



Barriers to Aging in Place in Rural Communities: Perspectives from State Offices of Rural Health

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Key Findings

- Over one third (35%) of State Offices of Rural Health (SORHs) identified transportation as the largest barrier to older adults successfully aging in place in rural communities, followed by barriers related to accessing health care (22%), workforce (16%), and home health care (14%).
- All SORHs strongly agreed (81%) or agreed (19%) that transportation was a barrier to aging in place for rural older adults.
- The most commonly cited policy/programmatic recommendations for improving the ability for older adults to age in place in rural areas included increases in funding (39% of respondents), followed by improvements in health care and transportation (29% for each category).
- Additionally, SORH respondents noted changes to home services (24%) and workforce in rural communities (20%) as other policy or programmatic changes to better support rural aging in place.

Purpose

To date there is limited information available about the ability to age in place in rural communities and what barriers may prevent older adults from safely doing so. This policy brief presents findings from an online survey of State Offices of Rural Health (SORHs) describing barriers for older adults in successfully aging in place in rural communities, and recommendations for how to improve the ability to safely age in place in rural areas of their states.

Background and Policy Context

Across the U.S., the majority of older adults prefer to remain in their communities and homes, often referred to as “aging in place.”^{1,2} To support good quality of life for individuals aging in place, a robust community infrastructure is needed, including access to health care, appropriate and accessible housing, healthy food, social activities, transportation, and opportunities for engagement and recreation.³⁻⁷ Providing this level of support and infrastructure can be a challenge for resource-constrained rural communities. Still, rural areas are finding themselves at the epicenter of aging in place, both as older adults remain in their homes/communities and as other older adults retire to rural communities, all within the context of rural communities being older, on average, than their urban counterparts.³

Since many aging-related resources and services are organized at the state level (e.g., via Medicaid funding for long-term care, Area Agencies on Aging, and other state agencies), states play a particularly important role in supporting aging in place and in allocating resources to rural communities.^{4,8} Each state has a State Office of Rural Health (SORH) that is funded by the Health Resources and Services Administration to assist states in strengthening rural health care delivery systems by providing a focus on rural health in each state.⁹

While some work has been done to identify state-level initiatives to support aging in place related to addressing workforce issues, transportation needs, and service availability,⁴ overall there is little information that addresses state-level initiatives to support rural aging in place or that identifies specific barriers to aging in place for rural communities. This brief addresses that gap by describing the barriers to rural aging in place identified by SORHs, and providing their recommendations for improving the ability of rural older adults to age in place in rural communities.

Approach

For this study, we surveyed all 50 SORHs from across the U.S. An invitation email was sent to each SORH director, and the survey was administered through the Qualtrics survey platform. The survey was fielded between late October and early December of 2020 and took approximately 15 minutes to complete. Respondents mainly included SORH directors or managers, as well as a few other staff designated by SORH directors, including program managers or specialists. Participation was voluntary and was completed by 49 of the 50 SORHs (Rhode Island chose not to participate).

Survey participants answered questions about existing state and community-level support systems related to aging in place, including initiatives in their state, barriers to aging in place in rural areas of their state, and what should be done to support rural older adults aging in place in their state.

The survey questions examined for this analysis included: 1) what is the single biggest barrier to older adults aging in place in rural areas of your state? and 2) what policies or programs would be beneficial to supporting older adults aging in place in rural areas of your state? Respondents were also asked to indicate how strongly they agreed or disagreed (from Strongly Disagree to Strongly Agree) with statements about specific issues presenting barriers to older adults aging in place in rural areas in their state. The issues included: housing, transportation, food insecurity, social isolation, access to formal health care, access to home health care, access to other home care services, and access to informal caregivers. Participants were also asked to explain their response to each of these issues.

Open-ended responses were coded by one research team member and the themes arrived at for each question were confirmed by the second team member. Likert scale

responses were averaged for each item, with 1=strongly disagree and 5=strongly agree. We also analyzed differences in quantitative responses by U.S. Census region.

Results

Barriers Identified by Respondents in Open-Ended Questions

The most common barrier mentioned by SORHs in the open-ended responses was transportation, with over one third (35%) of respondents noting transportation-related issues with aging in place in rural communities. These responses mainly listed “transportation” generally as the biggest barrier, but also included descriptions citing lack of public transportation, long distances to services, lack of access to a car/other non-public transportation, and difficulty getting transportation to appointments, grocery stores, or other necessary services.

