Obesity and Physical Inactivity in Rural America

Janice C. Probst, PhD
Director
April 8, 2010

Z



At the Heart of Public Health Policy



Obesity

- How "big" is the problem
 - Among adults
 - Among kids
- What are some fixable barriers?



What is "obese," anyway?

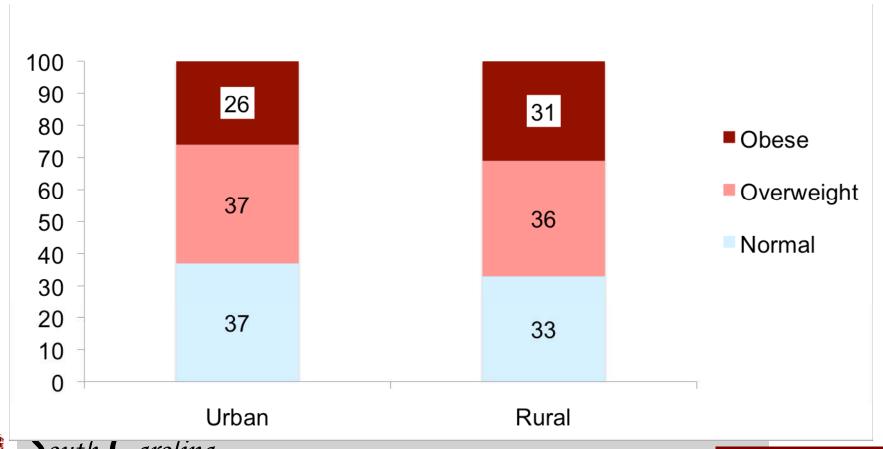
- Obese: BMI of 30 or more
 - ◆ For a 5'10" person: 210 pounds
- Overweight: BMI of 25 or more
 - ◆ For a 5'10" person: 175 pounds
- Associated health problems:
 - Hypertension
 - Diabetes
 - High cholesterol





