

CHANGING RURAL COMMUNITIES: AN EXPLORATION OF OLDER ADULTS'
EXPERIENCES

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Changing Rural Communities: An Exploration of Older Adults' Experiences

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ABSTRACT

This research was designed to better understand the perceptions and experiences of older adults who live in small towns and rural areas. In this qualitative study, 13 individuals were interviewed to gain an in-depth understanding of their experiences related to aging, community change, and well-being. Participants ranged in age from 69 to 90. Two articles report the results of this research in Chapters Three and Four.

The first article presents the themes that reflect the participants' perceptions of living in changing communities. Data analysis revealed five themes: elders were saddened by losses in their community but were resigned to accept them; diversity among the rural communities affected views about community; dwindling social networks and opportunities left elders feeling isolated and lonely; attachment to place was strong, and commitment to stay on despite concerns for the future

The second article focuses on the daily life experiences, challenges, and strategies of older adults living in rural communities. Four key themes emerged from participants' responses about their lived experiences in communities that have undergone long-term changes: social interactions were limited; sense of social connectedness had weakened; daily life experiences depended on community and individual characteristics; and elders sought to manage challenges.

Overall, there was a strong desire to remain in rural areas in spite of challenging conditions, with attachment to place being a factor contributing to the commitment to age in place. Daily experiences and challenges for participants were influenced by both community and individual characteristics. Person-environment relationships served as environmental comfort, maintenance, or distress for rural elders. Participants expressed disappointment in the

deteriorating social interactions and social connections in their communities, resulting in feelings of isolation and loneliness.

Future research should include a closer examination of the environmental characteristics that serve as resources or stressors for rural elders and of the personal competencies that help older adults adapt to changing environments and manage their lives effectively. These studies help identify specific environmental and personal characteristics that either promote or hinder well-being for elderly living in rural communities.

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CHAPTER ONE. GENERAL INTRODUCTION

North Dakota is experiencing a growing elderly population and an expanding minority population similar to national trends (U.S. Census Bureau, 2010a). However, the state differs from the national trends in its history of population loss at the county level. Over the past 10 years, almost two-thirds of the nation's counties gained population, while a majority of North Dakota's counties lost population (Mackun & Wilson, 2011). According to the 2010 Census, North Dakota's population has been shifting from rural to urban areas resulting in rural counties losing population (North Dakota State Data Center, 2011). Older adults prefer to stay in their own homes and communities as they age, known as aging in place, but staying home becomes more challenging for elderly residing in rural communities (Dye, Willoughby & Battisto, 2011). Elders' ability to age in place is especially difficult in rural areas where significant population losses occur.

The extent of population loss in many areas of the state is considerable (North Dakota State Data Center, 2011). Between 2000 and 2010, only 11 of the 53 counties grew in population. This population loss is largely attributed to the outmigration of youth and young families, resulting in serious concerns for community vitality and quality of life for those remaining in the community, especially the elderly. In addition, this rural population loss leaves a significantly higher proportion of seniors in the rural counties relative to those in urban counties (Rathge, Clemenson & Danielson, 2002). In 2000, nearly two-thirds of the state's 39 rural counties had over 20% of their population as elderly (North Dakota State Data Center, 2002). As the leading edge of the baby boomer population turned 65 in 2011, these proportions will increase sharply for both rural and urban counties. The changing geographic distribution of

the older population is causing disparities between community resources and older residents' needs, such as health care, social services, housing, and long-term care (Rogers, 2004).

While these changing demographics for older adults who remain in rural areas may result in negative consequences, the changes are more serious for the oldest of the old, those 85 years and over. This oldest population is most likely to need health care, financial, and physical support (Rogers, 2004). Nationally, the population age 85 and older has been increasing more rapidly than any other age group (Rogers, 2002). As this oldest segment of the population increases, additional resources will be required to address their needs. Small towns and rural areas will be especially challenged to provide the supportive services needed for older adults who choose to “stay on” and age in place.

