

PROVIDING
COMMUNITY-BASED
SERVICES TO THE
RURAL ELDERLY

John A. Krout
editor

A SAGE
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EDITION

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Preface

This book attempts to bring together information from both researchers and practitioners on community-based services for the rural elderly. The purpose is to present detailed and specific information on a wide range of community-based services that are needed by and available to varying degrees to elders living in rural areas. The focus is on exploring how these services can be developed and provided given the realities of rural settings, resources, and populations. Where appropriate, rural/urban comparisons are made, but the focus is on the status of rural older populations and the ways in which their needs are and can best be met by a variety of community-based programs. Although it is generally acknowledged that rural areas support fewer services for older persons and that rural service access problems are considerable, many rural programs do meet the needs of the elderly. This volume draws on the expertise of researchers and practitioners—two groups that often do not communicate and thus do not understand or appreciate what each can learn from the other.

This book has several major goals. The first is to present research-based information on rural elderly community service provision that is useful to and usable by practitioners, planners, and policy makers. Thus, although the contributors do identify barriers to the development and operation of community-based services for older rural persons, the

focus is on programmatic responses and solutions to service needs and barriers. Another goal is to identify both practice and policy gaps and needs. A third goal is to further interdisciplinary and research/practice “cross-fertilization” of ideas and expertise. A fourth goal is to identify applied research needs and policy issues in rural gerontology. Finally, it should be stressed that this is not a “how to” book or a manual on service provision, although it includes many useful insights on program development and operation. Rather, it is a presentation of program ideas and observations that can assist rural service practitioners. The bottom line is to further the understanding of how a range of community-based services can best be provided to the rural elderly.

Coverage in This Volume

A broad range of topics is covered here, including most of the areas considered to be formal “community-based” services. Obviously, informal networks provide large amounts—indeed, the majority—of community-based care for the rural elderly. However, there is already a considerable body of research on the activities of informal support networks and caregivers—although not enough focused on rural areas—and the breadth of topics included under the “formal” heading, combined with length limitations, precluded a focus on rural informal networks. They are referred to where appropriate.

Part I of the book presents an introductory chapter that reviews the general status and needs of older rural populations and the availability of community-based services for the rural elderly. The specific formal community-based services covered in this book are grouped into three sections. Part II covers information and referral, transportation, case management, and senior centers. Part III examines housing, employment and retirement, and respite and adult day care. Part IV explores nutrition, health and wellness promotion, in-home health care, and mental health. The book closes with an epilogue that provides an overview of common themes and issues in rural community-based service provision.

Of course, other topics could have been included, but I had to choose between covering a larger number of topics superficially and including a smaller number in greater depth to stay within the publisher’s length guidelines. Where information is available, the chapters refer to the unique circumstances and needs of populations most likely to be at risk, such as minority and low-income elderly.

The Approach Taken

The coverage of topics makes this volume comprehensive in terms of community-based services. As noted above, both research and application are covered, but the major thrust is service development and provision. It is assumed that the needs are there and that existing responses to these needs are, overall, inadequate, as is the existing knowledge base for practitioners and researchers alike. Chapters include a combination of reviews of the research literature and information on programming. However, the book is not a collection of examples, with individuals relating only their own experiences.

All the chapters follow the same basic format and organization of material. Although individual authors approached their topics differently, the chapters all include the following elements: a brief review of the scope, nature, and need for a specific service (the need the service addresses); standard and alternative approaches to meeting the need; problems encountered in developing and providing the service; core elements of successful approaches; an overview of research and policy issues; and a summary and conclusions section. Most chapters are co-authored, with one author coming from primarily a research background and one coming from a practitioner perspective. In some cases, individuals have been found who combine both of these. The research perspective is "applied," not basic, so theoretical questions—say, about inter-/intraorganizational dynamics or costs of services—are not covered.

