Promoting Active Living in Rural Communities

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INTRODUCTION

Rural children and adults have significantly higher rates of obesity than their urban counterparts, even after accounting for differences such as socioeconomic factors, eating behaviors, and physical activity. Higher rates of overweight and obesity among rural residents, even after accounting for these demographic and behavioral factors, suggests that rural environments themselves may somehow promote obesity.

Based on recent national body mass index (BMI) data, the obesity rate for rural children ages 2–18 is 22 percent, compared to 17 percent for urban children. Among children, rural black children have the highest risk of all subgroups, with a higher obesity rate than both rural white children and urban black children. Among adults, 40 percent of rural adults are obese, compared to 33 percent of urban adults, with rural black adults having higher rates of obesity than urban black adults. Hispanic populations, especially those of Mexican heritage living in rural areas along the U.S.–Mexico border and in similar new-immigrant communities across the U.S., are also disproportionately burdened by high rates of obesity.
Studies on whether urban residents are less active than rural residents have yielded mixed results; differences across geographic regions and with various methods of measuring physical activity illustrate the complexity of understanding how and where rural residents are physically active.

Because rural residents make up 15 percent of the U.S. population, \(^{11}\) and face health challenges including high obesity rates, high levels of poverty, and limited access to healthcare providers and services, this population has been identified by some researchers as a “priority population” in the fight to reduce obesity and improve health overall. \(^{12, 13}\)

There is no single definition of rural, but rather a continuum that reflects the diverse geographies of rural communities, and several rural definitions have been created to address rural concerns and needs. \(^{14}\) Recent demographic shifts in rural communities, such as the increase of Hispanic and Latino populations and older adults, \(^{15, 16}\) and regional cultural differences are also reminders that not all rural communities are the same and that there is no “one-size-fits-all” approach to addressing rural obesity. \(^{12}\)

This brief summarizes current research on elements of the rural built environment that may be related to obesity or physical activity. Much of this research is qualitative in nature, including evidence and conclusions drawn from rural focus groups, PhotoVoice studies, policy statements, observations from the field, and lessons learned from rural active living interventions.

**THE EVIDENCE**

- It is not clear if rural-urban differences in obesity rates are due to differing physical activity levels. Some studies have indicated that rural children engage in less physical activity than urban children, \(^{17, 18}\) some have reported inconsistent evidence, \(^{19}\) and some show no overall rural-urban differences in frequency of physical activity. \(^{5, 6, 20}\) Rural adults were less active than urban adults when activity levels were objectively measured, but when subjective, self-reported activity levels were used, rural adults were more active than urban adults, especially in household- and transportation-related physical activity. \(^{21}\) In Southern regions of the U.S., rural adults were less active than urban adults, however the opposite has been reported in the Western U.S. \(^{22}\)

- Important barriers to physical activity in rural communities may include isolation, lack of transportation options, lack of access to places with physical activity opportunities, climate and terrain, cost and safety fears such as high traffic speeds, the threat of loose dogs and wild animals, crime concerns, and lack of sidewalks and lighting. \(^{12, 23-34}\)

- Since active transportation (walking and biking to destinations) is often difficult to achieve in dispersed rural and remote areas where residents live far from schools, worksites and other common destinations, there is a need for environments that support active recreation, even if residents must drive to get to them. Safe playgrounds, parks, bike paths, trails and other recreational facilities can offer rural residents opportunities to be physically active. Efforts should be made to ensure these amenities are accessible, well-marked, adequately maintained, clear of snow, and that they provide adequate shade. \(^{12, 35-37}\)

  - In a cross-sectional study of rural youth in two rural Georgia counties, the odds of youth participating in physical activity increased by 20 percent when youth had access to one physical activity area (i.e. a park, recreation center, school grounds or a yard). Youth reporting access to multiple physical activity areas were twice as likely to be physically active than youth with no access to physical activity areas. \(^{27}\)

