

EXAMINING SPATIAL CLUSTERING PATTERNS AND REGIONAL VARIATIONS FOR HEALTHY EATING ENVIRONMENTS IN THE UNITED STATES

Marilyn Wende, Andrew T. Kaczynski, Ellen W. Stowe, Jan M. Eberth, Alexander C. McLain, Angela D. Liese, Charity Breneman, Michele Josey

BACKGROUND



Childhood obesity is a major health concern in the United States, with increasing trends in the last three decades.¹⁻³



Childhood obesity is a risk factor for high blood pressure, high cholesterol, type 2 diabetes, and overall mortality in adulthood.^{2,4-7}



Individual and behavioral risk factors for obesity were the main focus of research in the past,⁸⁻¹⁰ but research now suggests that the environment is the key factor contributing to physical inactivity and unhealthy diets.¹¹⁻¹²

The background image shows a commercial strip with various signs. On the left, there is a large yellow sign with a red 'S'. Below it is a Burger King sign. Further down, there is a sign for 'PLAYLAND' and another for 'Breakfast'. In the distance, there are mountains and a gas station sign. The overall scene is a typical commercial area with fast-food and service businesses.

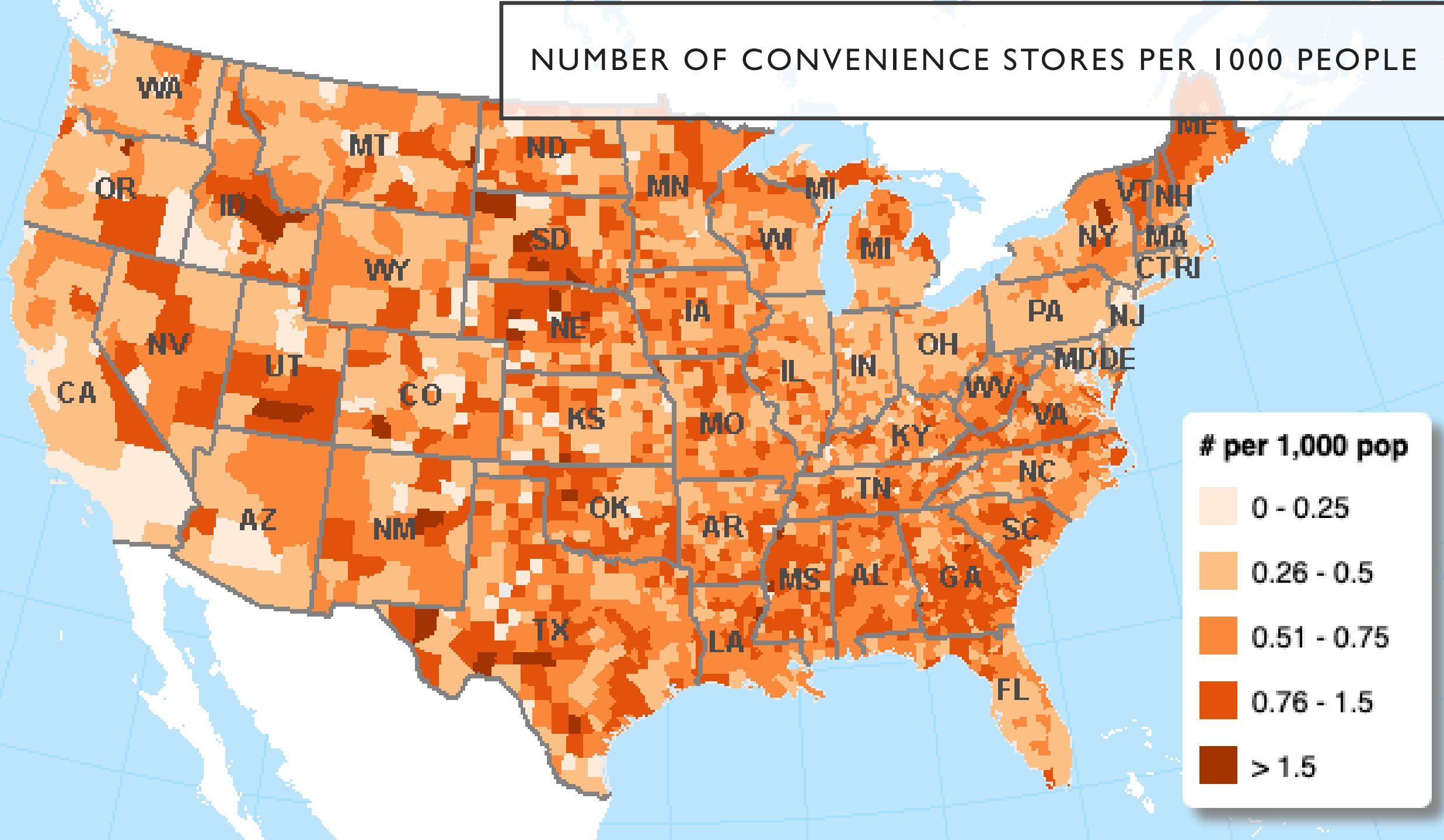
OBESOGENIC ENVIRONMENTS

Defined as the sum of influences that the surroundings, opportunities, or conditions have on promoting obesity in individuals or populations, and focuses on the environmental level for obesity risk.¹³⁻¹⁷

