



Healthy Communities—Healthy People

a series examining health care issues in rural America



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Julia Hudson
Center for Rural Affairs

The Center for Rural Affairs has written extensively over the last year on health and health care in rural areas. One of the main findings is the disturbing trend of greater physical inactivity, poorer eating habits, and higher rates of obesity in rural America.³ The poorer health outcomes associated with these conditions can have a devastating impact on individuals and families, but entire communities are also affected.⁴ In fact, findings suggest that the health of individuals and their communities are more intertwined than it may seem.¹⁰ So while large numbers of unhealthy individuals and families lead to struggling communities, it is also true that unhealthy communities encourage the negative health behaviors that are growing more common in rural areas.

Making a Healthy Environment

Acknowledging that individuals do not make their decisions in a vacuum means that it is not enough to rely on education alone to change one's behavior.¹⁷ Environmental and policy approaches are an essential support for individual initiatives to adopt healthier lifestyles.^{5,9} Therefore, public policymakers must realize that access to nearby medical providers and affordable, quality health insurance coverage are not the *only* critical issues impacting the health of rural people. In fact, 60 percent of premature deaths in the U.S. are caused by factors unrelated to medical care—environmental conditions, social circumstances, and behavioral choices.¹⁶ Thus, while access to a quality health care delivery system is certainly important, rural Americans also need communities that are conducive to the vibrant lifestyles that will keep people hale and hearty. Public policies designed to assist communities build environments that encourage preventative lifestyles, like eating right and exercising, have the potential to significantly improve the health and quality of life of rural people. Communities that provide healthy places for people to live and work will realize the social and economic benefits of a healthier, happier, and more productive population.

Policymakers can help ensure that communities positively impact the health of their residents through incentives or removal of barriers, which simply making it easier and more appealing for people to adopt the choices that they likely know they should. For lasting change, such initiatives will need to be applied at the many facets of the critical rural infrastructure. This paper will present practical policy examples involving grocery stores, local governments, schools, churches, and libraries that could help build the rural environments that nudge individuals into longer, healthier lives.

Finding the Funding

Previous federal policies aimed at improving Americans' health have had mixed results. A recent example is the federally mandated Local Wellness Policy, which requires that school districts participating in the National School Lunch Program create a plan to address the childhood obesity epidemic by increasing opportunities for healthy eating and physical activity. Despite good intentions, the impact of the Local Wellness Policy in rural, low-income communities has been found to be minimal.² Schools without a local "champion" to ensure its influence on school decisions and processes did little or nothing to incorporate physical activity and healthy eating initiatives. The problem is not that schools are unaware of the policy or unconcerned with children's health, but that many schools in struggling communities are already facing declining enrollment and government funding. As a result, time and resources are already strained. The federal mandate came without financial assistance or accountability requirements and left many schools unwilling to stretch their already lean budgets for any additional programs.

Examples like the Local Wellness Policy remind policymakers that even the best of ideas are likely to be ignored in communities which cannot afford to implement them. Federal transportation funding has stepped up to provide grants for many projects that create, improve, and maintain the walkability and bikeability of communities across the nation. Unfortunately, federal funding has failed to target communities most in need of healthier

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environments.⁶ Instead, counties characterized by persistent poverty or low educational status—in which a large part of rural America falls—have been found to be less likely to receive federal transportation funding for local pedestrian and bicycle infrastructure. Because such communities often lack the resources for full-time staff to seek out federal grants, they are often unaware that funding opportunities exist.

The outcomes of these policy efforts suggest ways in which the government can do a better job designing future public health policies. First, federal funding is central to building healthy places to live and work. Communities which are least able to improve the environment they provide to their residents are often the very places that need to do so the most. But it is unreasonable to expect the communities most in need to be able to dedicate the time and resources to finding funding on their own. It is equally important, then, for federal funding opportunities to actively engage underserved, rural communities with public health concerns by going to them with information, financial assistance, and a commitment to help. There has also been an evidenced necessity for identifying local “champions” who will support and promote community health projects. More effective public health policies aimed at encouraging healthy lifestyles must be fully funded, actively targeted towards communities in need, and implemented by local leaders who have an interest in supporting the health of their neighbors by promoting the health of their community.

