Henry County, Georgia: The Prevalence of Obesity and the Effects of Obesity Among Working Aged Adults 18-64

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Introduction

Obesity has become a growing health concern in the United States among children and adults of all societal groups. According to the Centers for Disease Control and Prevention (CDC), the prevalence of obesity in the U.S. in 2005-2006 was 33.3%, increasing 2.2% from 2003-2004 (Centers for Disease Control and Prevention [CDC], 2009). Obesity is a constant health concern due to the fact that it increases one's chances of the development of certain health issues including coronary heart disease, hypertension, liver disease, sleep apnea, respiratory problems, gallbladder disease, gynecological issues, certain cancers, stroke, and diabetes (Georgia Department of Human Resources [GDHR], 2008; CDC, 2009). Obesity contributes to "…almost 300,000 deaths each year, and $117 billion in direct and indirect annual costs in the United States alone" (Stein & Colditz, 2004, p. 2522). Obesity affects all groups in American society regardless of age, sex, race, ethnicity, socioeconomic status, education level, or geographic region (CDC, 2009).

Nationally, more than 72 million people were obese in 2009, and locally in the State of Georgia, 29% (1.9 million) of people were obese as of 2007 (GDHR, 2008; CDC, 2009). According to the GDHR (2008), the high prevalence of obesity takes a heavy toll of Georgia's economy costing and estimated $2.1 billion dollars per year. The large number of those who are obese can be contributed variables such as a lack of regular physical activity, poor eating habits and an unhealthy diet (GDHR, 2008). In 2008, 48% of adults were physically active and 25% of adults consumed the recommended five or more servings of fruits and vegetables per day (GDHR, 2008). In addition the GDHR (2008) reported that physical inactivity cost Georgia around $543

million in hospital charges in 2006. “Excess body fat is associated with both direct costs such as diagnostic and treatment services related to overweight and obesity, and indirect costs such as lost wages and reduced productivity due to illness, disability, and premature death” (GDHR, 2005, p. 3).

Obesity can be best understood and an excess amount of body fat causing one to become excessively overweight according to their height. Increased body fat is related to high caloric intake. Increased caloric intake coupled with a decrease in calories burned increases overall body weight and risk of obesity development. One of the primary ways to measure obesity is by using the Body Mass Index [BMI]. The BMI is a mathematical formula that measures and individual weight in kilograms and compares it to height in meters squared (BMI= kg/m^2) (National Institutes of Health [NIH], 2001). Major contributing factors to obesity occurrence include: poor dietary habits, genetics, lack of physical activity, environment, lack of knowledge, and access (GDHR, 2008). According to Stein and Colditz (2004, p. 2522), “Overweight and obesity result from the interaction of many factors, including genetic, metabolic, behavioral, and environmental influences” (NIH, 2001, p. 2). The causes of obesity and be categorized into genetic factors, environmental factors, and psychological factors.

Obesity can be highly prevalent in families, suggesting that genetics plays a role in occurrence (NIH, 2001). Obese parents are more likely to have children who may suffer weight management issues. The genetic factors contributing to obesity are more difficult to overcome with intervention methods. Genetics do play a role in obesity in some cases, but environmental influences are also important when determining an individual’s level of risk.

Environmental factors including access and availability to recreational facilities, safety of neighborhoods, and access to adequate nutritional food choices have an effect on obesity prevalence in a community. Environmental factors also include lifestyle and behavioral choices. Diet and physical activity are among the most important factors when dealing with obesity. Increases in physical activity and improved nutrition choices can have a positive effect on weight management. Poor dietary habits and sedentary lifestyles have contributed to negative health outcomes and the economic impact of obesity (GDHR, 2008).

Psychological factors may also have an effect on obesity; “many people eat in response to negative emotions such as boredom, sadness, or anger” (NIH, 2001, p. 3). In addition, other factors can influence the occurrence of obesity including illness and socioeconomic status. The CDC states two syndromes that result in weight gain and are genetically based which are Bardet Biedl and Pradar Willi Syndromes (CDC, 2009).