As far as I know, no book currently exists with the same focus as this one. There are many books on community-based services for the elderly in general, but none that concentrates on the *rural* elderly. There are several books on the rural elderly that focus on the status and characteristics of this population and that are written primarily from a research perspective (see, e.g., Bull, 1993; Coward & Lee, 1985a; Coward, Bull, Kukulka, & Galliher, in press; Kim & Wilson, 1981; Krout, 1986). Although important and of value, none of these works attempts to combine research and practice while focusing on service provision. Thus this book is distinguished by both its topic (service planning and provision to the rural elderly) and its approach (comprehensive and applied, with a basis in existing research).

The primary intended audience for this volume is made up of practitioners, planners, and policy makers who are working, or preparing to work, in the area of rural aging and community-based health and social services for the elderly. The book should also be useful to policy planners

and administrators in general, who often have little background in rural aging issues. Other possible audiences include rural and gerontological researchers with "applied" interests as well as educators teaching courses in gerontology, rural health, and a wide range of disciplines (social work, allied health professions). It is my hope that graduate and undergraduate course instructors and students in aging services development, planning, and provision will find this book of interest. Ideally, this work will be found useful in technical assistance and continuing education instruction for rural practitioners.

—*John A. Krout*

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PART I

Overview of the Rural Elderly

This section, which contains a single chapter, presents an overview of the rural elderly. The chapter begins with a brief discussion of some of the ambiguity that surrounds the definition of the term *rural* in the literature, and argues that the diversity that makes up rural settings must be recognized, and that a continuum of residence based on a number of factors is perhaps the best approach. Data on the sociodemographic makeup of older rural populations are also provided.

Chapter 1 offers discussion of a number of myths about the rural elderly that revolve around the fact that many people believe rural elders to be better off than elders living in cities. It is demonstrated that these idealized rural images do not fit with reality. Older rural populations have lower incomes and are more likely to live in poverty, to live in older and more substandard housing, and to face greater transportation difficulties than their urban counterparts. There is also evidence that the rural elderly experience poorer health in a number of areas.

These difficulties provide the basis for the rural elderly's need for community-based services. However, a number of obstacles have combined to reduce the extent to which these services have been able to meet the elderly's needs. Lack of resources, access difficulties brought about by low population densities and a lack of transportation, low levels of service awareness, and a resistance to admitting need and accepting services among the rural elderly are just some of the obstacles identified in Chapter 1. Rural community-based service providers must overcome challenges related to service availability, accessibility, awareness, acceptability, affordability, appropriateness, and adequacy.

The chapter ends with an overview of what, in general, is known about community-based services for the rural elderly. Rural older

persons have access to a smaller number and narrower range of these services, even though the rural-urban gap in this regard may have diminished somewhat in recent years. Significant gaps exist in the “continuum of care” in many rural communities, although considerable variation is found in service availability and accessibility among rural communities. Very little attention has been paid to careful analysis of the causes of these residence differences and to the development and evaluation of rural service delivery models and strategies. Few service professionals have been trained to respond to the unique circumstances and dynamics of rural communities, and much more attention needs to be focused on enhancing the skills of rural practitioners. It also appears that some regulatory and reimbursement policies impede the development and provision of rural community-based services. The chapter concludes with an argument that the need for more detailed information on this topic and on how community-based services can best be supported and provided to rural elders provides the basic rationale for this book.

An Overview of Older Rural Populations and Community-Based Services

JOHN A. KROUT

What Is Rural?

Before we begin our investigation of individual community-based services, it is important to clarify our use of the word *rural*. A discussion of what is meant by this term and of the characteristics of older persons living in rural places will set the stage for subsequent chapters. Research on rural aging has incorporated many different definitions of *rural* (see Krout & Dwyer, 1991, for an expanded discussion). Traditionally, and unfortunately, many considerations of rural aging issues have adopted rural/urban or nonmetropolitan/metropolitan dichotomies based on population size (U.S. Department of Agriculture, 1984). According to such classifications, rural communities are considered to be those having populations of fewer than 2,500 people. But population size is not the only salient variable in defining whether an area is rural. Population density, as in the "frontier" designation of areas with fewer than six persons per square mile (Popper, 1986), and typologies that include metropolitan status as well as proximity to metropolitan areas have also been used (Hines, Brown, & Zimmer, 1975). In addition, occupational structure also differentiates communities. Most familiar to rural observers is the farm/nonfarm distinction (U.S. Department of Agriculture, 1985).

