



Supporting Rural Older Adults in Home and Community-Based Settings: Perspectives from Area Agencies on Aging

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Key Findings

- Representatives from Area Agencies on Aging (AAAs) serving rural areas across five states identified challenges and opportunities related to supporting older adults, especially those who are homebound.
- Three primary themes around challenges serving rural older adults in home- and community-based settings emerged: transportation, workforce, and technology.
- The AAA representatives also offered examples of innovation and creativity to address these challenges.

Purpose

Older adults in rural communities face a number of challenges accessing care and other resources that contribute to their health outcomes. There is a wide variety of services and supports available to individuals who reside in home and community-based settings. However, less is known about the needs of older adults in rural communities who are homebound and unable to leave their homes without help or at all. This policy brief presents findings from a listening session of six representatives from Area Agencies on Aging (AAAs) across five states (MN, OH, VA, VT, and WA).

Background and Policy Context

As the U.S. population continues to age, particularly in rural communities, most older adults consistently report that they would prefer to age in place in their homes rather than in any other setting.¹ This preference for aging at home often comes with other challenges for older adults needing to access services outside of their homes, including challenges brought on by changes in mobility, accessibility, and mental and physical functioning. This may include those who prefer to live independently in their homes for as long as possible or individuals who are homebound and unable to leave their home without help or at all. Being homebound is also often associated with poorer health outcomes, higher rates of emergency department use and hospitalization, and greater risk of social isolation, functional decline, and mortality.²⁻⁶ While home and community-based care is available through various sources, some older adults living at home without adequate support face these significant risks, especially those living in rural communities.

Differences in health status and socio-demographic characteristics between rural and urban-dwelling older adults, combined with differences in resources and access to care for rural older adults, create some rural-specific risks associated with being homebound. Rural older adults, on average, have fewer economic resources, are in poorer health, and have higher rates of disability compared to urban older adults.⁷ Additionally,

studies have shown that caregivers in rural communities have fewer support services and rural nursing homes are closing at a faster rate compared to urban counterparts.⁸⁻⁹ Altogether, rural homebound older adults may have specific needs or risks that should be addressed. Yet, there is limited research available on the specific needs of rural homebound older adults, as well as on innovative models to support them.

AAAs are state-designated public or private non-profit agencies that cover a specified region to provide and coordinate support services for older adults, people with disabilities, and caregivers.¹⁰ AAAs receive federal funding through the Older Americans Act, as well as funding from state and local governments, grants, and other sources, including contractual partnerships with health care organizations and managed care plans. Services provided by AAAs include transportation, needs assessment and care planning, homemaking, case management, nutrition, personal care assistance, chore services, home modification and repair, older adult education and programming, and many other essential programs for older adults.¹¹ Each AAA is responsible for supporting a geographical area that covers a city, single county or multiple counties, and there is variation from state to state on how large or small those geographic service areas are.¹⁰ Most AAAs have a rural area in their service area, with over 41% of AAAs serving predominantly rural areas and 4% serving remote or frontier regions.¹¹ AAAs provide an essential connection to services for older adults in rural communities and are knowledgeable about older adults in their service areas, including those who choose to age in place in their homes and those who are homebound. In this policy brief, we seek to understand the needs of older adults living in rural communities who are homebound by sharing findings from a listening session of rural-serving AAAs.

Approach

In order to better understand the needs of older adults living in rural communities who are homebound, as well as challenges and opportunities related to supporting them, we held a listening session with representatives from rural-serving AAAs. We worked with USAging to facilitate this listening session during

the USAging Annual Conference and Tradeshow in July 2025 held in Chicago, IL. USAging sent targeted invitations to representatives from rural-serving AAAs across the country who were registered for the conference to attend this listening session. Ultimately, six representatives from five AAAs located in Minnesota, Ohio, Vermont, Virginia, and Washington attended the hour-long listening session at the conference, representing all four U.S. Census regions.

At the start of the listening session, participants were asked to write down their top three challenges that they encounter in serving rural older adults, including those who are homebound, onto sticky notes. The sticky notes were then organized into themes by the researchers, with input from participants, until consensus was reached in the group about the most common challenges. Participants were asked what additional challenges may be missing and whether they agreed with the most common themes. The top three themes were discussed among participants in order to gain more information and context about those identified challenges. The listening session ended with a brief discussion of successes and innovations for each AAA present when it comes to serving rural older adults.

Results

Transportation

Across all participants, transportation was identified as the top challenge for rural homebound older adults. Participants expressed that non-emergency medical transportation is a barrier for those who are homebound to get to medical appointments, as well as non-medical transportation to access other community resources and services. They mentioned time and distance to be able to access health care and other resources, often exacerbated by geographical terrain (e.g., mountains and rivers). They also noted issues with transportation infrastructure, such as shortages of drivers for public transportation, non-emergency medical transportation programs, and volunteer driver programs. In addition, they mentioned that even when vehicles may be available, they might not meet accessibility requirements through the Americans with Disabilities Act. Finally, participants noted there can be issues with being able to cross county lines in order to access care and services located in a different com-

munity. Even for areas with transportation services that are available, one participant from Virginia said, *“If you can’t get to the doctor and if you can’t get to shopping, we’ll pick you up at the door and we’ll take you home. But sometimes to go an hour it will take you all day because it has to be scheduled. So for somebody who is frail, they may not want to deal with it.”*

Participants also mentioned that there are transportation barriers for individuals needing specialized care, such as dialysis. A participant from Ohio said, *“We had a real issue with institutional individuals trying to get to dialysis because we didn’t have enough transportation providers that would do non-emergency transports. Or they would schedule but then they would cancel on the dialysis patients because it was more feasible to take someone across and they were taking someone else further. So we had some of our institutions that were getting really desperate looking to do the peritoneal type of dialysis, which is also kind of scary because of the rates of infection and things like that.”*

