

Rural AAAs

Structure and Services

Information & Planning Issue Brief

**NATIONAL ASSOCIATION OF
AREA AGENCIES ON AGING**

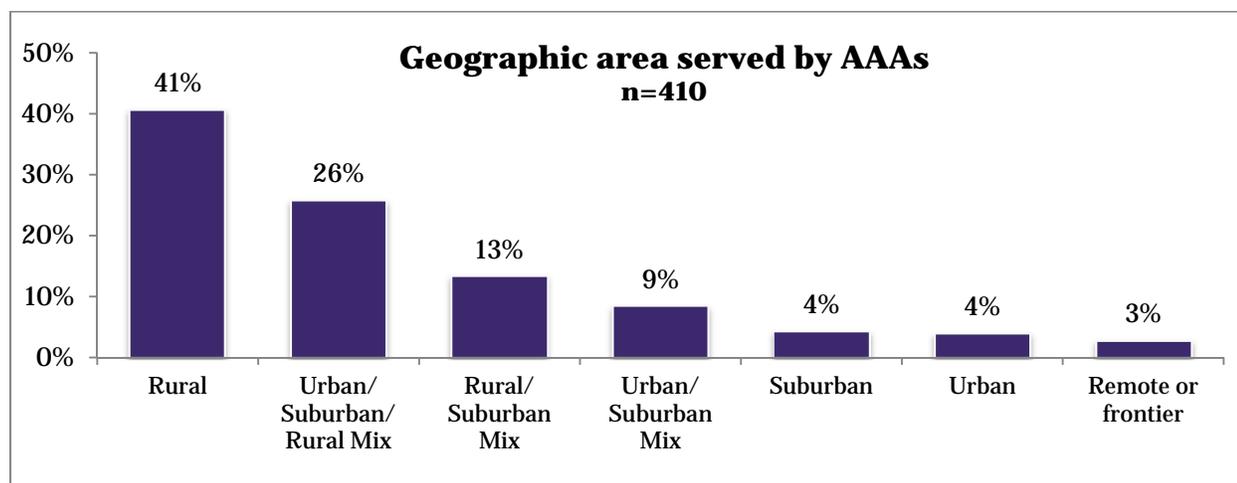


Introduction

The population of the United States is aging rapidly—nowhere is this more true than in rural America. The rate of growth for older adults living in rural areas has tripled since the 1990s and rural areas tend to have greater numbers of older adults and fewer younger people.¹ Approximately 17.5 percent of the population of rural areas is older than the age of 65 compared with 14.5 percent in the United States overall, and the population of older adults living in rural communities is expected to increase 30 percent between 2010 and 2020.^{2,3} 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.⁴ Additionally, older adults in rural communities often face unique challenges, including shortages of health care professionals and a lack of transportation options.

Studies have shown that older adults living in rural areas have higher rates of chronic disease than older adults living in urban settings.⁵ In addition, the Centers for Disease Control and Prevention (CDC) found that rural residents of all ages were 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 those in the general population, and that these deaths were more likely to have been preventable.⁶ This may be partially due to the lack of access to adequate health care. Eighty-three rural hospitals have closed since 2010 and researchers suggest that more are at risk of closing.⁷ In addition, primary care physicians are less likely to practice in rural areas. Rural areas have 39.8 primary care physicians per 100,000 people, compared to 53.3 primary care physicians per 100,000 in urban areas.⁸ Due to these disparities, rural Area Agencies on Aging (AAAs) face unique challenges in supporting the health, well-being and independence of the older adults that they serve.

