
Lauderdale	36%	29%



**Table 3. Physical Activity**

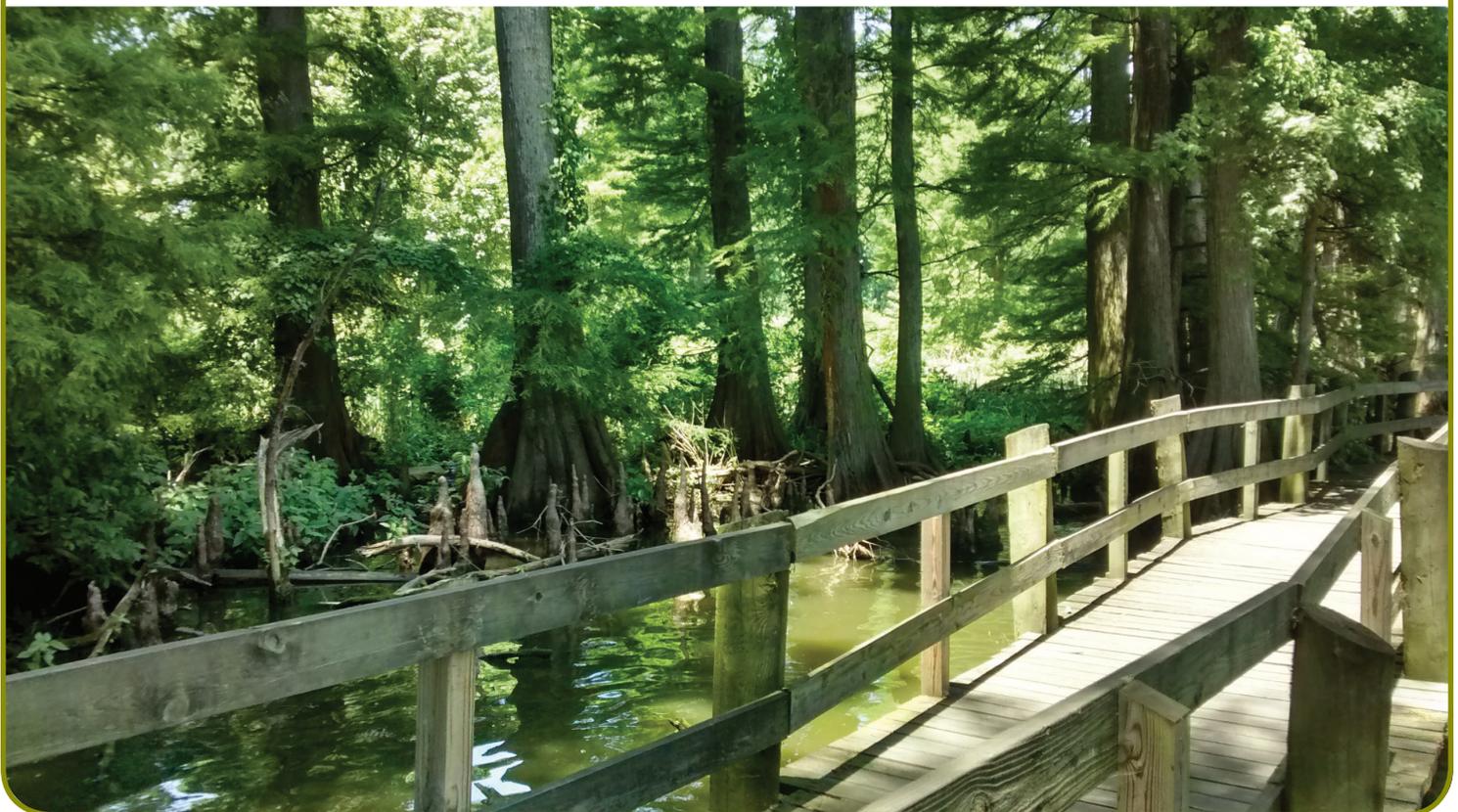
- 31%–36% of adults aged 20 years or older in these counties self-report no leisure-time physical activity.
- Between 8% and 52% of the population in these counties has “reasonable”<sup>b</sup> access to parks, recreational areas, or community places for physical activity.

County	% Low income <sup>c</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>
Haywood	8%	22%	77.5%
Humphreys	4%	14%	49.8%
Lake	*	22%	72.7%
Lauderdale	5%	22%	78.4%

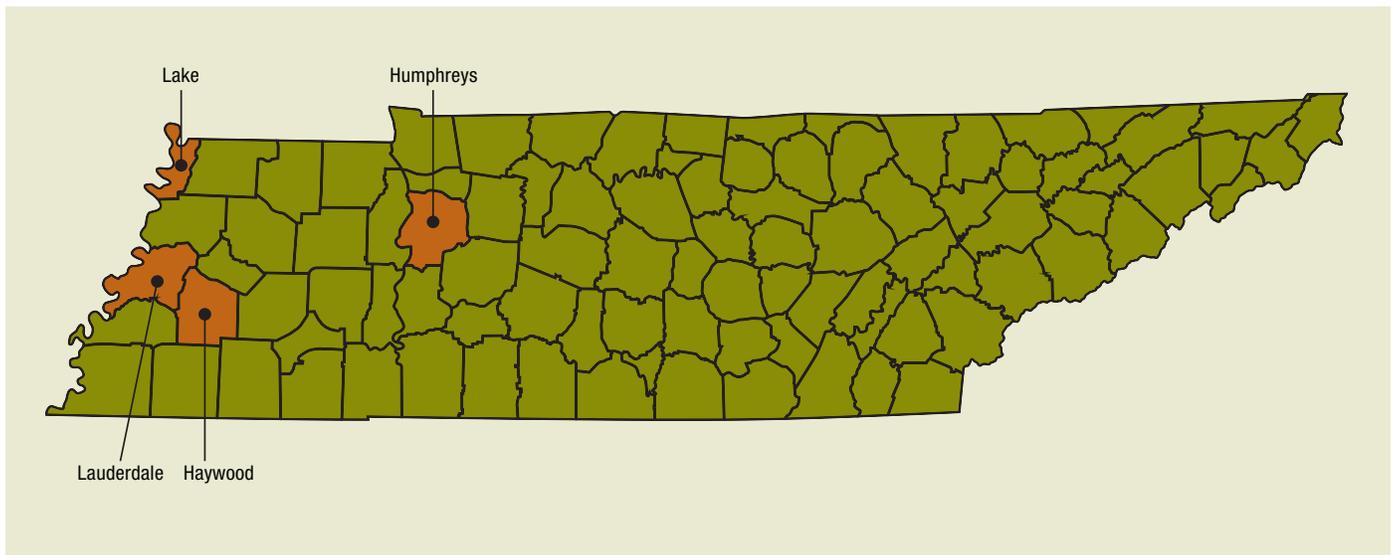
\* Data not available

**Table 4. Food Access & Insecurity**

- Across the counties between 14% and 22% of the population experience food insecurity.
- Between 49.8% and 78.4% of children enrolled in public schools are eligible for free or reduced price lunch.



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



**References:**

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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.

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