Keep It Fresh

A popular tool used by policymakers to change behavior is the tax code. Tax credits, or tax expenditures, are one form of federal funding that can be used to promote healthy environments. For example, tax incentives could be established to address one of the problems facing many rural communities—the loss of their grocery store or the lack of a full-service grocery store. While many grocers, especially smaller ones, are already dealing with tax code confusion, a well-planned credit would be lucrative enough to be worth the extra time and effort.

The presence of a local grocery store can positively impact the health of the community by providing easy access to fresh fruits and vegetables. Increasing the availability of fresh fruits and vegetables is a starting point to supporting the healthy eating that contributes to weight control and disease prevention.¹⁰ The second step is to make fresh fruits and vegetables affordable so that individuals can purchase these foods for themselves and their family. Having fresh fruits and vegetables in the home has been found to be a strong, positive influence on the fruit and vegetable intake of adolescents.¹² Children who live in communities where fruits and vegetables are more expensive have been found to gain significantly more weight than children who live where fruits and vegetables are cheaper.¹⁹ Fruits and vegetables must be both available *and* affordable in order to allow all people the chance to eat healthy.

A federal tax credit for grocery stores based on the percentage of total sales in fresh fruits and vegetables could increase the quantities of fruits and vegetables consumed by coaxing grocer behavior in two ways. First, such a tax credit makes supplying fresh fruits and vegetables more economical. It could be thought of as a subsidy offsetting the costs incurred for storing and refrigerating fresh foods. For full service grocery stores, this means that more money is left over to cover bills or reinvest in the business. The tax credit may also make convenience stores more likely to stock fruits and vegetables. In these ways, tax policy may support healthy eating by increasing the availability of nutritious foods.

A tax credit for fruit and vegetable sales can help make nutritious foods more affordable by giving grocers an incentive to promote the purchase of fresh fruits and vegetables among their customers. If grocers are realizing reduced costs, they may pass on some of that savings to the customer in the form of reduced prices. Price reductions can be an effective way to get more people purchasing fresh produce.¹² The greater the proportion of total sales in fresh fruits and vegetables, the greater the grocers' due tax credit. Understanding the economic benefits of fresh fruit and vegetable sales may also spur grocers' creativity; they may choose to rearrange the layout of the store to encourage purchasing fresh foods instead of snacks and candy and/or post signs or reminders to their customers to eat healthy. Actions that make fresh fruits and vegetables more desirable to the individual are also contributing to the health of the community as a whole.

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Community Health Committees

Other federal funding efforts may have a more pronounced impact on community health by funneling dollars directly into community organizations. Given the high social costs (largely from lost economic productivity) of obesity and related health conditions, the government has good reason to redirect significant funding streams towards investing in prevention.¹⁶ But because traditional grant opportunities are easily missed by many rural communities, the federal government should establish regional “circuit riders” who act as liaisons between federal funding and underserved local communities. Circuit riders from a federal agency which already has an established presence in rural communities, such as the USDA, could be particularly effective. Circuit riders would be responsible for identifying communities within their region which do not provide residents with sufficient opportunities for an active, healthy lifestyle and, especially, communities which also have a population with above-average risk factors for obesity. These risk factors include but are not limited to working multiple jobs or varied shifts, genetic predisposition, and smoking.¹⁵

Once the communities have been identified, circuit riders would work with each local community to establish and sustain local or regional “community health committees.” As the community health committees have a primary role in designing and implementing community health initiatives, they should be composed of passionate leaders who serve diverse roles in their communities. For instance, these committees should include teachers or school administrators, business owners, government officials, and religious leaders. Including a broad community base from the outset will help to ensure participation, communication, and cooperation from the community as a whole. Community health committees, with assistance and funding via their trained federal circuit rider, have the responsibility of taking a variety of steps, appropriate to their particular community, to nudge their friends and neighbors into healthier habits.