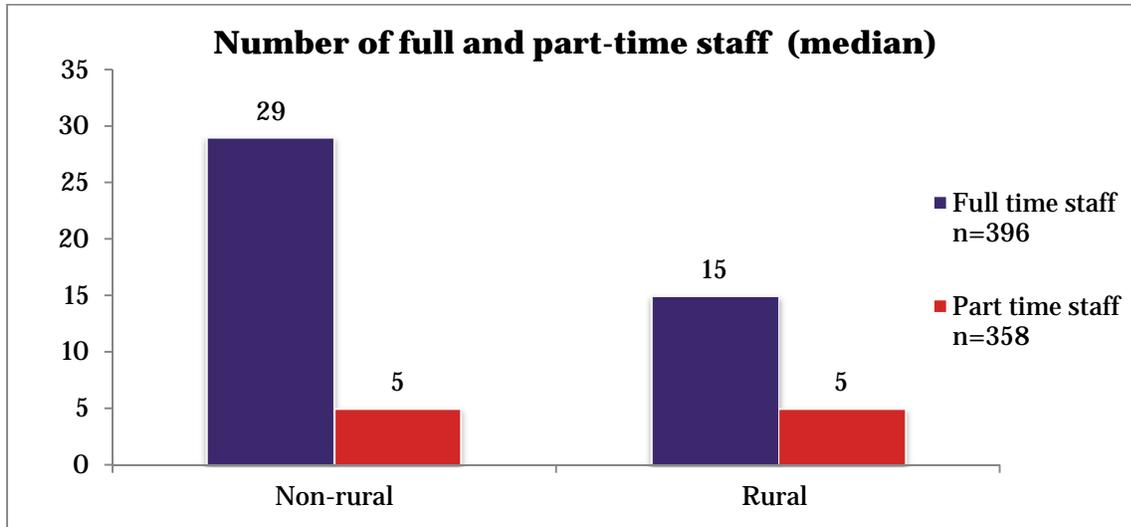
This issue brief provides data on AAAs that serve older adults in rural areas. Data for this report was gathered through the *2016 AAA National Survey* published by the National Association of Area Agencies on Aging (n4a) in July 2017.⁹ Serving the special needs of older adults in rural America is particularly relevant for AAAs since the majority of AAAs serve rural areas or a mix of rural and urban/suburban areas. Forty-one percent serve older adults in predominately rural areas, and an additional 39 percent serve older adults in an area that is at least partially rural. Three percent of AAAs serve remote or frontier regions. For the purposes of this report, n4a defines rural areas as “predominantly rural,” which is a combination of the rural category and the remote/frontier geographic categories in the n4a survey. n4a defined non-rural as “predominantly non-rural” which is a combination of predominately urban; predominately suburban; a mix of urban and suburban; a mix of urban, suburban and rural; and a mix of suburban and rural geographic categories.



This brief examines differences between rural and non-rural AAAs in terms of budget, budget source, staff, structure, services and participation in integrated care initiatives.