- Because of rural communities’ more dispersed population, improvements to the built environment may affect relatively few people. Successful models for active living in these dispersed rural communities should prioritize community and school programs and policies that promote physical activity. \(^{12, 26, 36, 38}\)

- For larger rural communities that have a traditional downtown center and/or densely populated neighborhoods, urban-based solutions for increasing active living may be applicable. In these cases, rural Smart Growth and Complete Streets strategies can be used to support safe travel by foot, bicycle or vehicle. These strategies can be used to improve existing places, or create new places that attract residents, businesses, and visitors. Improvements such as street paving and lining, wider street shoulders, sidewalk upgrades, crosswalks, lighting, pedestrian signs, and bicycle features can help calm traffic and improve safety and accessibility for pedestrians, cyclists and vehicles. \(^{39, 40}\)

- Some rural and remote communities may not have a sufficient tax base to support new or existing parks, recreational facilities, and designated open space. \(^{17}\) Unincorporated rural communities may also lack a central organizing body to govern the care and maintenance of public spaces. \(^{38}\) However, these communities may be able to share facilities and staff with neighboring communities in a regionalized approach; create activity centers in existing buildings, such as hospitals, senior centers, and businesses; enter into shared-use agreements with schools, community non-profits, and faith organizations; and link nearby communities with trails between rural routes and downtown areas. \(^{39-42}\)
Because of limited resources, few physical activity facilities, and long travel distances in many rural areas, schools may be one of the only locations outside of the home for many rural children to be regularly active. Creative, affordable, before- and after-school, weekend and summer physical activity programming on school grounds can provide important opportunities for children, families, and community members to be physically active. Interventions targeting physical activity areas in schools, such as increasing playground space and improving equipment, are important given the large amount of time children spend in the school setting. Shared-use agreements between schools and communities can offer opportunities for physical activity without the need to build new infrastructure. Safe Routes to School programs adapted for rural areas (for example, with centralized drop-off locations within walking distance of schools, for adult-supervised walking school buses) can give rural children who live far away a chance to join those who live close enough to walk or bike to school.

Transportation options for children, especially school buses, vans and ride-shares scheduled for participants in after-school activities, can potentially expand opportunities for rural children living in remote areas to take advantage of after-school physical activity programming.

For adults and families, existing community centers and resources such as churches and worksites can help encourage both planned and spontaneous physical activity.

- Data from a cross-sectional survey of adults in rural Georgia revealed that those reporting high levels of physical activity also tended to report significantly more activity programs and facilities at their church than those with low levels of physical activity. Support from others and companionship for physical activity, when occurring in a participant’s church community, were associated with more walking and total physical activity. Social support for physical activity at work was modestly associated with physical activity.

Interventions designed to provide social support and a safe, walkable environment may help increase physical activity in rural communities.

- In a study of rural mothers in New Hampshire and Vermont, the most commonly cited intrinsic barriers to engaging in physical activity were lack of time (83% reported it prevented physical activity), lack of self-discipline (74%), and lack of energy (70%). Researchers found that these three factors were also significantly related to rural mothers’ self-reported physical activity levels. Interventions supporting environments that promote walking and biking for transportation in rural communities (which often lack active-transport infrastructure) may help rural mothers overcome some of these barriers, by making physical activity a “default option” for residents.

- In a sample of rural older adults in North Carolina, those who approached recommended levels of physical activity were significantly more likely to report that they felt safe in activity environments, had someone to be physically active with, lived within walking distance of a park, and had an activity area, such as a community park, close to home.

When identifying barriers to and opportunities for active living in rural communities, it is important to bring many different voices to the table. For strong public participation and buy-in, collaboration and input are needed from community members and leaders, partners, and stakeholders. This collaboration might include mayors, town planners, public works departments, recreation department staff, school officials, church leaders, business owners, healthcare and public health professionals and advocates, architects, parents, senior citizens, and youth. These broad-based partnerships can help address rural-specific barriers to activity such as cultural differences, smaller population size, limited human capital, and the challenge of connecting social and economic policies to health outcomes.

