

# 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:

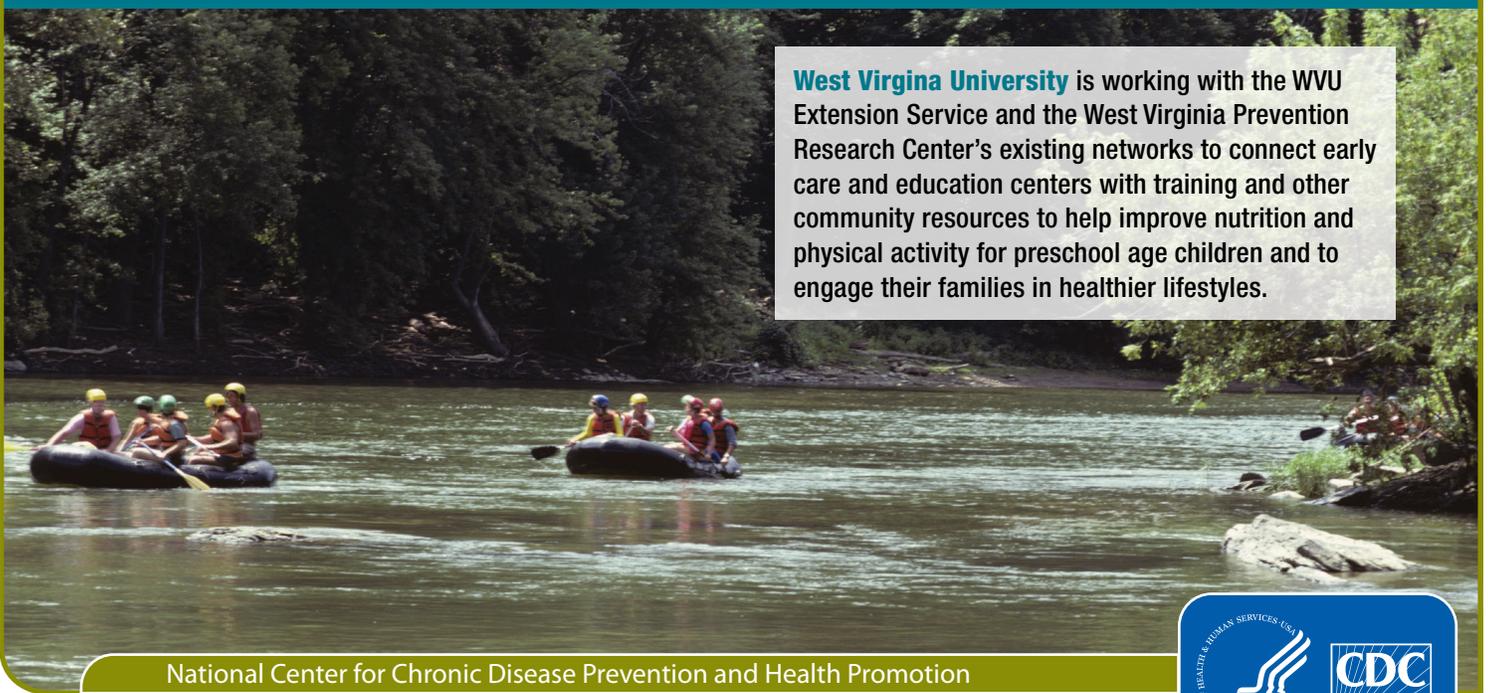
- Convening partners to assess community assets and needs and leverage resources.

- 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: WEST VIRGINIA



**West Virginia University** is working with the WVU Extension Service and the West Virginia Prevention Research Center's existing networks to connect early care and education centers with training and other community resources to help improve nutrition and physical activity for preschool age children and to engage their families in healthier lifestyles.