The local community conditions and resources are important to older adults because they affect access to health care, availability of social services, access to consumer services, need for transportation, and opportunities for participation in leisure and volunteer activities (Paul, Fonseca, Martin, & Amado, 2003). Therefore, rural change impacts not only the physical community but also the people who live there (Chalmers & Joseph, 1998). The consequences of these changes for older adults who remain in rural areas include the erosion of the economic and social fabric of their communities. It is important to understand the experiences of aging in place for rural elderly in North Dakota and their adjustments to these changes or new realities. If these trends continue, it is unknown how the next generation of elderly will experience growing old in the state. The aim of this research is to better understand the relationship between the changing rural landscape and the implications on the current and future generation of older adults.

Importance of the Research

While research exists on the changing population of rural areas, rural community planning, and agricultural change and the macroeconomic changes have attracted attention; little is known or well understood concerning the local impacts to the rural elderly. Significant changes in the economic and social fabric of rural places have occurred. Knowledge of how elderly rural dwellers experience the transformation of what they regarded as rural life is lacking. It is important to note this research study was conducted from the individual versus broader sociology perspective in order to capture the personal experiences of older adults remaining in rural areas. Qualitative differences in ecological factors, such as social and economic change in communities, are likely to affect residents' sense of well-being (Scheidt & Windley, 1982). Little research exists on the well-being of older adults living in changing rural and small town environments. An evaluation of the current research on this topic and the theoretical frameworks considered provides a fuller appreciation for the importance of rural aging issues, especially in the area of local community context.

Purpose of this Study

This study examines older adults' perception of rural communities in east central North Dakota and considers how changing physical and social aspects of community are bound-up with well-being and experiences of aging in place. The study illustrated the importance of understanding the experiences older adults have of growing old in rural areas, and how they evaluate those experiences. A basic interpretive qualitative investigation was conducted with individuals from small towns and rural areas in several eastern North Dakota counties. The primary research question of this study was: What are the experiences of "staying on" for rural elderly in changing North Dakota communities?

CHAPTER TWO. REVIEW OF THE LITERATURE

This chapter includes research literature on both the individual-level and community-level perspectives on aging in rural areas, with preference to age in place serving as a foundation. The areas highlighted include the following: 1) aging in place; 2) attachment to place; 3) characteristics of rural values and culture; 4) informal and formal support of rural elderly; 5) demography of rural areas, and 6) local community context. The demand and challenges to aging in place are represented in these areas.

Aging in Place

Aging in place is considered to be the ability to remain in the community when one gets older (Clasby, Hanlon, & Halseth, 2004). It involves older adults' attachment, experiences, and images of their home and the community in which they live. Aging is a biological, psychological, and social process that influences the way individuals experience their environment. Interactions of older adults with the environment usually deteriorate as their functional health, social roles, and cognition declines; therefore, maintaining one's independence becomes more difficult.

Although this is true, many elders today are choosing to age in place (Clasby et al., 2004). In an AARP study conducted in 2000, 90% of those aged 65 years and older expressed a preference to remain living in their homes for as long as possible (Sabia, 2008). In addition, 82% wished to avoid moving from their current places of residence even if personal care services were necessary. In summary, many older adults prefer to remain in their home even as their independence is threatened and support or services are unavailable.

Previous research on aging in place often focused inside the home. Given the majority of older adults prefer to age in place, the importance of place outside the home, or community,

takes on additional meaning (Cook, Martin, Yearns, & Damhorst, 2007). Characteristics of these places for supporting older adults need to be considered (e.g. resources, vitality, and cohesiveness of communities and older adults' attachment to them).