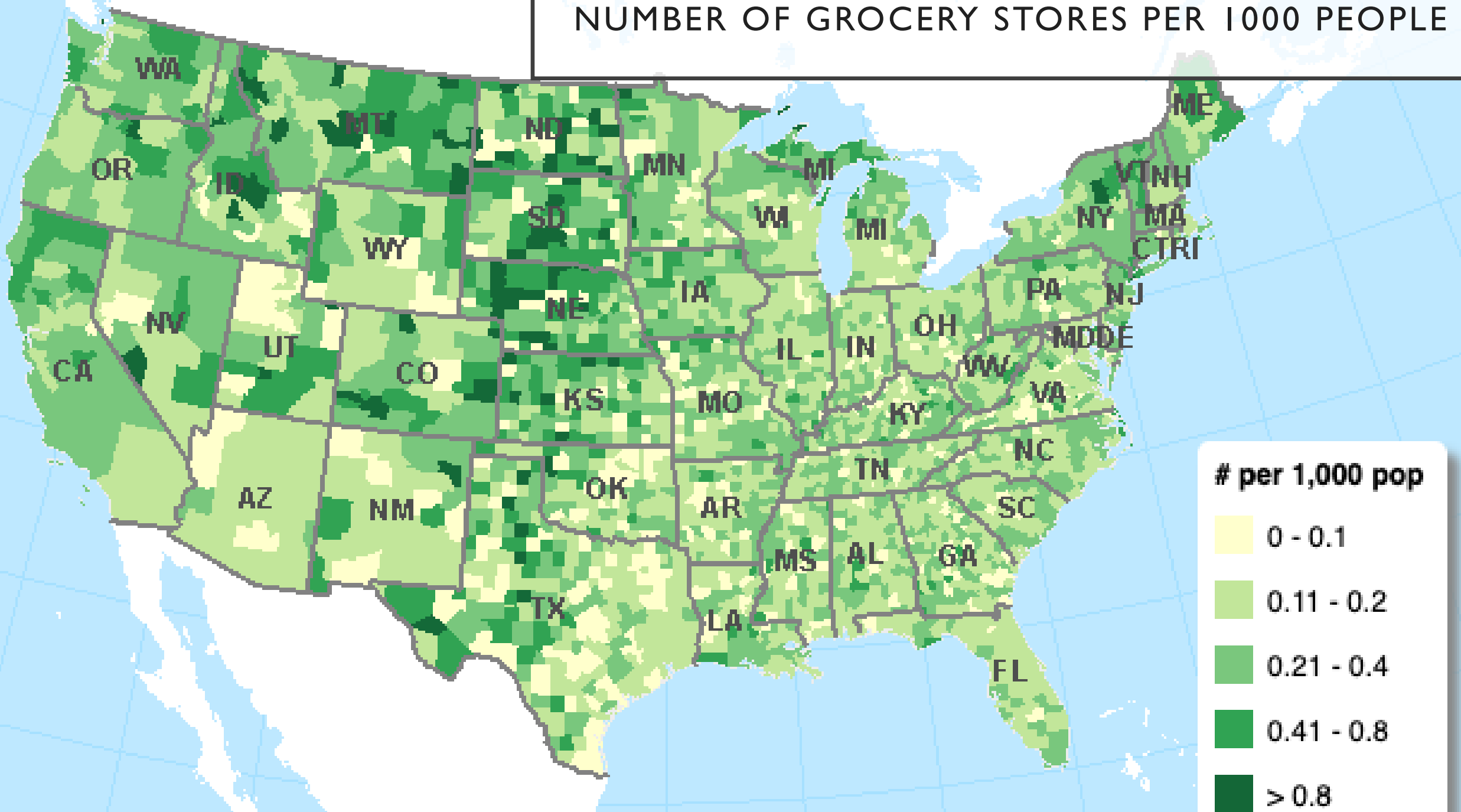
SPATIAL MAPPING AND CLUSTERING

- Spatial clustering analyses have been used to track health outcomes, such as obesity,^{22,23} diabetes^{24,35} and cancer.^{26,27}
 - Used to identify determinants of these outcomes, such as healthy and unhealthy food sources.²³
- Can examine how environments become centralized according to rurality and region.

