

# REALITY CHECK

*in Rural America*

*States Can Help  
Close the Gap  
of What  
“Is” and What  
“Ought to Be” for  
Older Americans*

By Laurie Clewett



**The reality of life for many rural senior citizens doesn't quite match what "ought to be" as promised in the 1965 Older Americans Act. Economic development of rural areas and other policy modifications can better the lives of seniors in rural America.**

“The well-being of rural people in old age is many times determined by conditions of their lives as children and work-age adults. Old age may amplify inequalities that have persisted from earlier stages of life.”

—David K. Brown  
West Virginia University's Center on Aging

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hen it comes to the health and well-being of seniors in rural America, David K. Brown sees two very different pictures: the world of “is” and the world of “ought to be.”

Brown, associate director at West Virginia University's Center on Aging, addressed

members of The Council of State Governments' Agriculture and Rural Policy Task Force in May. State and local governments, he told them, will play a key role in closing the gap between these two worlds.

Congress described the world of “ought to be” in 1965 when it passed the Older Americans Act. “In keeping with the traditional American concept of the inherent dignity of the individual in our democratic society, the older people of our nation are entitled to ... equal opportunity to the full and free enjoyment” of 10 objectives, the Act declared. Federal, state and local governments are responsible for helping seniors realize these goals, which include:

- “an adequate income in retirement in accordance with the American standard of living;”
- “the best possible physical and mental health which science can make available and without regard to economic status;”
- “retirement in health, honor, dignity—after years of contribution to the economy;” and
- “efficient community services which provide social assistance in a coordinated manner and which are readily available when needed.”

For millions of elderly Americans, however, reality falls far short of the ideal lawmakers envisioned. According to Brown, rural residents in general experience underemployment or unemployment twice the national average; have inadequate health insurance and less access to adequate health care; are more likely to live in substandard housing; and are more likely to live in conditions of noticeable poverty.

“The well-being of rural people in old age is many times determined by conditions of their lives as children and work-age adults,” Brown testified during a hearing preparing for the 2005 White House Conference on Aging. “Old age may amplify in-

equalities that have persisted from earlier stages of life.”

These circumstances leave many rural seniors especially vulnerable to poor health and social isolation. And they pose unique—but not insurmountable—challenges for policymakers.

## Factors in Healthy Aging

Brown emphasized that policymakers need to consider the whole range of factors that affect healthy aging, including behavioral, social, socio-economic and environmental factors, along with the availability of social support services.

### Behavioral Factors

Behavioral factors that affect health throughout an individual's life include levels of physical activity, nutrition and lifestyle choices such as drug, alcohol and tobacco use. According to stereotype, rural residents are healthy farmers who work hard, spend all day outside and eat lots of fresh produce. In reality, according to Mark Drabenstott of the Federal Reserve Bank of Kansas City, only about 6 percent of rural residents live on farms.

Brown relayed two anecdotes that point out the more complicated health status of rural dwellers. He recently heard a doctor from West Virginia describe his young clients. “He has a practice with kids 12, 13, 14 years old. They come in to see him, and they're overweight. They don't get any exercise; they have lousy nutrition; and they already have a propensity for high blood pressure, heart conditions, and stroke or diabetes.”

Similarly, a rural caseworker told Brown about visiting an elderly woman at her home. The chair next to the woman held three packs of cigarettes and half-a-dozen jelly donuts.

While these examples also risk playing into stereotypes, experts agree that behavior plays an important role in poor health outcomes for rural seniors. According to R. Turner Goins, Brown's colleague at WVU and the author of *Plan of Action on Rural Aging: Findings from Six Demonstration Projects for Rural Older Adults*, on average, seniors in rural areas are less healthy than their urban counterparts. They engage in less physical activity, have poorer nutrition, eat fewer fruits and vegetables, have higher rates of chronic conditions and diseases (including obesity and diabetes), have lower levels of physical functioning capacity, rate their own health poorer, and have higher mortality rates.