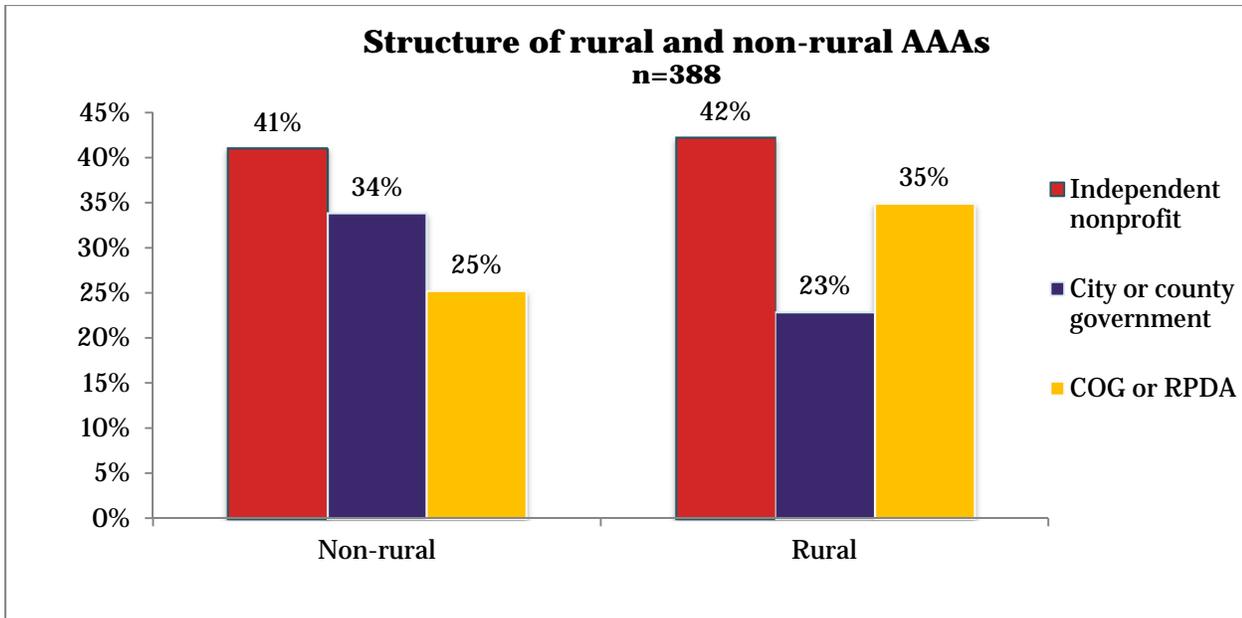
Staffing Patterns

With a median staff of 15, rural AAAs have approximately half the median number of full-time staff of non-rural AAAs, which have a median of 29 staff members. Both rural and non-rural AAAs rely significantly on volunteers with median numbers of 45 (rural) and 56 (non-rural) respectively. Budget is often the biggest predictor of staffing levels and the next section depicts lower funding levels among AAAs serving rural communities compared to AAAs serving non-rural communities. While AAAs in rural areas may have fewer clients than those in dense urban areas, costs related to providing services over the large geographic areas rural AAAs tend to cover may be higher.



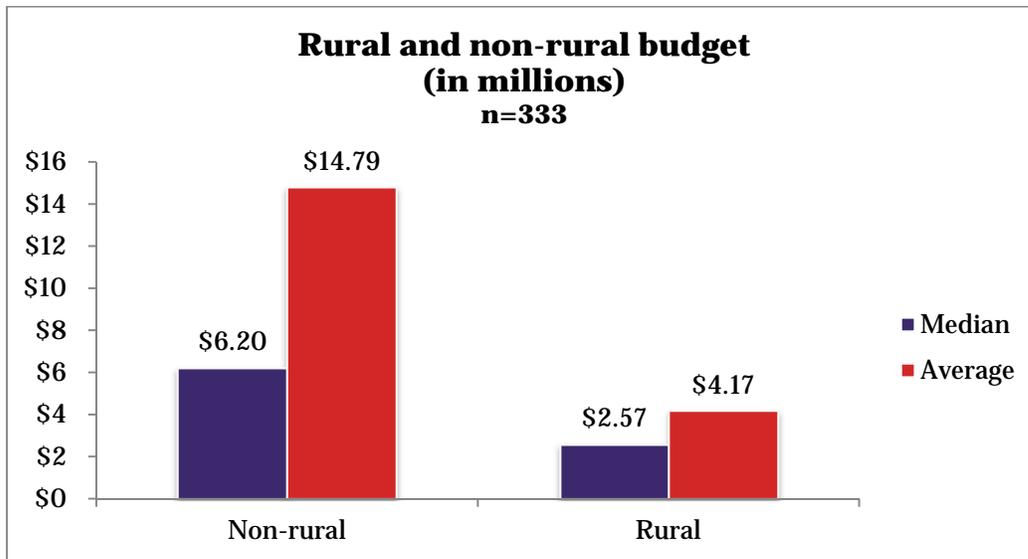
Organizational Structure

AAAs that serve rural communities are more likely than their non-rural counterparts to be part of a Council of Governments (COG) or Regional Planning and Development Agency (RPDA) (34.9 percent rural vs. 25.2 percent non-rural). They are also significantly less likely to be a part of a city or county government than are non-rural AAAs. However, the percentage of rural AAAs that are structured as nonprofits is similar to that of all AAAs and represents the most prevalent governance structure.



