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The Rural Elderly: Providers' Perceptions of Barriers to Service Delivery: Providers' Perceptions of Barriers to Service Delivery

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Cover Page Footnote

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ABSTRACT

A 1989 survey of the State Units on Aging (SUAs) produced five themes that seem to underlie the many barriers to the delivery of services to the rural elderly. A systematic review of these five themes led to the identification of 34 specific challenges or barriers, which were then placed under the appropriate theme. Such a schema has been outlined in order to aid social service providers, researchers, and students in making sense of the problems faced by the increasing number of rural elderly. In addition, in order to assess the relative importance of these barriers, a second survey of 172 "resource persons" in the field of rural aging provided data showing, by theme, which barriers are perceived to be of most importance.

In the many and varied regions of rural America, aging advocates and providers of programs and services for rural elders face a myriad of challenges. Such challenges, also referred to as "barriers," range from the very simple to the highly complex; from the painfully obvious to the obscure and ambiguous; from those easily overcome to those which are problematic.

These barriers are further complicated by the significant variation among rural regions of the country as well as by the notable rural diversity even within states and their sub-state regions and localities (Coward & Dwyer, 1991; Krout, 1986). Painting a consistent picture of rural America is thus very difficult. Some areas are experiencing significant economic growth, while many others are beset by chronic financial problems. Some have a relatively high density population, while others have very low population per square mile. In some small portions of rural America the programs and services that are generally accessible for elders are adequate, but in a significant number of other geographic areas, even the most basic of services are seldom available.

While the spectrum of barriers to service is broad and the diversity of rural America defies consistent definition, there are constants that characterize rural elders when compared to their suburban and urban counterparts. Older rural people, by almost all economic, health, and social indicators, are poorer (Kim, 1981; Coward, 1979; Auerbach, 1976); less healthy (Coward & Dwyer, 1991; Schooler, 1975; Ellenbogen, 1967; Youmans, 1967); live in poorer housing stock (Coward, 1979); have fewer options in personal transportation and less availability of transit services (Harris, 1978; Cottrell, 1971); and have significantly more limited access to health professionals and community-based programs and services (Coward & Dwyer, 1991; Ecosometrics, 1981; Frenzen, 1991; Krout, 1986; Nelson, 1980, 1983).

The list of deficiencies and inequities can be quite alarmng to those unfamiliar with the very real circumstances of many rural elders. It is often argued that being old and living in rural America is a form of "double jeopardy," where the individual is put at risk both by advancing age and by the circumstances of rural residence. Indeed, if other factors, such as being a member of a minority group or Native American tribe, are added to the argument, there is a case for "triple jeopardy."

Finally, it is also argued that urban assumptions about programs and services for older persons are often misapplied to rural realities (Coward, DeWeaver, Schmidt and Jackson 1983; Steinhauer, 1980). These assumptions are built upon stereotypical notions of the lives of elders in rural America. Perhaps the most common urban assumption is that rural life for older persons is more than adequate. A second common urban assumption

flows from the first: if life is good for rural elders then there is no moral or political imperative to aid them, since there is no need to alleviate problems that do not exist. A third urban assumption about rural America is that program and service costs are lower in nonmetropolitan areas, and a fourth assumption is that elders in urban, suburban, and rural areas have similar problems, amenable to like solutions and, thus, there is little city-country differentiation, much less an acknowledgment of the diversity of rural America itself (Kerckhoff & Coward, 1977).

To begin to systematize some of the basic themes underlying the barriers facing providers of services to the rural elderly, the National Resource Center for Rural Elderly, in 1989, completed a telephone survey of over 90 percent of the State Units on Aging. The major purpose of this article is to show that a large number of problems which, at first actually seem to be entirely unrelated and completely overwhelming, can actually be systematized. With such a system, the practitioner can gain clarity, realization that others face similar problems, and a knowledge of which problems can be solved with present resources and which problems are currently unsolvable. Such information can then aid the practitioner in correctly prioritizing those obstacles to be overcome. We have clustered the barriers brought to our attention under five major themes: (a) Isolation, (b) Economic, (c) Service Availability, (d) Culture and Demographic, and (e) Funding, Statutory, and Governance. Within each of these themes the major barriers are outlined.