### **Social Factors**

Along with behavior, social factors also play an important role in seniors' health status. Engaging social networks, social supports and a sense of individual responsibility are all key ingredients for healthy aging.

"We say about old people one of the worst things that can happen to them is for them to be isolated and alone," Brown said. He added that "rural communities are rich in a lot of informal networks we sometimes take for granted," such as churches, community centers and schools.

On the flip side, however, recent economic trends have contributed to ongoing population loss in many rural regions, as young people leave for urban areas with better job prospects. This often means seniors have less support from family members or neighbors and are more likely to live alone.

In addition, rural culture can affect whether and when residents seek care, and what type of care they seek. In May 2005, West Virginia University hosted a forum on rural aging as part of the 2005 White House Conference on Aging. Richard Ham, director of the WVU Center on Aging, noted that because rural people tend to be proud and independent, they may be reluctant or unwilling to seek help, especially through services that could be viewed as "welfare." They also may delay treatment until their condition is more advanced.

### **Socioeconomic Factors**

Research shows that higher income and education levels are correlated with better health outcomes. Yet according to the 2006 report of the National Advisory Committee on Rural Health and Human Services, rural seniors tend to be poorer and less educated than those living in urban areas. In addition, they have less access to employer-based health insurance.

Even those who have insurance may have difficulty getting appropriate care because of provider shortages and poorly developed health infrastructure.

"Rural residents tend to have access to a narrower and more costly range of health care services and to be served by fewer health care providers," said Hilda Heady, 2005 president of the National Rural Health Association, during the WVU forum. According

to the association, although about 20 percent of the country's population lives in rural areas, in 1999 less than 9 percent of the nation's doctors practiced in non-metropolitan areas. Rural areas also face shortages of nurses, dentists, pharmacists, radiology and laboratory technicians, mental health professionals, social workers and other health and social service professionals.

And while rural health care providers depend heavily on Medicare for their incomes, Medicare reimbursement rates are significantly lower in rural areas, which contributes to provider shortages. According to Heady, compared to urban areas, average hospital payments in rural areas are 40 percent less and physician payments are 30 percent less.

### **Environmental Factors**

Environmental factors, such as safe neighborhoods and adequate housing, are also key ingredients of healthy aging. Although rural seniors are more likely to own their homes, they are also more likely to live in substandard housing in need of repair.

Perhaps the biggest environmental barrier rural seniors face is lack of transportation. With few health care providers, little or no public transportation, and fewer young family members or neighbors around to help out, just getting to a doctor can be difficult—especially for those in remote areas. In *Best Practices in Service Delivery to the Rural Elderly*, C. Neil Bull, professor emeritus of sociology at the University of Missouri-Kansas City, notes that the recent growth in regional shopping and service centers has contributed to the decline in small-town services—which means the drive to the doctor's office has gotten longer.

### **Social Support Services**

In any location, one of the keys to healthy aging is community-based health and social services. Options such as home health care, respite care, mental health services, nutritional services, adult day care, senior centers and assisted living allow seniors to stay in their own homes as long as possible while still receiving support.

Yet in rural areas, these services are often lacking or inadequate. As WVU professor Mary W. Carter testified during the forum on rural aging: "Premature admission to and over-use of



## Rural Aging Resources

Federal Reserve Bank of Kansas City—  
Center for the Study of Rural America  
[www.kansascityfed.org/RuralCenter/RuralMain.htm](http://www.kansascityfed.org/RuralCenter/RuralMain.htm)

National Advisory Committee on  
Rural Health and Human Services  
<http://ruralcommittee.hrsa.gov/nacpubs.htm>

National Rural Health Association  
[www.nrharural.org](http://www.nrharural.org)

Rural Assistance Center  
[www.raconline.org](http://www.raconline.org)

Rural Policy Research Institute—  
Center for Rural Health Policy Analysis  
[www.rupri.org/healthpolicy](http://www.rupri.org/healthpolicy)

U.S. Administration on Aging  
[www.aoa.gov](http://www.aoa.gov)

U.S. Department of Health and Human Services—  
Secretary's Initiative on Rural Communities  
<http://ruralhealth.hrsa.gov/initiative.htm>

West Virginia University Center on Aging  
[www.hsc.wvu.edu/coal/publications.asp](http://www.hsc.wvu.edu/coal/publications.asp)

2005 White House Conference on Aging  
[www.whcoa.gov](http://www.whcoa.gov)

nursing homes in rural areas is common, reflecting, at least in part, the lack of alternative long-term care options.”