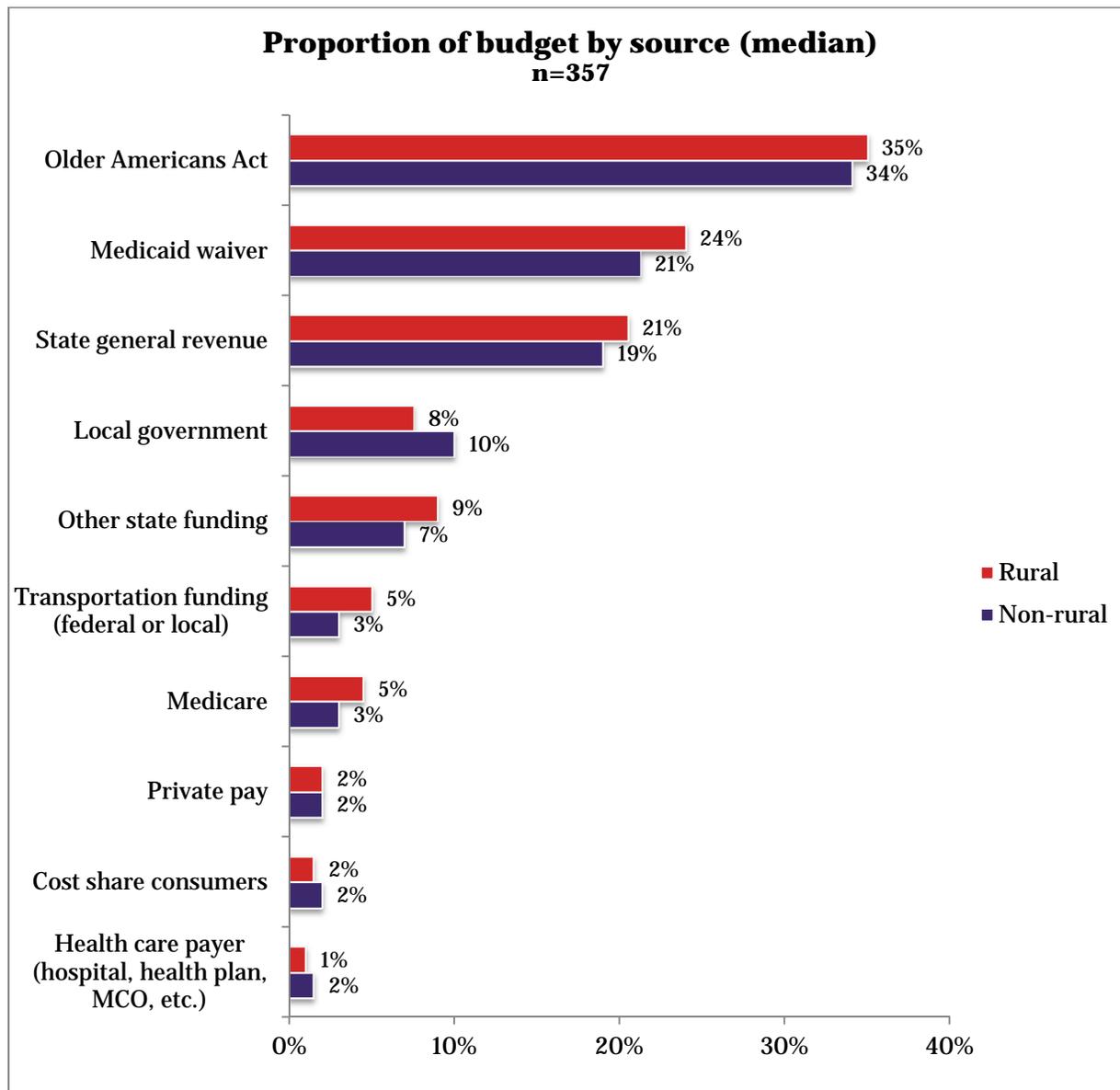
Budget Sizes and Sources

The budgets of rural AAAs are smaller than their non-rural counterparts. The average budget for a non-rural AAA is approximately \$14.79 million, compared with \$4.17 million for a rural AAA. Although the medians are closer, differences persist: the median budget for non-rural AAAs is \$6.20 million compared with \$2.57 million for rural AAAs.