These definitions help illustrate the considerable diversity that exists within what is generally called "rural America." Moreover, this definitional smorgasbord is complicated by the fact that these various definitions are not generally or necessarily mutually exclusive. For example, 30% of the *rural* population in this country resides within *metropolitan* counties (Hassinger, 1982). Clearly, the conceptualization of residence as a dichotomous variable does not fit with the reality and diversity of residential settings that range from central cities to open rangeland. Place of residence is best conceptualized as a continuum, from most rural to most urban. Rural America encompasses a rich diversity that stretches from the woods of Maine to the Mississippi delta and from the hollows of Appalachia to the desert and rangeland of the great Southwest.

For this examination of community-based services, residence should be viewed as a continuum including number and density of population, distance from population centers, and a core set of services and an economic structure that are likely to be tied, historically and currently, to extractive industries, such as farming, mining, and lumbering. In spite of the issues noted above, the contributors to this book use the term *rural* generically to refer to a continuum of residential environments outside of cities and suburbs. Where the data are available and appropriate, metropolitan versus nonmetropolitan, rural versus urban, and farm versus nonfarm categories are used.

How Many Rural Elderly?

The number of elderly in the United States counted as rural depends on the particular definition of *rural* one uses. Data from the 1990 census reveal that 8.2 million older persons live in nonmetropolitan areas (26% of the total elderly population) and 23 million live in metropolitan places (U.S. Senate, Special Committee on Aging, 1992). Some 90% of the rural elderly are reported to *not* be living on farms, underscoring the fact that the term *rural* is no longer indicative of residence on a farm. As of 1988, it was estimated that about 700,000, or only 2.5% of the total elderly population, lived on farms. However, it is likely that this figure undercounts the true number, because the definition of *farm residence* used by the U.S. Census Bureau includes only households with at least \$1,000 in income from the sale of agricultural products. Thus elders living on farms that do not meet this criterion would not be counted as farm residents (Coward & Dwyer, 1991a; Krout & Dwyer, 1991).

Generally speaking, the proportion of the population age 65 and over increases as the overall population of a place decreases. In 1980, the highest proportion of elderly (15.4%) was found for small towns in rural areas, and the lowest proportion (10.0%) was found for urban fringe or suburban areas of urbanized territory. By 1990, the elderly made up 15% of the nonmetropolitan but only 12% of the metropolitan population (U.S. Senate, Special Committee on Aging, 1992). The higher percentage of elderly found in small towns has been attributed to several factors, such as the out-migration of young adults, the "aging in place" of middle-aged cohorts, and the movement of retired farmers and especially widows of farmers to somewhat larger communities (Siegel, 1979). This out-migration traditionally has been viewed in terms of its negative consequences for rural economies, but it also may leave those elderly "left behind" with fewer social contacts and more limited support systems (Deimling & Huber, 1981). Rural communities, with their higher elderly dependency ratios, also face the additional task of supporting programs and services for these elders.

Important differences exist also at the regional level in the numbers and proportions of rural elderly. As of 1980, 43.0% of the nation's nonmetropolitan elderly lived in the South and 32.6% lived in the North Central states; only 13.2% resided in the Northeast and 10.8% in the West (KROUT, 1986). This pattern of regional differences has likely not changed in the early 1990s. Variation is also found at the state level; some states are much more likely than others to have significant rural elderly populations. For example, as of 1980 the states with the highest concentrations of elderly in totally rural counties were Kansas, Iowa, Missouri, and Nebraska (all 18% or more). The states with the lowest proportions of elderly in rural counties were Alaska, Colorado, Louisiana, Maryland, Nevada, and New Mexico (4.1%-9.6%) (Clifford, Heaton, Voss, & Fuguitt, 1985). In many states, significant percentages of the elderly live in rural areas, making rural issues an important part of aging policy and programs. As of 1980, a majority of the elderly in 21 states and two-fifths of the elderly in 28 states lived in rural areas (Harbert & Wilkinson, 1979; Kim, 1981).