Rural adults: heavier

Weight status among adults, by residence, 2008 BRFSS





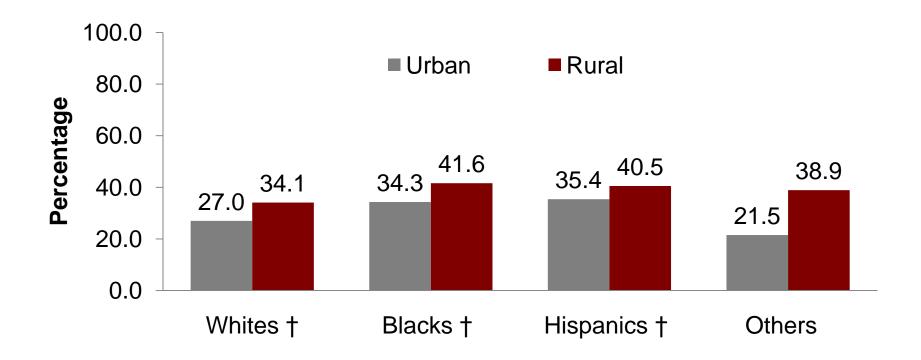
Jouth Carolina

Rural Health Research Center



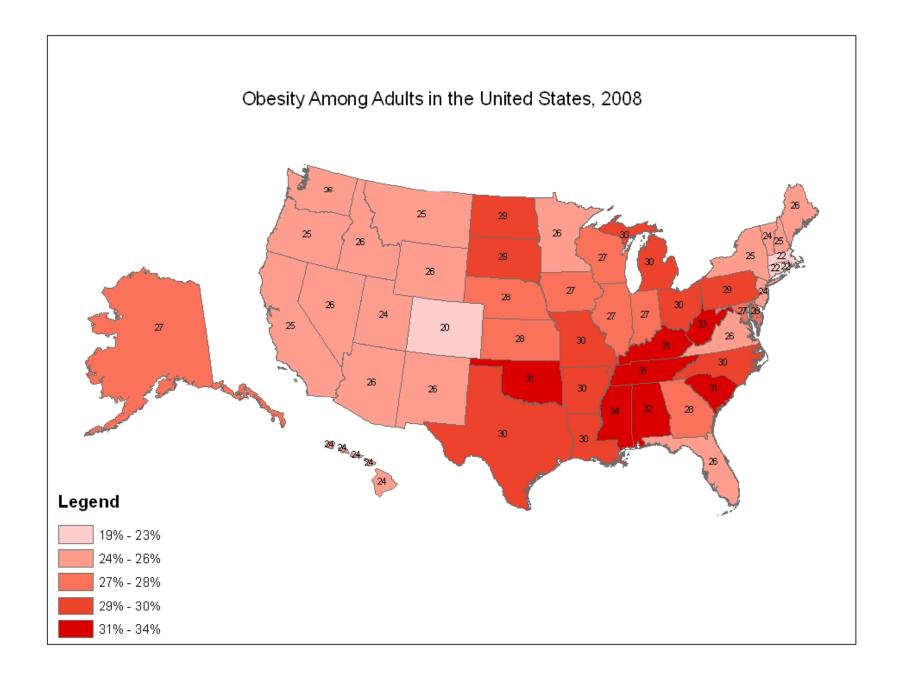
Minority populations are at risk

Adults who are obese, by race & residence, 2008





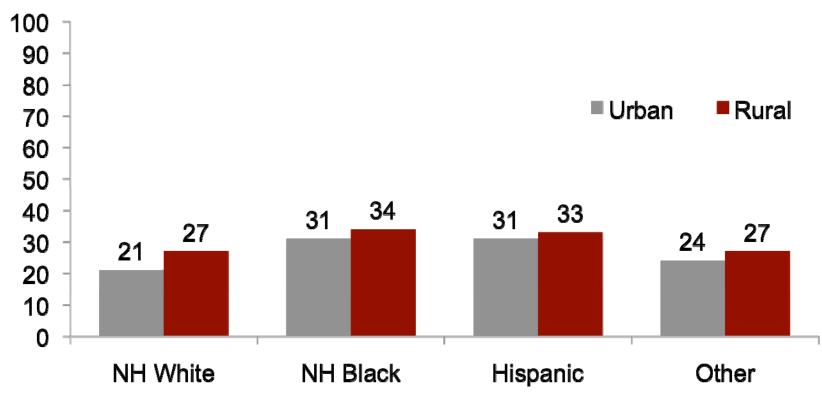






Rural adults: less active

 Adults reporting no physical activity outside work, by race & residence, 2008







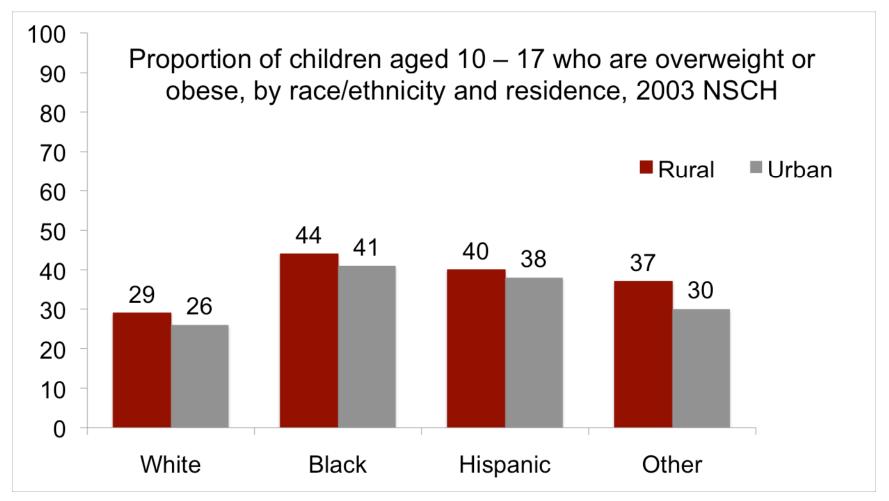
What is "obese" in children?

- At risk for obesity: At or above the 95 percentile for BMI for age and sex
- At risk for overweight: At or above the 85 percentile for BMI for age and sex
- What used to be unusual (top percentiles) is becoming more common





