Obesity is a major health problem on a national level, but it is particularly persistent in certain areas. The Centers for Disease Control and Prevention’s (CDC) Programs to Reduce Obesity in High Obesity Areas to Boost Prevention cooperative agreement is focusing on these places. CDC’s Division of Nutrition, Physical Activity and Obesity (DNPAO) expanded the original 2014 pilot Programs to Reduce Obesity in High Obesity Areas cooperative agreement to combat the obesity problem using environmental approaches and to help reduce adverse health outcomes such as diabetes, heart disease, hypertension, and some cancers in additional places.

The High Obesity Program funds land grant universities in states with some of the highest obesity areas of the country, specifically, states 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.

Grantees put into action a set of evidence-based strategies in 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 support to help residents be active and eat healthy.

CDC works with state and local partners to increase healthy food choices and connect people to places and opportunities where they can be regularly active. CDC provides implementation and evaluation guidance, technical assistance, training, surveillance and applied research. CDC also works with partners to improve dietary quality, increase physical activity, and reduce obesity across multiple settings.

Profile of High Obesity Areas in Georgia

The University of Georgia (UGA) is working with county leaders and local, district and state UGA Extension offices; local community organizations; and local, district and state public health departments to improve nutrition and increase physical activity through the county programs Healthier Together Calhoun and Healthier Together Taliaferro.

Both counties are working with their local UGA Extension offices to establish community gardens that will help supply food pantries. Taliaferro County is providing nutrition and healthy living classes at county school buildings for day camps in partnership with Touching Taliaferro with Love, Inc., a group that sponsors summer programs for students. They are also promoting activities such as bike rodeos at Stevens State Park and exercise sessions for seniors at the senior citizens center.
Profile of High Obesity Areas in Georgia

Table 1. Estimated Adult Obesity Prevalence
- The overall state adult obesity prevalence is 31.4% according to the 2016 Behavioral Risk Factor and Surveillance System.
- Children in rural areas are 25% more likely to be overweight or obese than children in metropolitan areas.4
- Both of the targeted counties are 100% rural.

<table>
<thead>
<tr>
<th>County</th>
<th>County population</th>
<th>County adult obesity prevalence</th>
<th>% Population living in rural areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calhoun</td>
<td>6,694</td>
<td>45.1%</td>
<td>100%</td>
</tr>
<tr>
<td>Taliaferro</td>
<td>1,717</td>
<td>41.3%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Table 2. Poverty Levels
- Poverty levels are significant social determinants of health.6
- Both counties are classified as “persistent poverty” counties by the US Census Bureau.
- Both counties are classified as “persistent child poverty” counties by the US Census Bureau. In these counties, the percentage of children younger than 18 years living below the poverty line is more than 50%.

<table>
<thead>
<tr>
<th>County</th>
<th>% County population below poverty line</th>
<th>% Children below poverty line</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calhoun</td>
<td>41.6%</td>
<td>51.7%</td>
</tr>
<tr>
<td>Taliaferro</td>
<td>30.0%</td>
<td>52.6%</td>
</tr>
</tbody>
</table>

Table 3. Physical Activity
- More than 25% of adults aged 20 years or older in these parishes self-report no leisure-time physical activity.
- An estimated 39% of the population in Taliaferro County has “reasonable” access to parks, recreational areas, or community places for physical activity.

<table>
<thead>
<tr>
<th>County</th>
<th>% Adults physically inactive</th>
<th>% Population with access to physical activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calhoun</td>
<td>27.0%</td>
<td>n/a</td>
</tr>
<tr>
<td>Taliaferro</td>
<td>29.0%</td>
<td>39.0%</td>
</tr>
</tbody>
</table>

Table 4. Food Access and Insecurity
- In both counties 25% of the population experience food insecurity.
- About 81.7%–93.6% of children enrolled in public schools are eligible for free or reduced price lunch.

<table>
<thead>
<tr>
<th>County</th>
<th>% Low income population with limited access to healthy foods</th>
<th>% Population with food insecurity</th>
<th>% Children eligible for free or reduced price lunch</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calhoun</td>
<td>9.0%</td>
<td>25.0%</td>
<td>81.7%</td>
</tr>
<tr>
<td>Taliaferro</td>
<td>44.0%</td>
<td>25.0%</td>
<td>93.6%</td>
</tr>
</tbody>
</table>
Figure 1: Selected Racial/Ethnic Demographics in High Obesity Counties in Georgia

Figure 2. High Obesity Prevention Programs in Georgia
Profile of High Obesity Areas in Georgia

References:


Notes:

aUSDA’s Economic Research Service defines a county as a “persistent poverty county” if 20% or more of their populations were living in poverty over the last 30 years (measured by the 1980, 1990, and 2000 decennial censuses and 2007–11 ACS 5-year estimates).

bUSDA’s Economic Research Service defines a county as being a “persistent child poverty county” if 20% or more of related children younger than 18 years were poor as measured by the 1980, 1990, and 2000 decennial censuses and the American Community Survey 5-year estimates for 2007–2011.

c“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.

dLow income is an annual family income less than or equal to 200% of the federal poverty threshold for family size.