



ELDERLY WOMEN'S HEALTH: THE IMPACT OF RURAL-URBAN RESIDENCE

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The main objective of this study is to examine the impact of SES, social capital and rural-urban residence, on the subjective and objective health of elderly women in Canada, and any interactions among these variables.

RATIONALE

- Detailed Rural-Urban Gradients have largely been overlooked in the research, but may have more to reveal about rural-urban health differences, than dichotomies.
- Need for subjective and objective health measures to be examined in conjunction.
- Applicability of the Social Determinants of Health Model to rural-urban residence, has not been explored.

METHODS

Data are from the Canadian Community Health Survey (CCHS), Cycle 1.1, conducted in 2000 to 2001.

Sub-sample of elderly (65+) women = 8,468

Measures

Health Status:

- Subjective Health (Fair/poor self-rated health)
- Objective Health, 5 measures (any chronic condition and 4 specific conditions)

Rural-Urban Residence:

- Five category typology and a dichotomy (rural is less than 1,000 persons or <400/sq. km)

SAMPLE CHARACTERISTICS

- Fair/Poor Self-Rated Health = **28.6%**
- Any Chronic Condition = **88.1%**
- Arthritis/Rheumatism = **47.4%**
- High Blood Pressure = **41.8%**
- Diabetes = **11.2%**
- Heart Disease = **17.6%**
- Rural Residence = **18.6%**

MULTIVARIATE RESULTS

- Even after controlling for factors, such as SES or social capital, the following relationships were found for place of residence:
 - Urban fringe was associated with fair/poor self-rated health.
 - Rural area outside a CMA/CA was associated with a higher likelihood of reporting any chronic condition, hypertension and diabetes.
 - Rural fringe was more likely to have heart disease.

Comparative Analyses

- To further elucidate rural-urban differences, the model was run separately among the rural and urban samples.
- Many of the social determinants of health measures (SES, social capital) were associated with the health status of elderly women – but only among urban respondents.
- Few associations were found for rural respondents.

CONCLUSIONS

- Elderly women in rural areas are more likely to have any chronic condition, high blood pressure, diabetes and heart disease.
- No rural advantage in self-rated health was found.
- The health of rural elderly women was not predicted by the same covariates of urban residents.
 - Social determinants of health appears to predict urban elderly women's health to a better degree than rural women.
- Other factors which influencing rural health may include health care utilization, access to resources and support services, transportation, housing, other lifestyle measures, and additional social capital measures.
- There may also be a rural-urban difference in the diagnosis and self-reporting of health status.

FUTURE RESEARCH

- Future research needs to examine if these findings are found among elderly men and residents of all ages.
- The social determinants of health model should be examined relation to rural residence and culture.