Rural kids are heavier, too

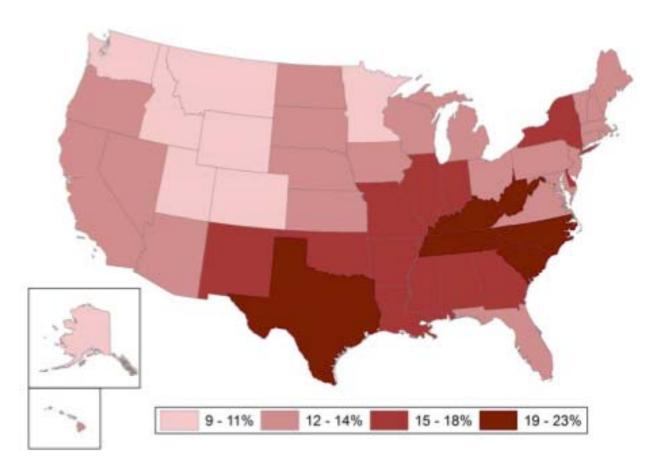


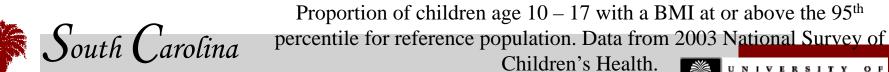


South Carolina
Rural Health Research Center



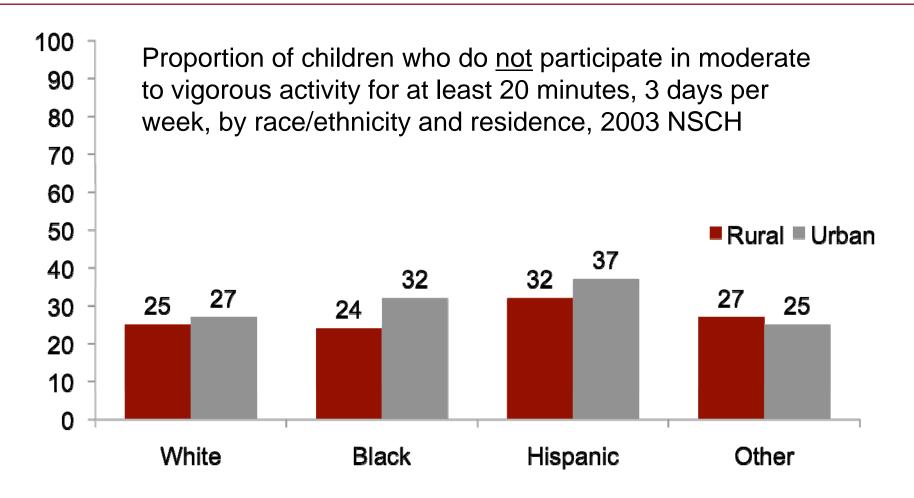
Obese adolescents, by state, 2003





Rural Health Research Center

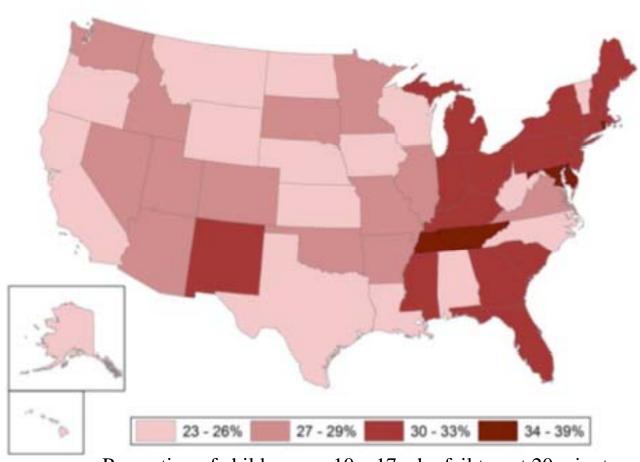
Rural kids likely to be less sedentary

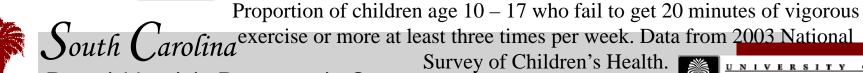






Inactive adolescents, by state, 2003





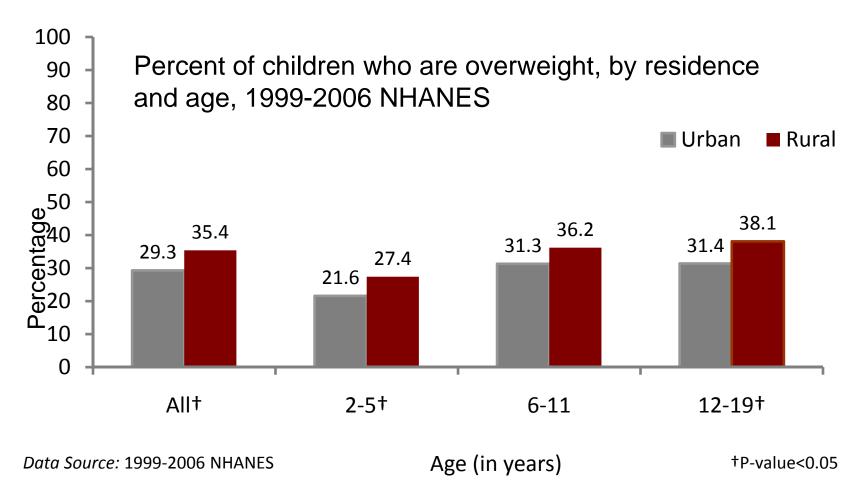
Rural Health Research Center

Paradox

- Rural children less likely to be physically inactive
- Rural children more likely to be overweight, obese
- New study: <u>measured</u> height and weight



