RURAL OLDER ADULTS AND HEALTH-RELATED CARE NEEDS

More than 2,000 older adults living in rural counties of southwest Virginia took part in telephone interviews exploring health and care needs. As these rural seniors age, many develop limitations in doing everyday tasks that challenge their abilities to live independently in their communities. Out-of-pocket health care expenses threaten their financial resources, particularly among low-income seniors.

Women, with longer life expectancies and more chronic health conditions, are at greater risk than men for developing task limitations. Rural seniors rely on family for assistance; the likelihood of using community services depends on the availability of in-home care and supplemental government assistance.

DAILY ACTIVITY LIMITATIONS ASSOCIATED WITH LOW INCOME WOMEN

Comparing differences between older adults with an inability to do one of the activities of daily living, such as cooking a meal, doing laundry, paying bills, or walking a short distance, and those who have no needs for assistance shows substantial differences between them. Those with task needs are women, older than those without needs (average age of 77 vs. 73), and are more likely to be:

- less educated
- in poorer health
- living alone

More than 40% of both groups of rural adults report incomes below poverty level, reflecting the economic deprivations associated with many rural environments.

Highlights

- Activity limitations associated with:
  - women
  - low education
  - poor health
  - living alone
- Out-of-pocket medical expenses high
- Family main providers of care
- Government assistance encourages more community service use
FAMILIES PROVIDE MUCH OF THE ASSISTANCE WITH DAILY ACTIVITIES

The majority of older adults needing assistance with daily activities seek help from family members. These seniors report receiving help mainly with heavy housework, transportation, minor household repairs, walking a short distance, and grocery shopping. They:

- Rely on informal caregivers (family, friends, and neighbors) more often than formal agencies
- Receive informal care primarily from adult children
- Receive informal assistance at least several times per week
- Seek outside help from both private individuals and community agencies

HEALTH PROBLEMS OF RURAL SENIORS

On average, the older adults needing assistance with daily activities report having four chronic health conditions. Arthritis is the most common health condition, followed by high blood pressure, chronic pain, and memory problems.

Although a majority of rural seniors who have difficulty with activity limitations avoid hospitalization, they make frequent use of the health care system. More than four out of five:

- Visit a physician more than six times per year
- Take at least one prescription medication per day, with more than half taking up to four medications per day.

HIGH OUT-OF-POCKET MEDICAL EXPENSES

Almost all participants report having some type of health care insurance. A majority are covered under Medicare (93%), a little more than half have private health insurance (57%), and a minority (15%) are covered under Medicaid. In spite of this coverage, however, out-of-pocket expenses for those with activity limitations average:

- $117 per month for health care (excluding medications)
- $136 per month for prescription medications

More than 40% of elders with activity limitations report income below the poverty level. Out-of-pocket expenses can be especially burdensome to these low income elders.
GOVERNMENT ASSISTANCE IMPORTANT TO COMMUNITY SERVICE USE

Rural seniors strongly prefer to seek help with daily activity needs from family. These seniors would use more community services in the future if the government would provide more assistance for this care. Future use of formal services also may be influenced by seniors’ perceptions of community services. In thinking about use of services in the future, seniors say they:

- trust community service providers
- believe community agencies provide good care
- are less sure of the reliability of community service agencies
- have difficulty locating community service agencies

PREFERENCE FOR IN-HOME CARE IN FUTURE

<table>
<thead>
<tr>
<th>Formal Service</th>
<th>Likely to Use (%)</th>
<th>Unlikely to Use (%)</th>
<th>Unsure (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Nursing</td>
<td>80</td>
<td>11</td>
<td>8</td>
</tr>
<tr>
<td>Personal Care</td>
<td>72</td>
<td>19</td>
<td>9</td>
</tr>
<tr>
<td>Housekeeping</td>
<td>70</td>
<td>24</td>
<td>6</td>
</tr>
<tr>
<td>Transportation</td>
<td>64</td>
<td>31</td>
<td>6</td>
</tr>
<tr>
<td>Meals</td>
<td>58</td>
<td>29</td>
<td>7</td>
</tr>
<tr>
<td>Short-term, out-of-home care</td>
<td>56</td>
<td>32</td>
<td>12</td>
</tr>
<tr>
<td>Counseling</td>
<td>51</td>
<td>40</td>
<td>9</td>
</tr>
<tr>
<td>Long-term, out-of-home care</td>
<td>49</td>
<td>36</td>
<td>15</td>
</tr>
</tbody>
</table>

If rural seniors were to use more formal community services in the future, these seniors would prefer in-home to out-of-home care. They are most likely to seek help from community agencies for home nursing and personal care, followed by housekeeping, transportation, and meals. For those undecided about future service use, the greatest uncertainties are in the areas of short- and long-term out-of-home care.

STUDY RECOMMENDATIONS

- Perform needs assessments for at-risk rural seniors
- Monitor health conditions and encourage preventive care
- Provide financial assistance for health and care needs
- Develop awareness campaigns for community services
- Market and support a multifaceted system of support
ABOUT THE RESEARCH

This brief report presents descriptive data from a targeted random sample of 2,034 community-dwelling older adults (age 65+) living in the 18 counties comprising the southwest region of Virginia. These adults took part in telephone surveys conducted during the summer of 2000. Older adults who reported needing help with at least one activity of daily living (N=535) answered additional questions about their care needs and their beliefs about receiving help from family members and from community agencies.

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The Center for Gerontology at Virginia Tech was established in 1977 to foster multidisciplinary activities that promote health and quality of life for aging individuals and families. The Center serves as the University’s organizational unit and focal point for aging research, instruction, and outreach activities. Housed and supported by the College of Human Resources and Education, the Center operates under the auspices of a director, associate director, Extension specialist, and faculty affiliates representing seven colleges and numerous departments across the Virginia Tech campus.

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