

## Rural Living Is Healthier

UNIVERSITY PARK (Centre Co.) — Many rural residents who rate themselves as less healthy and happy than their urban counterparts may not know how well off they really are, Penn State researchers say.

"We looked at recent data on health and well-being of American adults and found that rural residents age 19 and older consistently rate their physical health as poorer than non-rural residents," noted Dr. David J. Eggebeen, associate professor of human development in the College of Health and Human Development. "Furthermore, both young-adult and elderly rural residents rate themselves as less happy than non-rural residents."

However, the same data indicate that middle-aged and elderly rural residents are the most likely to be healthy as measured by the absence of any of eight physical, mental and social health impairments. They also average the lowest number of such impairments among the respondents — lower even than young adults in any residential classification.

Eggebeen says the roots of the poor health and happiness self-assessments from rural residents are unknown, as the ratings remain low even when differences in social class and family structure are taken into account.

Furthermore, no disadvantages to rural life are evident in the reports as far as activity limitations or higher rates of chronic illness or disability are concerned.

Eggebeen studied the matter with Dr. Daniel T. Lichter, professor of sociology in the College of the Liberal Arts. Their findings, released by Penn State's Population Research Institute, appeared in the spring 1993 issue of the Journal of Rural Health.

The researchers used data from the 1988 National Survey of Families and Households to isolate differences in health and well-being based on the survey respondents' age and area of residence.

Respondents were classified into four types of residences: urban (living in counties with a metropolitan area's central city), suburban (living in metropolitan counties with no central city), rural-urban fringe (living in

non-metropolitan counties adjacent to a metropolitan county), and rural (living in counties that are both non-metropolitan and non-adjacent to a metropolitan county).

"The conventional wisdom is that a disproportionate share of the nation's chronically ill live in small towns and rural areas," Lichter said. "The lack of quick access to primary care units, social isolation and higher poverty presumably place rural people at a health disadvantage compared with their metropolitan counterparts."

"That may sound sensible on paper, but the numbers tell a different, more complex, story."

For instance, nearly 46 percent

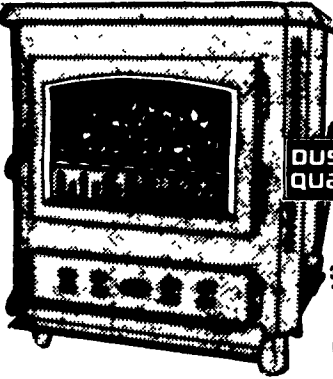
of the middle-aged rural residents had none of the health impairments targeted by the study, compared to 36 percent of those in fringe areas and 39 percent in central cities. Among the elderly, more than a third of a rural residents were in good health, compared to less than a fourth of those in central cities and 27 percent of those in suburban areas.

A somewhat better-deserved image of rural life is that it is quiet and less hectic, the researchers say. They found that rural adults, regardless of age, were much more likely to be socially connect-

ed than those living elsewhere, especially in terms of greater involvement with family members. Also, the middle-aged and elderly rural respondents tended to show the highest levels of organizational involvement.

"In short, the idea that all rural adults are in poorer health than urban-dwelling residents is not supported by the data we examined," Eggebeen said. "And as far as family ties and social health are concerned, rural adults appear to possess large advantages over urban residents."

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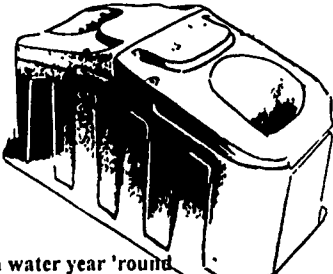
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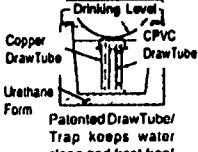
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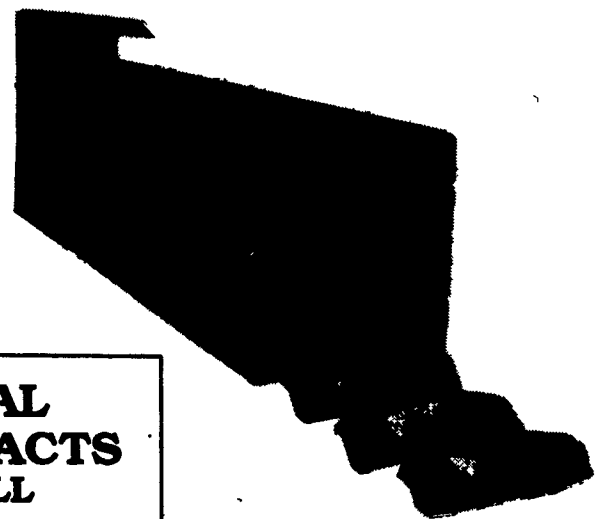
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