

# Identifying predictors of social role participation in middle-aged adults with long-term physical disability.

Ivan Molton, PhD; Katie Singsank, BS; Donovan Rivera, MSW, MPH; Aaron Flaster, BS; Leah Munroe, MSW

## AIMS

For people living with physical disability, middle-age represents a period of significant risk. It is associated with higher levels of physical symptoms, emergence of new secondary and comorbid health conditions, and risks for losses of work and community participation. This longitudinal study sought to identify health predictors of social role participation in a national sample of individuals living with early-acquired physical disability.

## METHODS

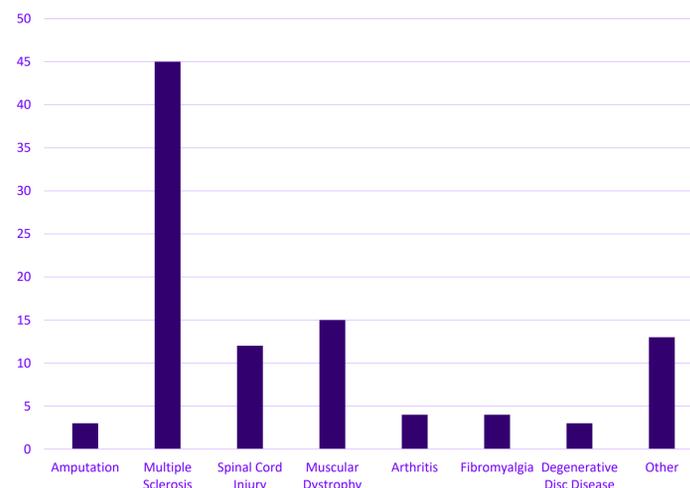
Participants were 80 middle-aged individuals with self-identified ADL disability due to a physical health condition. Participants were enrolled in a larger RCT but received no intervention.

### INCLUSION CRITERIA

- 45-65 years of age;
- ADL or IADL impairment (based on 2 item screener) that was associated with a medical condition with onset of symptoms before age 40;
- Ability to read and write in English;
- Not actively psychotic or experiencing cognitive impairment severe enough to limit participation (Six-Item Cognitive Impairment Test)

## PARTICIPANT DESCRIPTIVES

<b>Current Age</b>		55.1 (5.3)
<b>Age at diagnosis</b>		32.1 (12.8)
<b>Years since diagnosis</b>		23.8 (12.6)
<b>Sex</b>	Female	57.30%
<b>Household income</b>	< \$50K	35.6%
	\$50K-\$75K	33.9%
	> \$75K	30.5%
<b>Education</b>	College graduate	63.4%
<b>Race/Ethnicity</b>	Native American	1.2%
	Black	4.9%
	Asian	3.7%
	White	92.7%
<b>Marital status</b>	Married or Partnered	61%
<b>Employment status</b>	Employed (FT or PT)	24.4%
	Retired	22%
	On disability	37.8%
<b>Caregiving</b>	Has caregiver	32.90%
	Is caregiver	8.50%



Conditions associated with disability in study sample (n=80)

## ANALYSIS

### APPROACH

As part of a larger 3-arm RCT, these participants were enrolled in the Treatment As Usual condition (no intervention) and completed baseline and 12-month surveys

Multiple linear regression was used to predict 12-month self-report participation outcomes using baseline data (SPSS v28)

### MEASURES

**NIH PROMIS 4-item short forms** for depression, fatigue, pain interference, & anxiety

- Administered at baseline; converted to a t-score metric

**PROMIS Satisfaction with Social Roles and Activities**

- Administered at 12 months; converted to a t-score metric

- “I am satisfied with my ability to do things for fun with others; I am satisfied with my ability to perform my daily routines.”

**University of Washington Self-Efficacy Scale (UW-SES)**

- “How confident are you that...you can keep your health condition or disability from interfering with your ability to do the things you want to do?; You can figure out effective solutions to issues that come up related to your health condition or disability?”

## RESULTS

After adjusting for years since diagnosis, age, sex and income, baseline depression (b=-.44), and disease management self-efficacy (b=.34) significantly predicted participation satisfaction 12 months later.

Model	R	R <sup>2</sup>	Adjusted R <sup>2</sup>	Std. Error of the Estimate	R <sup>2</sup> Change	F Change	Sig. F Change
1	.264 <sup>a</sup>	0.070	0.001	7.796	0.070	1.015	0.408
2	.697 <sup>b</sup>	0.486	0.427	5.904	0.416	21.077	0.000

Unstandardized Coefficients						
Model	B	Std. Error	Beta	t	Sig.	
1	Age	-0.082	0.189	-0.060	-0.435	0.665
	Income	-0.063	0.038	-0.226	-1.664	0.102
	Sex	-2.482	2.540	-0.129	-0.977	0.333
	Years since DX	0.072	0.086	0.119	0.840	0.405
2	Age	-0.011	0.151	-0.008	-0.075	0.940
	Income	-0.005	0.030	-0.018	-0.167	0.868
	Sex	-0.424	1.954	-0.022	-0.217	0.829
	Years since DX	-0.011	0.067	-0.019	-0.171	0.865
	PROMIS Depression v1.0 SF 6a t-score	-0.307	0.121	-0.360	-2.544	0.014
	UW Self-Efficacy Scale v1.0 SF t-score	0.332	0.120	0.395	2.778	0.008

a. Dependent Variable: PROMIS Satisfaction with Social Roles and Activities v2.0 – SF 8a t-score

## IMPLICATIONS

The right to participate in valued social activities is recognized as fundamental for people with disabilities.

Mood concerns, including depression, were significant predictors of satisfaction with ability to participate in social roles, even after controlling for common demographic confounds.

Disease management self-efficacy remains an important predictor of satisfaction with social participation, over and above mood concerns.

Interventions designed to enhance disease management self-efficacy and confidence and to reduce depression may support community participation during the vulnerable period of midlife.