Other barriers mentioned included lack of access to health care (22% of respondents); workforce issues, including lack of home health aides, health care providers, or caregivers (16%); and home health care problems, including lack of home health services available and the high cost of home health care (14%).

Ratings of Barriers in Rural Areas

Survey respondents answered eight questions rating how much they agreed that various topics were barriers to older adults aging in place in rural areas of their state. Figure 1 shows the range of responses for each of the eight topics. The exact number of responses to each question varied with denominators ranging from 46 to 48. Responses for Strongly Disagree and Disagree were combined due to low response rates for these answers.

There was complete consensus among respondents that transportation posed a barrier for older adults in rural communities in their ability to age in place, with the vast majority (81%) reporting that they strongly agreed with this statement. (The remaining 19% agreed, rather than strongly agreed, with this statement.) Responses for food insecurity, social isolation, access to home care services, access to health care, and access to home health care all received more than 90% of respondents agreeing that these categories were barriers to aging in place for rural older adults in their state. Housing and the availability of informal caregivers were the least-reported barriers, with 11% of respondents disagreeing or strongly disagreeing that these were barriers to aging in place in rural areas of their state.

Figure 1: Levels of Agreement with Barrier Topics

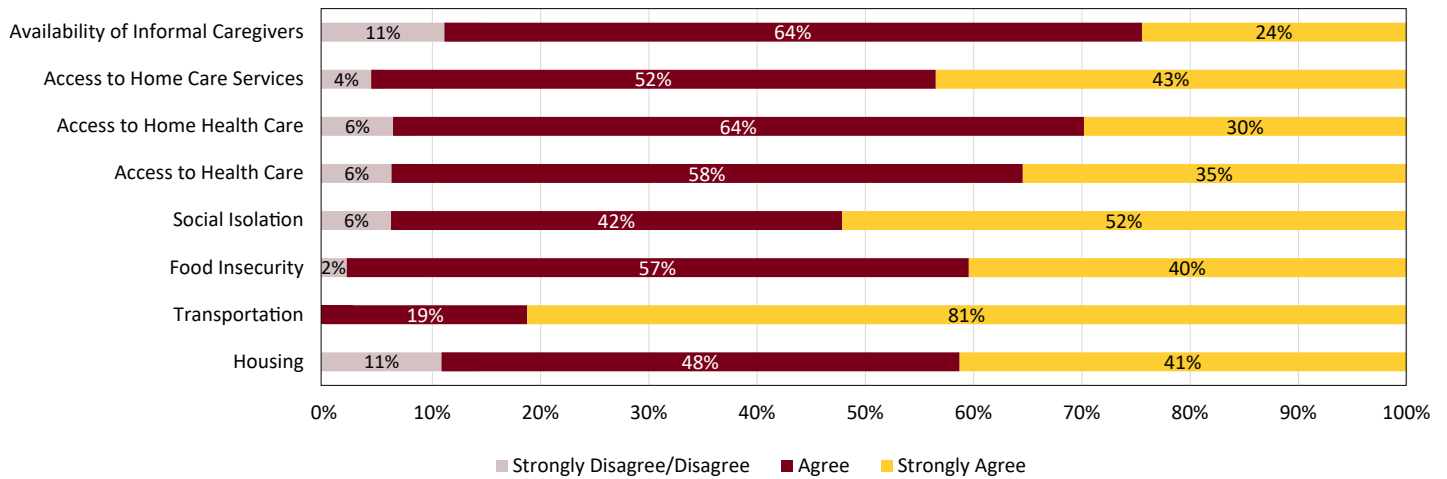


Table 1: Top Two Barriers Rated “Strongly Agree” by Region

Region	Midwest	Northeast	South	West
Top Barrier	Transportation (64%)	Transportation (100%)	Transportation (88%)	Transportation (77%)
Second Barrier	Social isolation (64%)	Social isolation (75%)	Housing (65%)	Food insecurity (46%)

All four U.S. Census regions most strongly agreed that transportation was a barrier (tied with social isolation in the Midwest), but there were differences by region in the next most highly ranked barriers (Table 1). Respondents in both the Midwest and Northeast noted social isolation, the Northeast mentioned access to health care, the South responded with housing, and the West cited food insecurity.

