Establishing Healthy Lifestyles in Rural Settings

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“Food System”

...encompasses all the activities, constraints, strengths, and influential players that contribute importantly to the food life of a home, family, or other social group.
“We cannot...

- Assess problems
- Develop policies
- Ensure the delivery of services in rural areas without recognizing that the...

- Public resources
- Social capital
- Social networks

in those areas are FUNDAMENTALLY DIFFERENT from those in other areas.”

Phillips & McLeroy. AJ PH, 2004
Lifestyle Practices

- Diet
- Smoking
- Stress
- Sleep
- Risk taking
- Physical activity
Nutrition-Related Chronic Disease

- Heart disease and obesity
- Eye diseases
- Kidney stones
- Osteoporosis
- Diabetes
- Cancer - some types
- Autoimmune diseases
- Brain diseases
- Alzheimer’s disease
- Atherosclerosis
- Asthma
- Metabolic syndrome
- Depression

And on and on...
“Modifiable Risk Factors”

- Health Promotion
- Chronic Disease Management
People Eat Food, Not Nutrients
Obesity in America
CDC Winnable Battles

- Nutrition
- Physical Activity
- Obesity
Rapid Increase in Adult Obesity

1990

1999

2009

Legend:
- No Data
- <10%
- 10%–14%
- 15%–19%
- 20%–24%
- 25%–29%
- ≥30%
Obesity by County
County-level Estimates of Leisure-time Physical Inactivity among Adults aged ≥ 20 years: United States 2009
Obesity’s Rural Impact

- Higher rates of chronic disease
- Poorer access to healthcare services
- Fewer resources to support lifestyle change
Nutrition and PA in Rural America

- Nutrition
  - Higher % fat
  - More calories

- Poor access to healthful food
- More food insecurity
- Fewer nutrition services
Nutrition and PA in Rural America

- **Nutrition: food values**
  - Strong food traditions
  - Food as part of one’s identity
  - Wasteful to change things that work
  - How people get together
- **Productivity = big, strong, healthy**
  - Weight loss dieting
Nutrition and PA in Rural America

- Nutrition: Strengths
  - Normal to cook
  - Normal to eat meals
  - Normal to eat at home
  - Lower need for novelty
Nutrition and PA in Rural America

- Physical Activity
  - NHANES measures PA as Leisure Time PA (LTPA)
  - Assume we are all entirely and equally sedentary at work

- No difference in overall PA rural v. urban
- Significantly less LTPA in rural when teased out
  - Work PA decrease faster than LTPA increase

- Low LTPA assoc. w/ obesity in urban, not rural
  - Messaging not clear in rural
Nutrition and PA in Rural America

- Physical Activity
  - Types of PA in Rural
    - Work-based or productive
    - Sports & Athletics
      - Basketball, football, softball
      - Not lifelong participation
      - Not weight restricted
  - Types of PA in Urban
    - Fitness oriented for non-athletes
    - Athletics for wider range of adults
    - Not part of work
Nutrition and PA in Rural America

- Physical Activity
  - When one does physical work, leisure is for rest
  - Develop a culture of restful leisure

- What do you make of a person who exerts him/herself at leisure?
Box Elder, MT
Obesity Interventions for Rural

- **Justifications**
  - Health disparities population
  - Current solutions do not work

- **Goal**
  - Eat more appropriately to lifestyle
  - Increase overall PA
What is a “rural solution?”

- Flexible, create your own
- Builds up the whole community
- Community connections as part of theory of action
- Uses available resources
  (e.g., L. White mental health in rural)
Urban solutions that do not work

- Too many rules
- Group support meetings
- Group classes
- Competition-based motivators within the community
- Typical advice
  - “Vary your PA and food choices”
- Wholesale changing food traditions (“diets”)
Example: Weight Watchers

- In 37 rural zip codes:
  - 28 miles to closest meeting
  - 24% zip codes had no meetings at all
Health Promotion Models for Weight loss/management

- Primary care from MD, RD
- Community-based commercial program
- MD-based commercial program (Medi-Fast)
- Surgery
- Prescription (orlistat)
- Self help
- Weight loss center based
- Health department or Cooperative Extension
- Workplace wellness programs
- Private coaching
- Church based programming
- Internet peer groups
- Chronic disease focused programs (DPP)
Why are the diet and exercise models so urban?

- 80% population is in urban
  - Rural “cultural competence” has not caught on

- Nutrition agencies and businesses are urban
  - USDA, CNPP, FDA, HHS, AND, ACSM, NutriSystems, Wt. Watchers, etc.

- Rural guidance, programming, supports translate to urban
MENU-AIDDs

- Self-contained materials
- Regional, one-day training
- Flexible food targets
- Community connections for solutions
- Build staff capacity and resident participation
MENU-AIDDs is a rural solution

- Flexible, create your own
- Builds up the whole community
- Community connections as part of theory of action
- Uses available resources
MENU-AIDDs in the City

- Supports to add new foods, new recipes
- Assess new products for health and fit
- Reliable info on fad diets and miracles
- Diet evaluations for newly introduced foods
- Policy recommendations
- Held training two half-days