

Out of reach? Rural elders have highest rates of obesity, diabetes, heart disease

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Despite living in the countryside, where open space is plentiful and there is often significant agricultural production, California's more than half a million rural elders are far more likely to be overweight or obese, physically inactive and food insecure than their suburban counterparts, according to a new policy brief from the UCLA Center for Health Policy Research.

All three conditions are risk factors for [heart disease](#), [diabetes](#) and repeated falls — conditions also more prevalent among rural elders.

Approximately 710,000 Californians aged 65 and over live in the countryside — almost one-fifth of all older adults in the state. Yet rural elders experience unique challenges to healthy living, including a lack of sidewalks, street lights, transportation services, access to healthy food outlets, parks, exercise facilities and health care sites. California's rural areas are also challenged by a dearth of physicians and other primary care providers, compelling many seniors to travel long distances to seek care.

"The countryside can have an isolating effect," said Steven P. Wallace, the center's associate director and a co-author of the policy brief, "The Health Status and Unique Health Challenges of Rural Older Adults in California." "When even a trip to the grocery store is a significant drive, seniors can become trapped in their houses."

Using data from the 2007 California Health Interview Survey, center

researchers found:

- Rural older adults are more likely to be overweight and obese
- Older adults in rural areas are more often overweight or obese (61.3 percent) than their urban (57.3 percent) and suburban (54.0 percent) counterparts.
- Rural older adults do not get enough exercise
- One in five rural elders do not participate in either moderate or vigorous physical activity in their leisure time.
- Rural and urban older adults are more likely to be food insecure
- One in five low-income older adults in rural settings report that they cannot consistently afford enough food to last the month. This rate is about twice that of low-income suburban adults.

Rural adults also have higher rates of heart disease and repeated falls and are more likely to be low-income than suburban older adults, a factor that exacerbates many health conditions.

Because so many of the health problems encountered by [older adults](#) living in the countryside are structural, the authors of the study recommend that policymakers consider a range of strategies to make rural environments more senior-friendly. Those recommendations include "senior walkability plans": identification of the routes seniors often use and subsequent improvements to those routes, including the creation or improvement of sidewalks, lighting and seating/benches.

The study's authors also note that distance barriers faced by rural elders

can be reduced with the help of the Internet in a variety of ways, including in-home monitoring, patient self-management and online ordering of prescriptions. However, they note that infrastructure and adoption hurdles in rural communities — including a lack of broadband infrastructure and an insufficient information technology workforce — must be addressed and that there must be assurances that insurance companies will fully reimburse rural providers that use telemedicine.

Other recommendations include the use of "universal design" principles in all public contracting, the promotion of federal subsidies and assistance programs to rural grocery stores and other [health](#) food outlets, expanded transportation services, and better incentives for primary care providers who work in rural areas.

Provided by University of California - Los Angeles

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