I. Isolation Challenges

A. Distance as a Barrier

In our highly mobile society, many of us take for granted the ability to get into our cars and simply drive to a purveyor of needed goods and services. In many portions of rural America, however, this is a luxury for an older person. With the shrinking of many small towns and the concomitant growth of regional service and shopping centers, it is not uncommon for an older person to face a one-way drive of at least 25 to 50 miles to secure medical services or to purchase basic goods and nonmedical services. For the very old or frail rural elder, this can be an insurmountable challenge.

For the service provider the challenge is equally difficult (Parkinson, 1981). Many area agencies on aging have a multi-jurisdictional planning and service area. Organizing, managing, supervising, and evaluating programs and services over large distances can be a difficult task. Achieving

any benefit from economies of scale is difficult, and with the increasing cost of gasoline distance becomes a serious problem.

B. Terrain as a Barrier

Sheer distance is often compounded by serious geographic obstacles or a crumbling transportation infrastructure (Ambrosius, 1981). Impassable or difficult mountainous terrain, long sections of rivers stretching for many miles between bridges or ferries, areas of desert or swamp that only the bravest will attempt to traverse, or sway-backed and rotted bridges are as formidable a barrier as miles of open road.

C. Weather as a Barrier

A third highly obvious but equally serious isolation barrier is the weather. In some regions, particularly around the Great Lakes or in mountainous regions, one snowfall can mound several feet of snow at the door of a rural elder. In other areas, extreme cold can effectively preclude a needed journey or the delivery of services to the home. While cold is obviously a seasonal problem, the further north the planning and service area, the longer the winter season and thus the more drawn-out the period of difficulty. At the other extreme, heat can be as deadly as cold. A few summer hours in West Texas or Southeast Arizona can be as deadly as sub-zero temperatures in Montana.

D. Perception of Access

A fourth isolation barrier is less patently obvious, yet just as real. If rural elders perceive themselves to be isolated, then that perception is just as valid an obstacle. Many rural elders share this perception and overcoming this sense of solitude proves to be a difficult task.

E. Service Isolation

A fundamental problem is the simple lack of programs and services available, especially transportation services. Studies document a dearth of programs and services (Coward, 1991; Hicks, 1990; Hogan, 1988; Krout, 1991; Merlis, 1989; McKelvey, 1979). While a particular service or set of services may well be available in the largest population center in a specific planning and service area, it may not be generally available in all counties of that Public Service Area (PSA).

F. Minority Isolation

In addition, one isolation variable that is seldom discussed, yet can play a powerful role is minority status. Rural life as an older black, Native American, Hispanic or retired itinerant worker generally leaves much to be desired. Except in those regions where there is a high enough concentration of a minority population to overcome the sometimes blatant daily manifestations of discrimination, rural minority elders face all of the problems of their white counterparts, plus those difficulties imposed by their membership in a group not accepted or wanted by the majority of the population, regardless of age.

G. Political Policy Isolation

It would be extremely difficult to argue that the concerns of rural elders have been central to the emerging public policy debate on the problems and potentials of the older population in general. Indeed, many elders in rural areas are struggling to achieve some form of parity with their urban and suburban counterparts. Rural elderly advocates and service providers have not played as central a role in national policy debates as that played by their urban and suburban counterparts because many rural social and political movements face the challenge of organizing an isolated and widely dispersed constituency.

II. Economic Challenges

Unfortunately, many rural communities are tied to a single industry, crop, or service, which allows little, if any, control over major nationwide economic cycles or the similar swings attached to very specific product areas. While there is no simple solution to the economic problems of rural America, it can be argued that diversification is the main buffer against such swings. Within this context, each of the economic barriers to rural service provision is examined.