In terms of budget proportion, Older Americans Act (OAA) funds account for a slightly larger proportion of rural AAA than non-rural AAA budgets: 35 percent compared with 34 percent, respectively. Rural older adults represent one of the categories of individuals with greatest need identified in the Older Americans Act and State funding formulas for targeted funding.¹⁰

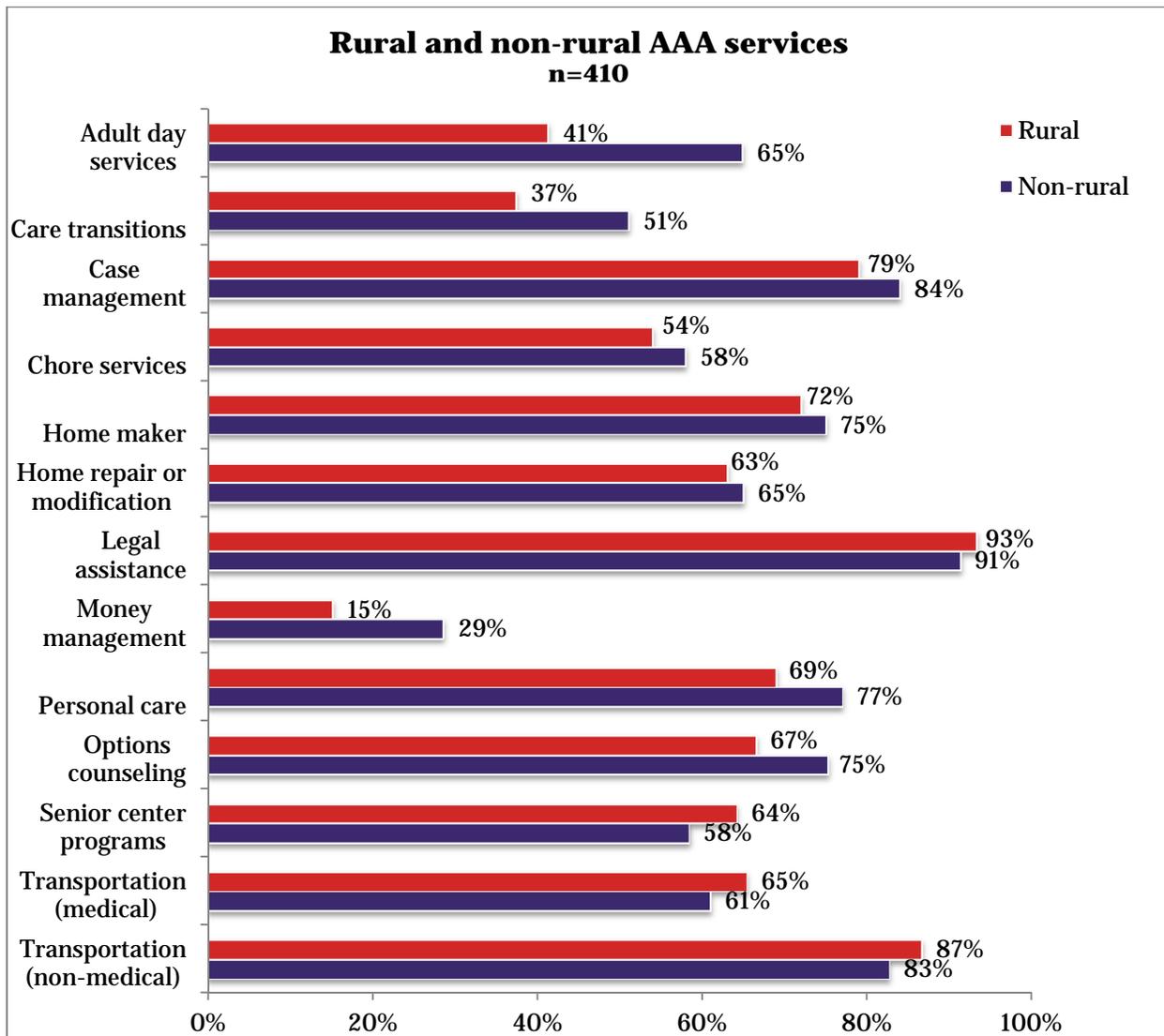
Funding from Medicaid waiver programs represents a slightly higher proportion of rural AAA budgets than for non-rural AAAs (a median of 24 percent compared with 21 percent). Rural AAAs also have a higher median proportion of federal and local transportation funding than non-rural AAAs (median of five percent compared with a median of three percent).



