

Preferences for Long-Term Care Arrangements among Rural and Urban Older Adults

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Key Findings

- Rural and urban older adults reported similar preferences for long-term care arrangements, with the majority of all respondents reporting a preference for receiving care in one's own home from family/friends or from paid help (62.5% of rural and 60.4% of urban older adults).
- Still, nearly one-third of both rural (31.6%) and urban (32.1%) reported a preference for receiving care in an institutional setting, such as assisted living or a nursing home.
- Among rural residents, preferences for care differed by race, ethnicity, gender, and educational attainment.

Purpose

As the population ages, information is urgently needed about how best to provide long-term care for older adults who develop functional limitations. Such information should incorporate the preferences of older adults themselves for care setting. This study describes care preferences by rural and urban location, and by demographic characteristics among rural residents.

Background and Policy Context

Most older adults would prefer to “age in place”, that is, remain in their homes and communities as they get older, even if their health and functional status change.^{1,2} However, some older adults prefer other arrangements, including living with adult children or living in an institutional care setting, such as assisted living or a nursing home.² Ideally, if older adults need long-term care or other services and supports, they would receive it in their preferred setting in order to improve quality of life and satisfaction with care. However, that depends on one's access to resources, housing situation, availability of paid and unpaid caregivers, and access to other care settings.

Each year, the U.S. spends hundreds of billions of dollars on long-term care, costs borne by states, the federal government, individuals, and families alike.^{3,4} For individuals receiving care in institutional settings, Medicaid alone pays for approximately two-thirds of all nursing home care across the U.S. and the growth in the older adult population is stretching state budgets to the limit.⁵ Unpaid, or informal, caregivers provide approximately \$500 billion in uncompensated care annually, too.⁶ Meanwhile, rural older adults face distinct barriers to accessing long-term care, including fewer supportive services for caregivers⁷ and ongoing nursing home closures in rural areas,⁸ on top of long-standing issues like transportation challenges, long distances, and health care workforce shortages.^{9,10}

In order to better prepare for growth in the older adult population, more information is urgently needed on where people would prefer to receive long-term care, should they need it. Prior research has shown differences in care preferences by individual characteristics, such as living arrangements (living alone vs. with others), health status, and sexual orientation.^{11,12} Yet, relatively little is known about how care preferences differ by rurality. This brief addresses that gap by describing rural/urban differences in care preferences, as well as within-rural differences in preferences by demographic characteristics.

Approach

This cross-sectional analysis draws on a community dwelling subset of the 2018 National Health and Aging Trends Study (NHATS). NHATS is a nationally representative longitudinal study of Medicare beneficiaries age 65 and over that has been conducted annually since 2011. NHATS respondents were asked what the best care arrangements were for a hypothetical 80-year-old, gender-concordant person who "...needs someone to help with bathing, dressing and getting around inside" due to health problems. These responses were used to estimate long term care preferences. Rural/urban status of NHATS respondents is determined by the Office of Management and Budget's metropolitan/non-metropolitan designation associated with their county of residence.¹³ All estimates and statistical tests were generated using NHATS survey weights and design variables, and statistical significance was determined using Chi-squared test at $\alpha = 0.05$. All analyses were conducted using Stata version 16.

Results

The majority of both rural and urban residents indicated a preference for remaining in one's own home, either with help from family and/or friends or paid help (62.5% of rural; 60.4% of urban; Table 1). Within specific care options, rural residents ranked receiving help in one's own home, with help from family and/or friends as the top choice for care preferences (33.0%), followed by receiving care in assisted living or a nursing home (31.6%). Very few respondents reported living with an adult child as a top choice (4.3% of rural; 5.4% of urban). Among

Table 1. First Choice for Care Preferences

	Rural (n=863)	Urban (n=3470)	P-value
Care Preference			
Receive care in own home	62.5	60.4	0.336
<i>Receive help in own home from family/friend</i>	33.0	29.9	0.195
<i>Receive help in own home from paid worker</i>	29.5	30.5	0.634
Live with an adult child	4.3	5.4	0.331
Live in assisted living or nursing home	31.6	32.1	0.797
Don't know	1.6	2.2	0.471

N=4,333; p-value indicates difference between rural and urban; frequencies estimated with survey weights

first choice options, there were no statistically significant differences by rurality.

Across racial and ethnic groups, both rural and urban residents reported a preference for receiving care in one's own home from family and/or friends (Table 2, next page). Differences by race and ethnicity across categories among rural residents were significant at $p < 0.05$, and among urban residents were significant at $p < 0.001$. Non-Hispanic White urban residents were more likely to report preferring care from an adult child than non-Hispanic White rural residents ($p < 0.1$); no other significant differences between rural and urban residents within racial and ethnic groups emerged.

Among rural respondents, Black residents were less likely than non-Hispanic White rural residents to report receiving care in one's own home with paid help as their first choice (22.9% vs. 29.8%) and more likely to report a preference for living with an adult child (10.8% vs. 3.6%). Hispanic/other race rural residents were the most likely to report a preference for receiving care in one's own home with help from a paid worker (30.9%) and least likely to report a preference for receiving care in assisted living or a nursing home (27.9%). They were also more likely than non-Hispanic White rural residents to report a preference for receiving care by living with an adult child (8.3% vs. 3.6%).

