

Adult Obesity in Rural America

An examination of the relationships between obesity prevalence, sociodemographic factors, access to care, and differences between rural and urban counties

Purpose

Obesity is a chronic, complex disease affecting millions across the United States. To detect and examine potential differences in socioeconomic and health access measures, and how they interact with obesity prevalence in rural versus urban areas, NORC assembled multiple county-level datasets. In our analysis, urban areas were defined as “metropolitan” and rural areas included both “micropolitan” and “noncore” counties.

Key Findings

► **Obesity is more prevalent in rural than urban areas.**

We found that adult obesity prevalence affects 35 percent of the population in noncore counties, 34 percent in micropolitan counties, and 29 percent in metropolitan counties. *Obesity prevalence is lower than other published studies due to likely self-reporting bias in survey data.*

► **Social and economic factors contribute to the higher burden of obesity in rural areas.**

Lower income and educational attainment, reduced access to food, and fewer options for exercise contribute to higher obesity prevalence, particularly in rural areas.

► **Race and ethnicity play a role in obesity prevalence.**

Demographic factors, including race and ethnicity, interact with and influence obesity prevalence. *Additional research at the individual level is needed to understand how race and ethnicity interact with obesity.*

► **Limited health care access in rural areas makes it more challenging to treat obesity.**

Reduced access to primary care providers and specialists, more uninsured residents, longer distances to clinics, and less internet access make it more challenging to effectively prevent and treat obesity in rural areas.

This analysis highlights the complexities in addressing obesity in rural areas, both the factors that contribute to obesity and challenges in access to treatment.



Socioeconomics

Addressing and preventing obesity in rural areas will involve tackling the same socioeconomic challenges as in urban.

Access to Care

Barriers to accessing obesity care and treatment are especially prominent in rural areas.

Socioeconomic Factors

Lower household income, educational attainment, lack of physical activity, and reduced access to healthy foods are among the top factors associated with an increase in adult obesity prevalence.

Median Household Income (per county)

Metropolitan: \$75,195
Micropolitan: \$55,845
Noncore: \$51,811



Population with Bachelor's Degree or Higher

Metropolitan: 36%
Micropolitan: 23%
Noncore: 19%



Physical Inactivity Rate

Metropolitan: 22%
Micropolitan: 27%
Noncore: 29%



Food Environment Index

0 = worst, 10 = best
Metropolitan: 8.1
Micropolitan: 7.4
Noncore: 7.3



Access to Care

Obesity is a complex, chronic, and costly disease that requires coordinated care across multiple providers. Access to the full spectrum of care is crucial in treating obesity and related comorbidities.



Primary Care Physicians

(per 100,000)
Metropolitan: 81
Micropolitan: 57
Noncore: 45



Registered Dietitians

(per 100,000)
Metropolitan: 19
Micropolitan: 15
Noncore: 14



Medically Underserved Counties

Metropolitan: 11%
Micropolitan: 39%
Noncore: 62%



Population without Internet Access

Metropolitan: 13%
Micropolitan: 19%
Noncore: 24%

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On average, people in rural areas have lower income levels and physical-activity rates, as well as less educational attainment and access to healthy foods, which may contribute to higher obesity prevalence in rural America.

On average, people in rural areas have access to fewer providers and are more likely to live in an area deemed medically underserved. A lack of internet may also make it more challenging to access care via telehealth.

This analysis uses the U.S. Department of Agriculture's Urban Influence Codes (UIC) to define rural and non-rural, and considers micropolitan and noncore counties rural. The UIC classification scheme identifies metropolitan counties by the population of their metro area, and micropolitan and noncore counties by the size of the largest city or town and proximity to metro and micropolitan areas.

Data Sources: County Health Rankings, Agency for Healthcare Research and Quality' Social Determinants of Health Database, American Community Survey, and National Provider Plan & Enumeration System's NPI (National Identify Provider) Registry

Read the full white paper with data, discussion, and methodology at norc.org.