Services and Initiatives

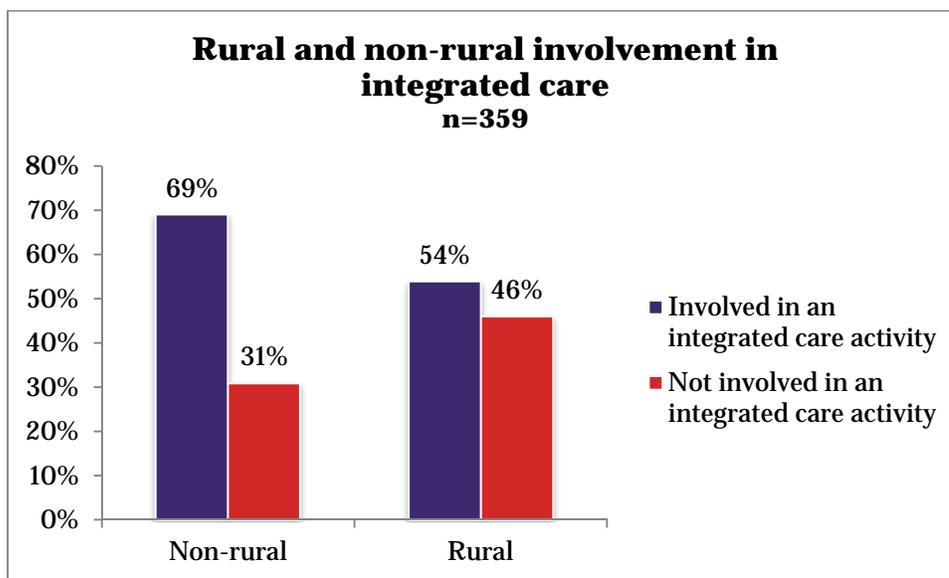
There are no statistically significant differences between rural and non-rural AAAs in the program offerings such as personal care, homemaker services and case management. However, there are a few differences in other services provided. Due to the large geographic area covered and lower numbers of health facilities in rural regions, rural AAAs are significantly less likely to provide adult day care services and care transitions services. They are also significantly less likely to offer money management and options counseling.

However, rural AAAs are slightly more likely to offer legal services as well as medical and non-medical transportation than non-rural AAAs. While none of these differences were to a statistically significant degree, it is worth noting that a lack of transportation is one of the greatest barriers for older adults living in rural areas, which are typically not served by public transportation.