While obesity affects all groups of society, it is more prevalent in the black community in the U.S. and in Georgia. As a result blacks have a higher prevalence of hypertension, diabetes, and physical inactivity when compared to other populations in Georgia (GDHR, 2000). In addition to blacks, Hispanics are also affected with high rates of obesity in Georgia. Hispanic residents in Georgia displayed an increase in obesity prevalence from 11.6% in 1991 to 20.8% in 1998 (GDHR, 2000). Kaiser State Health Facts (2008) reported the obesity rates of whites to be 59.6% and blacks to be 69.9% in the U.S. The obesity rates of blacks and whites in Georgia were reported as 60% for the white population and 71.9% within the black population as of 2008 (Kaiser Family

Foundation, 2008). The fact that over 50% of each ethnic population is obese or overweight is cause for concern.

Within Georgia, there are numerous resources which assist in the prevention of obesity and to provide treatment for the complications and/or results of obesity for children and adults. A majority of the prevention programs currently in Georgia are based around support, treatment, and education of physical activity, weight management, and maintaining a healthy diet. Overeaters Anonymous is a group in Atlanta that assists those who overeat by targeting the emotional, physical and spiritual well-being of the individual (Overeaters Anonymous [OA], 2009). The group is a fellowship of individuals that support one another to assist in the stoppage of compulsive eating which can assist in the development of obesity (OA, 2009). Weight Watchers® and Jenny Craig® are current resources around Georgia existing to provide overweight individuals with education and the resources necessary to manage a healthy weight (Atlanta Journal and Constitution [AJC], 2009). Additionally, there are numerous fitness centers and parks including but not limited to: LA Fitness ®, Bally's Total Fitness®, Stone Mountain Park, North Mount Carmel Park, and Piedmont Park located in Georgia that provided the environment for physical activity. Presented are additional services in Georgia in or around Henry County who assist with weight management, nutrition education, and physical activity (see Table 1). The service centers are but a few examples of centers that are capable of educating individuals on healthy weight management in Georgia and in the U.S. The characteristic that makes the centers alike is that of education. Educating people on diet, weight management, and physical activity is a productive method for preventing people from becoming overweight or obese.

Table 1 Additional Obesity Resources in Georgia Around Henry County

Organization	Description
DeKalb Medical Center – North Decatur & Hillandale	The DeKalb Medical provides health education regarding the methods necessary to maintain healthy weight. In addition, they provide physical activity classes, nutrition information and events targeted at weight loss.
Emory University Health Care	Emory University Health Care in Atlanta has a Bariatric Center which is used to assist overweight and obese individuals with weight loss through education, treatment, and research.
Henry Medical Center	Henry Medical Center in Stockbridge, GA has classes and events aimed at providing education about nutrition, exercise, and other chronic diseases associated with obesity.

Obesity Rates in Henry County Georgia

Obesity has been linked to a plethora of chronic diseases including hypertension, heart disease, and diabetes. The resulting illnesses from obesity can increase the likelihood of the development of diseases that can shorten lifespan. The mortality and morbidity rates in Henry County Georgia from common chronic diseases associated with obesity are presented in Tables 2 – 5. The Years of Potential Life Lost are reported for chronic disease related to obesity in Henry County Georgia (see Tables 6-7). The presented tables are provided by the Georgia Department of Community Health (2007).

Table 2 Deaths & Death Rate, Selected Causes[1], Race: All Races, Ages: 20-74

	2007		SELECTED YEARS TOTAL	
	Deaths	Death Rate	Deaths	Death Rate
Henry	96	79.8	96	79.8

Note. 1 High Blood Pressure, Hypertensive Heart Disease, Obstructive Heart Disease (incl. Heart Attack), Stroke, Hardening of the Arteries. From "The Online Analytical Statistical Information System," by the Georgia Department of Community Health, 2007.

Table 3 Deaths & Death Rate, Diabetes, Race: All Races, Ages: 20-74

	2007		Selected Years Total	
	Deaths	Death Rate	Deaths	Death Rate
Henry	20	16.6	20	16.6

Note. From "The Online Analytical Statistical Information System," by the Georgia Department of Community Health, 2007.

Table 4 Morbidities* & Morbidity Rate*, Selected Causes[1], Race: All Races, Ages: 20-74, Payer: All Payers

	2007		Selected Years Total	
	Morbidities	Morbidity Rate	Morbidities	Morbidity Rate
Henry	858	713.3	858	713.3

Note. [1] High Blood Pressure, Hypertensive Heart Disease, Obstructive Heart Disease (incl. Heart Attack), Stroke, Hardening of the Arteries. From "The Online Analytical Statistical Information System," by the Georgia Department of Community Health, 2007.

