

April 2018 Update from the Field: Physical Activity

Are Structural Changes in Polish Rural Areas Fostering Leisure-Time Physical Activity? Biernat E, Bartkiewicz P, & Buchholtz S. *International Journal of Environmental Research and Public Health*. 1 April 2017;14.

Background: In this study, we analyze the determinants of leisure-time physical activity (LTPA) of farmers and non-farmers living in rural areas. **Methods:** We use statistical analysis to describe urban and rural populations, as well as econometric techniques (Heckman regressions and propensity score matching) to assess the role of rural lifestyle in physical activity. **Results:** World Health Organization (WHO) pro-health PA (physical activity) recommendations are not met by 66% of farmers and 49% of other dwellers in rural areas. Approximately two thirds of them are completely inactive. Farmers enjoy vigorous PA (VPA), cycling and recreational walking less than their non-farming counterparts and are 46% less likely to be active than them; however the difference disappears when they take up an activity. The amount of PA is negatively correlated with age, but tends to increase for older people compared to those in middle age. Women are 6%–7% less active than men, yet the odds of being active at all are higher for women than for men. Household size is negatively correlated with LTPA. **Conclusion:** Considering the structural changes, rural area dwellers, especially farmers, require public intervention aimed at increasing their awareness of the advantages of LTPA.

The Physical Activity-Related Barriers and Facilitators Perceived by Men Living in Rural Communities. Gavarkovs AG, Burke SM, & Petrella RJ. *American Journal of Men's Health*. 2017;2(4):1130-1132.

Men, especially those living in rural areas, experience chronic disease at higher rates than the general population. Physical activity is a well-established protective factor against many chronic diseases; however, only a small fraction of men are meeting national guidelines for physical activity. The purpose of this study was to examine the perceived physical activity–related barriers and facilitators experienced by men living in rural areas in Canada. Participants completed a paper-and-pencil or online survey and asked to select personally relevant physical activity-related barriers and facilitators from a list of 9 and 10 choices, respectively. A total of 149 men completed the survey (50.3% between the ages of 18 and 55 years; 43.0% older than 55 years). Participants were predominantly from rural areas and smaller communities. Overall, the response options “I’m too tired,” “I don’t have enough time,” and “I think I get enough exercise as work” were the three most frequently cited barriers to regular physical activity. The response options “Personal motivation to be healthy,” “I enjoy it,” and “Support from family and/or friends” were the three most often cited facilitators to physical activity. Results are similar to those shown in other populations. Results can be used to inform the development of policies and programs that aim to increase the physical activity levels of men living in rural areas and small communities.

Support and Sabotage: A Qualitative Study of Social Influences on Health Behaviors among Rural Adults. Sriram U, Morgan EH, Graham ML, Folta SC, & Seguin RA. *The Journal of Rural Health*. 2018;34:88-97.

Purpose: Social environments exert an important influence on health behaviors, yet evidence from rural-specific contexts is limited. This study explored how social relationships influence health-related behaviors among midlife and older rural adults at increased risk of chronic disease.

Methods: Seventeen focus groups were conducted with 125 sedentary, overweight/ obese adults (aged 40-91 years) residing in “medically underserved” rural Montana towns in 2014. Groups were stratified by age (40-64 and ≥ 65) and gender. Transcripts were examined thematically using NVivo software according to social influences on diet, physical activity, and tobacco use. Analyses were conducted in 2015-2016.

Results: Attitudes and actions of family members and friends were key influences on health behaviors, in both health-promoting and health-damaging ways. In these small, isolated communities, support from and accountability to family and friends were common facilitators of behavior change and maintenance.

However, expectations to conform to social norms and traditional gender roles (eg, caregiving duties) often hindered healthy lifestyle changes. **Conclusions:** These findings suggest that health behavior interventions targeting adults in rural settings need to consider and, if possible, integrate strategies to address the impact of social relationships in both supporting and sabotaging behavior change and maintenance.