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Social Work Practice With The Rural Aged¹

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Approximately 27 percent of America's aged live in rural areas. Although the needs experienced by this population are comparable to those of the elderly living in more urbanized areas, the social service delivery system is typically less developed. In this paper, three factors which have bearing on the social service system are examined: the characteristics of the population to be served; the types of services required by this population; and the manner in which those services may be delivered. The implications of these three factors for social work practice with the rural aged are also examined.

Prior to that, however, it is appropriate to note that ruralness can have a variety of meanings with accompanying variations in the availability of human services. For example, census data indicate that of those classified as rural aged, 6.5 percent live in non-farm situations within metropolitan areas and the remaining 20.5 percent in comparable situations in non-metropolitan areas (USDOC, 1974). In the first instance, rural residence may connote little about access to organized human services. The farmer living on the outskirts of a metropolitan area, for example, may have almost the same access to certain services as a metropolitan aged resident. With many of the 20.5 percent living in non-farm or farm situations in non-metropolitan areas, however, rural residence may be equated with the virtual absence of human service access. Thus, when examining human services for the rural aged, we are dealing with access to services that can be arranged along a continuum.

Characteristics and Needs of Rural Older People

There are a variety of problem areas affecting the many aged persons in American society, regardless of their place of residence. A discussion of the major problems of the rural aged can focus on four main areas of need: health problems, income problems, housing problems, and the need for greater social involvement and integration. It is worth noting that essentially this same list of needs can be applied to the urban elderly, and some sources in the aging literature make no distinction between the needs and problems of these two groups (Rose, 1967; Britton & Britton, 1967; McKain, 1967). In each of these areas, the needs of the urban and rural aged represent modest variations on a theme, rather than major differences in kind. Despite similar problems, however, there are substantial differences in the

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nature of human services designed to meet these needs in cities and rural areas. Furthermore, only part of those differences are effectively explained by reference to the notion of urban concentrations as regional service centers. Even taking that into account, services widely available in urban area today are either less available, or completely unavailable outside large, urban centers. And farmers and miners are more at risk of pulmonary problems because of greater exposure to dust.

Rural older people experience the same chronic health conditions at about the same rates as urban older people. In addition, some health problems – like accidents or environmental threats may actually be more prevalent in rural areas. Farmers and fishermen, for example, are all more prone to the risk of skin cancer because of longer exposure to the sun than the general population.

In addition, income differences between rural and urban aged residents are both very real and highly significant. Rural older workers are more likely to have worked at relatively low paying jobs prior to retirement, and are less likely to have been covered by either private pension plans or Social Security. Partially offsetting this income differential, however, is the fact that most programs of income support for the aged are based on uniform national standards. In both Social Security and Supplemental Security Income programs, older rural recipients receive the same level of payments as they would if living in urban areas. Since cost of living levels in most rural areas are lower than those in urban areas, older rural persons may have a slight income advantage over their urban counterparts

Rural populations often are also disadvantaged in terms of the quality of housing. Weber (1976) estimates that 60 percent of American substandard housing is in rural areas. Since older people in rural areas are also more likely to occupy substandard housing than the young, older persons in rural areas face a substantial risk of living in substandard housing (Lohmann & Lohmann, 1969). This tendency may be accentuated by the fact that there are fewer units of public housing per capita in rural areas to compensate for the absence of other forms of adequate housing.

Needs of the rural aged in the area of social involvement and integration are an area in which social work should assume special responsibility. Loneliness, dependency and isolation are facts of old age for a great many people regardless of where they live. The relatively underdeveloped state of human services in rural areas, however, often add a special note of hopelessness to such problems. In other cases, surviving extended families, kinship and communal relationships do much to dampen these problems in rural communities.