Integrated Care

A growing number of AAAs across the country are involved in integrated care initiatives. Integrated care is a broad approach to health care that is implemented through a variety of initiatives combining service delivery, management and organization across multiple systems—such as behavioral health, long-term services and supports, and acute care—in order to achieve a more coordinated and person-centered approach to care and to improve outcomes. Integrated care is particularly important for rural residents who have higher rates of chronic conditions than non-rural residents. Nationally, the integrated care initiatives that AAAs are most likely to provide are Medicaid 1915(c) waivers (34 percent), Veteran-Directed Home and Community-Based Services (25 percent) and Medicaid Managed Care 1915(b) Waiver programs (14 percent).¹¹ There are modest differences between rural and non-rural AAAs in terms of participation in most integrated care initiatives. For example, rural AAAs are less likely to participate in Medicaid Managed Care waiver programs and in the Geriatric Workforce Enhancement Program. In addition, AAAs serving rural areas are significantly more likely to report no involvement in integrated care initiatives.



Case Examples

The following case examples highlight AAAs in rural areas and innovative services and programming.

EZ Fix Program

Eastern Area Agency on Aging | Bangor, ME

The EZ Fix Program helps older adults and adults with disabilities remain safely in their homes by providing minor home repair and housekeeping services throughout rural eastern Maine. Recognizing that older adults who have low incomes were struggling to keep their homes repaired, the Eastern Area Agency on Aging (EAAA) established a

volunteer-based program to address these needs. When it became apparent that older adults in the community also faced challenges performing housekeeping tasks, EAAA expanded the program to provide these services using volunteers.

To fund the program beyond the Bangor area, EAAA started a fee-for-service version of the EZ Fix Program to assist clients whose incomes had previously placed them over the threshold for receiving services. This revenue is put back into the program to fund low-income services across more than 13,000 square miles of rural Maine.

As of June 2018, 3,298 seniors and adults with disabilities have been able to remain in their homes due to their participation in the program. More than 2,109 home safety audits have identified and remedied numerous fall hazards. Housekeeping services volunteers have spent 1,507 hours to reduce the incidence of illnesses, such as rashes and respiratory problems, which result from unclean housing. As a result of the program's success, it has attracted more than \$345,000 in private grant funding and was the recipient of a 2016 n4a Aging Innovations & Achievement Award.

Increasing Cancer Health Literacy and Promoting Early Screening in Southwest Virginia **Mountain Empire Older Citizens, Inc. | Big Stone Gap, VA**

To address the high incidence of cervical cancer in rural Appalachia, Mountain Empire Older Citizens (MEOC), the University of Virginia (UVA) School of Nursing and the UVA Cancer Center joined to study the feasibility of using at-home self-collection for human papillomavirus (HPV) testing and to offer "Understanding Cancer" trainings throughout the community.

The goal of the study was to determine if at-home collection was culturally acceptable and feasible in southwest Virginia. To conduct the study, local women working as MEOC personal care aides for the elderly were trained to be lay navigators to contact other local women to participate in the self-collection. The aides met the women at their homes, explained the self-collection process and mailed the samples back to UVA Cancer Center.

Through 2016, 641 people have successfully completed the "Understanding Cancer" training. Individuals trained in "Understanding Cancer" have offered 366 community group presentations, 64 lay navigators have been trained in the Cervical Cancer Control project, 103 self-collection kits have been distributed and 46 self-collection kits have been mailed to UVA. Of the 46 kits that have been processed, the seven women with positive test results were connected with appropriate medical resources. This program was the recipient of a 2017 n4a Aging Innovations & Achievement Award.

Connecting Older Veterans to Resources **Bear River Area Agency on Aging | Logan, UT**

Bear River Area Agency on Aging offers the COVER to COVER "Connecting Older Veterans (Especially Rural) to Community and Veteran Eligible Resources" program.

Beginning with a pilot phase in 2013, the program spread throughout Utah starting in 2016 and has now been replicated in four states (Idaho, Oregon, Colorado, and Nevada). The purpose of the program is to assist veterans, particularly those in rural areas, with enrolling in the VA health care system, obtaining VA in-home services and gaining service-connected compensation. Over a 12-month period from 2017 to 2018, the program served 338 unduplicated veterans and has served nearly 1,000 veterans since the program began. Since the program began tracking service-connected monetary compensation in July 2016, veterans have received more than \$1,003,528.

