Meeting the Needs of Older Adults Living in Rural Communities:

The Roles of Area Agencies on Aging

A Data Brief of the 2020 National Survey of Area Agencies on Aging

Introduction

Area Agencies on Aging (AAAs) provide a range of vital services that address the local needs of the growing older adult population in communities across the country. AAA supports help older adults age successfully at home and in their communities through the provision of services such as meals, transportation, personal care and caregiver assistance. These services are especially critical in rural areas. Compared with their urban counterparts, older adults living in rural communities have lower incomes, are more likely to be poor and have fewer years of formal education.[1] Additionally, many individuals in rural communities, including adults age 65 and older, face unique challenges such as shortages of health care professionals and a lack of transportation options.[2]

National statistics show that approximately 23 percent of older adults in the United States live in rural areas compared to 19 percent of the overall population. In five states—Arkansas, Maine, Mississippi, Vermont and West Virginia—more than half of older adults live in rural areas.[3] In addition, rural counties make up nearly 85 percent of "older age counties," in which more than 20 percent of the population is age 65 or older.[4]

Most older adults in rural areas live in single-family homes, which generally lack universal design features, such as no-step entrances, single-floor living, and extra-wide hallways and doors.[5,6] Moreover, low-density rural areas present a challenge to aging in place with many rural areas lacking public transportation options, resulting in reliance on driving to run errands, seek health care services and socialize. When older adults cease driving, a lack of transportation options can add to social isolation and difficulty accessing services and amenities.[7,8] For AAAs and other agencies serving older adults, rural areas also pose challenges for service provision, as their clients may be spread out across a wide area.

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Disparities in health and access to care exist for rural residents of all ages. Studies have shown that people living in rural areas have higher rates of chronic diseases than those living in urban settings.[9] In addition, the Centers for Disease Control and Prevention (CDC) found that individuals living in rural areas are more likely to die from the five leading causes of death—heart disease, cancer, chronic lower respiratory diseases, cerebrovascular diseases (stroke) and unintentional injuries—than the population as a whole, and that these deaths were more likely to have been preventable.[10]

The COVID-19 pandemic has underscored the critical role that AAAs play in maintaining the health and well-being of older adults in diverse communities across the country.[11] Older adults served by AAAs in rural areas face unique challenges during the COVID-19 pandemic.* They have a greater likelihood of having chronic conditions and less access to health care providers, putting them at risk for worse outcomes if they develop COVID-19. More than 120 hospitals in rural areas have closed in the past decade, leading to concern about hospital capacity during the pandemic.[12,13] Older adults living in rural areas are also less likely to have broadband internet access or smartphones, putting them at higher risk for social isolation and loneliness during the pandemic.[14]

These facts illustrate the importance of understanding if and how the capacity of and services provided by rural AAAs differ significantly from their non-rural counterparts.