Human Services for the Rural Old

Public policies have been designed in an effort to deal with the problems and needs of the aged. Health financing through Medicare and Medicaid represents a major effort to improve the access of aged persons to medical services. Ostensibly, such programs benefit rural and urban residents alike. However, financial access

cannot guarantee physical access to care and it is the latter that is problematic for the rural aged. Fewer doctors are available in rural areas. Even when doctors and other medical personnel are available, often there are few specialists in the chronic degenerative diseases that most affect older persons. Thus, although programs assuring financial access to health care have been beneficial to rural older people, programs assuring physical access to such care have been lagging.

One health resource universally available in rural areas that could be used to better advantage by rural older persons are county health departments. Such departments are usually prepared to offer diagnostic and preventative health care which may be especially beneficial to rural older people. For example the county health department in one rural Tennessee county did an excellent job of screening for high blood pressure and other easily detectable conditions. Most older people in this county, however, were unaware of the free services that were offered and had a stigmatized view of the health department that was intermixed with their view of the county welfare department. Once the availability of these services was pointed out, the health department found itself virtually overrun by older people wishing to take advantage of the services. Practitioners in rural areas need to recognize such traditional health services as these that may be underutilized.

As with financial access to health care, most income support programs are federally organized and financed. There are supplemental income programs often used in urban areas that have been underutilized in rural areas that could help older people. For example, discount programs for senior citizens with local merchants are relatively common in urban areas. Such programs could also be introduced with ease in rural areas as a means of stretching the available income of older people.

Another means of increasing income is that of using the skills of older people to develop marketable items. A weekly public farmers' market operated out of a church or school parking lot could be used to increase the income of older persons. Or, craft fairs relying on the skills that are a part of the heritage of many older people could also be employed. Thus, social workers engaged in practice with rural older people could develop local programs in addition to the national programs which would help supplement the income of older people.

The needs for adequate housing can also be met through the imaginative use of federal and local programs. Federal supports for public housing can be used to increase the stock of available housing for rural older people. When such programs are used, however, care should be taken to make certain the housing is designed in a manner that is appropriate to the area. Often such programs result in urban-designed high-rise apartment buildings being "plopped" down in the middle of a community where all the other structures, except for grain elevators, coal tipples or windmills are no more than two stories high. The social worker facilitating the

involvement of older people in the planning and design stage of the housing program can help assure that such inappropriate structures are not built.

Programs designed to rehabilitate existing housing stock can also be used in rural areas. The social worker might design a chore program that could link a retired carpenter and his skills with widowed homemakers whose houses need minor repairs. Such programs would accomplish the dual goals of providing income for the older worker and improving housing quality for the older resident.

Services which appropriately promote social integration are more difficult to design than are the services described above. One traditional means of promoting such integration has been through the use of senior centers. Rose (1967) has indicated that his experiences with rural and urban senior centers in Minnesota suggested that rural centers attract a greater proportion of their potential clientele – up to 50 percent in some cases – than do urban ones. Several studies of urban senior centers have found that only one to five percent of the potential clientele often choose to attend (Riley and Foner, 1968). Since there are few, if any, studies comparing attendance at rural and urban centers, it is difficult to judge how accurate Rose's observations are, although they do coincide with the authors' experiences.

Rural senior centers are often forced by the absence of other social services to be more multi-purpose than their urban counterparts. A rural center is often not only the site of organizational meetings and classes for older people, but also the site of health screening clinics, visits from Social Security representative and other social services. Such centers must also provide activities that correspond to the life experiences of those attending. Bridge parties may be less successful than will home demonstration parties. Social workers in rural areas may wish to consider satellite centers to further reduce transportation needs for participants. Such satellite programs might meet in local churches or schools one day a week, thus permitting access to center activities without requiring transportation required to attend a more centralized site. Centers could also serve as the locus for friendly visiting or telephone reassurance programs, which can be physically based in a county-wide senior center and still have impact throughout the county.