Table 5 Morbidities & Morbidity Rate: Diabetes, Race: All Races, Ages: 20-74, Payer: All Payers

	2007		Selected Years Total	
	Morbidities	Morbidity Rate	Morbidities	Morbidity Rate
Henry	140	116.4	140	116.4

Note. From "The Online Analytical Statistical Information System," by the Georgia Department of Community Health, 2007.

Table 6 Years of Potential Life Lost (YPLL 75) & YPLL 75, Rate, Selected Causes[1], Race: All Races, Ages: 20+

	2007		Selected Years Total	
	YPLL 75	YPLL 75 Rate	YPLL 75	YPLL 75 Rate
Henry	1,508	1,253.7	1,508	1,253.7

Note. [1] High Blood Pressure, Hypertensive Heart Disease, Obstructive Heart Disease (incl. Heart Attack), Stroke, Hardening of the Arteries. From "The Online Analytical Statistical Information System," by the Georgia Department of Community Health, 2007.

Table 7 Years of Potential Life Lost (YPLL 75) & YPLL 75, Rate, Diabetes, Race: All Races, Ages: 20

	2007		Selected Years Total	
	YPLL 75	YPLL 75 Rate	YPLL 75	YPLL 75 Rate
Henry	380	315.9	380	315.9

Note. From "The Online Analytical Statistical Information System," By the Georgia Department of Community Health, 2007.

Developmental History of Obesity

Obesity is due to a convergence of lifestyle, genetic, cultural, psychological, behavioral, and environmental factors. In order for an individual to become obese, there is an interaction that occurs within the considered factors at any given age range. To identify the natural history and development of obesity, it is necessary to understand the factors associated to each individual. In order to see the potential for the development of obesity it is best to analyze individuals during childhood through adolescence (McTigue, Garrett, Popkin, 2002). Everyone has the potential to become obese during their lifetime, and it is most productive to study the interacting factors associated with increased probability of obesity. Obesity in childhood and adolescence is a positive risk factor for obesity in adulthood (McTigue et al., 2002).

The risk of obesity begins as a genetic predisposition to be more prone to the development of excess weight gain. In the genetic predisposition stage of obesity it is beneficial to educate and provide pathways where an individual can maintain a healthy diet and increase physical activity. An individual can be characterized as being at high risk for obesity as they grow closer to adulthood (McTigue et al, 2002). According to a study by McTigue et al. (2002), individuals are likely to become obese by their mid-30s, and those who were obese at younger ages were not obese once they reached their mid-30s (McTigue et al., 2002). Also according to their study, "…being mildly or moderately overweight at age 20 to 22 years was linked with substantial incidence of obesity by age 35 to 37" (McTigue, 2002, p. 862). Obesity develops over time; however those who begin adulthood overweight tend to become obese at later ages. "Overweight children are at increased risk for becoming obese adults, and obese adults are, in turn, at risk for raising obese children" (McTigue, 2002, p. 862). Educating children and adolescence on how to prevent obesity and maintain healthy weight can be beneficial.

Obesity Health Outcomes

Obesity can have a number of adverse effects on an individual's lifestyle and health status. The National Institutes of Health (2001) states:

> Approximately 280,000 adult deaths in the United States each year are related to obesity. Men who are considered obese are more likely than non obese men to develop cancer of the colon, rectum, or prostate. Women who are considered obese are more likely than non obese women to develop cancer of the gallbladder, uterus, cervix, or ovaries. (p. 3)

Health care providers agree that an overweight individual is more likely to develop health conditions compared to a person of normal weight (NIH, 2001). The presence of excess body fat can have negative effects on health and the activities required for daily living.

Aside from the physical and health related effects; obesity can have psychological effects as well. “American society emphasizes physical appearance and often equates attractiveness with slimness, especially for women. Such messages may make people considered overweight feel unattractive” (NIH, 2008, p. 3). Pressure and ridicule of obese persons can have an effect on their confidence and sense of well being.

Georgia Obesity Prevention Programs

Addressing the issue obesity requires coordinated programs at the local and national level. Although numerous factors contribute to obesity, effective obesity prevention targets the community environment through education of individuals and policy intervention (CDC, 2009). People are likely to make decisions based on their environment or community; the CDC (2009) focuses on influencing individuals in their workplace, home, community and school system. Locally, the Georgia Department of Community Health works various organizations to prevent obesity within the population.

