



PREVENTION RESEARCH CENTERS COLLABORATE WITH **RURAL COMMUNITIES**

TO IMPROVE HEALTH AND WELLNESS

People living in rural areas have high rates of unhealthy behaviors like smoking and lack of physical activity, as well as less access to health care services and limited healthy foods options. These factors have been linked to high rates of heart disease, cancer, chronic lower respiratory disease, and strokes among rural residents.¹

Working with rural communities to reduce these disparities presents unique challenges. Resources tend to be spread out, so people may have to travel a long way and they may not have good transportation. Less broadband access in some areas means that residents may have limited connectivity to learn about and access resources. PRCs have seen these health disparities in their own communities, and they are taking action.

ADDRESSING RURAL HEALTH DISPARITIES

Many PRCs are working to expand access to health care, increase physical activity, decrease substance use, and address other health topics in rural America. In the 2019–2024 funding cycle, 10 PRCs are working to improve health in rural communities.



What are CDC Prevention Research Centers?

PRCs are academic research centers that study how people and their communities can avoid or reduce the risk for chronic illnesses and other leading causes of death and disability. PRCs engage local communities to develop, test, and evaluate solutions to public health problems. These solutions are intended to be applied widely, especially in populations affected by health disparities.

The CDC supports the [PRC Program](#) by providing oversight, leadership, and technical assistance for 26 centers and their research projects.

Statistics about rural health



Half of adults

(50%) living in rural areas did not meet the federal guidelines for aerobic or muscle strengthening physical activities in 2018.²



Nearly 11% of

households in rural areas experience food insecurity.³



15% of rural adults did not visit a health care provider in the previous year.⁴



Almost **23%** of people in rural areas smoke cigarettes.¹



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

EXAMPLES OF PRC WORK IN RURAL COMMUNITIES FROM THE 2019–2024 FUNDING CYCLE

Physical activity: Healthy Places-Healthy People

In New Mexico, **50% of American Indian/Alaska Native adults had obesity** in 2021.⁵



50%

The [University of New Mexico Prevention Research Center](#) (UNM-PRC) is working on increasing access to and awareness of different ways to be physically active in 10 Navajo communities. The Healthy Places-Healthy People (HPHP) program uses the [Community Guide](#) physical activity recommendations to help communities become more physically active. Recommendations include constructing sidewalks, creating walking trails, and providing social support and outreach.

To support implementation of HPHP in Navajo communities, UNM-PRC provides health education, identifies resources, sponsors events, and creates maps and walking guides. The PRC invites local community members and students, faculty, and staff from Diné College and the Navajo Nation Technological University to participate in workshops, trainings, and the overall implementation and evaluation of HPHP. The UNM-PRC is working to expand the program by adapting it and developing a toolkit for implementation in other communities.

Healthy eating: Med-South Lifestyle Program

In 2021, **less than one-third (30%) of adults** in North Carolina met their recommended body mass index range.⁵



30%

The [University of North Carolina at Chapel Hill Center for Promotion and Disease Prevention](#) (UNC-PRC) is researching the most effective ways to implement and expand the Med-South Lifestyle Program, an evidence-based intervention that promotes healthy eating and physical activity. The program applies Mediterranean-style cooking to traditional Southern recipes. It promotes whole grains, healthy fats, and vegetables that are proven to help prevent chronic diseases. UNC-PRC is researching the barriers and facilitators for wide-scale implementation, and based on those findings, plans to offer the program to rural, minority, low-income, and medically underserved communities throughout North Carolina.





Health care access: TALK: Toolkit for Adolescent Care

As of 2021, **nearly half (47%) of rural counties** in Minnesota did not have a sexual health clinic.⁶



The University of Minnesota Healthy Youth Development Prevention Research Center (HYD-PRC) found that parents and teenagers want to talk with primary care providers about sexual health and psychosocial topics like substance use and mental health, but often don't know how to have the conversation or lack the opportunity to do so. HYD-PRC developed and is researching the effectiveness of TALK: Toolkit for Adolescent Care, a program for rural primary care clinics and clinicians to help them provide high-quality preventive care related to adolescent psychosocial and sexual health.

The toolkit has three components: 1) clinician training on discussing sensitive topics with teens and parents, 2) tools for clinicians with information, resources, and talking points for discussions with parents, 3) suggestions for adolescent-friendly clinic practices, including one-on-one time between the clinician and adolescent and a “welcome to adolescent care” letter to parents and teens. The goal of the toolkit is to help providers create a safe space to discuss sexual health and psychosocial topics with adolescents.

Substance use: The Integrated Community Engagement (ICE) Collaborative

In 2019, 62% of high school students in West Virginia reported trying e-cigarettes, and **36% reported currently using them.**⁷



The West Virginia Prevention Research Center (WVPRC) is improving the representation of rural adolescents in data collection to better identify adolescent substance use in rural counties. WVPRC is partnering with local schools and coalitions in two rural counties—Wyoming and Fayette—to collect data on the prevalence of substance use and risk and protective factors among middle- and high school-aged youth in these rural communities. Based on these data, WVPRC will develop and implement appropriate interventions for youth in rural West Virginia.

References

¹ <https://www.cdc.gov/chronicdisease/resources/publications/factsheets/rural-health.htm>

² <https://www.cdc.gov/nchs/data/hus/2019/025-508.pdf>

³ <https://www.ruralhealthinfo.org/topics/food-and-hunger>

⁴ <https://www.cdc.gov/nchs/data/hus/2019/030-508.pdf>

⁵ BRFSS Prevalence & Trends Data: Explore by Topic | DPH | CDC

⁶ <https://www.ruralhealthinfo.org/resources/18103>

⁷ <https://prc.hsc.wvu.edu/projects/substance-use/>

LEARN MORE

To find out more about the PRC Program and our ongoing projects visit the [PRC Program website](#) and explore the [Pathway to Practice Resource Center](#).