As this discussion of the possibility of social services for older people suggests, such services are likely to be imaginative adaptations of urban-developed programs that are appropriate within the local context of particular rural communities. Such services are also likely to be multi-purpose rather than narrowly focused and specialized. Social work practitioners, therefore, need to identify services that emphasize innovation and multiple purposes.

Service Delivery in Rural Areas

Two aspects of service delivery are especially important in rural areas; they are the nature of outreach with rural aged populations and the professional relationship of the social worker and client. First, we will consider outreach with the rural aged client.

Outreach

In any outreach effort, the involvement of the population to be served is important. In a rural environment, where residents may be less mobile and friendship ties longstanding and informal, such involvement is mandatory. Since the professional social worker is often not native to the particular rural area being served, such resident involvement can serve to remove the stigma of “outsider” and “stranger” that may be attached to the worker and the program with which he/she works. This involvement can also help assure the success of the program.

Resident involvement can be achieved through the use of advisory boards who serve as more than “rubber stamps” to the social worker. Such boards can accomplish two purposes. First, they can help assure the acceptability of the program to the community, by serving as legitimators and as a clearinghouse for new program ideas. Secondly, they can give the social worker valuable insight into local values and customs which will be helpful in planning future program directions. A program idea incongruent with the value orientation of advisory board members may not be well received by the larger community of older people.

Outreach methods can often reflect a personal and small-town approach as well. Often the editor of a rural weekly newspaper will be delighted by the offer of a social worker to write a column on activities of older people. Such a column can attract many new clients to existing services. Local radio or television stations may also be enthusiastic about the prospect of a brief weekly program on older people. The experiences of one of the authors with such a radio program suggest that it is a valuable way to inform older people and their families about available resources. A newsletter published in conjunction with the local senior center or office on aging can also provide similar outreach.

Professional Relationships

The rural environment is conducive to establishing information interpersonal relationships with both the social worker’s clientele and fellow professionals. Other colleagues are often accessible with a minimum of red tape and can be contracted at a moment’s notice, which is rarely possible in urban settings. In addition, the relatively small number of professionals in rural areas often means that they have frequent contact with one another through overlapping board memberships and other community roles. Thus, genuine coordination of services in a rural area can often be easier than in urban settings because professional relationships tend toward the more informal.

Client contact is also likely to be less formal and more personal. Clients are likely to just “drop by” for a counseling session at a mutually convenient time and less likely to see this as a formal appointment. The relatively unsophistication of rural clients in the use of services may, however, also present certain problems. A client may not be aware of the professional’s commitment to confidentiality and other ethical standards, thus hesitating to reveal certain information. Clients may also probe inappropriately for information about clients without realizing that indulging such information would be counter to the social worker’s ethical practices. Therefore, the social worker may find that ethical standards of practice run counter to predominant patterns of neighboring in rural areas.

Professional social workers need to be aware of the potential conflict between the social worker’s definition of professional behavior and the client’s definition of appropriate social behavior. Such an awareness will enable the social worker to deal directly with this issue when it is confronted and to be aware of the need to educate clients in appropriate use of social work services. The social worker also needs to be aware of the potential advantages and disadvantages of the close and personal ties that exist among professionals in rural areas.

Conclusions

Social work practice with older people in rural areas would seem to embody the elements of good practice found in any setting. The social worker will find that the problems of the rural aged are not greatly different from those of the aged in more urbanized settings. Rural older persons are less likely, however, to have access to organized social services than their urban counterparts. Thus, social work practice tends to be more generic as the social worker helps with a variety of concerns rather than specializes in certain areas. In addition, the social worker will probably have a greater need to educate potential clientele regarding his/her role since sophisticated use of services is likely absent. The emphasis on outreach may be simplified because of the nature of professional relationships and the ease with which the worker can grasp the nature of the service environment. Such practice, while it may not permit much development of specialized and methodologically sophisticated services, is rewarding because of the close personal relationships that can be developed with clients and other professionals and because the direct effects of the work’s intervention are often highly visible.

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