Survey Background

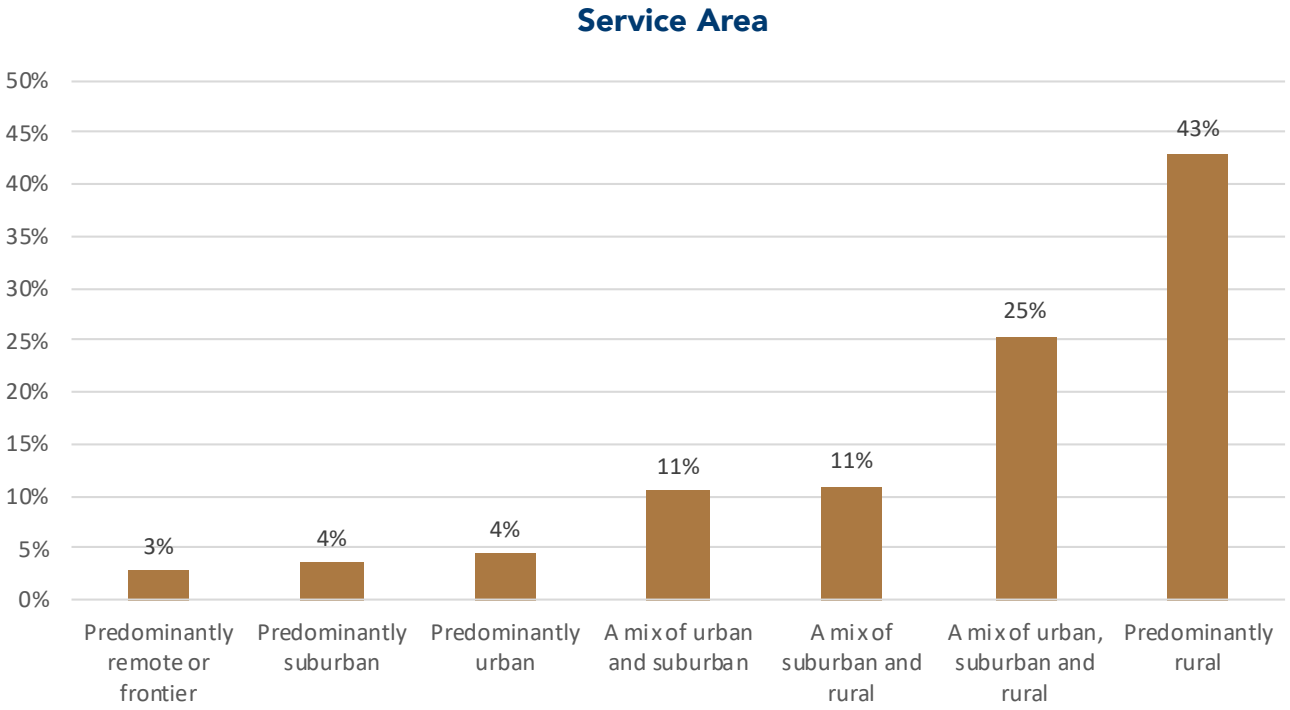
Data in this brief was gathered through the National Survey of Area Agencies on Aging (AAA National Survey). The AAA National Survey is conducted by the National Association of Area Agencies on Aging (n4a) in partnership with Scripps Gerontology Center at Miami University and funded by the U.S. Administration for Community Living (ACL). The survey has been conducted every two to three years since 2007 and tracks important new trends in programs, services and funding affecting older adults in communities across the United States. The online survey was disseminated via email in June 2019 to 618 Area Agencies on Aging. The survey closed in September 2019 after receiving 485 responses, representing a response rate of 78.5 percent.

* Tribal programs are also major providers of services and supports to older adults in rural areas. n4a, with funding from ACL, conducts a separate survey of Title VI Native American Aging Programs. Title VI survey reports are available at www.n4a.org.

Geographic Service Area

As illustrated by Figure 1, the majority of AAAs have a rural area in their planning and service area and 43 percent of AAAs serve predominantly rural areas. An additional three percent serve predominantly remote or frontier areas.