The COVER to COVER program shifted course in 2017 to focus on sustainability. Through the National Council on Aging's Center for Benefits Access, the COVER to COVER model in Bear River received funding to provide a holistic approach to benefit enrollment for veterans. Additional COVER to COVER sites have gained partial or full sustainment funding to continue this vital work with veterans and their families. In July 2018 the COVER to COVER Program Office and three sites will receive funding through the VHA Geriatric Extended Care program for one year to continue exploring sustainment and growth opportunities. This program was the recipient of a 2016 n4a Aging Innovations & Achievement Award.

Rural Transportation Programming Mountain Empire Older Citizens, Inc. | Big Stone Gap, VA

Mountain Empire Older Citizens, Inc. (MEOC) offers a number of innovative transportation services to address the needs of older adults and people with disabilities in its rural service area. Through a grant from the National Aging and Disability Transportation Center (co-administered by n4a and Easterseals), the Mobility Vision program provides individuals who must attend frequent health appointments with additional assistance through door-to-door, door-through-door and on-board assistance. The program has provided more than 800 one-way trips to medical appointments for individuals with chronic conditions. Of those trips, 175 involved additional assistance from an aide for those who needed it. The program has also provided 3,800 one-way dialysis trips, an increase of 20 percent over the year before. These rides enabled individuals to maintain their quality of life by remaining in their homes while having access to necessary medical appointments. This service is particularly important for dialysis patients, who are exhausted after treatments that can last hours, and for patients who have lengthy travel to and from rural areas.

MEOC also participated in a falls prevention class, offered through a partnership with Virginia Commonwealth University, after which staff educated drivers and personal care aides on the importance of falls prevention and its impact on service and liability. After implementation of this program, falls in MEOC facilities and on buses were reduced between 24 to 40 percent.

Finally, MEOC has utilized funds from the Virginia Board for People with Disabilities and the Virginia Department for Aging and Rehabilitative Services to offer Saturday transportation for older adults and individuals with disabilities. The Mountain Empire Regional Transportation Advisory Committee identified Saturday transportation as a

significant unmet need in the area, with transportation-dependent individuals having no option for transportation to recreational, social or employment-related activities on the weekends. With the assistance of a variety of community partners, including the local community services board, behavioral health providers and the Department of Veterans Affairs, MEOC's transit department now offers a coordinated system of public and human service transportation with additional support services, including passenger attendants, shopping assistance and mobility management.

Summary

Older adults in rural communities often face unique challenges, such as shortages of health care professionals and lack of transportation options. AAAs serving rural communities face significant challenges of their own, such as having smaller budgets and fewer staff—including volunteers—than non-rural AAAs. In spite of these barriers, rural AAAs deliver a wide array of services and programs to meet the needs of older adults in their communities. Additionally, rural AAAs are expanding their scope of services to include a variety of integrated care initiatives to improve the health and well-being of the older adults they serve, which, in turn, help older adults remain in their homes and communities as they age.

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¹ <http://www.ncsl.org/research/health/home-and-community-based-services-meeting-the-lon.aspx>

² <https://www.ruralhealthinfo.org/topics/aging>

³ <https://www.ers.usda.gov/amber-waves/2009/september/baby-boom-migration-tilts-toward-rural-america/>

⁴ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1071321/#ref1>

⁵ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5116378/>

⁶ https://www.cdc.gov/mmwr/volumes/66/ss/ss6602a1.htm?s_cid=ss6602a1_w

⁷ <http://www.shepscenter.unc.edu/programs-projects/rural-health/rural-hospital-closures/>

⁸ <https://www.cdc.gov/nchs/data/databriefs/db151.pdf>

⁹ <https://www.n4a.org/2017aaasurvey>

¹⁰ <https://www.gao.gov/assets/660/650451.pdf>

¹¹ <https://www.n4a.org/2017aaasurvey>

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