

# Obesity Prevalence in Rural Counties: A National Study

## Issues

Obesity is on the rise in the United States and has been implicated in serious chronic health problems such as hypertension, diabetes, breast cancer, and depression, making it one of the nation's most pressing health concerns. Obesity is also very costly both in terms of medical spending and lost productivity. While some studies have compared the prevalence of obesity among racial and ethnic minority groups, education and income, and state of residence, few studies have examined differential prevalence by rural/urban status. The aim of this national study was to estimate the prevalence of and recent trends in obesity among adults residing in rural and urban locations across the United States.

## Study Design

This study involved a random-digit telephone survey of adults aged 18 years and older residing in states participating in the Behavioral Risk Factor Surveillance System (BRFSS) in 1994-1996 (n = 342,055) and 2000-2001 (n = 385,384). BRFSS collects data annually on health-related behaviors that are useful for planning, initiating, monitoring, and evaluating health promotion and disease prevention programs. The main outcome measure for the study was obesity, defined as a body mass index of 30 or greater, based on self-report.

## Findings

In 2000-2001, the prevalence of obesity was 23.0 percent for rural adults and 20.5 percent for their urban counterparts, with increases of 4.8 percent and 5.5 percent, respectively, since 1994-1996. The highest obesity prevalence occurred in rural counties of Mississippi, Texas, and Louisiana. Only Rhode Island and Colorado had rural counties that met the Health People 2010 goal of a maximum of 15 percent obese for adults. The figure shows the absolute percent change in obesity prevalence between 1994-1996 and 2000-2001 in rural counties for each state. The increase in obesity prevalence for the U.S. overall during this period was 5.4 percent, rural obesity rose 4.8 percent, and urban obesity rose 5.5 percent. With the exception of rural Florida, obesity prevalence increased in rural counties of every state.

**Policy Implications:** Despite recent attention to the prevalence of obesity, obesity rates continue to rise across the United States and differentially affect inhabitants of rural and urban areas. Successful strategies for obesity prevention and treatment for rural residents will need to address issues of access specific to rural areas and should target those places in most need. Differences in rural prevalence and change vary greatly between states.

### Absolute Change in Rural Obesity Prevalence from 1994-1996 to 2000-2001 by Rural Obesity Prevalence in 2000-2001\*

Absolute % Change Since 1994-1996	Current Prevalence		
	Highest Prevalence (22.8%–26.7%)	Moderate Prevalence (20.2%–22.7%)	Lowest Prevalence (14.6%–20.1%)
<b>Highest absolute increase (5.6%–7.6%)</b>	AR, GA, KY, MI, MS, SC, TN, WV, WI	KS, NM, OK, OR, SD, WA	CT, MA
<b>Moderate absolute increase (3.7%–5.5%)</b>	AL, LA, NC, PA	IA, ME, NE, NY, ND	AZ, ID, RI, UT, VT, WY
<b>Lowest absolute increase (0.0%–3.6%)</b>	IN, MO, TX	DE, IL, MD, OH, VA	CA, CO, FL, HI, MN, MT, NV, NH

\* Does not include Alaska (county FIPs codes unavailable) or New Jersey and the District of Columbia (no rural counties); states in green have rural obesity prevalence below 15 percent.

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