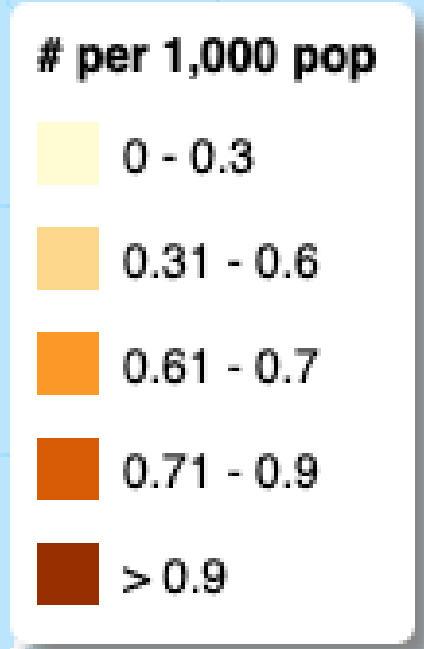
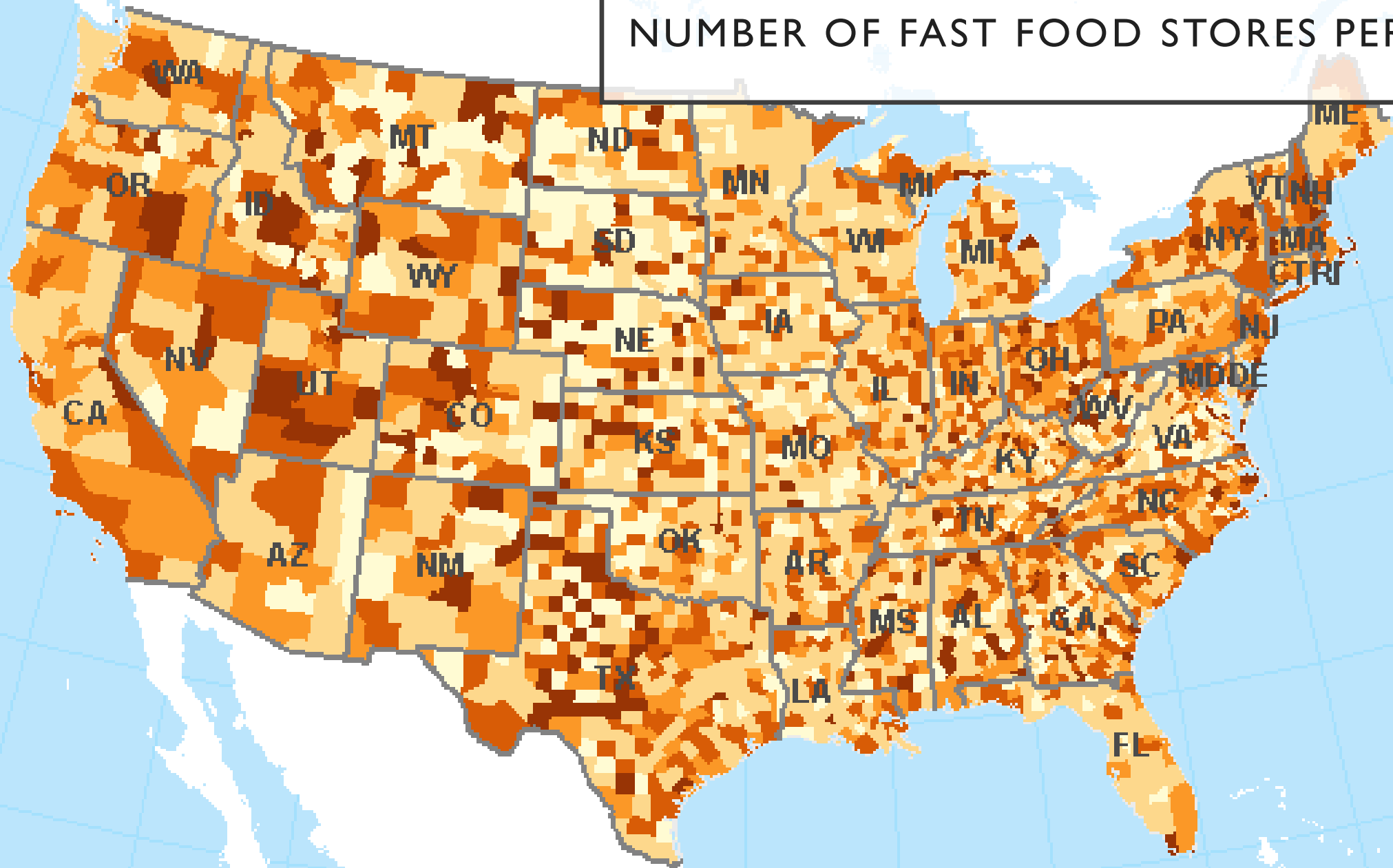
NUMBER OF CONVENIENCE STORES PER 1000 PEOPLE