A. Lack of Rural Targeting of Federal and State Funds

Many federal and state formulas for dispersion of funds do not include a rurality factor when calculating the amount of money that will be made available for rural elders' programs and services (Ecosometrics, 1981; Kim,

1981). One highly questionable argument almost always used in attempts to promote and maintain the discrepancy between urban and rural funding is that rural costs for programs and services are lower than urban costs (Hendricks & Cromwell, 1989). Recent studies on health care costs, however, refute this fallacy (Straub, 1990).

B. Lack of a Strong Local Tax Base

In those states that contain economically depressed rural regions, county and town tax bases have been hard hit by the agricultural depression of the late 1970s to mid-1980s. Given the general paucity of federal and state funds, rural agencies have not been able to look to local tax resources to fuel programmatic growth. Even for those rural jurisdictions that are more economically viable, there is not the breadth of tax base to support expanded or new services.

C. Lack of Cost Sharing with Participants

In a discussion of cost sharing, proponents contend that some form of voluntary means testing is one method to extend funding for programs and services. Opponents claim it ignores the social needs of older persons and the needs of the oldest old and needlessly reinforces the "welfare stigma" that many older rural persons attach to various services. Regardless of these arguments, however, means testing is a concept that merits further formal debate.

D. Lack of an Adequate Pool of Local Fund-Raising Resources

Not only have rural economic problems negatively impacted units of government, this same financial downturn has had a negative impact on business and individual donations. Success in local fund-raising in the late 1970s and early 1980s appears to have become static in recent years.

E. Lack of Local Matching Capacity

Given the lack of rural local government revenues and the limited capacity to generate local charitable contributions, a major challenge facing many rural service providers is simply that of securing adequate matching funds for existing federal and state funds.

F. Lack of an Adequate Pool of Rural Volunteer Support

One traditional method of overcoming rural financial scarcity has been to rely on the use of volunteers. Given the phenomenon of aging-in-place due to the continuing out-migration of rural youth, this method is being severely tested because the pool of potential volunteers is shrinking.

III. Service Availability Challenges

The major barriers considered under this theme are simple to define but difficult to overcome. Two key questions bring us to the heart of the problem. First, to what extent must rural providers sustain a basic infrastructure of human services? Second, what will expanding the human service infrastructure cost?

A. Lack of a Human Services Infrastructure

Over the last several years, many sections of rural America have experienced a shrinkage in their general human services infrastructure (Hines, Green, and Petrulis, 1986). Examples are: (a) the permanent closing of nearly 200 rural hospitals, with many more in serious jeopardy (Merlis, 1989); (b) the shrinking availability of many goods and basic services in small towns and hamlets and the concomitant rise of distant regional service centers (Krout, 1986); and (c) the restructuring of rural transit systems, leading to the death or reduction of many private and public transportation routes (Krout, 1986; Grant, 1984). The consolidation of business services, transportation systems, and health care facilities continues, with no sign of reversal (Mick & Morlock, 1990).

B. Lack of Rural Elderly Service Providers

Despite the best efforts of many states and local providers, there are still some rural counties with no aging services and others where only the largest town offers even limited services. This uneven availability of services continues to be a problem with no signs of resolution in the near future.

C. Lack of High-Technology Equipment and Training

While high-technology equipment will probably never provide the panacea for rural elders' services, such advances could play a major role in

accessing certain types of services. The technology is currently available, for example, to adjust pacemakers over the telephone; to provide certain forms of health screening; to allow for video shopping using the postal service; to perform many banking transactions; and to complete a myriad of other financial transactions. The increasing use of personal computers may also open up many information and communication possibilities. Yet, for many rural service providers, such technology may well be inaccessible due to cost considerations and limited opportunities for training in the use of the equipment.

D. Lack of Rural Human Resources

Technology may cure certain woes, but it is paid staff and volunteers who will ultimately determine the quantity and quality of rural services for elders. The problem of rural recruitment and retention of qualified personnel, particularly in the health professions, continues to be a challenge for creative rural service management (Coward & Dwyer, 1991). In addition, service generalists are more commonly needed in rural areas, while American society as a whole is obsessed with the education and training of individuals in more and more highly specialized areas.