Active Transportation

The community environment can have a real impact on whether or not its residents enjoy an active life. One approach to increasing physical activity is to encourage people to walk or bike as a part of daily travel.⁶ Travel related walking and bicycling is associated with reduced weight gain and cardiovascular and mortality risks. By incorporating exercise into daily life, active living allows even busy people to meet their recommendation for weekly physical activity.⁷ For adults, the Center for Disease Control recommends that approximately 20 minutes to 30 minutes per day, five days a week be spent in motion.¹⁴ Biking or walking to work, school, or shops can help individuals satisfy this requirement because it does not matter how short trips are, every minute of activity counts.

Research has found that multiple features of the community environment influence whether people choose to walk or bike as a means of transportation. The condition of sidewalks and traffic patterns can play a role in this decision.⁶ People who live in communities that provide a safe infrastructure for walking and biking tend to be more physically active by about 70 minutes more per week than people who live in communities which do not.¹¹ The presence of desirable and useful destinations like stores and services has also been found to encourage active living. Addressing these features of the community will require significant investment and planning—resources that may be lacking in many rural communities.

With funding, community health committees can engage their local government to ensure that the community infrastructure is conducive to active living. One key strategy for creating walker and bike-friendly communities is the development of mixed-use neighborhoods that integrate housing, shops, workplaces, schools, parks, and civic facilities.¹¹ While many rural communities already have mixed land use, zoning regulations should be established to ensure that stores or schools do not relocate in the future to areas that prohibit easy access through walking or biking. Schools that relocate to areas where it is not safe for children to walk or bicycle eliminate a primary opportunity for physical activity.¹³ Therefore, the ease at which residents may use active transportation to reach public destinations should be taken into consideration in building decisions.

Ava, Missouri, (pop. 3,021) decided to promote physical activity by establishing a town ordinance

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that provides specifications on sidewalk construction and design to create a network of sidewalks and bicycle paths that connect people to specific destinations in town. The policy is intended to provide walkers and bikers with safe and convenient access to schools, recreational and retail areas, and work places. Guidelines specify the number, width, and other requirements of sidewalks based on the zoning designation of the street to which the sidewalk is paired. Ava serves as an example of how rural communities can plan for a healthier future by ensuring walkers and bikers safe travels. For more examples of local policies regarding physical activity, see the Strategic Alliance website at <http://www.preventioninstitute.org/sa/policies/index.php>.

Community health committees can also partner with local governments to create local or regional walking and biking paths or trails.¹¹ Older rural adults have been found to engage in more physical activity when they have access to local walking trails.⁵ And because nearby rural communities often rely on one another to supply various goods and services, regional paths or trails (where feasible) increase the bikeability of communities by providing safe routes for commuting, shopping, and visiting neighboring towns. Regional trails also provide an opportunity to show off features of the natural environment, like rivers, lakes, and forests.

Changing the look of your community does not have to mean losing the place you love to live. The University of Minnesota Center for Rural Design works to preserve, improve, and protect rural landscapes, cultures, and communities through innovative design strategies. Believing that development has greater potential when land assets are looked at regionally, the Center for Rural Design worked with Livonia Township to collect and analyze the values citizens associate with their community's environmental and cultural resources. With an understanding of the community vision, Livonia is able to work with neighboring townships and cities to manage development while maintaining its unique character and value system. To read more about the Center for Rural Design, visit their website at <http://ruraldesign.cfans.umn.edu/default.htm>.

Mixed-use Facilities

Despite outdoor opportunities to be physically active, concerns about weather may keep people on the couch. The general lack of indoor exercise facilities in rural areas makes it more difficult to make exercise a part of daily life. Indeed, studies have suggested that rural persons who are physically active are more likely to have access to indoor exercise facilities, which can be used all year round.^{1,5} To provide reliable access to physical activity facilities, community health committees can work with schools to establish joint use agreements that allow use of public schools and facilities for recreation by the public.¹³ Here, the role of the community health committee is central, because schools often do not have the extra resources to manage potential concerns regarding liability, cleanliness, maintenance, and security. The community health committee could finance and recruit members of the community to address the additional costs and responsibilities that result from the community's use of school facilities. In return, community members can enjoy the benefits of physical activity even in the worst of weather.