## Bridging the Gap: Policy Recommendations

So what's the key to bridging the gap between the world of “is” and the world of “ought to be?”

According to Brown, the key to ensuring healthy aging in rural America is economic development. “You have to have beneath you a strong, solid economic system where people are well-employed, making surplus incomes, to invest in their own future,” he said. “Weak economic communities spawn weak health and human service systems. Strong economic communities develop strong health and human services capacity.”

Drawing on his own and colleagues' research, along with recommendations from the 2002 Rural Task Force of the U.S. Department of Health and Human Services, Brown offered the following advice for policymakers:

- Make rural economic development a priority. State legislatures that don't already have them should form rural development committees or subcommittees.
- Create new partnerships and coalitions among different agencies, levels of government and the public and private sectors. Public health providers, especially, need to work more closely with agencies that serve senior citizens. States should partner with counties and local governments to identify regulatory and legal barriers to economic development.
- Revitalize regional planning and development districts.
- Explore new and innovative programs to serve unmet needs. Use new fiscal packages and integrated funding streams to support them.
- Develop outcome measures to evaluate programs and assess their impact on clients.
- Stress education, training and outreach—for health care providers, seniors and their families. Use Geriatric Education Centers to reach out to rural hospitals and providers with teaching, training and continuing education. Make sure outreach materials for consumers are culturally appropriate and written at the appropriate literacy levels.
- Offer incentives and, if necessary, subsidies to attract and retain health care providers. Reform social insurance

programs such as Medicare to ensure parity for rural clients and providers.

- Develop a long-range plan of action on rural aging and health care.
- Use the U.S. Administration on Aging's "Aging Network," including the State Units on Aging and Area Agencies on Aging.

Other recommendations, based on the testimony and final report from the West Virginia University forum, along with recent reports from the National Advisory Committee on Rural Health and Human Services, include the following:

- Develop community-based services and housing alternatives that allow rural seniors to stay in their homes. Encourage funding for "consumer-directed care," which recognizes seniors' preferences and allows them to pay nonprofessionals (such as neighbors or family members) to provide services.
- Provide incentives to build assisted living, elder cottages and other alternatives to traditional nursing homes. Examine state licensure and construction regulations to make sure they don't discourage small size and low-density senior housing, such as assisted living and life care communities.
- Evaluate state insurance regulations to make sure they don't discourage the use of volunteers (in providing transportation, for example).
- Review state licensure and scope-of-practice regulations that determine payments for health care and service pro-

viders, and modify them where appropriate to reflect the services available in rural areas. For example, consider reimbursing licensed social workers (not just psychologists) for providing mental health services.

- Fund infrastructure for and provide telemedicine in rural areas.
- Focus on integrated models of health care and service delivery, including primary care, mental health and social services. Adopt a disease management approach to chronic conditions.
- Provide support and education for family caregivers.
- Engage the elderly in planning and implementing programs.

Above all, experts suggest, build on the existing resources and strengths of local communities.

"It is essential not to look at rural communities as only presenting obstacles, but to see them as providing resources and solutions," wrote John A. Krout, director of the Ithaca College Gerontology Institute, in *Best Practices in Service Delivery to the Rural Elderly*. "Successful programs incorporate community, social, cultural and organizational systems, especially indigenous helping networks such as church, family and neighboring."

"There are tremendous strengths within the rural American culture that serve us well when designing solutions," said Heady.

"Rural is not just different," she stressed, "it is special ... very special."

—Laurie Clewett is a research analyst at *The Council of State Governments*.

# THANKS

## MGA Partners

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