For each of the eight barriers presented in our survey, we asked respondents to describe their barrier rating response (i.e., “Strongly Agree” or “Disagree”). For transportation, where respondents were all in agreement that this was a barrier, the respondents (41%) most often described limited public transportation. One respondent described this issue this way: “Rural communities lack public transportation out to remote homes and for all services, especially services other than health care appointments,” highlighting both the lack of available public transportation as well as the restrictions often placed on any transportation that may be provided that prevent successful aging in place.

Distance and weather/geography (16% and 12%,

respectively) were other commonly mentioned themes in the description of the transportation barrier. One SORH respondent said, “In rural areas, the great distance to needed services (healthcare providers, grocery stores, etc.) is a challenge.” Another respondent mentioned that, “weather and geography make it difficult to access resources for long periods of the year,” showing some additional considerations that may not be accounted for in thinking about aging in place in rural areas.

Food insecurity was the second-most agreed upon barrier to aging in place in rural communities, and the majority of the responses (27% of respondents) were related to the lack of available grocery stores or food deserts in rural areas. “Many rural areas lack access to grocery stores or fresh fruits and vegetables,” noted one state respondent, while another described how, “Small towns may only have small general stores in town centers or convenience stores near the edge of town.” Other themes included the inaccessibility of grocery stores due to transportation and the high cost of food or issues of poverty (both 18% of respondents). One respondent mentioned, “Food insecurity

increases for seniors on fixed incomes and those that do not have access to senior centers, meal services, or food banks that are more available in urban areas.”

Access to care, whether this was health care, home health care, home care services, or caregiving services, were also barriers that attained a high level of agreement from SORH respondents. Across these barriers, several themes were apparent, with the three main themes being workforce issues, cost issues, and a general lack access to available services.

Workforce issues focused on provider shortages in rural communities, some due to closing clinics and hospitals, and other shortages due to a lack of individuals willing or available to do this work. One respondent noted that the “workforce isn’t strong enough to meet demand, which affects the entire system of caregiving. Families can’t find home care workers, so relatives quit their jobs and deplete their savings to care for a loved one. Workers leave emotionally fulfilling caregiving jobs because they can’t afford to live on \$10 an hour...or because they see few opportunities to advance in their careers in this occupation.” As illustrated by this quote, the workforce issues experienced by those living in rural communities can have a domino effect on the stress felt by older adults needing care and their families in attempts to secure appropriate and affordable care for their loved ones.

Issues related to cost of care (health care, home health, home care, and caregiving) focused on the high cost of these services, which created barriers for older adults. A respondent summarized issues applying to many types of care services by saying that, “Finding assistance for [home care] services is limited and costly. Many residents don’t have the funding (out of pocket or via insurance) for this type of assistance, [and] programs are limited.”

Finally, lack of availability was also a problem across different types of care in rural areas. One state respondent mentioned that, “Access to health care was ranked as the most important concern of seniors in the 2018 senior survey,” while another respondent voiced a common refrain that “These [home care] services are generally not available in rural and remote areas outside of friends and family.” The lack of access to services within rural communities due to

their unavailability is a frequent issue and a difficult one to overcome, along with issues such as workforce shortages and limiting cost.

Policy and Programmatic Recommendations

Overall, 82% of SORH survey respondents provided recommendations for policies or programs that would be beneficial for supporting older adults aging in place in rural areas of their states. Over two thirds (68%) of these respondents made more than one recommendation for additional support needed in rural communities.

The most common theme identified by 39% of respondents was related to increased funding necessary to improve the ability for older adults to age in place in rural areas. These responses included examples related to funding for home improvements, transportation, mobile health care, home health programs, increased telehealth, and community-based long-term care. One SORH respondent highlighted the need for, “Funding for communities to work on rural appropriate strategies for aging in place. Our state has pushed numerous policies and support, but without funding rural communities struggle to plug into the resources as there is not enough municipal funding or staff time.” Another mentioned, “more funding to increase access to transportation and in-home supports related to home care, groceries, etc.”

After funding, transportation and health care were the next most common recommendation themes with 29% of respondents noting programs or policies in these areas. Transportation responses included mentions of general expansion of transportation services in rural communities and coverage of the cost for these services. One respondent summarized the serious challenge presented by the lack of transportation and stated that the “lack of density in rural areas discourages investment in the transportation infrastructure and I do not foresee this changing anytime soon. I believe that working on making mobile medicine more logistically feasible (overcoming licensing challenges with regard to ‘point of service’) and having more mobile health care workers/increasing the healthcare workforce would better address these issues.”

