ORGANIZED INVITED PANEL

Organizer: Shannon Monnat, Syracuse University

Panel Title: Expanding Your Data Toolkit: New and Underused Surveys for Rural Health and Aging Research

Administrative data and established surveys like the Health and Retirement Study and National Health Interview Survey have been workhorses of rural health and aging research for decades. Yet, there are several other new and established sources of rich survey data that have strong potential for advancing rural scholarship. This session spotlights four such data resources: the Great Smoky Mountain Study of Rural Aging, the National Health and Aging Trends Study, the National Wellbeing Survey, and the Understanding America Study. Each offers robust rural samples and distinctive features that make them particularly valuable for studying the health and wellbeing of U.S. rural adults. In this session, scholars will present on how they're leveraging these datasets to generate new insights on rural health, aging, and wellbeing. Each presenter will highlight the specific features that make the dataset valuable for rural research and share examples from their current work, giving attendees practical guidance on how to use data from these surveys in their own scholarship. This session is sponsored by the Interdisciplinary Network on Rural Population Health and Aging (INRPHA)—a network funded by the National Institute on Aging to bring together scholars from multiple disciplines, institutions, and topical interests to advance knowledge on the complex factors affecting the health and wellbeing of U.S. rural working-age and older adults.

Presentations

1. **Living Alone, Caring Alone: The Health Consequences of Rural Older Adults' Living Arrangements**

Matthew M. Brooks, Florida State University (presenting author)
Kyleigh Moniz, Florida State University

Older adults (those ages 50+) in rural areas are more likely to experience adverse health conditions compared to their urban peers. Simultaneously, rural older adults are also increasingly living in distinct living arrangements, as rates of living alone and being unpartnered are becoming more common. These living arrangements have been shown to negatively impact physical health for older adults through reduced social support, barriers to healthcare, and strain from caregiving, and thus their growing prevalence in rural areas may be driving rural-urban health disparities in later life, and may be uniquely impactful in rural areas given the social and healthcare milieu of rural life (e.g., reduced access to

specialty healthcare). Given these potential population health consequences, this study employs a health-relevant operationalization of older adults' living arrangements—health-burdening arrangements—or arrangements in which an older adult lives alone, or with someone they must likely care for, such as a child, grandchild, or aging parent, without the presence of a partner. We address two research questions: (1) are rural older adults in health-burdening living arrangements more likely to report adverse physical health than rural older adults who do not live in these arrangements, and (2) are the health associations of health-burdening living arrangements more pronounced in rural versus urban areas. To test these relationships we use restricted-access geo-coded data from the 2014-2022 Understanding America Study. Our initial findings suggest that rural older adults in these arrangements report the highest prevalence of adverse physical health, with nearly six in ten (58.7%) experiencing at least one adverse health condition. Further, even after controlling for other key social determinants of health, rural older adults in these arrangements are still more likely to report poor self-rated health, heart disease, and lung disease relative to other rural older adults.

2. **Rethinking Rural (Dis)Advantage: Using NHATS and NSOC with Geo Data to Study End-of-life Care Topics**

Yifan Lou, Virginia Commonwealth University

Rural residency is often considered a risk factor for poorer end-of-life outcomes, supported primarily by prior studies with non-probability samples and qualitative evidence. Moreover, family caregivers have been largely overlooked due to data limitations. This project aims to identify which health- and social-related contextual factors most strongly shape end-of-life experiences for rural and urban families, beyond rural residency alone. This work is made possible by leveraging the National Health and Aging Trends Study (NHATS) with nationally representative sample of Medicare beneficiaries, linked to National Study of Caregiving (NSOC), which surveys family caregivers of NHATS participants. The presentation will first introduce the utility of NHATS/NSOC for end-of-life research, including available end-of-life measures, relevant contextual factors, potential research questions that can be addressed, and sample sizes, issues that are often concerns for reviewers when proposing end-of-life projects using NHATS/NSOC. The presentation will then present preliminary findings from one aim funded by the INRPHA pilot grant: identifying the most influential contextual factors explaining urban–rural differences in end-of-life outcomes with decomposition method. The preliminary results reveal surprising patterns. Although rural older adults have lower utilization of hospice/palliative care, which is considered the gold standard of end-of-life care, they consistently report significantly better quality of care across measures compared to their urban counterparts. The presentation will further

identify key contextual predictors, including tract-level demographic, health resources, and socioeconomic characteristics, that help explain these differences. These findings highlight the strength, resilience, and resourcefulness of some rural older adults, potentially facilitated by diverse rural contexts in which significant within- heterogeneity exists.

3. **Distress, Aging, and Mortality in Southern Appalachia: The Great Smoky Mountains Study**

William Copeland, University of Vermont

The Great Smoky Mountains Study is an epidemiologic longitudinal cohort study of 1420 participants in western North Carolina that began over 30 years ago. The participants, originally in middle childhood (ages 9, 11, and 13), are now in their mid-40s and still being followed up to this day. The average participant has been assessed 10+ times. The original aims of the study were to estimate the epidemiology of mental health problems and unmet need in a rural sample of youth, as no study had to date. The children and their parents were interviewed annually with the structured diagnostic Child and Adolescent Psychiatric Assessment (CAPA). This interview collects information on mental health problems, substance use, psychosocial stressors and a broad range of early life experiences. The 'children' have grown up and, in most cases, have their own children. In young adulthood and adulthood, the participants were interviewed with the upward extension of the CAPA interview. Additional data has been added to this database through assaying of biological markers, linking of participants with administrative data sources (e.g., educational and criminal justice), and geocoding of participants addresses to link contextual data about their communities. Active data collection grants are focused on health and aging in mid-life and an intergenerational assessment of children of the GSMS participants. The study is uniquely designed to study the impact of early life psychosocial experiences on mid-life health and aging. Ninety of the original 1420 participants have died. After adjusting for sex, race/ethnicity and parental educational attainment, childhood depressive symptoms and conduct symptoms were both associated with all-cause mortality as well as mortality related to suicide and overdoses. Additional findings relating early mental health to aging and mortality in mid-life will be presented.

4. **The National Wellbeing Survey: An Application to the Study of Informal Work**

Leif Jensen, The Pennsylvania State University

The National Wellbeing Survey (NWS) is an annual, nationally representative cross-sectional survey of U.S. working-age adults (ages 18–64), fielded annually since 2021, that

oversamples rural residents to support rural-urban and within-rural comparisons. It measures psychosocial wellbeing, social relationships, physical and mental health, health behaviors and care use, employment quality, substance use, COVID-19 experiences, and demographic and socioeconomic characteristics, with many items harmonized to BRFSS, NHIS, and NSDUH. This survey is uniquely useful for rural sociologists since rural residents are oversampled, both objective and subjective indicators of rural-urban residence are available, and the date include state and county identifiers. This presentation will describe the NWS and offer an application exploring the informal economy in rural and urban America.