NUMBER OF GROCERY STORES PER 1000 PEOPLE

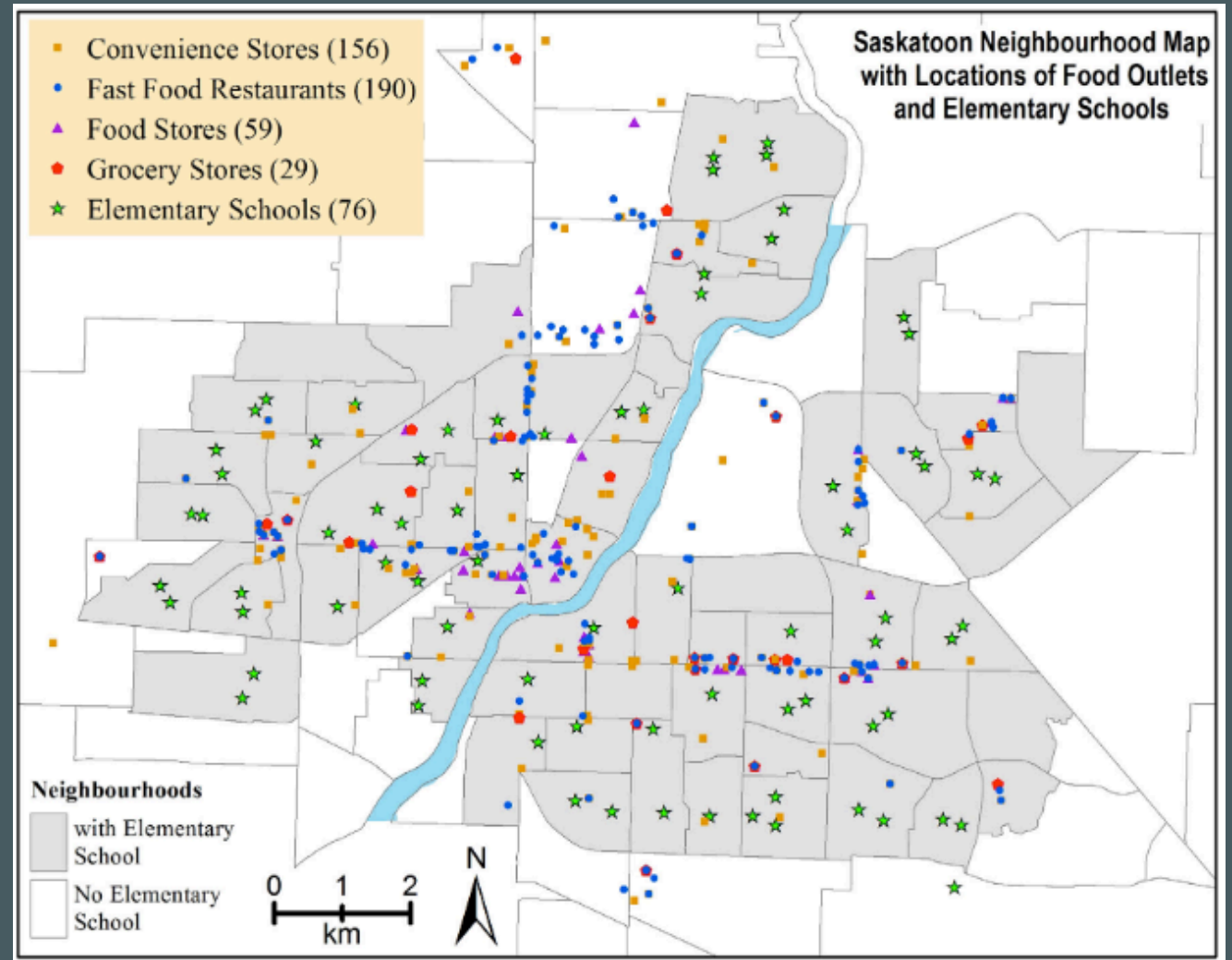


NUMBER OF FAST FOOD STORES PER 1000 PEOPLE



GAPS

- Data & maps available for separate food measures, but no country-wide representation of a composite, food environment measure.
 - Clustering of these food environments
- Research on geographic distribution of childhood obesogenic environments focuses on local levels.



OBJECTIVES

The purpose of this study was to examine county-level spatial patterns of obesogenic environments across the United States.

Objective 1 → To examine the spatial clustering of positive and negative food environments across the United States.

Objective 2 → To explore differences in food environments between regional and rurality divisions of the United States.

DATA COLLECTION



Obesogenic environment index data were collected for all counties across the United States (N=3,142).




Census regions were used to classify counties into four regional distinctions: **Northeast, Midwest, South and West.**



Urban influence codes, were collected from the United States Department of Agriculture, and categorized into: **Metropolitan, Micropolitan and Rural** (consisting of Small Adjacent and Remote Rural).

DEVELOPING THE
OBESOGENIC
ENVIRONMENT
INDEX

A search on PubMed was conducted for review articles on environmental factors related to youth PA, nutrition, and overweight/obesity.



100 unique variables identified during the review were partitioned into categories to create a final list of 24 variables to share with expert reviewers.



Experts reviewed and rated the perceived importance of each variable, resulting in a final list of 10 variables: 6 related to food and 4 related to PA environments.

DATA SOURCES

Variable	Measure	Source	Year
Grocery stores and super centers	Number of grocery stores/supermarkets and supercenters/warehouse club stores in the county per 1,000 county residents	United States Department of Agriculture	2014
Farmers markets	Number of farmers markets in the county per 1,000 county residents	United States Department of Agriculture	2016
Fast food restaurants	Number of fast food restaurants in the county per 1,000 county residents	United States Department of Agriculture	2014
Full-service restaurants	Number of full-service restaurants in the county per 1,000 county residents	United States Department of Agriculture	2014
Convenience stores	Number of convenience stores in the county per 1,000 county residents	United States Department of Agriculture	2014
Births at baby-friendly facilities	Percent births at baby-friendly facilities at the state level	Centers for Disease Control and Prevention	2016

1. Food Environment Atlas, Economic Research Service, United States Department of Agriculture: <https://www.ers.usda.gov/data-products/food-environment-atlas/documentation/>
2. Breastfeeding Report Card, Division of Nutrition, Physical Activity, and Obesity, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention: <https://www.cdc.gov/breastfeeding/pdf/2016breastfeedingreportcard.pdf>

CREATING FOOD ENVIRONMENT SCORES



The values for each variable were ranked, and a percentile value was assigned to each county ranging from 0 to 100.