Figure 1. Geographic Service Area of AAAs

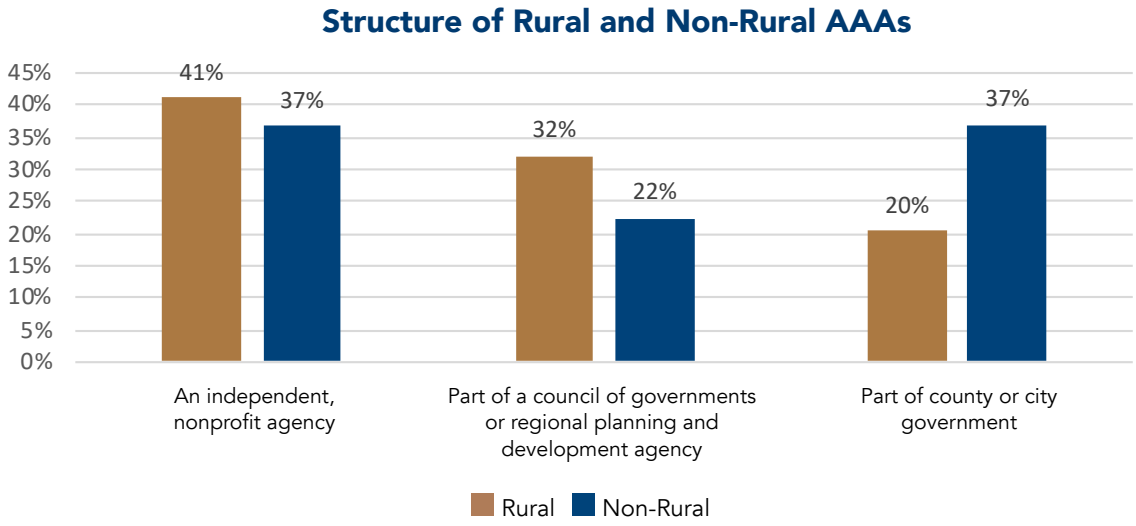


For the purposes of this data brief, AAAs are grouped into rural and non-rural categories, with rural areas defined as a combination of the "predominantly rural" and the "predominantly remote/frontier" geographic categories in the AAA National Survey. Non-rural areas are comprised of a combination of the predominately urban; predominately suburban; a mix of urban and suburban; a mix of urban, suburban and rural; and a mix of the suburban and rural geographic categories. Forty-six percent of AAAs serve predominantly rural areas, and 54 percent serve predominantly non-rural areas. This data brief explores the differences and similarities between rural and non-rural AAAs by examining structure, budget, workforce and services.

Organizational Structure

Figure 2 shows how rural and non-rural AAAs differ in their organizational structures. The most common structure for both rural and non-rural AAAs is as independent nonprofit organizations. However, a larger proportion of AAAs serving rural areas are part of a council of governments or regional planning and development area—32 percent of rural AAAs compared with 22 percent of non-rural AAAs. AAAs serving rural areas are less likely to be part of a county or city government, with 37 percent of non-rural AAAs having this type of structure compared with 20 percent of rural AAAs.

Figure 2. Structure of Rural and Non-Rural AAAs



Services

Table 1 shows the proportion of rural and non-rural AAAs offering 20 supplemental services in addition to the core Older Americans Act (OAA) services, which include home-delivered and congregate meals, evidence-based programs, information and referral, the National Family Caregiver Support Program, as well as legal assistance and elder protection activities. The table is organized in order of the most frequently provided services by AAAs in rural areas. These top 20 services are provided in similar proportions by rural and non-rural AAAs. For example, the top service offered by both rural and non-rural AAAs is transportation, with about 87 percent of rural AAAs offering this service as compared to 91 percent of non-rural AAAs. Non-rural AAAs are more likely to offer options counseling, assessment for long-term care service eligibility, home modification and repair and personal emergency response systems. Eighty-three percent of AAAs serving rural areas provide homemaker services, a slightly higher proportion than in non-rural areas. A slightly higher proportion of AAAs in rural areas provide programming for senior centers (69 percent compared to 65 percent).

Table 1: Proportion of AAAs Providing Supplemental Services		
Type of Service	Rural AAAs (n=222)	Non-Rural AAAs (n=266)
Transportation services	87%	91%
Homemaker services	83%	79%
Case management	82%	88%
Other meals/nutrition program (e.g., nutrition counseling, senior farmers' market program)	81%	87%
Benefits/health insurance counseling	80%	86%
Other health promotion services/programs (e.g., health screening, health fairs)	79%	79%
Benefits/health insurance enrollment assistance	78%	81%
Personal assistance/personal care	77%	82%
Options counseling	75%	83%
Assessment for care planning	70%	75%
Senior center programming and activities	69%	65%
Elder abuse prevention/intervention services	68%	70%
Chore services	64%	68%
Long-Term Care Ombudsman services	62%	69%
Assessment for long-term care service eligibility	57%	70%
Home modification and repair	56%	66%
Telephone reassurance/friendly visiting	53%	57%
Personal Emergency Response Systems	51%	61%
Senior Medicare Patrol	50%	48%
Care transitions services	45%	49%

Evidence-Based Programs

All AAAs—both urban and rural—provide evidence-based health and wellness programs, which must be evaluated through rigorous research[15] and proven effective in improving the health and well-being of older adults. This diverse group of programs helps prevent falls and increase physical activity, manage chronic disease, support caregivers and manage mental health among older adults in rural areas. Table 2 shows that the types of programs offered by rural and non-rural AAAs are similar. Ninety percent of AAAs in rural areas provide at least one evidence-based fall prevention program, and two-thirds provide evidence-based programs that help older adults manage chronic illness.