Attachment to Place

The preference of persons over the age of 65 to live in the homes that they own is strongest in rural areas (Clasby et al., 2004). This attachment remains strong, in spite of inadequate housing, and frequently the result of financial resources, different definitions of quality, and fear of losing one's independence. However, in spite of the strong attachment to their homes, many elderly move because of a life cycle change that altered their housing or service needs (Clasby et al., 2004). The young elderly who had recently retired were more likely to consider long distance moves, while the older elderly were more likely to experience shorter distance moves as a result of the need for assistance due to the loss of a spouse, declining income levels, and health related problems.

The Housing Assistance Council (2001) reported that the most common type of migration in rural areas was younger people moving to larger communities for better employment options. Older adults, as a group, were very stable and did not move frequently. Between 1992 and 1993, only 4% of all movers in the United States were people 65 years and over. Even though the elderly population is relatively stable, the Housing Assistance Council (2001) has identified migration trends among older persons that impact rural areas. These migration trends were termed amenity migration, dependency migration, and rural return migration.

Amenity migration, defined as the move to rural areas by older persons looking for amenities such as good weather and recreation, were frequently made to retirement communities and small towns in the Sunbelt (Housing Assistance Council, 2001). Amenity migrants tended to

be younger, healthier, and wealthier than other elderly migrants. Dependency migration was described as the move from a rural area to a larger city for services that were not available in the original area. This group had lower incomes and was in greater need of services than the amenity group. The last migration trend was referred to as rural return migration. These individuals were frequently rural elders returning to their native rural area after retirement. Rural return migrants were found to have financial resources and were more socially independent than long-time rural residents, but less so than amenity migrants (Housing Assistance Council, 2001).

While these migration trends indicate which older adults move and the reasons for their move, it is important to understand the extent of individual and community factors that influence decisions to move or stay on. In a study of older homeowners during the 1970s, 1980s, and early 1990s, Sabia (2008) examined the effect of family composition changes, health conditions, housing characteristics, and local policies and amenities on aging in place decisions. Findings showed that increases in property taxes and utility costs, changes in family composition, and diminished physical well-being were negatively associated with aging in place. Factors positively associated with aging in place included increased home equity, greater financial resources, and stronger ties to the community.

Another important finding by Sabia (2008) was that attachment to community was an important correlate of aging in place. Homeowners who knew six or more neighbors by name, versus homeowners who knew five or fewer neighbors by name, were significantly less like to move. There were several reasons cited why attachment to one's community may facilitate aging in place. They included: 1) older adults who age in place may choose to invest more in developing social capital; 2) those who form attachment to their neighbors may increase the costs of moving because of the personal affinity they have developed for their community; and 3)

more personal relationships with neighbors may increase the availability of people who can provide assistance as health and physical function decline. According to Sabia (2008), this attachment to one's community was stronger among rural elders. Findings from study participants aged 71 to 85 indicated those people living in smaller cities or in geographic areas which were sparsely populated were more likely to age in place, suggesting rural ties were more important to this age group because of lifelong ties to farming. Sabia's study emphasizes the importance of place, especially to older adults residing in rural areas.

In addition to rural older adults' strong feelings about their home and community, their perception about deteriorating rural change was further revealed in a recent study conducted by Cook et al. (2007). This focus group study explored the meaning of place and connection to location among aging adults in America's Heartland. Focus groups were conducted in a rural and urban county with participants falling into two age groups, those age 65 to 84 years and those age 85 years and older. Among rural participants, a keen sense of place was revealed, strongly portrayed as "loss" further described as changes to the landscape, economic restructuring, and loss of farming as a way of life. Rural older adults were doubly challenged to adjust to loss because of individual aging processes and losses in the community. According to Cook et al. (2007), some aging adults coping with these compounded losses may likely have increased feelings of fear, vulnerability, and loneliness. Attachment to place is an important factor in the experiences of persons aging in rural environments.