The CDC is involved with a number of states to increase physical activity and nutrition, and to decrease obesity in the population using various strategies. The CDC created The Nutrition, Physical Activity and Obesity Program (NPAO) in 1999. The purpose of the NPAO as stated by the CDC (2009) is defined as:

> A cooperative agreement between the Centers for Disease Control and Prevention's Division of Nutrition, Physical Activity and Obesity (DNPAO) and 23 state health departments working to build lasting and comprehensive efforts to address obesity and other chronic diseases through a variety of nutrition and physical activity strategies (¶ 1).

The NPAO is focused on impacting certain areas of the community to create opportunities for people to remain healthy. The NPAO looks to increase the number of policies and standards to support healthy eating and physical activity (CDC, 2009). In addition, they desire "…to increase the number, reach and quality of social and behavioral approaches that complement policy and environmental strategies to promote healthful eating and physical activity" (CDC, 2009, ¶ 3).

The Georgia Nutrition and Physical Activity Initiative is a joint effort between the CDC and the Division of Public Health within the GDCH created to prevent obesity and other chronic diseases. The GDCH (2009, ¶ 1) states the Initiative focuses on preventing obesity by targeting major individual behaviors including: breastfeeding, healthy eating, physical activity and reduced television time in a variety of settings through education and skill building, along with policy and environmental approaches. The Initiative is aimed at creating an infrastructure that supports a healthy lifestyle with the use of: intervention strategies, training, building partnerships, improving surveillance, and the development of a state physical activity and nutrition plan (GDCH, 2009).

The Live Healthy Georgia Campaign is a program sponsored by the Division of Public Health of the GDCH. Live Health Georgia focuses on raising awareness about chronic disease and ways to live a healthier lifestyle (GDCH, 2009). The campaign is targeted to educate all Georgians about the essentials of maintaining a healthy lifestyle. The campaign encourages Georgians to: receive appropriate screenings, eat a healthy diet, remain active, be smoke free, and to remain positive (GDCH, 2009).

The national and local governments are responsible for policy development that creates communities where it is easier for individuals to eat healthy and remain physically active. The CDC (2008) recommends:

> Offsetting the current obesity-promoting environment through interventions that target communities and schools, such as increasing opportunities for children to walk to school, requiring longer and more frequent P.E. classes, increasing fruit and vegetable intake, decreasing intake of sugar-sweetened beverages, eating less fast food and spending less time in front of the television. (p.4)

Barriers to obesity prevention can be seen in many parts of society in Georgia. Situations such as decreased physical education requirements for children in middle and elementary schools in Georgia present barriers to the education of obesity prevention programs. Education of children about physical activity and nutrition is important to preventing adult obesity. Environmental barriers as stated by the GDHR (2000) include unsafe neighborhoods which can discourage people from outside activities or permitting their children to play outdoors (GDHR, 2000). Behavioral barriers including television watching can have an effect on obesity. The amount of time spent watching television is a predictor of obesity in children according to the GDHR (2000). Even with the stated and unstated barriers to obesity prevention, it is important to have policies and community programs for the prevention of obesity in all age groups.

Obesity and the resulting complications cost the U.S. $117 billion annually and $2.1 billion dollars in Georgia every year (GDHR, 2008; Stein & Colditz, 2004). Obesity prevention is cost effective when compared to the current estimated costs of obesity complications and resulting diseases. The previously stated intervention strategies are all based around education and community change. For example, the financing required to provide healthy lunches at schools, increased time in P.E. classes for children, to encourage increased physical activity, to promote regular doctor visits and to require grocery stores to carry healthy foods does not compare to the current medical costs of obesity and its complications.

The prevention programs in Georgia aimed at decreasing obesity are based around the facts of human behavior. Humans make health decisions based on their surroundings and knowledge of health (CDC, 2009). Targeting individuals at the schools and

workplace is practical in the sense that informing the youth about health and physical activity increases their chances of maintaining a healthy lifestyle throughout life. In addition, overweight and obese children and adolescents are likely to maintain their weight into adulthood. Targeting adolescents when they are at their high risk for obesity can be beneficial to decreasing adult obesity. Providing education in the workplace allows for adults to learn about health and physical activity and it also provides them with ideas about healthy diet alternatives and physical activity options. Policy intervention is pivotal in creating a healthy environment where an individual has the options of purchasing healthy food and increasing their physical activity levels.