Workforce

Workforce issues were also noted by participants as a significant challenge when it comes to providing services for those who are homebound in rural areas. Several participants noted issues with high staff turnover and with the ability to recruit qualified candidates in rural areas to serve as personal care attendants, home aides, and case managers. One participant noted that in Washington state, where family members can serve as a paid care provider, there are not sufficient numbers of younger people staying in rural areas to help take care of older family members. They also mentioned that even though their agencies are hiring for staff, they are often not able to offer full-time positions. Another participant from Virginia noted, *“On the homecare aide side, we struggle because of the needs that the homecare division has. Part time a couple of hours in this county, then part time a couple of hours in this [other] county. So we can’t hire a full-time person because we don’t have full-time hours. The part-time is not enough to keep somebody busy.”* Participants also mentioned that staffing issues persist despite having competitive rates of pay. Despite these workforce issues, participants discussed strategies that have worked for their agencies around workforce

retention. Some of these strategies to overcome staffing issues that participants discussed included offering robust benefits packages, flexible work schedules, and training opportunities for professional development.

Staffing shortages as a result of the pandemic were also noted. For example, a participant from Minnesota said, *“We have partnered with a couple of agencies to do the home delivered meal program and we had to shut down a lot of sites or merge a lot of sites because during the pandemic we lost a lot of staff members and they didn’t come back. They posted for the positions and no one is picking them up. We’ve lost that ability to get into those really rural communities where we have a drop site for meals and then the employee would spend two hours delivering a meal, doing a welfare check, having that socialization with those individuals.”* A participant from Washington also mentioned challenges related to financial management among direct care providers in the communities they serve. They said, *“It’s just, you don’t have that expertise in their community of trying to figure out how do you help your providers piece it together so you can keep them going so they don’t go under.”*

Technology

While only being mentioned once in the initial sticky note activity, technology, such as internet and phones, was also noted as a significant theme and point of discussion during the listening session. Participants came to consensus that this was an important issue and discussed that internet and cell phone service access is limited in many rural areas and can also be unaffordable. They noted that as telehealth services expand and health care enrollment increasingly moves online, such as Medicaid applications, older adults who lack internet access or digital literacy face challenges in accessing the care they need. Several participants noted that utilizing phone and internet can be a challenge for homebound rural older adults due to the fear of scams or having their personal information compromised. A participant from Virginia said, *“All of us, as well as older people, our clients, get robo calls all the time. They are watching and are afraid of answering those phones and afraid they’ll get rung up. We see so much, we know somebody who is constantly getting letters that your information has been affected or breached. All of our data has*

been compromised, so why in the world would they want to use any smart phone or computer or anything because they are seeing what's happening and they aren't out there." For those older adults who want to use technology, local libraries were highlighted as a resource for digital literacy. Notably, the library services discussed required older adults to visit the library and may not be accessible to older adults who are homebound. It was also mentioned that homebound older adults may have issues with technology due to visual impairments, hearing issues, or chronic conditions that impact mobility, such as Parkinson's disease or arthritis.

Additional Challenges

There were several other themes that emerged as challenges for those who are homebound in rural areas. These included social isolation and loneliness, food insecurity, and accessing daily necessities (i.e., difficulties grocery shopping or running errands). Caregiver support, such as family support and being able to access caregivers, was also noted as a challenge. Participants noted that it is difficult to identify those older adults in rural communities who may be homebound, so it can be challenging to connect them with services. Finally, it was also mentioned that there are difficulties in accessing and providing care for homebound older adults with dementia in rural communities due to isolation, issues with getting diagnosed, and affordability and accessibility of home maintenance.

Discussion and Implications

In a roundtable discussion with six representatives of rural-serving Area Agencies on Aging, three primary themes around challenges serving rural older adults who are homebound emerged: transportation, workforce, and technology. Participants agreed that those three areas posed the greatest challenges to supporting rural older adults who are homebound, although the specific nature of the challenges differed between issues (described below) and across locations.

Underlying the three main challenges were issues related to resource availability, including infrastructure and financial resources; demography (e.g., an aging population with fewer younger adults to make up the workforce and provide caregiving services), and geogra-

phy, including remote areas not well served by technological connectivity and/or areas requiring navigating difficult topographical features. It is clear that addressing any of the three challenges would require grappling with those issues, and that there are no simple solutions. However, the creativity and innovation demonstrated by some of the success stories we heard offer some ideas for how to move forward to address some of the challenges.

For example, in order to address workforce retention, one AAA described how they have developed a skill building and leadership institute for their employees so they can grow professionally. This institute allows employees to learn and train for other positions within the agency so the organization can grow from within as a strategy to address issues with hiring. Another AAA described how they have received a "No Wrong Door" grant to create a new older adults help line in their state.¹² Previously the technology used for the older adults help line was out of date, causing dropped calls and call backs which was a problem for older adults and caregivers in need. This new system has more up to date technology to prevent dropped calls. The system is also better managing data to track referrals to ensure that older adults across their state receive the same level of assistance, especially those in rural areas.

Conclusion

In July, we held an in-person listening session with staff from Area Agencies on Aging (AAAs) representing five states and all four U.S. Census regions. The focus was on challenges and innovations related to serving rural older adults who are confined to their homes and the discussion resulted in consensus around three primary themes: challenges related to transportation, workforce, and technology. AAA representatives also shared ideas about innovations to address these challenges. This listening session provided valuable information to inform policy and practice to serve rural older adults who are homebound, and also demonstrated the value of sharing ideas across states and regions.

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