E. Lack of Multi-Purpose Regional Service Sites

Coordination of services at multi-purpose regional sites may not be operationalized in all rural sections of the country (Dwyer, Lee, and Coward, 1990). Given the ongoing regionalization of rural America, multi-purpose centers at strategically-located population centers throughout a planning and service area will not stem the tide of rural contraction. The barrier is simply having the funds to plan, implement, and maintain such centers.

F. Lack of Acceptable Services

An irony for many rural providers is that services which were once acceptable to rural elders are now faltering in acceptance by older people. The congregate meals program provides an unfortunate example of a service that was once heavily utilized but is now seeing shrinking participation in some rural regions (Krout, 1989). Rural providers must constantly reassess their funding and service priorities. Certain services may have to be reconfigured in order to achieve higher acceptability, and some may perhaps need to be discontinued.

G. Lack of Rural-Sensitive Needs Assessments

Rural-sensitive needs assessment is a highly specialized capacity generally beyond the limited time and staff expertise of a rural service provider or advocate. Even in those situations where the time and technical capability are available, there is often resistance to conducting needs assessments (Powell & Thorson, 1989). There is a changing perception of need among rural elders, however, and staying attuned to these changes requires ongoing attention.

IV. Cultural and Demographic Challenges

Instituting cultural changes and positively impacting demographic trends are the most difficult and time-consuming tasks to successfully accomplish. If there is to be change, then, rural service providers are going to have to gamble, and expect to face failure as well as achieve success. Governing boards, funding agencies, Councils of Governments, and local governments should thus be forewarned when exploring new cultural or demographic territory.

A. Lack of Intergenerational Contacts and Supports

The phenomenon of aging-in-place and the associated out-migration of the relatively youthful rural population leads to the social isolation of older persons in many rural regions. Not only is this form of isolation problematic in and of itself, it also has serious implications for the availability of a pool of younger volunteers.

B. Lack of Income and Knowledge of Government Entitlement Systems

For many rural elders, the relative lack of disposable income makes it impossible for them to make even minor good-faith contributions for programs and services. When this lack of income is coupled with a lack of opportunity for education about government benefit systems, the rural elder is unable to access entitlement programs for self-help.

C. Lack of Literacy

Adding to the lack of income and ignorance of government entitlements is the fact that there are some older rural adults who simply cannot read or whose reading skills are minimal at best (Ansello, 1981).

D. Lack of Minority Tolerance

Rural blacks, Native Americans, and Hispanics have long known that there is a lack of essential tolerance for minorities, while new immigrant groups who are penetrating some rural regions, particularly those of Asiatic origin, are quickly finding out about such barriers firsthand. This lack of tolerance further complicates the issue of service provision to the rural elderly.

E. Lack of Religious Tolerance

Religious differences often provide a significant barrier which is particularly acute in congregate programs such as senior centers, county focal points, and nutrition services. Unlike urban/suburban services, which often have enough individuals of a particular religious faith or creed to justify a separate service site, rural sites often find that elders will simply not participate if they must do so in the company of those not of their particular faith (Rogers, Burdge, Korsching, and Donnermeyer, 1988).

F. Lack of Willingness to Accept Help

A "nonacceptor syndrome" toward the use of services by rural elders, particularly the very old, has been identified in at least one section of the country (Ecosometrics, 1981). This syndrome involves an older individual's striving for independence, a generalized hostility toward those services perceived as "welfare," a staunch refusal to use needed services, and a persistent denial of acceptance of assistance actually given and received.

G. Lack of Individual Privacy

For the rural elder who has led an independent and individualistic life, acceptance of certain forms of service calls reveals, intentionally or not, certain factors about their life and economic circumstances. In rural services, where many of the participants are known to local officials and other members of the community, it is often quickly known that an older individual has utilized a program or service. This outcome is often a tremendous obstacle when the users are not eager to have their acceptance of a service or financial status known to the community at large.

V. Funding, Statutory, and Governance Challenges

The last theme to be reviewed is the realm of political control and geographic bias. The evidence strongly suggests that existing funding, statutory, and governance patterns are skewed toward the needs of the urban/suburban community (Coward & Dwyer, 1991).