CONCLUSIONS AND POLICY IMPLICATIONS

A major difference between urban and rural environments is that regular active transportation may be an unrealistic option for some rural residents. This increases the importance of active recreation opportunities in rural communities, and the need for investment in recreation amenities and transport options to help residents get to those amenities.

Enhancing features of the rural environment, such as playgrounds, parks and recreational facilities, and diminishing barriers, including isolation, climate, safety fears, cost, lack of transportation, and lack of access to physical activity areas, are both key in addressing active living and obesity in rural communities.

Building infrastructure (e.g., wider paved shoulders along rural roads, and pedestrian crossings) and implementing Complete Streets policies that accommodate the needs of pedestrians and bicyclists can help reduce barriers to being physically active. An isolated rural road may be a “Complete Street” if it has safe, wide shoulders or foot-paths for walking and biking, while a rural community with denser downtown or residential areas might benefit from more extensive pedestrian and bicycle features, such as sidewalks, bicycle lanes, and other safety features designed for multiple kinds of transportation.
Especially where resources and budgets are limited, rural communities might consider starting with smaller changes (e.g., repainting existing crosswalks, adding pedestrian signs, updating and promoting Safe Routes to School and shared-use policies, reviewing town-wide snow-removal policies) to build momentum toward larger changes (e.g., widening street shoulders, adding or improving sidewalks, adding physical activity facilities to an existing park or building a new park, budgeting for late school buses). Communities can start by identifying and improving infrastructure and policies that already exist in schools, churches, worksites, and other community resources.

Isolation, lengthy travel distances, and lack of transportation opportunities may be the largest barriers to being physically active in many rural areas, especially for those who live too far away to walk to school or work, for children who rely on adults for transportation and for others without access to a car. Expanding transportation options (e.g. late school buses, vans and ride-shares) can help get rural children and adults to physical activity facilities and programs.

Creative, local solutions tailored to specific community culture, geography, climate and needs are necessary when addressing rural active living. Bringing rural community members and stakeholders together can help initiate conversations and positive changes in communities.

It is important to consider the needs of rural subpopulations, including minorities, seniors, individuals with disabilities, children and others when designing environmental, programmatic, and policy changes related to active living.

Future rural active living research and interventions should include quantitative measurement and analyses to build a strong, empirical evidence base for future environmental, programmatic, and policy changes for improving rural active living opportunities.

Rural-specific measures have been developed and tested for assessing active living supports, barriers, and perceptions. Perceptions of physical activity opportunities are influenced by social-ecological, cognitive, and cultural perspectives and can be measured to understand people’s likelihood of using places for physical activity. Using tools that measure active living resources and perceptions can help build the rural active living evidence base.

The Rural Active Living Assessment (RALA) Tools measure the physical, policy, and programmatic active living environments, while providing opportunities for communities to mobilize and discuss priorities, resources, first steps, and long-term goals (To access the RALA Tools, see: http://activelivingresearch.org/rural-active-living-assessment-rafa-tools).

The Rural Active Living Perceived Environmental Support Scale (RALPESS) helps measure perceptions of active living opportunities in rural communities (To access the RALPESS, see: http://activelivingresearch.org/rural-active-living-perceived-environment-support-scale-rafess).

The Rural Pedestrian Environmental Audit Instrument measures rural-specific neighborhood domain and walkability scores, as well as self-reported data about perceptions of the neighborhood and physical activity behavior.

The Pedestrian Environmental Data Scan (PEDS), a previously tested instrument for conducting audits of the built environment for physical activity supports, has been modified with a reduced number of items more appropriate for rural settings (To access PEDS, see: http://activelivingresearch.org/pedestrian-environment-data-scan-peds-tool).

The PIN3 Neighborhood Audit Instrument was designed to examine roads and thoroughfares and walkability scores in both urban and rural communities. It is important to consider the needs of rural subpopulations, including minorities, seniors, individuals with disabilities, children and others when designing environmental, programmatic, and policy changes related to active living.

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