National Center for Chronic Disease Prevention and Health Promotion  
Division of Nutrition, Physical Activity, & Obesity



County	County population <sup>1</sup>	County adult obesity prevalence <sup>2</sup>	% Population living in rural areas <sup>3</sup>
Barbour	16,589	40.1%	83.7%
Gilmer	8,693	42.1%	60.7%
Pleasants	7,605	40.7%	54.5%

**Table 1. Estimated Adult Obesity Prevalence**

- Ranges from 40.1% to 42.1%. 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>
- Between 54% and 84% of the population in these counties live in rural areas.

County	% County population below poverty line <sup>5</sup>	% Children below poverty line <sup>5</sup>
Barbour	17.6%	28.7%
Gilmer	28.5%	46.5%
Pleasants	14.6%	18.9%

**Table 2. Poverty Levels**

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

- Gilmer County is classified as a “persistent poverty county”<sup>a</sup>. Both Barbour and Gilmer are classified as “persistent child-poverty”<sup>a</sup> counties.

County	% Adults physically inactive <sup>3</sup>	% Population with access to physical activity <sup>3</sup>
Barbour	36%	31%
Gilmer	32%	9%
Pleasants	34%	65%

**Table 3. Physical Activity**

- Across all of the counties, approximately 1 in 3 adults aged 20 years or older self-report no leisure-time physical activity.
- Between 9% and 65% of the population has “reasonable”<sup>b</sup> access to parks, recreational areas, or community places for physical activity.

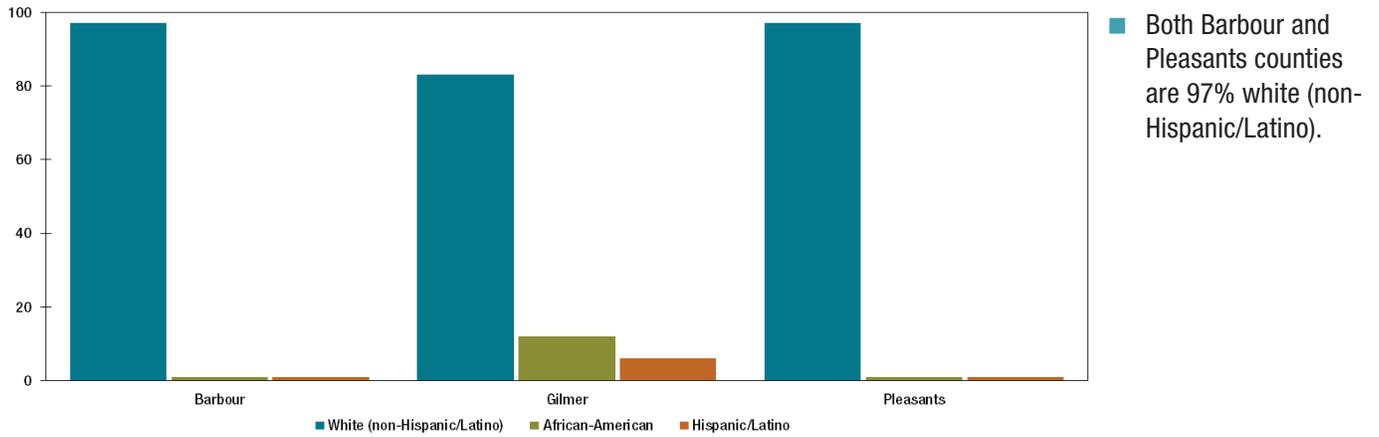
County	% Low income <sup>c</sup> population with limited access to healthy foods <sup>3</sup>	% Population with food insecurity <sup>3</sup>	% Children eligible for free or reduced price lunch <sup>7</sup>
Barbour	1%	14%	49.86%
Gilmer	4%	17%	45.39%
Pleasants	n/a	14%	38.58%