Table 2. Differences in Care Preferences among Rural And Urban Residents by Race and Ethnicity

Care Preference	White		Black		Other	
	Rural	Urban	Rural	Urban	Rural	Urban
Receive care in own home	62.9	61.5	55.4	51.1	62.3	59.5
<i>Receive help in own home from family/friend</i>	33.1	29.7	32.5	28.5	31.4	32.4
<i>Receive help in own home from paid worker</i>	29.8	31.8	22.9	22.6	30.9	27.2
Live with an adult child	3.6	4.4*	10.8	11.3	8.3	7.3
Live in assisted living or nursing home	31.8	32.1	31.3	35.4	27.9	29.3
Don't know	1.6	1.9	0.0	2.2	1.5	3.9
	n=714	n=2,402	n=105	n=825	n=44	n=329

Notes: *Difference between rural and urban white residents $p < 0.1$. Differences by race and ethnicity among rural residents $p < 0.05$; differences by race and ethnicity among urban residents $p < 0.001$.

Among rural residents, there were significant differences in first choice for care setting by gender (Table 3). A plurality of women chose receiving care in one's own home with help from a paid worker as their first choice (33.9%). In contrast, a plurality of men chose receiving care in one's own home with help from family members and/or friends (36.1%), followed by receiving care in assisted living or a nursing home (32.8%). Differences by gender across categories were significant at $p < 0.05$.

Table 4 shows differences by educational attainment among rural residents. Rural resident with a college degree or higher were more than 10 percentage points more likely to report

Table 3. Differences in Care Preferences by Gender among Rural Residents

Care Preference	Male	Female
Receive care in own home	60.0	64.5
<i>Receive help in own home from family/friend</i>	36.1	30.6
<i>Receive help in own home from paid worker</i>	23.9	33.9
Live with an adult child	4.7	3.9
Live in assisted living or nursing home	32.8	30.7
Don't know	2.6	0.9
	n=373	n=490

Table 4. Differences in Care Preferences by Educational Attainment among Rural Residents

Care Preference	Less than HS	High School	Some college/trade school	College degree or more
Receive care in own home	65.8	54.7	67.5	66.8
<i>Receive help in own home from family/friend</i>	39.0	28.2	38.0	29.8
<i>Receive help in own home from paid worker</i>	26.8	26.5	29.5	37.0
Live with an adult child	9.2	3.4	4.4	1.9
Live in assisted living or nursing home	23.0	39.6	27.5	29.4
Don't know	2.0	2.2	0.6	1.9
	n=165	n=299	n=222	n=177

Notes: p -value calculated based on unweighted estimates

receiving care in one's own home with paid help as their first choice, compared with rural residents with a high school degree or less (37.0% vs. 26.5% and 26.8%). Rural residents with less than a high school degree were the most likely to report a preference for receiving help in one's own home from family and/or friends (39.0%) and living with an adult child (9.2%) when compared to other levels of educational attainment. Among rural residents with a college degree or higher, fewer than 1.9% reported a preference for receiving care while living with an adult child. Differences by educational attainment were significant at $p < 0.05$.

Discussion and Implications

In this brief, we found that rural and urban older adults generally have similar preferences for care settings, with nearly two-thirds of older adults in both locations reporting a preference for receiving care in their own home, from either a family member or friend or from paid help. However, nearly one-third of rural and urban older adults alike still reported a first-choice preference for receiving care in an institutional setting, such as a nursing home or assisted living facility.

Overall, these findings point to the need for supporting a variety of care options for older adults. Policies have increasingly leaned toward supporting aging in place and providing home and community based services in recent years; our finding that the majority of all older adults would prefer to remain in their home emphasizes the importance of such policy. However, it is equally important to recognize that not all older adults wish to remain in their home, should they need care. Instead, a variety of care settings, including institutional settings, should be available to meet the needs and preferences of older adults as they age and as their health changes.

For rural older adults, ensuring that appealing care options are available requires addressing growing barriers to accessing institutional long-term care in rural areas, as well as providing support for unpaid caregivers and home modifications in rural areas, especially for rural residents with lower socio-economic statuses.^{7,8,14} The latter is especially relevant, as rural older adults live in older homes than their urban counterparts, and those homes may need physical modifications to support aging in place, which may cause economic hardships.^{15,16} Given that the majority of rural older adults would prefer to stay in their homes if they need care, more work is needed to ensure that homes are safe and accessible. Such work can build on the strengths of rural areas, including larger social networks; rural older adults report larger families and more

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close friends,¹⁷ which may provide additional support in aging in place where they choose.

Further, our findings of within-rural differences by demographic characteristics highlight the need for a variety of options even within rural areas. A one-sized-fits-all approach to long-term care will not work. Ultimately, this brief highlights the importance of supporting older adults in being able to age in place in rural areas, as well as the importance of ensuring that a variety of options are available, accessible, affordable, and appealing to ensure that all older adults can age with dignity in the setting of their choice.

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