Table 2: Proportion of AAAs Involved in Evidence-Based Programs		
Program Type	Rural AAAs (n=219)	Non-Rural AAAs (n=262)
Fall prevention/physical activity	90%	89%
Chronic condition management	66%	72%
Caregiving	57%	55%
Care transitions	18%	20%
Mental health	12%	18%
Wellness	12%	11%

Home Modification and Repair

Because older adults living in rural areas predominantly reside in single-family homes and may have fewer local housing alternatives to move to when their current housing no longer meets their needs, home modification and repair services are critical for older adults living in rural areas.

Yet a lower proportion of AAAs in rural areas provide home modification and repair services than those in non-rural areas (56 vs. 66 percent). Table 3 compares the proportion of rural and non-rural AAAs that offer specific types of home modification or repair services. The only significant difference is seen in the provision of *minor* home modifications. This is also the most common type of home modification that AAAs provide and includes activities such as installing grab bars, raised toilets or handheld showers. Approximately one-third of both rural and non-rural AAAs provide major home modifications, which include remodeling bathrooms, installing ramps and widening doorways. A similar proportion of AAAs in rural and non-rural areas provide home repairs, as compared to home modifications.

Table 3: Proportion of AAAs Offering Home Modification and Repair Services		
Home Modification or Repair Service	Rural AAAs (n=222)	Non-Rural AAAs (n=266)
Any home modification or repair service	56%	66%
Minor home modification installation by AAA staff and/or contracted providers (e.g., grab bars, raised toilets, handheld showers, handrails, lever door handles)	52%	63%
Repairs by AAA staff and/or contracted providers (e.g., roof, electrical, carpeting/floors, loose stair railings or other stair repairs)	33%	35%
Major home modification by AAA staff and/or contracted providers (e.g., remodel bathrooms, adjust counter/cabinet heights, ramps, elevator/platform or chair lifts, widen doorways, roll-in shower)	29%	34%

Credit: National Aging and Disability Transportation Center (www.nadtc.org)

Transportation

Transportation services connect older adults to health care services, grocery stores and other necessities, as well as opportunities for social engagement. AAAs serving rural and non-rural areas provide transportation services at similar rates (87 vs. 91 percent). As shown in Table 4, similar proportions of rural and non-rural AAAs provide non-medical transportation, volunteer transportation programs and driver refresher trainings. A slightly lower proportion of rural AAAs provide assisted transportation and transportation information and referral/assistance compared with non-rural AAAs.

Table 4: Proportion of AAAs Offering Transportation Services

Transportation Service	Rural AAAs (n=222)	Non-Rural AAAs (n=266)
Any transportation service	87%	91%
Assisted transportation (e.g., curb-to-curb, door-to-door, door-through-door)	69%	79%
Non-medical transportation	64%	66%
Wheelchair-accessible transportation service	51%	55%
Non-emergency medical transportation (NEMT)	41%	41%
Transportation information and referral/assistance (e.g., one-call-one-click, mobility management, transportation counseling)	30%	38%
Volunteer transportation program	29%	29%
Transportation vouchers	21%	22%
Driver refresher trainings	10%	8%
Travel training	7%	8%

Other AAA Roles

Through additional roles designated at the state level, AAAs also serve as advocates, and help older adults navigate the complexities of accessing home and community-based services, long-term services and supports (LTSS), health benefits and other community resources. A higher proportion of AAAs serving rural areas (67 percent compared with 58 percent) administer the State Health Insurance Assistance Program (SHIP). SHIPs help Medicare-eligible consumers and their caregivers make decisions about their health insurance coverage by providing free and unbiased counseling, assistance and outreach.

Similar proportions of AAAs serving rural and non-rural areas host local Ombudsman programs (55 percent compared to 53 percent). Long-Term Care Ombudsman Programs advocate for the rights of residents of nursing homes, assisted living facilities, and other adult care facilities, and investigate and mediate any problems or concerns related to a resident's care. AAAs serving rural areas are less likely to be Aging and Disability Resource Centers (ADRCs), which help older adults, people with disabilities of any age, caregivers, veterans and families to connect with the LTSS system. Table 5 shows the proportions of rural and non-rural AAAs that have these formal roles.