Characteristics of Rural Values and Culture

In examining the aging experience in rural areas, it is important to understand the values and beliefs held by the rural elderly (Shenk & McTavish, 1988). Researchers have identified a number of characteristics of rural residents that influenced how they viewed their community,

how they used services, and the types of social networks they built (Kirst-Ashman & Hall, 2006; Bull, 1998). Some characteristics of this group included suspicion of outsiders, slow work pace, different norms regarding mental health and education, value of independence, reliance on themselves for problem-solving, value high levels of autonomy, and preference for informal resources to formal resources when help is needed. In addition, rural areas had a high incidence of religious and spiritual values compared to urban areas. Rural residents, more than non-rural residents, held a greater regard for tradition and the past, a sense of community, a sense of connection between quality of life and nature, a concern for helping others, and the importance of family (Shenk, et al., 1988). Again, this research demonstrates the importance of rural values and culture on the experiences of aging in place.

There is debate that the gap between urban and rural values has diminished due to rural communities having increased access to the media and greater ease of travel on the interstate system (Bull, 1998). These factors have led to decreased isolation of rural communities. However, even though the differences between values among the rural and urban elderly have lessened, there are several cultural facts of rural life that were significant. First, lack of privacy in a rural community can be an obstacle in seeking help, especially by older individuals (Bull, 1998). Rural people often had multiple roles in the community, such as their professional role, organizational or church membership, and roles as neighbor, relative, or volunteer. These roles often overlapped, causing people in a rural community to see each other in different settings. This could be an issue for individuals, for example, seeking mental health services and being concerned about the “small town grapevine” (Bull, 1998).

Second, people living in a rural community were familiar with each other (Bull, 1998). This familiarity could be positive, as individuals were known by their first names and felt

to be part of the community. For older persons, this familiarity helped them feel rooted in the community, around a stable network of friends and neighbors. This continuity provided structure to their lives, which made moving from their community difficult. The negative aspect of knowing community members so well was often a lack of privacy and confidentiality. An individual's personal history, and their family's personal history, was carried with them in a rural community.

A third cultural fact dealt with an individual's temporal place in the rural community (Bull, 1998). For example, people were often labeled as either an "old-timer" or "newcomer" or as an "insider" or "outsider". Usually, being both an old-timer and insider was viewed positively, meaning one knew the history of the community, had resided in the community for a long time, and had a strong relationship with the community. Conversely, both newcomers and outsiders were viewed more negatively and could be seen as not trustworthy, different, and as a threat to current residents if they challenged the status quo. Lastly, the sense of self-reliance was viewed as a positive value. Rural residents knew the importance of taking care of themselves because of problems they had encountered due to distance, isolation, and lack of many services. This behavior of not becoming overly dependent on others had caused rural elderly to be resistant and often distrusting of outside service providers, preferring to rely on family and friends for support.

Beyond the differences in values between rural and urban elderly, other characteristic distinctions existed between the two populations. A study by Brown, Goins, and Ham (2003) reported rural elders were diverse and had fewer health services available compared to urban elders. They had to travel further for daily necessities and relied heavily on themselves, family, or friends for transportation. According to the same study, rural elders had fewer economic

resources and opportunities, lived in older, less adequate housing, were less healthy, and had poorer diets. They did not have more extensive supportive networks, but they did have strong attitudes of self-reliance and independence. Lastly, poverty was higher among rural elders versus urban elders (Brown et al., 2003).

Although there were many negative indicators for rural elders, the level of positive affect among rural older adults was found to be equal or greater than that of urban older adults (Butler & Kaye, 2003). This perceived well-being was related to the factors of values, physical context, and relative deprivation. The values considered to be significant to rural elders' perceived well-being included the high premium placed on usefulness, on the importance of productive use of time, on interpersonal relationships and exchanges, and on religious involvement. Physical context, as the second contributor to rural elders' life satisfaction, was defined as the feeling of open space and the freedom of self it suggests. The last factor of well-being, relative deprivation, was how rural elders evaluated their life condition in relation to others they see and know. This perceived well-being among rural older adults was not well understood in terms of impacting their use of formal services.