Recommendations related to health care were

focused on improvement to accessibility, including addressing the issue of access due to barriers of transportation, workforce shortages, and overall lack of service availability. One respondent noted that, “Telehealth opportunities will improve access to care in rural areas supporting older adults aging in place. Incentives to recruit and retain medical professionals serving in rural areas would be beneficial also. Rural health care should not be a revolving door for new medical professionals to ‘get their feet wet’. Instead, the focus should be on long-term and building a trusting relationship with the patients.” The several recommendations mentioned here highlight the breadth of policy changes, specifically access to services and workforce improvement, needed to be able to improve health care for older adults aging in place in rural communities, and the awareness of these issues by rural stakeholders.

Discussion and Implications

This study identified substantial barriers for older adults to age in place in rural communities from the perspectives of State Offices of Rural Health (SORHs). Overwhelmingly, transportation was viewed as the most common barrier, with over one third of respondents identifying this as the biggest barrier to aging in place, while all SORHs agreed that transportation was indeed a barrier. Transportation related to health care is a common concern in rural areas, and these challenges can often include issues with infrastructure, geography, funding, and accessibility.¹⁰ Distance to health care services is also a common issue, with rural residents traveling twice the distance for medical or dental care than urban residents.¹¹

These transportation concerns are intertwined with workforce and access issues that were also identified by survey respondents. If there aren’t enough providers available in rural communities, patients have to travel farther and longer to get to a provider. Previous studies have highlighted that older adults in rural areas have difficulty accessing providers, particularly specialists.¹² In order for older adults to be able to remain in their homes and/or communities, there need to be solutions to the lack of available transportation and the gaps in providers available to older adults in

rural communities.

Overall, the extent of barriers for older adults to successfully age in place in rural communities emphasizes the need for a broad range of policies and programs to improve current circumstances. Funding was the most common recommendation from SORHs surveyed, though ideas for what type of funding was necessary varied greatly depending on their perspectives of the greatest gaps in services for older adults in their state. The variety of barriers, ranging from transportation to social isolation to food insecurity, highlights the importance of flexibility in policies to expand resources. While there are similar needs in rural areas across the country, different states and communities have unique needs and preferences for how to address those gaps in services. Along with this flexibility, respondents’ feedback emphasized the need for state and/or local stakeholders to voice their priorities for improved services to assist rural older adults trying to age in place.

Improvements to accessing care for individuals in rural areas have been made in the recent years, particularly as a result of the funding and flexibility provided to rural providers during the COVID-19 pandemic. One example is included in the American Rescue Plan was additional funding for community-based residency programs with the goal to increase providers in rural communities.¹³ There are other programs in existence that provide loan forgiveness and other incentives,¹⁴ but the respondents in our study noted that more attention needed to be paid to provider recruitment and retention in rural areas. Additional assistance, through mobile health units, traveling specialists, or long-term changes to telehealth are other potential solutions noted by respondents that would improve the access to health care services for older adults looking to remain in their communities.

Telehealth is another area where policies implemented during the COVID-19 pandemic allowed for additional flexibility in rural patients accessing care. Flexibility in reimbursement for telehealth under Medicare as well as for telehealth use by Rural Health Clinics allows for additional access to care in places that may have previously had more barriers to accessing health care services.^{15,16}

Despite these changes, some respondents called for lasting changes to telehealth policies to permanently increase the flexibility in which they are used to improve access to care for rural older adults.

Beyond health care access, older adults who are aging in place sometimes need other in-home services (cleaning, meal preparation, assistance bathing, medications, or mobility) to age successfully at home. Previous research has shown that rural (and urban) older adults prefer receiving long-term care in their own homes, provided by either family/friends or paid caregivers.¹⁷ Supporting older adults in aging in place requires robust support for home care and home health services.

Older adults are integral members of their communities and are disproportionately represented

in rural areas. Supporting older adults in aging in place – remaining in their homes and communities – is an essential part of supporting the overall vitality and sustainability of rural communities, especially in an era of declining rural populations overall.¹⁸ Yet, in this study, leaders from State Offices of Rural Health from across the U.S. identified significant challenges to supporting older adults aging in place in rural areas, requiring a variety of policy and programmatic solutions.

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