

Overcoming the disparities that contribute to obesity in rural areas

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Introduction

For decades, evidence has shown us that, overall, rates of obesity are higher in rural areas of the U.S. than in urban areas. It is well known that there are several factors impacting the difference. Recent data from the USDA¹ shows that rural rates of obesity tend to be greater than urban rates of obesity and that, in fact, from 2022-2024 when overall obesity rates decreased 0.3 percent, rural rates of obesity increased 0.5 percent.

Why does it matter?

Obesity is accompanied by a host of comorbidities including but not limited to diabetes, heart disease, some cancers, joint disorders, dyslipidemias, non-alcoholic fatty liver disease and metabolic syndrome and hypertension. Select conditions may become life threatening with or without treatment. It is time to reduce disparities to make an impact on the ever-increasing rates of obesity in rural areas.

What are the disparities?

Poverty- rural areas are well known for being poverty stricken which impacts citizens ability to purchase healthier foods. Part of the issue in this case is that healthier foods are more expensive than highly processed foods. A truth that needs to be modified.

Access- many rural areas have food deserts in which citizens procure food from convenience stores or streetside markets. The foods must have long shelf lives so are highly processed, leading to the destruction of the properties that make food nutritious.

Transportation- in rural areas, travel can be quite distant and without reliable transportation or monies for fuel, healthy food may not be an option. In many rural areas, public transportation does not exist.

Education- education has been shown through numerous studies to impact levels of obesity. There are greater levels of obesity in those who are less educated. Does that indicate that everyone must have a college education. Certainly not! We need to be doing a better job of educating families of all educational levels to read labels, shop for as many whole foods as possible and avoid highly and ultra processed foods as much as possible for their budgets.

Familial or cultural traditions - may also lend themselves to obesity in children and adults. We are at a critical point, when it's time to make the decision, do we give up "grandma's deep fried holiday treats or Aunt Suzie's Sugar Donuts" for healthier alternatives or continue this downward trajectory of illness and disease.

Barriers to physical activity - although we have often made the argument that built environments can be a contributing factor to the obesity epidemic, an argument can be made that physical activity can take many forms, from stretching to running in place, to doing leg

lifts while sitting in a chair, calisthenics and resistance training, all of which can be done at home and inside. This is not to say that walking paths and playgrounds are not helpful. Indeed, they are amazing places to exercise and observe nature, however, education to use whatever physical activity methods that are available and doable is critical, especially in rural areas where built environment is more rare than urban areas.

Genetics- generally not modifiable but understanding our genes helps us target potential problem areas and make lifestyle and diet modifications to decrease the chances of activating a problem gene.

Employment- people working in manual labor jobs may feel that they get enough exercise from their work, that they need no further activity. Some persons may work multiple jobs that deplete any extra time for physical activity. Again, education to make the general public aware of the risks of not enough physical activity despite the work is important.

Healthcare provider shortages- caring for and educating rural persons can be problematic without enough health providers to do so. Specialists in nutrition and weight management are fewer in rural areas. **Cost and Insurance Barriers:** Without insurance coverage-which is common for anti-obesity medications and specialist consultations-the financial burden of treatment can be prohibitive.

Effectively addressing rural obesity requires multi-level interventions that go beyond individual behavior change. Strategies must focus on improving the foundational elements of the environment, such as investing in food distribution infrastructure, creating safe and accessible community spaces for physical activity, educating families at all educational levels in regard to diet and exercise needs and expanding the rural health workforce, potentially through increased telehealth services. Without targeted policies and resources that account for these unique rural constraints, the disparity in obesity rates is likely to persist.² In my own part of the country, we have conducted numerous studies of the rural populations and these factors are consistently extracted from the data.³⁻⁷ The same disparities, factors and issues span decades and generations. It is time for change. We must view the factors in a light that allows us to overcome them with a different mindset. More ideas, such as exercising in place, growing our own food, less screen time, taking time in public settings to educate families and identify ways they can

make and incorporate changes into daily life, carpooling, travelling to appointments together, health care providers volunteering an hour a month at public health fairs. There are so many things we can be doing and those need to be our focus.

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Conflicts of interest

The author declare that there are no conflicts of interest.

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