Characteristics of the Rural Elderly

It is a well-accepted tenet in gerontology that sociodemographic characteristics are important factors that must be considered in policy decisions, program development, and service provision. Certain socio-

demographic characteristics are strongly correlated with and often used as proxies for particular health and social needs. For example, the proportion of elderly reporting difficulty performing activities of daily living has generally been found to increase with age and to be greater for females, nonwhites, and persons with lower incomes (Kart, 1991). Thus it is important not only to know how many elderly live in rural areas of the United States but also to have knowledge of their socio-demographic characteristics, such as age, race, sex, marital status, and household composition. Each of these factors has generally been found to covary with residence and thus affects the need for community-based services.

Age

We have seen that the proportion of the total population that is elderly is greater in smaller places than in larger places. However, that does not necessarily mean that a similar rural/urban difference exists for the age distribution among the elderly. Indeed, Coward, McLaughlin, Duncan, and Bull (1992) report data from the 1991 Current Population Survey (CPS) that show nonmetropolitan areas have higher percentages of population in the 65-74 age group than do non-central-city metropolitan and total metropolitan areas, and higher percentages in the 75-84 age group than do non-central-city metropolitan areas. No residence differences were found in the proportion of population 85 years and older. Thus, although there are rural communities that have relatively high proportions of elderly in the older age groups, this is not the case nationally. In addition, Coward, McLaughlin, et al. (1992) found that nonmetropolitan areas have a higher "dependency ratio" (the number of persons under age 18 and over age 64, divided by the number in the 19-64 age range) than any other residence category. Thus working-age persons face a potentially greater burden for services for the elderly in nonmetropolitan areas.

Race

In terms of race, data for the elderly by residence are limited and can be criticized because of inconsistencies in how racial groups are categorized. For example, sometimes Hispanics are grouped with "whites" and sometimes with "nonwhites." Data on distinct Hispanic groups (e.g., Mexican American, Cuban American, Puerto Rican) are rarely provided for the elderly overall, and residence breakdowns are not

available at this level of detail. Clearly, however, the distribution of different racial and ethnic groups by residence varies dramatically. Overall, in 1990 about 656,000 nonwhite elders lived in nonmetropolitan areas versus almost 2.7 million in metropolitan areas (U.S. Senate, Special Committee on Aging, 1992). As of 1990, more than one-half million nonmetropolitan elders were classified as African Americans; 132,000 were classified as Hispanics (of any race); 61,000 were American Indians, Eskimos, or Aleuts; 33,000 were Asian and Pacific Islanders; and 38,000 were of other races (U.S. Senate, Special Committee on Aging, 1992). Nonmetropolitan areas generally have higher percentages of whites and lower percentages of blacks than do metropolitan areas (especially central cities). Further, nonmetropolitan areas have more black but fewer Hispanic elders than do non-central-city areas (Coward, McLaughlin, et al., 1992). It also should be pointed out that the vast majority (93.5%) of black nonmetropolitan elderly live in the South (Parks, 1988).

In 1990, the majority of Asian and Pacific Islanders and Hispanics lived in metropolitan areas, but the majority of American Indians, Eskimos, and Aleuts lived in nonmetropolitan areas (U.S. Senate, Special Committee on Aging, 1992). Depending on the region of the country, rural areas have different concentrations of racial minorities. For example, Hispanics are prominent in the rural Southwest. However, published data on rural Hispanics or Native Americans older persons are very difficult to find.

Sex and Marital Status

As for the sex structure of the elderly population, it is well known that there are more females than males among this group. This is generally illustrated by the use of the "sex ratio"—the number of male elderly per 100 female elderly. The 1991 CPS data reveal higher sex ratios for rural areas: 69.6 for metropolitan versus 76.9 for nonmetropolitan, with metropolitan central cities reporting the lowest figure (64.1) (Coward, McLaughlin, et al., 1992). These sex ratio differences by residence may be attributed in part to sex-specific migration patterns of widowed rural elderly females (especially in sparsely populated areas), who often move to larger communities when their health status and ability to live independently decline. We would expect them to be mirrored by residential differences in marital status and living arrangements of the elderly.