The city of San Carlos, California, has taken action to promote the health of their residents by providing more places to be physically active. San Carlos and the San Carlos Elementary School District made an agreement to open school facilities to city residents outside of school hours and to make city facilities available to schools for recreation programs. This agreement makes good use of the community's resources to give both adults residents and children plenty of opportunity for physical activity and a healthier life.

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Walk and Worship

Though rural environments may create some barriers to healthy living, one feature of rural communities has great potential to encourage physical activity and healthy eating—strong social ties. Older rural adults report that having someone to exercise with helps them to stay physically active.¹⁸ Community health committees can work through existing social ties to organize group exercise and healthy eating activities.

Perhaps the most important social institution in rural communities is the church. Some religious communities have already had success promoting healthy lifestyles by organizing community gardens and encouraging nutritious foods at church meals.⁸ Faith communities also have potential to encourage one another to get out and be active, especially by incorporating physical activities into normal group functions. For example, families could be encouraged to walk or bike to church. By promoting fitness among friends, exercise becomes more a fun event than a dull burden.

The rural communities of Isanti County, Minnesota, needed to help their residents be more physically active and healthy. During a project to encourage active living, the Isanti County Active Living partnership of Minnesota organized physical activity options around the faith community. They created a senior walking program that combines physical activity, healthy eating, and meditation. As a result, older adults have been walking more. The partnership also provided “Walk the Town” maps to help residents find safe routes around the area. By working through faith communities, the partnership was able to engage residents of all ages.

Group Reads

Another place where friends gather is the local library. Rural libraries are often the information powerhouse of rural communities. Community health committees could take advantage of the role of libraries by organizing a community read program that focuses on books like *Fast Food Nation* by Eric Schlosser, that draw attention to the realities of what people eat. A community read program not only gets people reading about important health issues, but also gets people talking about how these issues affect their lives. In addition, community health committees could provide their libraries with healthy cookbooks, other materials on wellness, and even exercise DVDs. By integrating workshops, lectures, potlucks, and resources, libraries could provide residents with a place for learning and social activities that emphasize a health focus.

Conclusion

Rural people know that disease and disability are likely to be the end result of a lifestyle of poor eating and insufficient exercise, leading to obesity. However, it is unreasonable to expect that people will change their behavior while immersed in an environment that begs them to stay the same. Individual initiatives to adopt a healthier lifestyle benefit from a community infrastructure that supports healthy decisions like eating right and exercising. Thus, reversing the trend towards obesity in rural areas requires federally funded but locally implemented initiatives focused at the community level—through our grocery stores, local governments, schools, churches, and libraries.

Public policies that allow communities to provide their residents with a safe, useful infrastructure for active living and healthy eating nudge people into lifestyle changes that put them back on the track to longevity and wellbeing.

Recently, major federal health care reform legislation has been proposed that recognizes the role of the community environment in determining residents’ health outcomes. This legislation proposes to close health disparities by investing large sums in community level interventions intending to improve the local health infrastructure or create prevention and wellness programs. While the real test of this legislation, if adopted, is how well the funding opportunities target communities most in need of healthier environments, it is already successful in promoting

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reform that addresses *health*, not just *health care*. Building long term, sustainable health means changing a healthy lifestyle from a luxury to a right that every American has the chance to enjoy.