Measured: rural kids still heavier







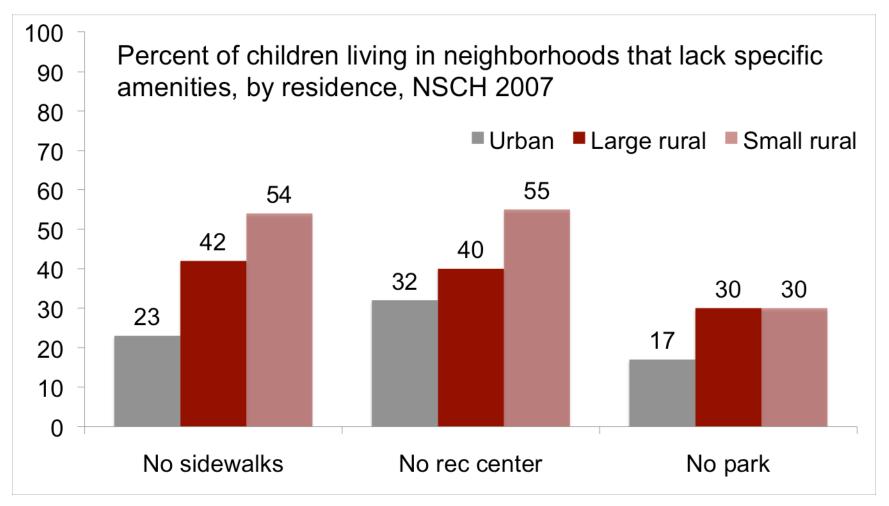
When we looked at kids

- Among children ages 2 11:
 - Rural children were consistently more likely to be obese
 - Energy intake (calories) also affected weight
- Among adolescents (12 18):
 - Rural residence wasn't a risk factor after you controlled for behaviors that lead to obesity:
 - Screen time
 - Diet





Physical activity barriers





South Carolina
Rural Health Research Center



Diet barriers

- Fewer stores, higher prices
- Longer commuting times
- Among kids:
 - Quality of school foods
 - Soft drinks and revenue



Points of change

- Improving energy <u>balance</u> among both children and adults
 - More activity
 - Better nutrition



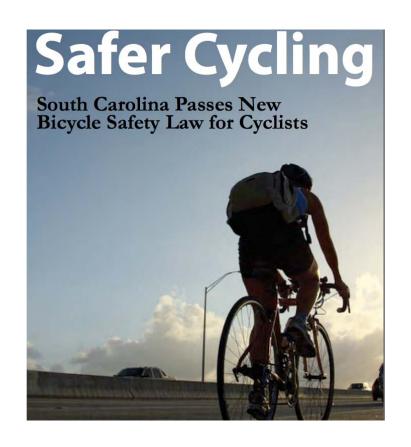
Policy and Programs

- Policy
 - Reduce barriers
- Interventions
 - Focused
 - Rural
 - All solutions are local



One policy change

- "Buzzing" not previously illegal
- 2008 SC law requires
 - "safe operating distance"
- Motorist may not:
 - "harass, taunt, or maliciously throw an object"







One small program: rural SC

Community	Project	Award
Wedgefield	Walking track & fence repairs	\$13,500
Rembert-Rafting Creek	Walking track, softball field & amenities	\$16,805
V.I.M. Park	Walking track & park revitalization	\$16,805
Willow Drive- YMCA area	Soccer field, basketball court, landscaping	\$12,054
Cherryvale	Walking track & amenities	\$3,200
Salterstown	Walking track, half basketball court & amenities	\$15,000
Dalzell	Walking track & amenities	\$15,000







We can fix this

- Slowly
- One solution at a time
- One rural community at a time



Research Colleagues:

- Children
 - Jihong Liu, PhD [jliu@mailbox.sc.edu]
 - Sonya Jones, PhD [sjones@mailbox.sc.edu]
- Built environment and activity
 - Steve Hooker, Ph.D [shooker@mailbox.sc.edu]
- Nutrition
 - Angela Liese, PhD [liese@sc.edu]



Questions / Comments



