Center for Public Health Systems Science
GEORGE WARREN BROWN SCHOOL OF SOCIAL WORK
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Obesity prevention through policy: Rural and urban strategies

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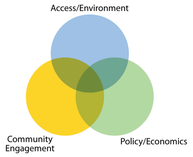
BACKGROUND

In 2009, the Missouri Foundation for Health (MFH) launched the Promising strategies (PS) funding strategy as part of the Healthy & Active Communities (H&AC) Initiative begun in 2005 to address rising obesity levels in Missouri. PS grantees are required to employ at least one obesity prevention strategy from each of three domains:

- **Access/Environment**: Creating a healthy physical environment
- **Community Engagement:** Developing outreach and communication strategies
- **Policy/Economics**: Advocating for healthy eating and physical activity policies



These analyses focus on grantees' work in the third domain, **Policy/Economics**.

Research Question

Are there differences between the obesity prevention policies that rural and urban grantees pass?

METHODS

Data were collected as part of an ongoing evaluation of the H&AC Initiative and were triangulated from multiple sources:

- The Healthy and Active Programs and Policies Evaluation (HAPPE) system, an online monitoring system to document project activities (e.g., number of built environment changes, policies passed)
- Key informant interviews with project staff
- Bi-annual grantee progress reports on project activities

All PS grantees (n=23) were required to include a policy component in their projects (e.g., advocacy activities, policy implementation). Grantees are in the second or third year of three-year projects. To date, 35% of grantees have passed a policy.

Grantee Type

Rural 35%

Urban 65%

Grantees were classified as urban or rural based on the zip code(s) where primary project activities occurred, utilizing the U.S. Department of Agriculture's Rural-Urban Commuting Areas (RUCA).[i] The RUCA system defines rural and urban as:

- **Rural**: Micropolitan areas, small towns and rural areas with a small proportion of workers commuting to urbanized areas
- **Urban**: Metropolitan areas and all other areas with a high proportion of workers commuting to urbanized areas

RESULTS

Rural Grantees:

- **Passed *more* obesity prevention policies than urban grantees**
  - **50%** of rural grantees passed a policy, for a total of 29 policies
- **Passed policies that typically involved a *single site*, and reached a *smaller number* of individuals**
  - **75%** of policies passed by rural grantees affected a single site (e.g., worksite wellness policies)
  - On average, the potential reach of rural policies was **1,748** individuals[ii]
- **Passed *more comprehensive* policies than urban grantees (e.g., policy addresses both physical activity AND healthy eating)**
  - **60%** of rural policies were comprehensive, compared to **0%** of urban policies

Urban Grantees:

- **Passed *fewer* obesity prevention policies than rural grantees**
  - **27%** of urban grantees passed a policy, for a total of 7 policies
- **Passed policies that typically involved *multiple sites* or *entire communities*, and reached a *larger number* of individuals**
  - **85%** of policies passed by urban grantees were community-wide policies (e.g., government ordinances)
  - On average, the potential reach of urban policies was **58,100** individuals[ii]
- **Passed more policies focusing on *individual* areas of obesity prevention**
  - **57%** of urban policies addressed only physical activity
  - **43%** of urban policies addressed only healthy eating

Figure 1: Number of Policies Passed by Site Level

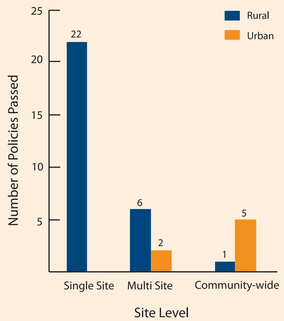


Table 1: Total Number of Potential People Reached by Site Level[ii]

Site Level	Description	Total Reach of *Rural* Policies	Total Reach of *Urban* Policies	Examples
Single Site	Policies affecting a single site, e.g., one school or worksite	300	N/A	• School playground joint use agreement • Small business worksite policy (e.g., healthy meeting policy)
Multi Site	Policies affecting multiple sites, e.g., all schools in a district	12,438	52,005	• Healthcare campus worksite policy (e.g., employee flex time) • School district wellness policy (e.g., healthy cafeteria options)
Community-wide	Policies affecting every site in the community, e.g., all community gardens	37,941	353,696	• Complete Streets ordinance • Community garden zoning law

CONCLUSIONS

Rural grantees were more successful in passing policies overall, and adopted policies of different scale and scope than urban grantees:

- Urban grantees' adoption of fewer policies overall may be attributed to their focus on *community-wide* policies
  - Larger scale policy work may require greater *community buy-in* and *consensus* before a policy can be adopted (e.g., more time spent holding town hall meetings).
    - To facilitate community buy-in, urban grantees did participate in advocacy activities that involved direct contact with the community, such as community education (47% of urban grantees versus 25% of rural grantees). Rural grantees focused more on communication with policymakers (75% versus 47%).
- Rural grantees passed *more comprehensive* obesity prevention policies than urban grantees
  - The difference may be partly attributed to comprehensive policies, e.g., those promoting both physical activity and healthy eating, being *more difficult* to pass at the community-wide level, where policy work may require more incremental steps.

NEXT STEPS

Grantees are in the second or third year of three-year projects. To assess how policy work evolves over the course of the initiative, the evaluation will continue to:

- **Track policy adoption through the end of PS projects**
  Certain types of policies, e.g., community-wide policies, may take longer to implement.
- **Examine barriers to implementing policy change**
  Grantees in rural and urban settings may face unique barriers, especially as they work to adopt policies of different scale and comprehensiveness.
- **Assess quality of grantees' policies**
  Even if grantees are successful in adopting high numbers of policies, weak or incomplete policies are less likely to be sustained.
- **Examine policy work in conjunction with project activities in other domains**
  Grantee projects also included activities that promote community engagement and increase access to healthy physical environments. The integration of activities across all domains may have implications for policy work and overall project success.

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i Economic Research Service, U.S. Department of Agriculture. (2012, July 5). Rural-Urban Commuting Area Codes. Retrieved from http://www.ers.usda.gov/data-products/rural-urban-commuting-area-codes.aspx

ii Reach numbers represent the potential number of individuals that may be affected by a policy. Because individuals may choose not to participate in the changes made in the policy (e.g., all employees at a worksite may not take advantage of flex time for physical activity), the actual number of individuals reached by the policy is unknown.