Table 5: Proportion of AAAs with Other Formal Roles

Program	Rural AAAs (n=222)	Non-Rural AAAs (n=265)
State Health Insurance Assistance Program	67%	58%
Aging and Disability Resource Center	61%	68%
Long-Term Care Ombudsman Program	55%	53%

Budget

Table 6 shows the response ranges and median budgets of AAAs serving rural and non-rural areas. AAAs serving rural areas have lower median budgets ($2.6 million) than those serving non-rural areas ($5.8 million). The lower ranges of the budgets are similar, but the upper limit of the response range is higher for AAAs in non-rural areas.

Table 6: AAA Budget

	Median	Response Range	n
Rural AAAs	$2,639,433	$230,912 – $64,933,946	200
Non-Rural AAAs	$5,800,197	$248,203 – $377,170,448	240

Tables 7 and 8 compare budget sources and composition of AAAs in rural and non-rural areas. Table 7 shows the most common non-OAA funding received by AAAs. Table 8 shows AAA budget proportions by each funding source. As indicated in Table 7, AAAs for rural and non-rural service areas have many similar funding sources. Although AAAs serving rural areas are more likely to receive funding from state general revenues, this source comprises a similar proportion of non-rural and rural AAA budgets, as shown in Table 8. Similar proportions of AAAs in rural and non-rural areas receive funding from health care payers, with these sources comprising similar proportions of the budgets of AAAs that receive them, an average of seven percent for rural AAAs and eight percent for non-rural AAAs. Similarly, only a smaller proportion of AAAs in rural areas receive funding from Medicaid (39 percent compared with 47 percent), with Medicaid comprising an average of 28 percent of the budget for both rural and non-rural AAAs that receive it.

Table 7: Proportion of AAAs Receiving Revenue from Sources Other than OAA

Revenue Source	Rural AAAs (n=196)	Non-Rural AAAs (n=223)
State general revenue	78%	68%
Local government	57%	58%
Medicaid/Medicaid waiver	39%	47%
Grant funds/philanthropy	38%	39%
Other federal funding	36%	34%
Other state funding	28%	34%
Other*	22%	18%
Cost share revenue	20%	20%
Transportation funding (federal, state or local)	20%	19%
Health care payer (hospital, managed care organization, Medicaid MCO, etc.)	17%	19%
Private pay revenue	16%	16%
Department of Veterans Affairs	14%	17%
Medicare	4%	3%

* The most commonly reported "other" funding sources included grants, fundraising/donations, contributions, specific programs, match/in-kind and lottery.

Table 8: Average Proportion of Budget from Various Funding Sources*
**calculated based upon those AAAs that report any funding from this source*

	Rural AAAs		Non-Rural AAAs	
Revenue Source	Mean	Sample size (n)	Mean	Sample size (n)
Older Americans Act	45%	192	42%	232
Medicaid/Medicaid waiver	28%	76	28%	109
Medicare	5%	7	5%	7
Health care payer (hospital, managed care organization, Medicaid MCO)	7%	33	8%	45
Grant funds/philanthropy	6%	75	6%	91
Department of Veterans Affairs	6%	28	4%	40
Other federal funding	10%	71	9%	80
State general revenue	23%	153	24%	158
Other state funding	14%	55	16%	80
Local government	16%	112	18%	134
Private pay revenue	3%	31	4%	37
Cost share revenue	5%	40	3%	46
Transportation funding (federal, state or local)	9%	40	9%	44
Other	13%	43	11%	42

Workforce

Table 9 shows the medians and ranges of staff types in AAAs serving rural and non-rural areas. The median number of full-time staff (FTEs) at non-rural AAAs is 30, twice as many as rural AAAs. While the median number of part-time staff (PTEs) for both rural and non-rural AAAs is five, non-rural AAAs have greater numbers of volunteers, with a median of 55 compared with 40 for rural AAAs.

Table 9: AAA Staffing Levels

	Staff Type	Median	Range	Frequency
Rural AAAs	FTEs	15	1-268	216
	PTEs	5	0-210	186
	Volunteers	40	0-2052	219
Non-Rural AAAs	FTEs	30	1-497	255
	PTEs	5	0-485	224
	Volunteers	55	0-3800	253

Table 10 shows selected staff positions at AAAs and the percentages of rural and non-rural AAAs with each staff position. The AAA National Survey found that AAAs serving rural areas are less likely to have options counselors, as fewer rural AAAs offer options counseling, and case managers. Rural AAAs are less likely to have positions that address fundraising and business development, such as grant writers and business development managers. Transportation is a critical service in rural areas. Table 10 indicates that 42 percent of rural AAAs have a transportation coordinator or mobility manager. As a slightly higher proportion of AAAs serving rural areas provide homemaker services, a higher proportion also have homemakers on staff (34 percent compared with 27 percent). In addition, consistent with the higher proportion of AAAs in rural areas serving as SHIPs, a higher proportion—77 percent—of these AAAs have a SHIP Coordinator or Counselor on staff, compared with 71 percent of those serving non-rural areas.