Negative environmental features, such as fast food restaurants, full-service restaurants, and convenience stores were reverse-scored.



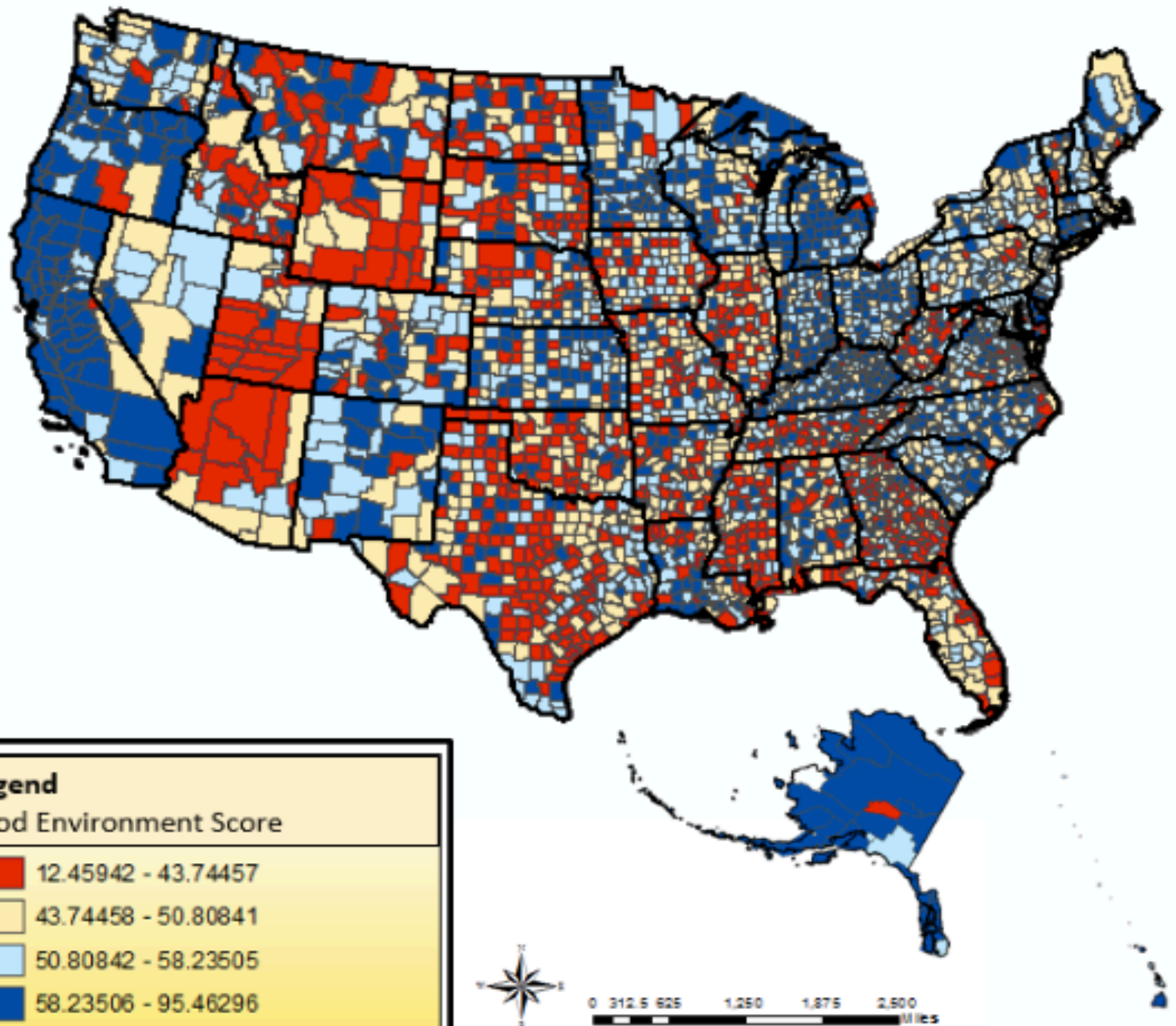
Food environment variables were averaged to create a composite score out of 100 (higher = better).



