

Unmet Need for Personal Care Assistance among Rural and Urban Older Adults

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Key Findings

- Rural and urban older adults (65 years and older) with functional limitations report similar levels of unmet need for help across most activities. Unmet need is defined as going without care or assistance for daily activities that they cannot complete independently.
- The only significant difference by location was that rural older adults who need help bathing have less unmet need for help with this activity than urban older adults who need help bathing.
- In rural and urban locations, nearly one-half of older adults who need help go without it for toileting and nearly one-quarter go without needed help going outside or getting around their home.

Purpose

Despite differences in health, health services, economic, and demographic characteristics, little is known about whether rural and urban areas differ in unmet need for personal care among older adults with functional limitations. This brief addresses that gap by analyzing rural-urban differences in unmet need for help across 11 activities.

Background and Policy Context

On average, rural and urban older adults do not differ significantly in their functional status, measured by limitations in activities of daily living (ADLs) or instrumental activities of daily living (IADLs), such as getting dressed, bathing, managing medications, and getting around inside and outside of the house.¹ However, the health services and caregiving landscape, including availability of health care, and supports for informal caregivers, does vary between rural and urban locations, with fewer services and supports available in rural areas, in general.^{2,3} Still, very little research has examined unmet need for personal care, including help with ADLs and IADLs, by rural-urban location. Such information is important for assessing need and allocating resources among older adults to ensure that no one goes without having their basic needs met.⁴

Prior research on unmet need for personal care has found that the risk of going without help is not equally distributed across the population, but, rather, disproportionately impacts some older adults more than others, such as those with lower incomes, those living alone, those with a dementia diagnosis, and those without reliable caregivers.⁵⁻⁷ Going without help can lead to adverse consequences, such as soiling one's clothing, staying in bed or inside longer than necessary or appropriate, and going without food.⁸ In a small study (n=109) of caregivers of rural older adults with Alzheimer's disease, more than half of all patients went without help in at least one area, and going without help was associated with greater caregiver burden and higher care needs among patients.⁹ This brief builds on this research by examining rural-urban differences in unmet care needs in a nationally-representative sample of older adults.

Approach

For this brief, we used data from the fifth round of the National Health and Aging Trends Study (NHATS), collected in 2015.¹⁰ The NHATS gathered information from a sample of 8,334 Medicare beneficiaries age 65 and older in the United States. The first NHATS survey was conducted in 2011, and a replenishment of the sample was undertaken in 2015 to maintain the nationally-representative nature of the survey. NHATS

respondents were categorized as living in rural or urban locations by linking their county of residence at the time of the interview to 2013 Rural-Urban Continuum Codes (RUCC): metropolitan areas were classified as urban, and non-metropolitan areas as rural.

The NHATS included questions about 11 activities including household activities, self-care activities, and mobility. Just over half (50.2%; n=4,184) of respondents reported needing help with at least one of the 11 activities. For this analysis, we included respondents who indicated that they needed help with any of the 11 activities to assess how many went without help in each specific activity. Specifically, we assessed whether respondents: stayed inside; did not go to places within their home; often had to stay in bed; went without clean laundry; went without groceries; with without hot meals; went without handling bills or financial matters; did not eat; did not wash up; wet or soiled clothes; or made a mistake taking medicine. For each, they were asked whether those happened because they did not have someone there to help them.

For each of the items, respondents with missing data, or who answered “Don’t Know” and “Inapplicable” were removed, resulting in different sample sizes for each of the questions. (Only respondents who needed help with each item were included.) The majority of those who were excluded were excluded because they did not have limitations in each of the specific activities. The item with the fewest respondents was about going without eating; this was only asked of 16% of the sample who reported difficulty with eating independently. The item with the most

respondents was about going without groceries; 52% of the sample had complete information on the item about unmet need for help shopping for groceries. Rural and urban respondents were largely comparable in their need for help across activities. We used chi-squared tests to detect significant differences in unmet need by rural and urban location.

Results

Table 1 shows the prevalence of unmet need for help by urban and rural location, among older adults who had reported needing help with each of the 11 activities listed. There were few differences between rural and urban older adults in the prevalence of unmet need, with the exception of going without washing up; 11.9% of urban respondents vs. 7.8% of rural respondents reported not bathing or washing because of a lack of help ($p<0.05$). For nearly every item, rural older adults reported lower unmet need, with the exception of making a mistake taking medicine (17.3% of rural older adults vs. 16.0% of urban older adults), although that difference was not statistically significant.

For both urban and rural older adults, the most common unmet need was wetting or soiling clothes because there was not someone there to help with toileting (49.9% of urban older adults and 44.0% of rural older adults reported this issue.) Approximately one-quarter of all respondents reported staying in their home because they did not have help to leave or not going to places within their own home (e.g., up or down stairs) because they did not have help.

Table 1: Unmet Need by Urban and Rural Location

Unmet Need	Urban		Rural		P-value
	Frequency	Percentage	Frequency	Percentage	
Stayed in without help	378	25.9%	90	24.9%	0.699
Did not go to places within own home	355	26.8%	75	23.4%	0.212
Often had to stay in bed	133	9.7%	32	8.9%	0.782
Went without clean laundry	45	3.3%	4	1.4%	0.096
Went without groceries	104	5.9%	23	5.5%	0.779
Went without hot meal	148	9.5%	28	7.9%	0.372
Went without handling bills or financial matters	82	6.5%	11	4.0%	0.103
Went without eating	28	5.2%	6	5.0%	0.902
Went without washing up	141	11.9%	22	7.8%	0.046
Accidentally wet or soiled clothes	313	49.9%	70	44.0%	0.184
Made mistake taking medicine	185	16.0%	48	17.3%	0.579

Discussion and Implications

While we found few differences between rural and urban older adults in unmet need for care, we did find that a troubling percentage of older adults in both contexts reported going without help in activities where they needed it, especially toileting, going outside the house, and getting around their own house. We also found that nearly 16% of urban older adults and 17% of rural older adults who need help taking medicine reported having made a mistake with their medications because they did not have someone there to help them. Such mistakes could be costly and dangerous.

Despite relatively few differences between rural and urban older adults in unmet needs for personal care assistance, the responses to those unmet needs may need to be tailored by geographic context. Urban environments have more ready access to health services and infrastructure, such as public transportation. But, older adults residing in urban areas may need help navigating and affording such services. In rural areas, formal health services are fewer and further between and fewer supports exist for informal caregivers, especially those who are working for pay elsewhere.²

Given that higher caregiver burden is associated with greater risk of unmet needs,⁹ finding ways to support caregivers is essential to ensuring the health and well-being of the older adults they care for. Doing so in rural areas requires unique attention to the rural health services and economic landscape and can build on the programs already underway, to ensure that individuals are aware of and connected to them as appropriate.^{11,12} Ultimately, more should be done to address unmet needs of all older adults with functional limitations to avoid potential adverse consequences⁸ and to improve their quality of life and health outcomes.

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