REFERENCES

- ¹Aronson, R. E. & Oman, R. F. (2004). Views on Exercise and Physical Activity Among Rural-Dwelling Senior Citizens. *Journal of Rural Health*, 20, 76-79.
- ²Belansky, E.S. *et al.* (2009). Early Impact of the Federally Mandated Local Wellness Policy on Physical Activity in Rural, Low-Income Elementary Schools in Colorado. *Journal of Public Health Policy*, 30, 141-160.
- ³Blankenau, Joe. Nutrition, Physical Activity, and Obesity in Rural America. *Center for Rural Affairs*. Retrieved June 2009 from www.cfra.org.
- ⁴Blankenau, Joe. Causes and Consequences of the Rural Uninsured and Underinsured. *Center for Rural Affairs*. Retrieved June 2009 from www.cfra.org.
- ⁵Brownson, R.C. *et al.* (2000). Promoting Physical Activity in Rural Communities: Walking Trail Access, Use, and Effects. *American Journal of Preventive Medicine*, 18, 235-241.
- ⁶Cradock, A.L. *et al.* (2009). Factors Associated with Federal Transportation Funding for Local pedestrian and Bicycle Programming and Facilities. *Journal of Public Health Policy*, 30, 38-72.
- ⁷Dill, Jennifer. (2009). Bicycling for Transportation and Health: The Role of Infrastructure. *Journal of Public Health Policy*, 30, 95-110.
- ⁸Rosmann, David & Schoonover, Heather. (2009). Faith and Food: Action Strategies for Healthy Eating. *Institute for Agriculture and Trade Policy*. Retrieved June 2009 from www.iatp.org.
- ⁹Flores, L.M., Davis, Rachel, & Culross, Patti. (2007). Community Health: A Critical Approach to Addressing Chronic Disease. *Preventing Chronic Disease: Public Health Research, Practice, and Policy*, 4, 1-6.
- ¹⁰Hosler, A.S. (2009). Retail Food Availability, Obesity, and Cigarette Smoking in Rural Communities. *Journal of Rural Health*, 25, 203-210.
- ¹¹Lee, Virginia, *et al.* (2008). Strategies for Enhancing the built Environment to Support Healthy Eating and Active Living. *Prevention Institute*. Retrieved June 2009 from www.preventioninstitute.org.
- ¹²Mikkelsen, Leslie & Chehimi, Sana. (2007). The Links Between the Neighborhood Food Environment and Childhood Nutrition. *Prevention Institute*. Retrieved June 2009 from www.preventioninstitute.org.
- ¹³Pekruhn, Colin. (2009). Preventing Childhood Obesity: A School Health Policy Guide. *National Association of State Boards of Education*. Retrieved June 2009 from www.rwjf.org.
- ¹⁴Physical Activity for Everyone: How Much Physical Activity Do Adults Need? Website of the Center for Disease Control and Prevention. Accessed 20 May 2009 from www.cdc.gov.
- ¹⁵Polisdorfer, Ricker. Risk Factors for Obesity. Website of Aurora Health Care. Accessed on 20 May 2009 at www.aurorahealthcare.org.
- ¹⁶Restructuring Government to Address Social Determinants of Health. *Prevention Institute*. Retrieved June 2009 from www.preventioninstitute.org.

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¹⁷Schilling, J.M., Giles-Corti, Billie, & Sallis, J.F. (2009). Connecting Active Living Research and Public Policy: Transdisciplinary Research and Policy Interventions to Increase Physical Activity. *Journal of Public Health Policy*, 30, 1-15.

¹⁸Shores, K.A. *et al.* (2009). Extra-Individual Correlates of Physical Activity Attainment in Rural Older Adults. *Journal of Rural Health*, 25, 211-218.

¹⁹Sturm, Roland & Datar, Ashlesha. (2005). Body Mass Index in Elementary School Children, Metropolitan Area Food Prices and Food Outlet Density. *Public Health*, 119, 1059-1068.

ABOUT THE AUTHOR

Julia Hudson is a Spring/Summer 2009 intern with the Center for Rural Affairs. She is a 2008 graduate of Creighton University, holding degrees in sociology and economics. In Fall 2009, Julia will start a dual degree program at Indiana University Purdue University Indianapolis where she will study Law and Public Health. Her interests are in public health policy and preventative health behaviors.

ABOUT THE CENTER FOR RURAL AFFAIRS

Established in 1973, the Center for Rural Affairs is a private, nonprofit organization with a mission to establish strong rural communities, social and economic justice, environmental stewardship, and genuine opportunity for all while engaging people in decisions that affect the quality of their lives and the future of their communities.

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