

# Sense of Community and Health Status in Older Rural Women: Rural/Urban Differences



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Gerontological Health Section  
American Public Health Association

November 2007



TEXAS A&M

HEALTH SCIENCE CENTER

SCHOOL OF RURAL PUBLIC HEALTH

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**T H E C E N T E R F O R**  
**COMMUNITY HEALTH DEVELOPMENT**

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Prevention Research Center Program supported by Centers for  
Disease Control and Prevention cooperative agreement  
5U48DP000045

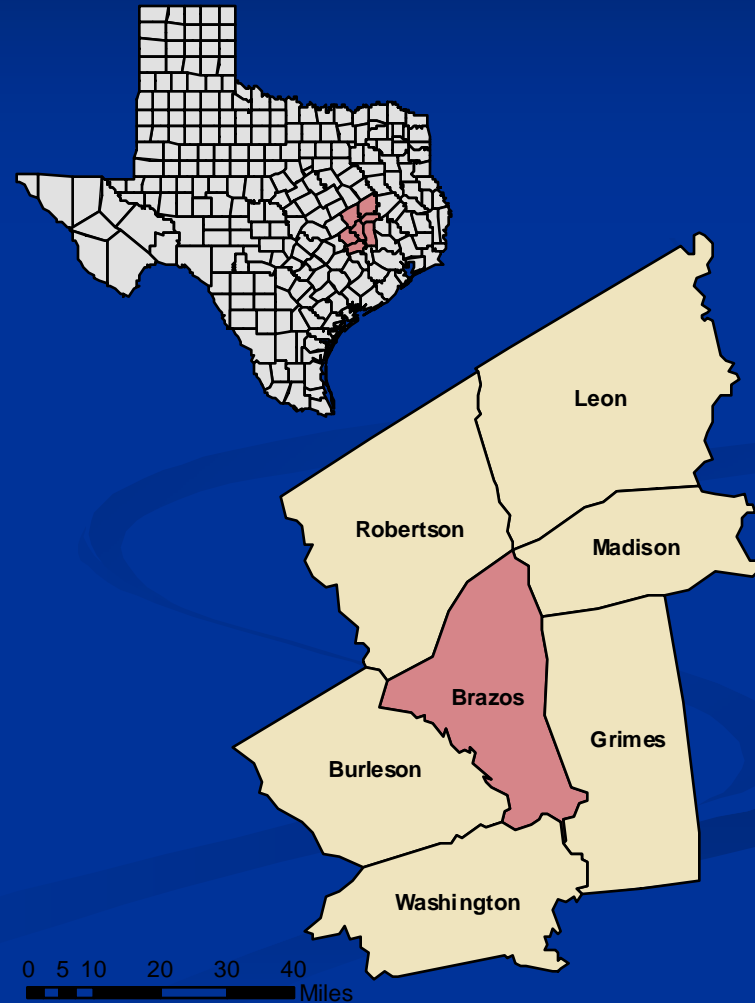
# Background

- Social isolation is associated with a number of negative health outcomes
- Women may have unique solutions to becoming integrated with their communities
- How does sense of integration with the community affect perceived health status in urban and rural older women?



# Setting

- Brazos Valley Region
- Located in Central Texas
- 7 counties
  - 1 urban surrounded by 6 rural
  - 250,000+ population (nearly 45% rural)



# Methods

- Telephone screened mail-out health status assessment
  - Cross-sectional assessment
  - Demographics, health status, health behaviors, and community social and environmental characteristics
  - Utilized to identify needs and prioritize public health efforts
  - Recruitment stratified to the county level
- 2591 respondents

# Selection Criteria

- Women
- Ages 50 and older
- Both rural and urban residence
- $n = 1055$

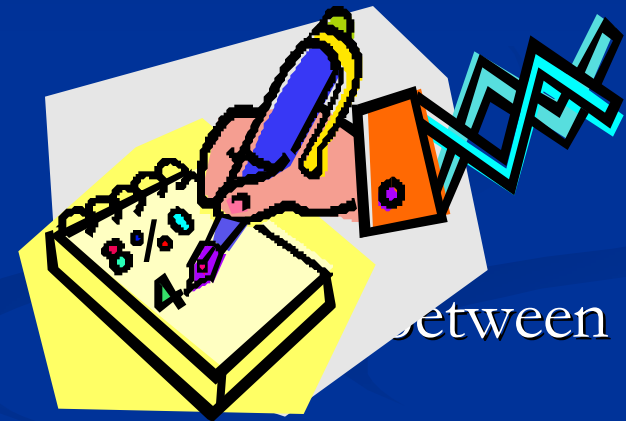


# Measures

- General Health Status
- Community Integration Scale
  - 6 questions used on prior assessments (5-point Likert)
  - $\alpha = 0.791$ , consistent with other assessments
  - Responses summed and divided by 6 to generate score
- Demographic correlates
  - Age, gender, income, education, marital status

# Analysis

- Sample broken into 9 groups sub-groups for analysis
  - Entire region, rural only, urban only
  - Ages 50+, Ages 50-64, Ages 65+
- Univariate statistics
- T-test to determine differences between rural and urban groups
- Multivariate Binary Logistic Regression
  - Controlling for usual demographic correlates





# Sample Characteristics

Variable	Total Sample
N	1055
Rural	70.8%
Age	63.4 (9.57)
Age 65 and older	42.5%*
Married	64.0%
High School Graduate	84.2%
Income	
At or below 100% FPL	18.3%*
101 to 200% FPL	13.5%*
>200% FPL	68.2%*
Health Status	37.7%*

\* - Significant Difference between Rural and Urban Groups at 0.05 level

# Mean Perceived Community Integration (PCI) Score by Rural/Urban Residence

<b>Age Group</b>	<b>Urban</b>	<b>Rural</b>	<b>Mean Difference (<i>p</i>-value)</b>
Ages 50+	2.60	2.30	0.22 (<0.001)
Ages 50 – 64	2.56	2.33	0.23 (<0.001)
Ages 65+	2.68	2.45	0.23 (0.008)

# Multivariate Logistic Regression: Influence of PCI Score

- Score increases were positively associated with odds of better self assessed general health status, controlling for age, income, education, and marital status
- Associated odds for better health were greatest among urban women ages 65 and older
  - $OR = 2.79; 95\% CI: 1.2-6.6$
- Changes in score were insignificant for Urban Women ages 50-64 and Rural Women ages 65 and older
- With PCI score in the model, age and marital status became insignificant in many of the groups

# Implications

- Better perception of community integration is correlated with better perceived general health status in this sample
- Correlations vary among age groups and rural/urban residence in this sample of women
- Perception of community integration have a different meaning among women of different ages and in different settings

# Next Steps

- Further refinement of PCI scale, and its relationship to other constructs, is needed
- Examine differences in role of community integration in rural vs. urban older women
- Consider ways of enhancing community integration into intervention strategies and policies aimed at older women



# Thank you

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