Overweight and obesity can have a large impact on individual functionality of activities of daily living (ADL). In addition obesity has psychological, physical and social effects on the daily life of the affected individual (CDC, 2009). Increasing the overall quality of life (QOL) for an overweight individual would include education, support and community policy intervention. Raising awareness of physical activity and nutrition within the community can have an impact on decision making with regards to weight management. The school system is a good starting point for intervention. Educating children to adopt healthy behaviors at a young age may extend throughout life. Providing support and assistance to overweight and obese individuals can have a positive effect on their personal outlook and increase their opportunities for weight loss and management.

Summary and Conclusions

Obesity is a serious public health concern in the United States and locally in Georgia. Obesity costs Americans an immense amount of money annually to cover the costs of obesity and the resulting complications and chronic disease. Diseases resulting from obesity including: cardiovascular disease, cancer, hypertension, respiratory issues, and diabetes have the potential to decrease the life span of the affected individual. It is imperative to produce and maintain effective intervention programs at the local and national level aimed at combating this issue of epidemic proportions. Intervention at the community level is productive in increasing the awareness of obesity and the associated diseases. Adjusting behavior to adopt a healthy diet and increase physical activity is necessary to decrease obesity in the U.S. and in Georgia. Providing individuals with the necessary resources to manage a healthy weight has the potential to decrease the prevalence of obesity within the population.

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Appendix A

Henry County General Population Information

	Quantity	Percentage
General Demographics		
Total Population	176,870	100.0%
< 5 years	14,720	8.30%
5 to 9 years	14,770	8.40%
10 to 14 years	15,173	8.60%
15 to 19 years	12,464	7.00%
20 to 24 years	11,206	6.30%
25 to 34 years	28,380	16.00%
35 to 44 years	29,826	16.90%
45 to 59 years	23,043	17.90%
60 to 64 years	8,715	3.40%
65 to 74 years	6,054	4.30%
75 to 84 years	7,529	2.40%
85+ years	4,252	0.40%
Age-Dependency Ratio (ADR)	0.48%	
Male Population	86,777	33.60%
Female Population	90,093	36.30%
Sex Ratio (M/F)	0.96	
Race and Ethnicity		
White	114,437	65.90%
African-American	50,238	28.90%
AI/AN	595	0.30%
Asian	4,410	2.50%
NH/PI	76	0.00%
Other	4,010	2.30%
Two or More Races	3,104	1.80%
Race Ratio (Black/White)	0.44	
Social		
Ed. <9th grade	3,202	3.00%
Ed. 9th to 12th, no diploma	8,673	8.00%
Some College, no degree	25,918	23.90%
Bachelor's Degree	17,100	15.80%
Graduate/ Professional Degree	8,240	7.60%
Grandparents as caregivers	4,269	100%
Disabled 5-15 yrs	1,676	5.10%
Disabled 16-64 yrs	10,968	9.50%
Disabled > 64 yrs	5,165	41.80%

Economic		
Pop. 16+ yrs employed	129,131	100.0%
Pop. 16+ yrs unemployed	6,070	4.70%
Occupation - report for all 6 populations		
Management, professional, and related occupations	27,517	32.10%
Service occupations	11,514	13.40%
Sales and office occupations	26,652	31.10%
Farming, fishing, and forestry occupations	175	0.20%
Construction, extraction, maintenance and repair occupations	9,299	10.90%
Production, transportation, and material moving occupations	10,486	12.20%
Class of Worker - report self-employed	81,642	
Median income (male/yr-round/$)	49,225	
Median income (female/yr-round/$)	37,672	
Median household income $	62,224	
Median family income $	49,225	
2009 regional unemployment		
Current (Mar-09)	9.10%	
May-08	5.60%	
Percent Change	3.50%	

Note. From “The U.S. Census Bureau: American Fact Finder 2007,” by The U.S. Census Bureau.

Appendix B

2007 Georgia and Henry County Food Stamp and Medicaid Quantities

	Food Stamps, Monthly (Avg, Households)	Medicaid, Recipients	Food Stamps, Monthly (Avg, Recipients)
Georgia	385,932	2,177,092	947,146
Henry County	4,328	33,713	11,619

Note. From "Welcome to the Georgia Statistics System," by The University of Georgia.