

Age-Friendly Public Health Systems

Older Adults and Rural Health

Social Determinants of Health include the conditions in which people live and age. Geographic location can influence health inequalities.

The U.S. Census Bureau describes rural communities as any environment that is not considered urban. This includes urbanized areas (50,000+ people) or urban clusters (at least 2,500 and less than 50,000 people). Compared to urban areas, rural communities have a larger percentage of adults over the age of 65, a higher poverty rate and lower per capita income, lower rates of educational attainment, a higher prevalence of adults with multiple chronic health conditions, a higher uninsured population, and a 20% higher age-adjusted death rate. Additionally, Rural Americans have less access to health care, living an average of 10.5 miles from the nearest hospital. Each of these factors has a significant impact on overall health, especially in older adults. Rural healthcare is heavily focused on social determinants issues among Medicare beneficiaries.



Resources

1. National Academy for State Health Policy Toolkit – State Strategies to Support Older Adult Aging
2. National Rural Health Association Policy Paper – Rural America’s Senior Citizens: Considerations for Transportation, Healthcare Access, Connectedness, Nutrition, and Economics

Trust for America’s Health’s 6Cs Framework for Creating Age-Friendly Public Health Systems (AFPHS) organizes public health roles in aging. Public health can enhance health outcomes for older adults in rural communities by:

- ✓ Creating and leading changes in health outcomes and access to care by focusing on comorbid concerns like access to transportation for healthcare appointments, access to stable technology, increasing eligibility and enrollment in government benefit programs, and increasing opportunities for financial assistance
- ✓ Connecting healthcare providers to needed infrastructure and community resources
- ✓ Collecting data on adults in rural communities with limited access to healthcare services, technology, and reliable communication
- ✓ Coordinating existing food programs to improve screening, access and delivery to older adults
- ✓ Communicating the importance of considering whole-person care in healthcare, including physical, mental, and spiritual health
- ✓ Complementing healthcare providers’ services through community and policy-based actions like vaccination clinics, social services, aging in place models, etc.