# INVESTIGATING SOCIAL DETERMINANTS OF OBESITY IN URBAN VS RURAL POPULATIONS

#### **Executive Summary**

This case study explores how **social determinants of health**—such as income, education, and access to facilities—contribute to differing **obesity prevalence** between **urban and rural populations**. Using publicly available health survey data, the analysis employs descriptive statistics and regression modelling to demonstrate the role of environmental and socioeconomic conditions in shaping obesity risk. This structured approach helps students understand how to quantify health inequities and support public health planning with evidence.

## 1. Introduction

Obesity is a global public health issue associated with cardiovascular disease, diabetes, and reduced life expectancy. While commonly framed as a lifestyle issue, obesity is deeply linked to structural inequalities. This case focuses on a comparative assessment between urban and rural regions to highlight how environment, income, and education drive disparities.

## 2. Dataset Overview

- Source: National Health and Nutrition Examination Survey (NHANES)
- Sample Size: 5,000 individuals aged 18–65
- Variables Included:

Variable Name	Description
BMI	Body Mass Index (kg/m <sup>2</sup> )
Region	Urban or Rural
Income	Household income (USD)
Education	Years of completed education
Access_Facilities	Access to gym/parks (Yes/No)
Smoking_Status	Current/Former/Never
Physical_Activity	Days of ≥30 min physical activity/wk

#### 3. Descriptive Findings

#### **Obesity Prevalence by Region**

#### **Region Obesity Prevalence (%)**

Urban 28.4%

Rural 41.7%

#### **Key Observations**

- **Rural populations** had lower income, lower physical activity, and less access to recreational facilities.
- Urban residents had higher smoking rates and sedentary work but better health awareness.

#### 4. Logistic Regression Results

Model: logit(Obesity)

```
= \beta_0 + \beta_1 \cdot \text{Region} + \beta_2 \cdot \text{Income} + \beta_3 \cdot \text{Education} + \beta_4 \cdot \text{Access}_\text{Facilities}
```

Variable	Coefficient (β)	Odds Ratio	p-value
Intercept	-0.92		< 0.001
Region (Rural)	+0.65	1.91	< 0.001
Income (per \$10k)	-0.28	0.76	< 0.01
Education (per yr)	-0.17	0.84	< 0.01
Access_Facilities	-0.49	0.61	< 0.01

#### 5. Interpretation of Results

- Rural residents are 91% more likely to be obese, controlling for other factors.
- Income and education are protective factors; each \$10k increase in income lowers odds by 24%.

• Access to gyms/parks reduces obesity odds by 39%, confirming infrastructure as a key determinant.

## 6. Visual Aids

#### Figure 1: Obesity Prevalence Bar Chart by Region

(Simple grouped bars showing higher rural rates)

#### Figure 2: Odds Ratio Plot from Logistic Regression

(Forest plot-style visualization of regression coefficients)

#### Figure 3: Access to Facilities vs Obesity (Urban vs Rural)

(Clustered column chart)

## 7. Social Determinants Summary Table

Determinant	Effect on Obesity	Direction
Income	Negative	Protective
Education	Negative	Protective
Region (Rural)	Positive	Risk factor
Access_Facilities	Negative	Protective
Smoking_Status	Inconclusive	Neutral in this sample

## 8. Conclusion

This case demonstrates that **structural and environmental conditions**, not just individual behavior, explain disparities in obesity between urban and rural populations. It supports the need for multi-sectoral interventions including urban planning, education policy, and targeted health infrastructure development.

## 9. Learning Outcomes for Students

- Understand how to use health survey data in public health research
- Apply logistic regression in epidemiological contexts
- Interpret odds ratios and confidence intervals

• Communicate data-driven public health arguments

## 10. Suggested Student Exercises

- Modify the regression model to include Physical\_Activity as a variable
- Conduct a stratified analysis by gender or age group
- Write a 500-word policy brief based on the regression findings

#### 11. References

- WHO (2022). *Obesity and Inequity*
- Centers for Disease Control (CDC). NHANES Public Data
- Marmot, M. (2005). Social Determinants of Health
- UCLA Statistical Consulting: Logistic Regression Interpretation