Table 10: Selected AAA Staff Positions

Staff Position	Rural AAAs (n=221)	Non-Rural AAAs (n=263)
Accountant/Finance Coordinator/Manager	89%	94%
Caregiver Program Coordinator/Manager	80%	78%
Information/Referral Specialist	79%	89%
SHIP Coordinator/Counselor	77%	71%
Case Manager/Care Coordinator	71%	75%
Intake Assessor/Screener	67%	74%
Options Counselor	66%	71%
Evidence-Based Program Coordinator/Manager	60%	71%
Nutritionist/Dietician	55%	64%
Billing/Claims Coordinator/Manager	49%	62%
Human Resources Coordinator/Manager	43%	57%
Transportation Coordinator/Mobility Manager	42%	39%
Information Technology Coordinator/Manager	39%	57%
Quality Assurance/Compliance Coordinator/Manager	38%	54%
Volunteer Management Coordinator/ Manager	35%	47%
Homemaker	34%	27%
Public Relations/Outreach/Marketing Coordinator/Manager	34%	48%
Caregiver Trainer	33%	40%
Provider and/or Contractor Relations Coordinator/Manager	25%	44%
Grant Writer	22%	31%
Business Development Coordinator/Manager	14%	23%
Fundraising/Development Coordinator/Manager	14%	25%
Travel Trainer	7%	6%

Workforce Challenges

There are few differences in workforce challenges experienced between AAAs serving rural and non-rural areas, as shown in Table 11. The challenges reported by AAAs serving rural areas can likely be attributed to smaller population sizes and smaller budgets. For example, 48 percent of rural AAAs reported challenges with strong applicant pools compared with 37 percent of non-rural AAAs. A higher proportion, 25 percent, of rural AAAs reported challenges with providing competitive benefits than non-rural AAAs at 16 percent. However, a smaller proportion of AAAs serving rural areas report maintaining appropriate staff workloads or caseloads as an issue, 29 percent compared with 41 percent of AAAs serving non-rural areas. In addition, a smaller proportion of AAAs serving rural areas reported that building workforce capacity for future service demands with current funds was a challenge (39 percent of rural AAAs compared with 49 percent of non-rural AAAs).

Table 11: Proportion of AAAs Reporting Various Workforce Challenges

Challenge	Rural AAAs (n=219)	Non-Rural AAAs (n=259)
Maintaining competitive wages	62%	58%
Having strong applicant pools	48%	37%
Building workforce capacity for future service demands with current funds	39%	49%
Staffing shortages	31%	27%
Keeping staff appropriately and continually trained	31%	28%
Recruiting staff with aging and/or disability expertise	31%	28%
Maintaining appropriate staff workloads/caseloads	29%	41%
Providing competitive benefits	25%	16%
Having adequate resources to meet our current training needs	20%	15%
Staff morale/motivational issues	19%	17%
Succession planning	19%	25%
High staff turnover	15%	19%
Recruiting staff with required licenses/professional certifications	14%	17%
Determining agency's future workforce needs	14%	19%
Providing flexible working options	9%	13%
New hires not passing background check/drug screen requirements	5%	3%

Summary

AAAs serving rural communities face significant challenges, such as having smaller budgets, fewer staff members, and fewer types of certain staff positions than non-rural AAAs. Many rural areas lack the transportation infrastructure, access to medical facilities, social engagement opportunities and housing options available in more densely populated areas. Yet data in this report have shown that there are many similarities between AAAs serving rural and non-rural areas. Rural AAAs deliver a wide array of services and programs to meet the needs of older adults in their communities, providing many of the most common supplementary services, such as critical transportation and home modification programs, in approximately the same proportions. Like their non-rural counterparts, AAAs in rural areas play a critical role in helping older adults stay in their communities as long as possible.

Endnotes

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