A. Lack of Adequate Government Funding

Adequate funding is a fundamental prerequisite for the provision of programs and services for rural elders. Whether the source of funding is federal, state, or local, it is simply impossible to run most services if they are seriously under-funded. The blame for the relative lack of rural service funding lies primarily with the urban/suburban bias of those who provide the financial resources (Krout, 1986). Some of the responsibility for this situation, however, lies with rural advocates and service providers. In many rural areas, enormous amounts of time and energy are expended on local fund-raising efforts. If some of this time and energy were expended on federal and state level political action and coalition-building, the rewards would be much more substantial and the impact on the provision of services far greater (Watkins & Watkins, 1985).

B. Lack of Rural-Sensitive Federal and State Regulations

The federal and state government regulations which accompany monetary assistance often receive poor marks for perceived insensitivity to the attitudes, values, and beliefs of rural older persons and their ignorance of how programs and services operate in rural environments. This insensitivity is generally the result of government officials unconsciously giving urban values, practices, and procedures the virtual force of law without understanding the unintended rural consequences.

C. Lack of Rural Perspective

Urban/suburban stereotypes and biases form a powerful barrier to the provision of rural elders' programs and services. Rural advocates and providers have long had to defend against the urban contention that the costs of rural programs for elders are somehow exorbitant when, if the true

costs of urban/suburban programs are fully accounted for (including those costs covered through the infrastructure), this may well not be the case at all (Steinhauer, 1980).

D. Lack of Local Priority for Rural Aging Services

Rural programs and services for elders must compete for sparse local support and dollars with those interests which aggressively advocate for infrastructure support, such as road maintenance, bridge repair, county law enforcement, solid waste disposal, and other rural necessities. Even when not faced with economic decline, there is significant pressure on county, town, and village governments to keep tax rates as low as possible, particularly when the rates are tied to land valuations, so that agricultural and small businesses can maintain their generally slim profit margins. In recent years, large-scale corporate farm managers have added their voices to the low-tax chorus. The resulting small tax base makes competition for funding even more fierce.

E. Lack of Aggressive Service Provider Governance

On top of the low-tax mentality, many providers of services for rural elders often face an additional, institutional obstacle to their advocacy on behalf of older adults. In many sections of the country, area agencies on aging and their service providers are governed by a consortium of elected county and town officials combined into a regional council of governments (COG) or some other form of regional intergovernmental cooperative. With this form of governance, the same low tax political pressures that beset these elected officials in their respective jurisdictions are carried into the decision-making circles of the COG.

F. Parochialism and Lack of the Long View

Parochialism mixed with chauvinistic pride often provides a serious obstacle to the provision of rural elders' programs and services. There is often an assumption that a provider in one rural region of the country simply cannot understand the problems and peculiarities of a fellow provider in another section of the nation (Ecosometrics, 1981). There is a related assumption that there is little, if anything, that is exportable from urban/suburban programs to rural services.

G. Lack of Coherent, Modern Political Boundaries

The boundaries of the majority of states and counties were formed in the late 1700s and the early years of the 19th century. With these occasionally arbitrary lines drawn long before the advent of rural regionalization and modern forms of transportation, communication, and access, it is little wonder that outmoded political boundaries can form a major barrier to the provision of services to rural elders. It is also no surprise that occasional problems occur when a rural elder is denied a particular program or service by virtue of living on the wrong side of a boundary.

Relative Importance of Barrier

In order to get a feel for the relative importance of these 34 barriers or challenges to the delivery of services to the rural elderly, we decided to mail a short questionnaire to 172 "Resource Persons" whom the National Resource Center for Rural Elderly had identified who could be used for technical assistance and training by service providers. Included were members of the aging network from federal, state, and area agencies; university faculty; private consultants; members of related government agencies at all levels; and members of not-for-profit organizations. The results of this mailed questionnaire are now briefly outlined. Respondents were asked to place each of the 34 barriers on a scale from 1 to 10 with 1 being "of least importance," and 10 being "of most importance." At the end of the questionnaire each respondent was asked to rank the top three factors out of the 34 they had just rated.

