

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. 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 North Carolina



North Carolina (NC) State University is working with communities in Edgecombe, Halifax, Lee, and Northampton counties to integrate NC State Extension programs with county-based efforts to promote healthy eating and physical activity in several sectors that include faith communities, parks, schools, and out-of-school settings. Activities include increasing access to healthy and local foods, implementing healthy eating standards in retail food establishments, supporting healthy eating and physical activity standards with out-of-school time programs, connecting neighborhoods to parks, playgrounds, trails and nature areas for children and families, and implementing shared use agreements and Active Routes to School programs.

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



Profile of High Obesity Areas in North Carolina

Table 1. Estimated Adult Obesity Prevalence

- The overall state adult obesity prevalence is 31.8% according to the 2016 Behavioral Risk Factor and Surveillance System.
- Edgecombe, Halifax and Northampton counties are located in the northeast corner of the state.
- Children in rural areas are 25% more likely to be overweight or obese than children in metropolitan areas.⁴
- Between 42.8% and 89% of the populations of these four counties live in rural areas.

County	County population ¹	County adult obesity prevalence ²	% Population living in rural areas ³
Edgecombe	56,552	45.6%	45.3%
Halifax	54,691	42.4%	54.7%
Lee	57,866	40.4%	42.8%
Northampton	22,099	42.9%	89.4%

Table 2. Poverty Levels

- Poverty levels are significant social determinants of health.⁶
- Halifax and Northampton counties are classified as “persistent poverty”^a counties by the US Census Bureau.
- Edgecombe, Halifax and Northampton counties are classified as “persistent child poverty”^b counties by the US Census Bureau. In these counties, the percentage of children younger than 18 years living below the poverty line ranges from 26.3% to 51.4%.

County	% County population below poverty line ⁵	% Children below poverty line ⁵
Edgecombe	26.3%	43.0%
Halifax	26.3%	36.4%
Lee	18.1%	26.3%
Northampton	28.1%	51.4%

Table 3. Physical Activity

- About 25%–31% of adults aged 20 years or older in these parishes self-report no leisure-time physical activity.
- Between 20% and 66% of the population in these counties has “reasonable”^c access to parks, recreational areas, or community places for physical activity.

County	% Adults physically inactive ⁷	% Population with access to physical activity ⁸
Edgecombe	32%	35%
Halifax	32%	64%
Lee	25%	66%
Northampton	31%	20%

Table 4. Food Access and Insecurity

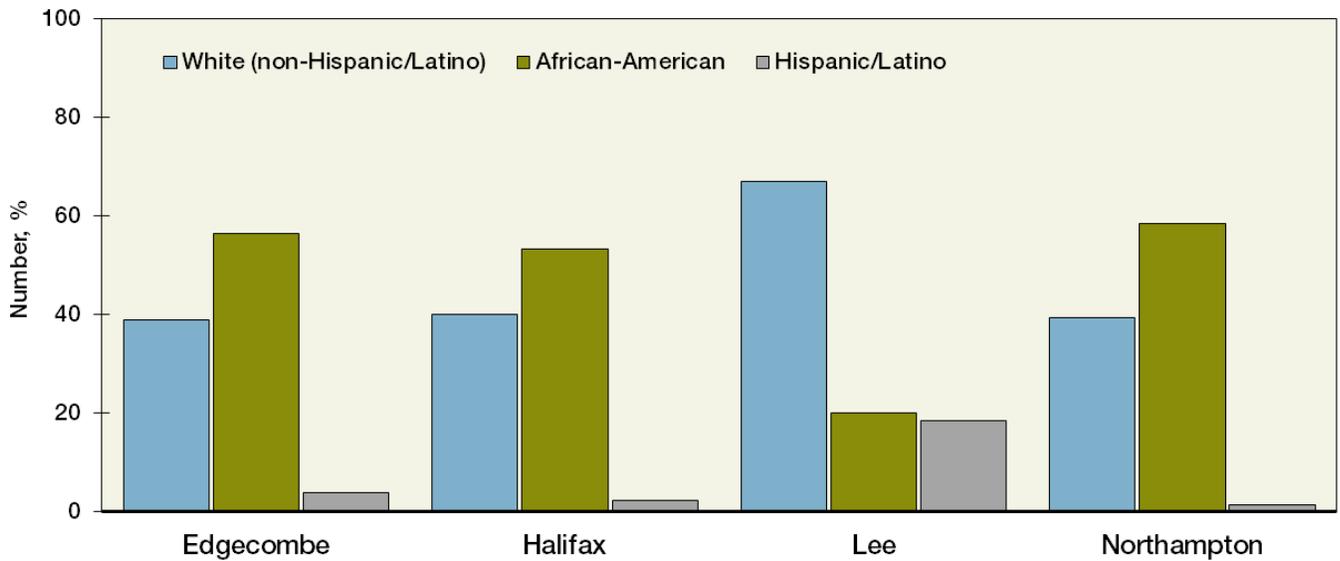
- Across the counties between 16% and 26% of the population experience food insecurity.
- Between 65.9% and 91.3% of children enrolled in public schools are eligible for free or reduced price lunch.