Informal and Formal Support of Rural Elders

Informal social support provided by family and friendship networks was proposed to be critical for some frail elderly to remain at home (Johnson, 1996). However, rural elders living in isolated areas of the county might be at greater risk for increased social isolation and minimal involvement in a social network due to lack of transportation, geographic distances, difficult driving conditions, and inclement weather. The important role of the church in rural areas, in addition to strong traditional values of family and friend support in time of need, resulted in strong social support networks for rural elders. Johnson (1996) studied the social support

networks and perceived physical health of eighty-two rural older adults. The study findings suggested that older rural adults had fewer people in their social support networks, decreased levels of support, and poorer health compared to urban older adults.

For the vast majority of older adults, family and friends provided the assistance they needed to continue to live independently in the community (Brown, 2003). It was estimated that one out of four families was assisting an older family member. Rural areas typically lacked the level of formal health and community-based services found in larger communities, making caregiving support from family and friends particularly important. Therefore, informal sources of support were critical for the well-being of older adults, but the primary sources of support available to older adults, adult children, might be absent. Many adult children have left the rural area, leaving rural elders to age in place without the important source of family support.

This loss of social support has been linked to a variety of disease states and has indicated that an absence of social support might increase the incidence of illness (Adams, Bowden, Humphrey, & McAdams, 2000). Low social integration has often been assumed to be indicative of underlying feelings of loneliness (or the feeling that one does not belong) (Sorkin, Rook, & Lu, 2002). Loneliness theorists have distinguished lack of emotional support (or lack of intimacy) and lack of companionship (or lack of a sense of belonging) as underlying feelings of loneliness (Sorkin et al., 2002). Studies of older persons have demonstrated a significant interrelationship between loneliness, health, and social networks and have found that decreased social integration among older adults has links to increased mortality (Miedema & Tatemichi, 2003).

In a study conducted by Miedema et al. (2003), the two strongest predictors of loneliness were found not to be health-related but social in nature. The findings suggested that satisfactory

levels of parent-child relationships were important for the very old and can reduce feelings of loneliness, even when the contact is often over the phone rather than in person. Living conditions were also found to be a strong predictor of loneliness. Living alone can lead older persons to have feelings of loneliness, which in turn may compromise the well-being and health of the oldest of the old.

As with informal support, research findings suggested that the availability of relevant formal support was important to rural older persons' ability to age in place. Rural populations generally have disproportionate deficiencies in health care access, social services, and other services and goods necessary for healthy living (Averill, 2003). Rural older persons, according to Butler et al. (2003) and Li (2006) generally had access to a small number and more narrow range of community-based services and service professionals, especially among the severely impaired, compared to urban dwellers. These "gaps" in essential services persisted even though researchers had documented high levels of need for such services. A broad range of services was either unavailable or inadequate; these services included mental health, home health, adult day care, transportation, respite care, geriatric assessment, and affordable housing options (Department of Health & Human Services, 2002).

Despite the great need due to higher concentrations of older persons and the greater prevalence of chronic conditions in rural areas, rural health services were less accessible in part because they were costly to deliver (Butler et al., 2003). As a result, the continuum of care in rural communities was very uneven and fragmented, contributing to a perception of ineffective encounters with formal services (Averill, 2003). Often, there were few alternatives for those who could not live independently but did not require institutional care. Without accessible and appropriate community-based services or available informal care providers, rural elders with

long-term care needs might find themselves with few choices other than entering a nursing home or relocating to a large community where services were available (Brown et al., 2003).

Rural populations experienced higher rates of heart disease, cancer, injury-related death, depression, and diabetes than did their urban counterparts (Averill, 2003). Compounding this problem, rural communities were noted to have lower rates of personal income, educational attainment, health insurance coverage, emergency and specialty care access, and reported health status of adults than urban communities. Both providers and rural residents identified access to quality health services as the most critical health care issue, according to a rural population companion document to Healthy People 2010. In addition, Averill (2003) stated the lack of a coordinated system of formal services might predict future health status and the need for more intensive services for elderly residents. Family members of elderly persons were often faced with a crisis as transitions across settings (e.g. homes, nursing homes, and hospitals) were made hastily, and sometimes unexpectedly, at a time when decreasing resources were available in rural communities (Averill, 2003).