Results

One hundred and seventy-two questionnaires were mailed in February 1991 and a total of 121 were returned for a response rate of 71 percent; 107 usable responses were tabulated.

The ranking of barriers under the first major heading, which was "Geographic Isolation Factors," indicated that "Lack of local services" was the most important factor (8.0 on the 10-point scale), "Distance" was the second most important (7.5), and "Terrain as a barrier" (3.9) was the least important.

The ranking of factors which we had placed under the label "Economic Factors" showed that "Lack of rural targeting of Federal and State funds" (7.4)

and "Lack of strong local tax base" (7.3) were most important. The least important factor seemed to be "Lack of a pool of rural volunteer support" (4.6).

The ranking of the barriers which were drawn together under the heading of "Service Availability Factors" showed that "The uneven distribution of service providers" (6.9) was most important and the "Lack of a human services infrastructure" (6.8) was second most important. The least important barrier was the "Lack of high-technology equipment" (4.6).

The ranking of the barriers clustered under the heading "Cultural Factors" showed that the most important barrier was "Lack of knowledge of government entitlement system," (6.5) and the second most important barrier was the "Lack of willingness of the elderly to accept help" (5.9). The "Lack of religious tolerance" (3.9) was the least important barrier.

Under the heading of "Statutory and Governance Factors," the highest ranked barrier was "Lack of adequate government funding" (7.9), with "Lack of rural-sensitive government regulations" (7.1) a close second. A third barrier, "The lack of rural perspective by government," was ranked almost equal with the second barrier (7.0). At the bottom of the rankings was "The lack of coherent political boundaries" (3.8).

Table 1 is used to illustrate the responses to the last question on the questionnaire, where respondents were asked to give a final ranking to the top three factors. The data shows that six factors were seen as most important. Two factors easily topped the list: "Lack of adequate government funding" and "Lack of targeting of funds." These two barriers were followed by four others which were given almost equal weight: a) "Lack of a human services infrastructure," b) "Distance," c) "Lack of rural-sensitive regulations," and d) "Lack of local services to overcome isolation, mainly transportation."

Table I
Rank Order of Top Three Barriers

Rank	Factor	Times Position Ranked			
		1st	2nd	3rd	Total
1	Lack of adequate government funding	27	16	8	51
2	Lack of targeting of Federal/State funds	17	15	10	42
3	Lack of human services infrastructure	7	8	12	27
4	Distance as a barrier	9	8	6	23
5	Lack of rural-sensitive government regulations	3	12	7	22
6	Lack of local services	10	7	3	20
7	Lack of high-technology equipment	0	1	3	4
8	Lack of elderly to accept help	2	1	1	4

Conclusion

The purpose of this article is to provide a schema for classifying what, at first, seemed to be a large and diverse set of perceived barriers to the delivery of services to the rural elderly. The role we have taken is that of the applied sociologist; first, organizing this assortment of seemingly unrelated barriers, as perceived by most of the State Units on Aging, and then, second, collecting data from a more widely representative sample of service providers in order to rank the importance of such barriers. With this data we are able, as social gerontologists, to reinforce the connection between the university and the aging network by showing not only the common themes which underlie our schema, but also the importance of using the data as a basis for future decision making. Such information will allow those persons allocating resources and drawing up regulations to more efficiently target their efforts as we now recommend.

With the presentation of the data on the ranking of the perceived importance of each barrier, we have shown that even if increased resources cannot be provided by the major levels of government—the obvious perceived first priority—then certain other actions can be taken. First, there should be greater targeting of what funds are available. Second, there must be much more emphasis placed on the sensitivity of regulations to rural issues and rural diversity. Finally, an effort must be made to stop the erosion of the rural service infrastructure, with special emphasis on transportation to overcome the distance barrier. Specific solutions to the 34 barriers are available (Bull, Howard, and Bane, 1991), as is the full set of data showing the individual rankings of the barriers by sub-populations of respondents.

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