Supporting Rural Seniors Aging in Place Using Telehealth

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Angel Gomez, OTS; Susan MacDermott, OTD, OTR/L

Rural Aging In Place (AIP)

- Number of Americans (age≥65) is expected to double by 2060.
- Percentage of population will increase 6% by 2040.
- About 3 out of 4 older adults wish to remain in their homes and communities as they age.
- Only 60% of them foresee staying in their community, and 46% in their current home.
- AIP goes beyond living in an area.
- Rural seniors must overcome additional barriers compared to urban.
- Rural seniors tend to report worst health related quality of life than urban counterparts

(Binetter & Vasold, 2019; Buchanan et al., 2008; Carver et al., 2018; Wallace et al., 2010; Weeks et al., 2006)

Problem Statement

There is limited occupation-centered AIP programing that addresses the needs of rural seniors and their quality of life.

Purpose

Address the limited occupation-centered AIP programing by creating an AIP program, and an AIP program creation manual that can be used by occupational therapists who wish to create their own AIP program in their chosen area.

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Needs Assessment

- Older Adults ≥ 60 years of age
- Area of Focus: Crowley County, Colorado
- Included those working with rural seniors (e.g., senior centers, aging agencies, transportation).

- Literature Search
- Online & Physical Surveys
    - Google forms posted on Facebook groups
    - Volunteers handed out surveys
- Informal Interviews

Rural Senior Survey Results

Key Findings

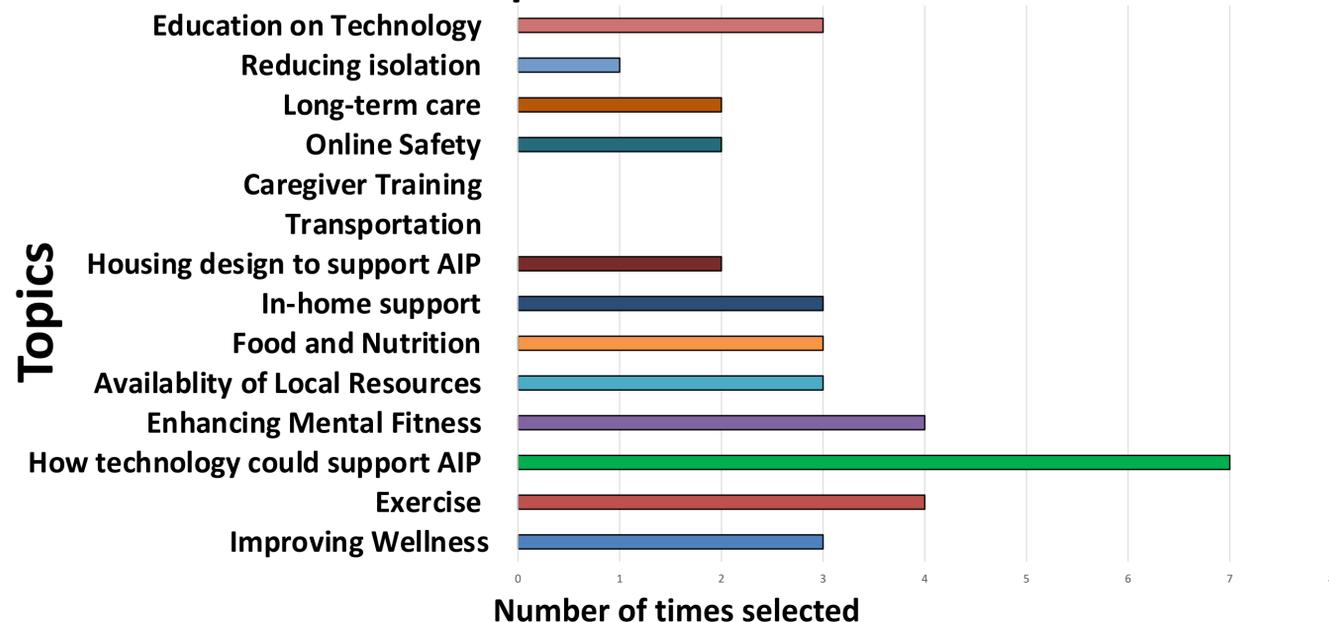-100% of respondents:
- Lived in community <20 years
- Drive themselves or have someone else drive them

-90% have never attended an AIP program

-67% preferred an online format

-55% are interested in how current technology can support AIP

Common Barriers

- Physical health
- Completing intense housework
- Having information of community resources
- Accessing community services
- House suiting needs
- Opportunities to socialize or engage in community (attending activities/events)

Program

Top Areas of Interest

Horizontal bar chart — X-axis: "Number of times selected" (0 to 8). Y-axis: "Topics"
- Education on Technology: ~3
- Reducing isolation: ~1
- Long-term care: ~2
- Online Safety: ~2
- Caregiver Training: 0
- Transportation: 0
- Housing design to support AIP: ~2
- In-home support: ~3
- Food and Nutrition: ~3
- Availablity of Local Resources: ~3
- Enhancing Mental Fitness: ~4
- How technology could support AIP: ~7
- Exercise: ~4
- Improving Wellness: ~3

Discussion

- The program includes 5 modules that cover areas of need per survey, interviews, and literature review.
- Modules include guiding discussions and handouts.
- The concept of occupation is the cornerstone of each module.
- Importance of being embedded in the community first.
- Cultural sensitivity when working in rural areas.
- Primary method of data collection was online, data may not accurately represent entire CC population.

Implications for OT

Occupational therapists have the knowledge and skillset required to create both efficacious and cost-effective telehealth programs in rural communities. This program can be readily modified to fit the unique demographics of a chosen population. There is much work to be done to ensure equity regarding aging, one viable option to accomplish this aim is by using telehealth programming.

References