Maintaining mobility is important for older adults to obtain access to relevant services and to ultimately remain independent. However, the ability to drive becomes more difficult in the face of physical and functional decline in later years. In a study conducted by Mattson (2011) found a large percentage of North Dakota older adults continue to drive, even though there was a decrease in mobility with age. It was suggested the high driving rate may be the result of some older adults feeling they have to drive out of necessity because other transportation options are not available to them. In rural areas, many small towns lack the services and support locally making transportation necessary to remain living independently and to stay connected to the community. Older adults faced with the reality that they are no longer

able to drive are forced to rely on walking, depend on family or friends for rides, or use public transportation (Mattson, 2011). Effective public transportation in rural areas is problematic. According to the National Council on Disability (2005), approximately 40% of rural elderly do not have access to any public transportation and another 25% has access to very limited service. Koff (1992) has cited significant challenges in providing this type of transportation in rural areas, including the high cost of maintaining routine bus schedules and providing door-to-door service in large geographic areas. When public transportation does exist, rural elders have often been found to have negative attitudes and be dissatisfied with the services (Mattson, 2011) because of issues such as inconvenient schedules, long rides, and difficulty with steps. North Dakota is presented with some unique aging and mobility challenges because it is very rural, has a rapidly aging population, and is experiencing a shifting population, leaving rural counties with a higher proportion of elders. Rural seniors, who have been found to have a stronger attachment to home and place, need acceptable transportation options to be able to age in place. Otherwise, they will be forced to move to another community, to get along the best they can, or to do without.

There is a myth that a full continuum of housing options exists for all elderly persons (Brown et al., 2003). While a wide variety of housing types are present among the elders, especially in urban areas, the housing alternatives available to rural elders are not very diverse. Often the only real housing choices for older adults living in rural areas are home ownership, rental housing, or some type of care arrangement, usually an institutional setting. Specialized housing for older adults, such as independent housing with services, congregate care, assisted living, and continuing care retirement communities is perceived to be economically inefficient in many rural areas. In fact, Folts, Muir, & Nash (2005) stated in their review of prior rural elderly housing studies, “The ‘siege mentality’ among service providers

produced by the need to serve more people with fewer resources has had a profound chilling effect on the efforts to innovate and expand the available housing options.” (p. 43) When specialized housing or retirement communities do exist in rural areas and offer services, such as personal care, transportation, and on-demand maintenance, the services are rarely available to the larger general population (Folts et al., 2005). These studies indicate the lack of essential services and support, such as family support, health care services, transportation, and appropriate housing, causes significant challenges for seniors who desire to remain living in rural areas as they face physical and cognitive decline.

Demography of Rural Areas

Studies have shown that rural elderly have stronger attachment to their homes and communities than their urban counterparts; therefore, it is important to survey the rural environment in terms of factors impacting the well-being of older adults. An examination of the changing population and composition of rural areas provides a lens for considering the impact on older adults who have a preference to age in place.

The term “rural” has had numerous meanings over the years and it continues to be interpreted differently by federal analysts. The history of the term and the most popular definitions are complex. This study considered rural residents to be individuals living outside urbanized areas as defined by the Census Bureau’s urban-rural classification (U.S. Census Bureau, 2010b).

There has been a steady decline in the population of rural America since 1900 (Goreham, 2008). The major reason for the significant decline in population has been the technological advances made in agriculture. As new technologies boosted efficiencies in agricultural production, farmers were able to increase their capacity to produce crops with fewer farm

workers. As larger farms became more common, smaller farmers were forced out and the farm population declined. According to Goreham (2008), the decrease in the farm population and in farm labor has resulted in significant population losses in rural areas. Small towns have been impacted by fewer employment opportunities and have experienced a similar decline, with residential losses between 1940 and 1970 exceeding 50 percent. The losses in the 1980s were even greater.

