

Cognitive Functioning, Structural Disadvantage, and Social Integration among Older Adults: Rural-Urban Inequalities

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Project Summary

As our population ages, the number of people with cognitive impairment is rapidly increasing. Today, 5.6 million people have Alzheimer's disease, but by 2050, the number will rise to 13.8 million. Because medical treatments have proven only marginally successful, a greater understanding of the social causes of cognitive impairment is critical. A large body of research shows that social integration staves off cognitive decline. Connections to others can alleviate stress, provide a sense of purpose in life, and protect the brain from age-related degeneration. Some communities foster social inclusion and provide socially enriching opportunities that stimulate cognition. In contrast, other places, especially those that are geographically isolated and suffer from structural disadvantages such as chronic underemployment and population loss, may restrict social interaction and cognitive stimulation. Most studies on cognitive functioning and social engagement have focused on individual-level dynamics while overlooking the community context. In short, previous research has revealed a link between cognitive functioning and social integration. But to date, no study has used nationally representative, longitudinal data to study social integration, county-level structural disadvantage, and rural-urban disparities in cognitive functioning. This is a critical research gap and one that is surprising given the abundance of research documenting other types of health disparities between rural and urban America. The current study will analyze nationally representative panel data from the Health and Retirement Study to explore both individual-level and county-level factors and address a key priority area of the Interdisciplinary Network on Rural Population Health and Aging, namely, "identifying the contributions of physical and/or social isolation on physical, mental, and cognitive health and healthy aging in different rural areas." Following recent research, I will focus on rural-urban disparities and on heterogeneity among rural areas. The specific aims are to: (1) estimate the effect of rurality—that is, living in metropolitan, nonmetropolitan large adjacent, nonmetropolitan large remote, nonmetropolitan rural adjacent, and nonmetropolitan rural remote counties in the U.S.—on older adults' cognitive functioning; (2) Examine the mediating effect of county-level structural disadvantages, such as lower educational attainment, higher rates of unemployment, and population loss—which are, historically, more characteristic of rural counties—on the cognitive functioning of older individuals in the U.S. and (3) Compare social integration among older people living in urban and more rural parts of the U.S. and examine if integration buffers the effect of living in remote rural areas. The proposed study will make fundamental contributions to our understanding of aging and health disparities among rural and urban populations.