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Rural Population Health and Aging: Introduction to the Special Issue

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Cover Page Footnote

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ABSTRACT

This special issue of the *Journal of Rural Social Sciences* (JRSS) focuses on rural population health and aging. It showcases the work of scholars from several backgrounds and social science disciplines to advance knowledge in a critical field of investigation. Assembled through an open call for submissions coordinated through the National Institute on Aging (NIA) funded Interdisciplinary Network on Rural Population Health and Aging (INRPHA), the collection of articles helps inform a more nuanced understanding of the factors associated with rural places, which often have different health outcomes and aging patterns than their urban counterparts. The authors achieve this through application of innovative analytical strategies used with a combination of data sources. This introductory essay provides background and an overview of the four articles, followed by discussion of future opportunities to advance an agenda for rural population health and aging research.

KEYWORDS

Aging, population health, rural

BACKGROUND

Research has demonstrated the importance of place in shaping the experiences of people as they age across the life course, with particular emphasis on arrangements that lead to either greater social exclusion or inclusion (Tournier and Vidovičová 2021). The National Institute on Aging (NIA) has identified priorities that include attention to rural-urban variation as part of better understanding health disparities among older adults (2020). The combined trends of population aging occurring more rapidly in rural than urban areas (Berry and Kirschner 2013) and rural places generally having poorer health outcomes (Cosby et al. 2019; James, Cossman, and Wolf 2018; Elo et al. 2019; Monnat 2020) demonstrate the importance of directing concentrated attention to rural people and places. However, it is also imperative to acknowledge that rural experiences have been diverse and variation in demographic, social, cultural, economic, and environmental characteristics and trends all have implications for rural population health and aging. Spatially informed contextual understanding will be critical for building knowledge around health and aging to help improve policy and practice (Skinner and Winterton 2018).

Our team previously proposed an agenda for such research, highlighting the need for more studies concerning disparities within and between rural areas, place-level effects on rural health and aging, rural livelihood strategies and implications for wellbeing, physical and social isolation, and issues relating to environmental conditions and changes (Jensen et al. 2020). This work has taken shape through the establishment of the Interdisciplinary Network on Population Health and Aging (INRPHA, <https://sites.psu.edu/inrpha/>) with support from NIA. INRPHA has provided mentorship and seed funding, and it has created a forum for the exchange of ideas through its annual meetings. These activities have brought together scholars interested in advancing an agenda for rural population health and aging research, and the articles in this special issue address many of these topics.

OVERVIEW OF ARTICLES

Clark, Lawrence, and Monnat focus on the importance of geographic proximity, adult children's instrumental and financial support, and parental health between rural and urban locations. Drawing on data from the 2013 and 2017 waves of the Panel Study of Income Dynamics, their article entitled "Support from Adult Children and Parental Health in Rural America" shows that rural parents tend to live further from adult children than do their urban counterparts, and rural parents often receive less

financial support but are more likely to receive instrumental support. Rural parents also have worse health and greater functional limitations, even when accounting for proximity and support.

Directing their attention to another source of care for the aging population and drawing on theoretical concepts addressing community gerontology and spatial inequality, Pendergrast and Rhubart investigate the availability of aging and disability services across the rural-urban continuum while accounting for the compositional characteristics of counties in their article entitled, “Socio-Spatial Disparities in County-Level Availability of Aging and Disability Services Organizations.” Using data from the National Neighborhood Data Archive (NaNDA) and the American Community Survey (ACS), they find that rural counties are more likely than their urbanized counterparts to be aging and disability services deserts, defined as lacking any aging or disability service organizations. They also note the importance of poverty and racial/ethnic composition in these patterns.

Combining 2006-2012 waves of the Health and Retirement Survey (HRS) and county-level data from the 1990-2000 US Censuses, Dartmouth Atlas of Health Care, and the Inter-university Consortium for Political and Social Research, Chung and Arends-Kuenning explore the interplay between rural residence and diabetes. Findings in their article “Racial, Ethnic, and Urban/Rural Differences in Transitions into Diabetes: Evidence from the Health and Retirement Survey Biomarker and Self-Reported Data” suggest a link between rurality and a greater likelihood of transitioning from prediabetes to diabetes. They also highlight county-level disadvantages and individual characteristics that lessen the racial/ethnic and rural disparities in diabetes transitions.

Rounding out this collection of articles, Davidson, Boardman, and Hunter investigate genetic associations in health outcomes and how they vary by rural-urban setting. In the article entitled, “Exploring Rural-Urban Differences in Polygenic Associations for Health among Older Adults in the United States,” they use data from the 1992-2016 waves of the HRS to show that genetic associations for Body Mass Index and heart conditions are lower among rural residents relative to urban residents. However, such patterns were not found for smoking or depression. Overall, the authors suggest the importance of further attending to gene-environment interactions and addressing social, economic, and built environment characteristics in studies on rural-urban health disparity.

DISCUSSION AND FUTURE TRAJECTORIES

Thematically, these articles address substantive issues previously highlighted as particularly important for rural people and communities – maintaining supportive social networks, addressing access to care, and attending to health status (Brown and Schafft 2019). Furthermore, they all share an attempt to move beyond basic rural-urban comparisons to not only highlight differences but also develop more nuanced understandings of interactions and the extent to which various types of rural places have different outcomes than their urban counterparts. A common methodological theme across these studies is the use of innovative analytical strategies with a combination of publicly available large-scale data sources to further advance the field. Nonetheless, most articles point to data limitations that prevent further disaggregation across different rural places and subgroups. Small rural sample sizes are a common challenge with rural population health research. To that end, and in line with a recommendation made by a recent National Academy of Sciences, Engineering, and Medicine consensus study report (2021), we encourage the National Institutes of Health, Centers for Disease Control and Prevention, U.S. Census Bureau, and other federal research agencies to support the oversampling of rural populations in national health and social surveys, including those used by the authors in this special issue.

Furthermore, continuing to build momentum for ever-better contextual data and the need for data to advance theory building, the 2021 INRPHA meeting included a session on mixed-methods research. Many of the scholars associated with INRPHA (<https://sites.psu.edu/inrpha/>) participated in a facilitated active dialogue session on this topic. Conceptualizing mixed-methods research as encompassing studies that involve crossing quantitative and qualitative approaches as well as those that entail emphasis on contextualization and use multiple analytical approaches with a common set of data, participants were asked to consider the opportunities, challenges, and strategic directions for work to advance knowledge on rural population health and aging. Concerning the latter, recommendations included attention to the vitality of rural places and how vitality influences and is influenced by healthy aging, looking at both the upstream and downstream factors associated with healthy aging, directing more attention at issues of prevention, and engaging more directly with policy questions. Doing so would require increased attention to collaboration between multiple colleges/universities and communities, given varied expertise, which would necessitate relationship building and investment of time and resources.

Considering both the insights provided by the articles in this special issue and the foresight provided through dialogue at the most recent INRPHA conference, it seems clear that there is much to be gained by attending to rural aging in the quest for advancing population health and reducing disparities. There is also more work to be done.

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