County	% Low income ^d population with limited access to healthy foods ⁹	% Population with food insecurity ¹⁰	% Children eligible for free or reduced price lunch ¹¹
Edgecombe	9%	26%	91.3%
Halifax	10%	25%	81.8%
Lee	9%	16%	65.9%
Northampton	3%	24%	89.9%



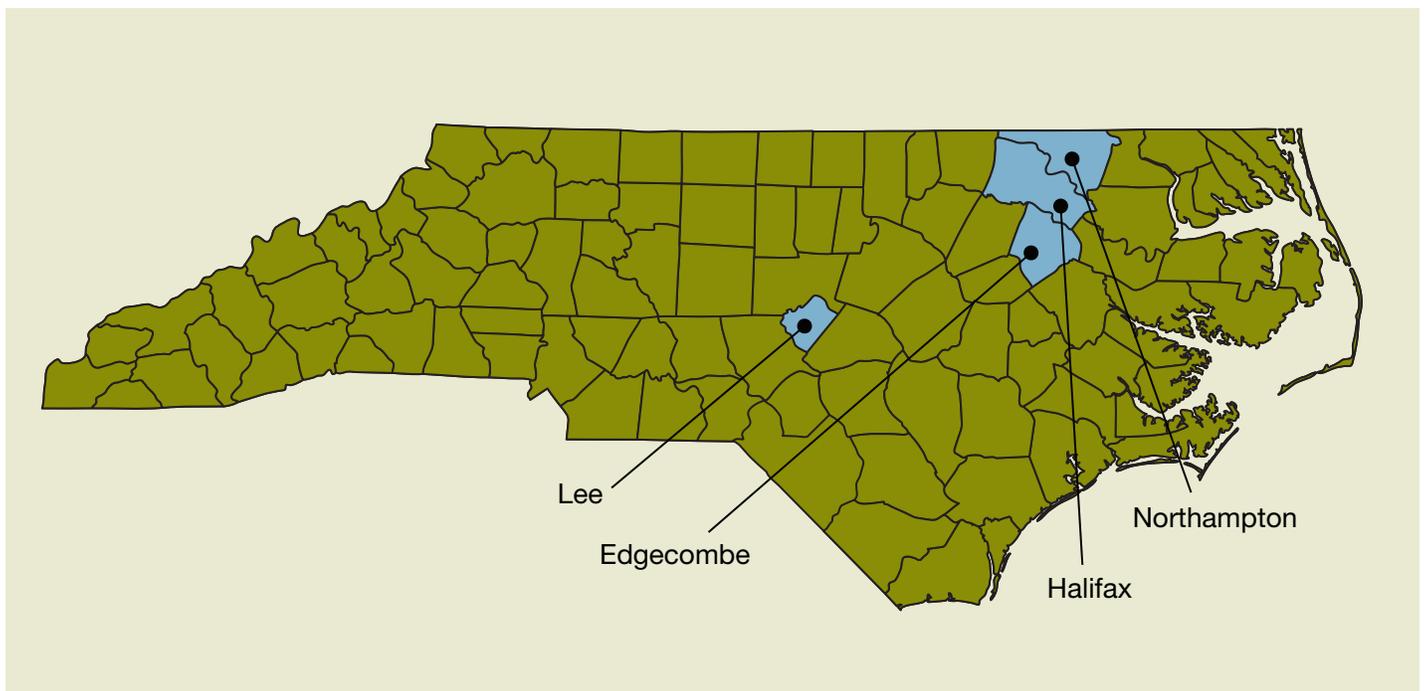
Profile of High Obesity Areas in North Carolina

Figure 1: Selected Racial/Ethnic Demographics in High Obesity Counties in North Carolina⁵



Edgecombe, Halifax and Northampton counties have a majority African-American population while Lee County is predominantly white but has an 18.3% Hispanic/Latino population.

Figure 2. High Obesity Prevention Programs in North Carolina



Profile of High Obesity Areas in North Carolina

References:

1. US Census Bureau. 2010 Census website. <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>. Accessed July 18, 2017.
2. Centers for Disease Control and Prevention “Request for Proposal.” In: Programs to Reduce Obesity in High Obesity Areas to Boost Prevention (CDC-RFA-DP16-1613), pages 22–24. 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/georgia/2017/measure/factors/58/datasource>. Accessed July 18, 2017.
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, 2011–2015 estimates website. <https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>. Accessed July 18, 2017.
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. Robert Wood Johnson Foundation, University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps website. <http://www.countyhealthrankings.org/app/north-carolina/2017/measure/factors/70/data>. Accessed July 18, 2017.
8. Robert Wood Johnson Foundation, University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps website. <http://www.countyhealthrankings.org/app/north-carolina/2017/measure/factors/132/data>. Accessed July 18, 2017.
9. Robert Wood Johnson Foundation, University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps website. <http://www.countyhealthrankings.org/app/north-carolina/2017/measure/factors/83/data>. Accessed July 18, 2017.
10. Robert Wood Johnson Foundation, University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps website. <http://www.countyhealthrankings.org/app/north-carolina/2017/measure/factors/139/data>. Accessed July 18, 2017.
11. US Department of Agriculture. USDA Food Atlas website. <https://www.ers.usda.gov/data-products/food-environment-atlas/go-to-the-atlas.aspx>. Accessed July 18, 2017

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.