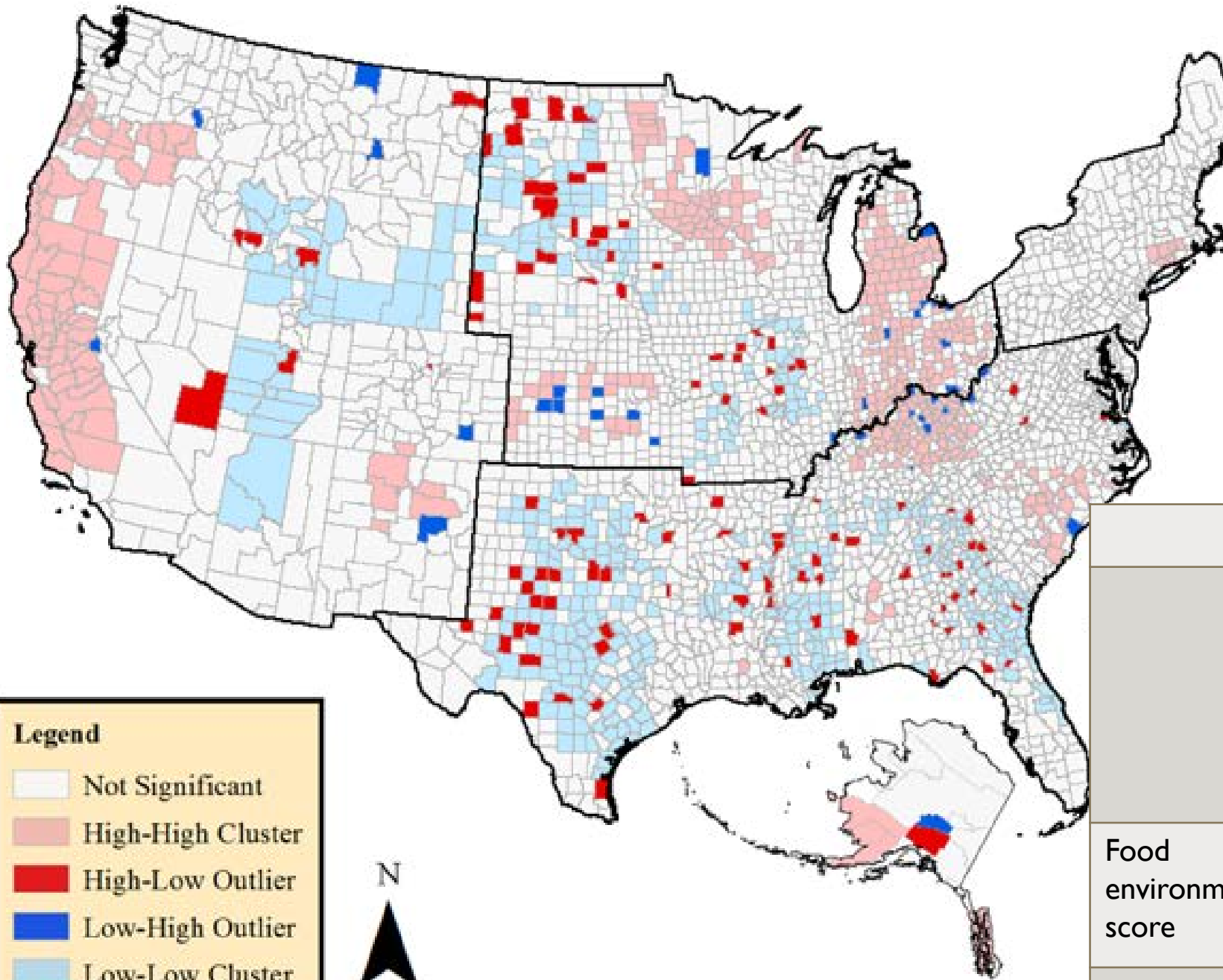
ANALYSES

Objective 1 → To examine the spatial distribution of positive and negative food environments across the United States

- Use of choropleth maps
- Spatial analytic techniques
 - Global Moran's I
 - Anselin's Local Moran's I



FOOD ENVIRONMENT ACROSS UNITED STATES COUNTIES, N=3142



Legend	
	Not Significant
	High-High Cluster
	High-Low Outlier
	Low-High Outlier
	Low-Low Cluster

Global Moran's I		
	Index Value	P-value
Food environment score	.19	<.0001*
*significant with a =.05		

Local Moran's I				
	High-High Cluster Counties (#, %)	High-Low Outlier Counties (#, %)	Low-High Outlier Counties (#, %)	Low-Low Cluster Counties (#, %)
Food environment score	407 (13.0%)	110 (3.5%)	39 (1.2%)	434 (13.8%)
*significant with a =.05				



ANALYSES

Objective 2 → To explore differences in food environments between regional and rurality divisions of the United States.