**Table 4. Food Access & Insecurity**

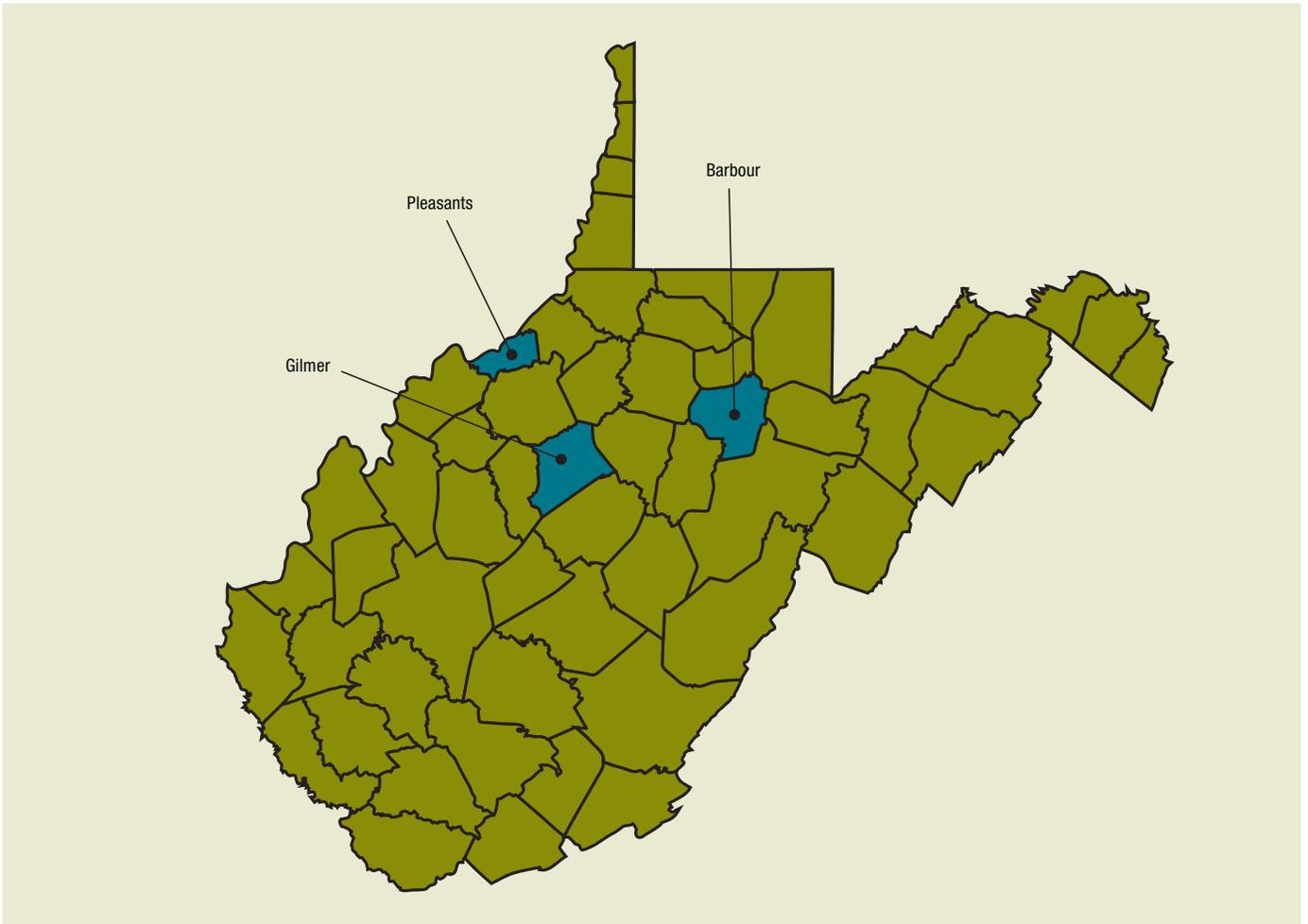
- Approximately 1 in 6 people in these counties experience food insecurity.
- Between 38.6% and 49.9% of children attending public schools in these counties are eligible for free or reduced price lunch.



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



**Figure 2. High Obesity Counties of West Virginia**



## 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.

## 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.

