

UConn

HUMAN DEVELOPMENT
AND FAMILY SCIENCES

Doctoral Dissertation Defense



Presented by

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“The role of chronic disease self-management and psychological resources in rural Medicare beneficiaries’ health-related quality of life and health care service utilization”

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Advisory Committee

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Abstract

Chronic disease self-management (CDSM) can attenuate adverse health outcomes. Rural older adults can face more health care access and quality barriers than non-rural residents and may benefit from engaging in CDSM. At the same time, few studies have explored if rural health disparities are related to geographic immobility. That is, do CDSM experiences differ between rural older adults aging-in-place, those who have in-migrated to rural areas and non-rural older adults? This study explored CDSM (i.e., preference for health care decision-making and difficulties managing chronic disease) and health outcomes (i.e., health-related quality of life (HRQoL) and health care service utilization) with a focus on residence tenure. The current study's aims were three-fold: first, describe CDSM among three residence tenure groups; second, describe health outcomes for three residence tenure groups and finally, test if psychological resources mediate the relationship between CDSM and health outcomes and test if rural residence tenure moderates this relationship.

The current study examined a subsample of 1,012 older Medicare beneficiaries (weighted sample $n=6,356,243$) living with a chronic disease who participated in a CDSM module of the *National Health and Aging Trends Study* ($N=2,052$). Of the rural sample ($n=218$), 76% were aging-in-place ($n=166$) and 24% were in-migrants ($n=52$). Results showed no CDSM differences by residence tenure groups. Rural older adults were not more likely to prefer independent health care decision-making, contrasting some previous studies. Aging-in-place older adults reported lower self-rated health ($M=3.12$, $p<0.05$) than in-migrants ($M=3.31$) and non-rural residents ($M=3.35$) and higher anxiety ($M=0.99$, $p<0.05$) than in-migrants ($M=0.54$) and non-rural residents ($M=0.73$). Mediation analyses showed psychological resources mediated the relationships between CDSM, HRQoL outcomes and admission to a nursing home ($ps<0.05$),

however, residence tenure did not moderate these relationships. Implications for this research include encouraging person-centered care in clinical settings and point to potential improvements needed in Medicare mental health coverage.