- ANOVA
- Tukey's Standardized Range



REGION OF
UNITED
STATES
COUNTIES

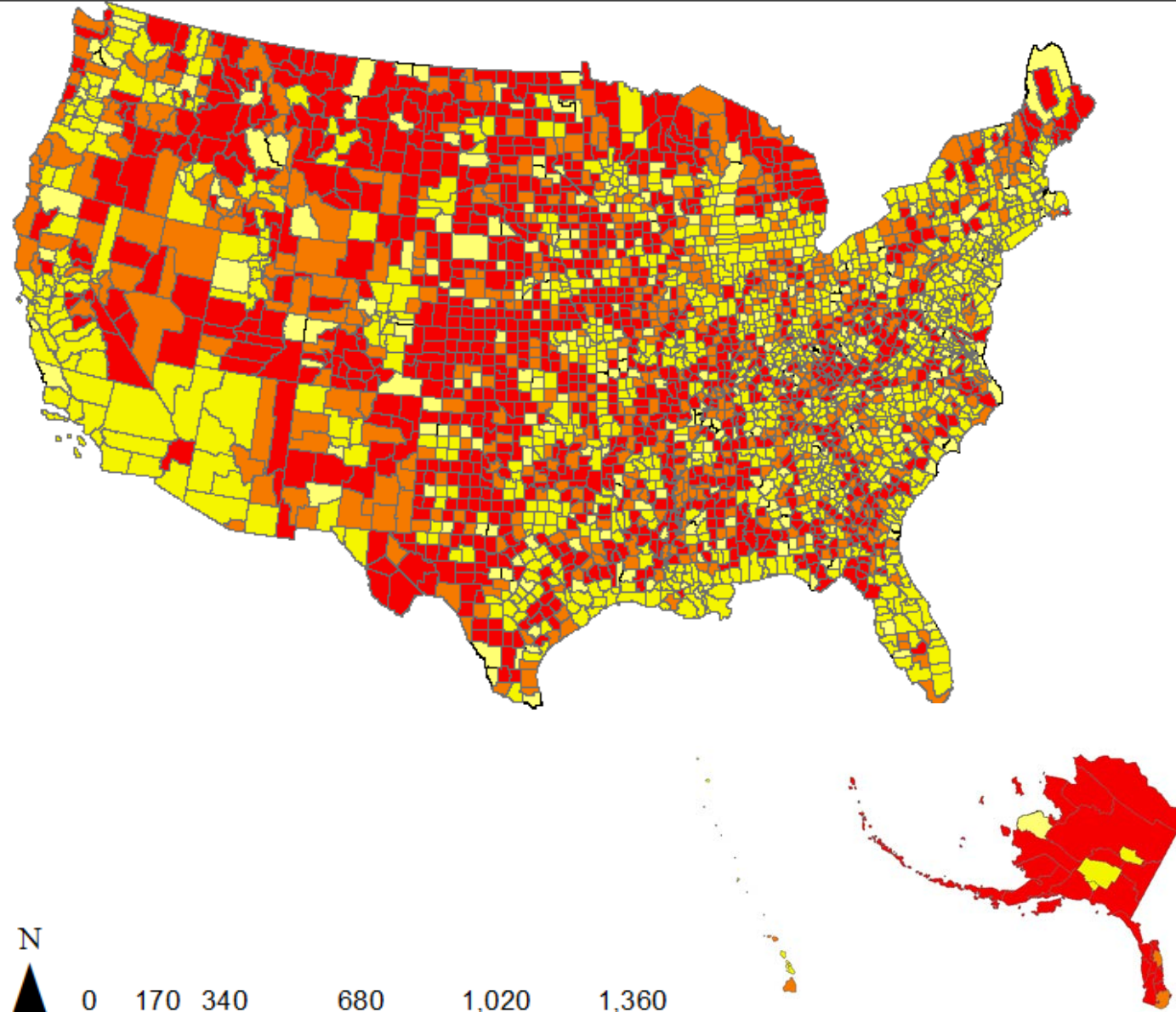
	Average Percentile Rank (SD)
Northeast	65.7 (15.1)
Midwest	54.0 (15.6)
South	46.1 (17.5)
West	50.6 (18.1)
ANOVA F statistic	38.06
ANOVA p-value	<.0001*

Overall, there were significant differences in food environment scores according to region.

Looking at individual differences between the regions, each region was significantly different from the others.

FOOD ENVIRONMENT INDEX BY **REGION** OF THE UNITED STATES, N=3142




RURILITY OF UNITED STATES COUNTIES, N=3142



Legend

RURILITY

Rurality

	Metro
	Micro
	Rural



0 170 340 680 1,020 1,360 Miles

	Average Percentile Rank (SD)
Metropolitan Counties	49.9 (9.8)
Micropolitan Counties	49.3 (10.6)
Rural Counties	52.8 (13.4)
ANOVA F statistic	27.16
ANOVA p-value	<.0001*

Overall, there were significant differences in food environment scores according to rurality.

Metropolitan and Micropolitan counties had similar food environment scores, but were significantly lower (worse) than rural counties.

FOOD ENVIRONMENT INDEX BY **RURILITY** OF
UNITED STATES COUNTIES, N=3142

CONCLUSIONS

Food environment score values were not randomly distributed across the U.S.

More low-low clusters compared to high-high clusters.

Clusters of high food environment scores were located along coastal regions of the Northeast and West.

Significant differences based on region and rurality.



LIMITATIONS

- No outcome measure
- Key food environment variables may not be included/available
- May need smaller scale studies to inform interventions

IMPLICATIONS



Results can inform future public health initiatives by demonstrating the geographic distribution of environments that promote obesity.



Similar methods can be used in future efforts to track obesogenic environments and illustrate their widespread impact on health.



Future research can examine the impact of policy on these food environments to understand reasons behind observed clustering.

REFERENCES

1. Wang Y, Lobstein T. Worldwide trends in childhood overweight and obesity. *Int J Pediatr Obes.* 2006;1(1):11-25.
2. Gordon-Larsen P, The NS, Adair LS. Longitudinal Trends in Obesity in the United States From Adolescence to the Third Decade of Life. *Obesity.* 2010;18(9):1801-1804.
3. Ogden CL, Carroll MD, Kit BK, Flegal KM. Prevalence of childhood and adult obesity in the United States, 2011-2012. *Journal of the American Medical Association.* 2014;311(8):806-814.
4. Cote AT, Harris KC, Panagiotopoulos C, Sandor GGS, Devlin AM. Childhood Obesity and Cardiovascular Dysfunction. *J Am Coll Cardiol.* 2013;62(15):1309-1319.
5. Mofid M. Obstructive sleep apnea: The sleeping giant of the childhood obesity epidemic. *JAAPA-J Am Acad Physician Assist.* 2014;27(10):27-31.
6. Prabhakaran P, Tandon N. Early life influences and type-2 diabetes - a review. *Curr Sci.* 2017;113(7):1311-1320.
7. Llewellyn A, Simmonds M, Owen CG, Woolacott N. Childhood obesity as a predictor of morbidity in adulthood: a systematic review and meta-analysis. *Obes Rev.* 2016;17(1):56-67.
8. Campbell MK. Biological, environmental, and social influences on childhood obesity. *Pediatr Res.* 2016;79(1):205-211.
9. Bowman SA, Gortmaker SL, Ebbeling CB, Pereira MA, Ludwig DS. Effects of fast-food consumption on energy intake and diet quality among children in a national household survey. *Pediatrics.* 2004;113(1):112-118.
10. Poti JM, Popkin BM. Trends in Energy Intake among US Children by Eating Location and Food Source, 1977-2006. *Journal of the American Dietetic Association.* 2011;111(8):1156-1164.
11. Qasim A, Turcotte M, de Souza RJ, et al. On the origin of obesity: identifying the biological, environmental and cultural drivers of genetic risk among human populations. *Obes Rev.* 2017.
12. Papas MA, Alberg AJ, Ewing R, Helzlsouer KJ, Gary TL, Klassen AC. The built environment and obesity. *Epidemiologic Reviews.* 2007;29:129-143.
13. Sallis JF, Glanz K. Physical Activity and Food Environments: Solutions to the Obesity Epidemic. *Milbank Q.* 2009;87(1):123-154.
14. Lake A, Townshend T. Obesogenic environments: exploring the built and food environments. *J R Soc Promot Health.* 2006;126(6):262-267.
15. Townshend T, Lake A. Obesogenic environments: current evidence of the built and food environments. *Perspect Public Health.* 2017;137(1):38-44.
16. Swinburn B, Egger G, Raza F. Dissecting Obesogenic Environments: The Development and Application of a Framework for Identifying and Prioritizing Environmental Interventions for Obesity. *Prev Med.* 1999;29(6):563-570.
17. Gauthier KI, Krajicek MJ. Obesogenic environment: A concept analysis and pediatric perspective. *J Spec Pediatr Nurs.* 2013;18(3):202-210.

REFERENCES

18. Frank LD, Saelens BE, Chapman J, et al. Objective Assessment of Obesogenic Environments in Youth: Geographic Information System Methods and Spatial Findings from the Neighborhood Impact on Kids Study. *Am J Prev Med.* 2012;42(5):e47-e55.
19. Dunton GF, Kaplan J, Wolch J, Jerrett M, Reynolds KD. Physical environmental correlates of childhood obesity: a systematic review. *Obesity Reviews.* 2009;10(4):393-402.
20. Saelens BE, Sallis JF, Frank LD, et al. Obesogenic Neighborhood Environments, Child and Parent Obesity: The Neighborhood Impact on Kids Study. *Am J Prev Med.* 2012;42(5):e57-e64.
21. Rahman T, Cushing RA, Jackson RJ. Contributions of Built Environment to Childhood Obesity. *Mt Sinai J Med.* 2011;78(1):49-57.
22. Ford PB, Dzewaltowski DA. Disparities in obesity prevalence due to variation in the retail food environment: three testable hypotheses. *Nutrition Reviews.* 2008;66(4):216-228.
23. Tamura, K., Puett, R., Hart, J., Starnes, H., Laden, F. and Troped, P. (2014). Spatial clustering of physical activity and obesity in relation to built environment factors among older women in three U.S. states. *BMC Public Health*, 14(1).
24. AlHasan, D. and Eberth, J. (2015). An ecological analysis of food outlet density and prevalence of type II diabetes in South Carolina counties. *BMC Public Health*, 16(1).
25. Hipp, J. and Chalise, N. (2015). Spatial Analysis and Correlates of County-Level Diabetes Prevalence, 2009–2010. *Preventing Chronic Disease*, 12.
26. Bambhroliya, A., Burau, K. and Sexton, K. (2012). Spatial Analysis of County-Level Breast Cancer Mortality in Texas. *Journal of Environmental and Public Health*, 2012, pp. 1-8.
27. Lin, H., Ning, B., Li, J., Ho, S., Huss, A., Vermeulen, R. and Tian, L. (2012). Lung Cancer Mortality Among Women in Xuan Wei, China. *Asia Pacific Journal of Public Health*, 27(2), pp. NP392-NP401.

ACKNOWLEDGEMENTS

Thank you to our funding source:
Federal Office of Rural Health Policy



This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U1CRH30539 Rural Health Research Grant Program Cooperative Agreement for \$573,000 with no nongovernmental sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government



**RURAL &
MINORITY**
Health Research Center

Contact Information:

Marilyn Wende

Email: mwende@email.sc.edu

Website: beachlab.sc.edu