These losses in rural America have persisted. The 2010 Census indicates that rural areas continue to lose population while the populations of smaller cities and metropolitan areas continue to increase (Bailey & Preston, 2011). The biggest population declines are in the rural areas of the Midwest, upper Great Plains, and Mississippi Delta region. Conversely, many rural areas known for their natural amenities, such as the West, Southwest, upper Great Lakes, Missouri Ozarks, and along the Gulf Coast, have experienced population gains (Goreham, 2008).

The transformation that has happened over the past 20 years in the rural Midwest is important to understanding aging in rural areas (Walzer, 2003). This transformation has been caused by several factors, such as fewer employment opportunities in the agricultural industry, depopulation, closure of local businesses, and school consolidations. These significant changes in rural areas have had a profound impact on the way of life for rural residents living in the Midwest (Perry-Jenkins & Salamon, 2002).

Norris-Baker (1999) examined the impact of chronic economic and population decline, along with widespread environmental and social changes, on aging in three small towns in the rural Midwest. Using an experiential field approach, Norris-Baker explored the applicability of the three life-shaping characteristics of the American Frontier. These characteristics were as follows: 1) it was unfinished (with many physical-social structures remaining to be created); 2) it

was undermanned (meaning there were fewer than the optimal number of people for the setting's functioning); and 3) it was new (meaning conditions were poorly understood or unknown to the residents). One finding suggested the incompleteness of the physical-social structures on these rural small towns could be attributed to setting loss and the threat of losing additional settings. For example, the loss of the only grocery store leaves the residents of a small town with difficulties in finding alternatives that replace the functions and personal meanings associated with the original setting. Older residents were more psychologically vulnerable to such losses than residents of larger towns because of their greater dependency. Another finding suggested there were both positive and negative outcomes for individuals in under-populated settings. When there are too few people to carry out the programs and tasks in a community, people might work harder and feel more responsible, important and versatile, which may lead to feelings of increased self-esteem and self-confidence. Conversely, excessive demands on individuals, over a long period of time, may have a negative impact to experiences of success, self-esteem, health, and well-being. The result for vulnerable older residents may be a decline in health, relocation away from the community, or death.

Lastly, according to Norris-Baker (1999), dealing with threats of loss and unknown conditions also required physical and psychological energy on the part of local residents. People who were more naturally risk-takers might find the environment challenging and thrived on successful outcomes. However, for those individuals who were not risk-takers and who experienced unsuccessful outcomes, the likelihood of feeling helpless and hopeless about their community's future and their role in it were likely. More research is needed to understand the differences between rural communities that are good places to age and those that place additional negative consequences on its older residents.

Local Community Context

There are various definitions of community. Traditional communities can be referred to as physical spaces, like cities, towns, villages, and identifiable geographical entities (Kirst-Ashman et al., 2006). Traditional definitions of community can include a shared physical space, social interaction, and a shared sense of identity. Nontraditional communities can also be defined by social, rather than physical, boundaries, such as individuals who share common interests, activities, or identity. Whether the meaning of community involved places or people, there is a common belief that community is important in peoples' lives (Robert, 2002).

Moreover, community can be further understood in terms of community context. According to Robert (2002), community context included the community's economic base, the social and economic attributes of residents, the local service environment, mobility patterns of residents, the social capital within the community, and the community's unique culture. Robert (2002) cited several major reasons why community context was critical to aging research. For example, the unequal distribution of the aging population impacted both how community context shaped and was shaped by residents. Likewise, community context was tied to the ability of communities to meet the service needs of aging residents, including those aging in place and those migrating to the community. Also, there is growing interest in understanding the impact of social capital and social disparities on health, and there is an acknowledgement that researchers and practitioners should work together to address this issue. In recent years, aging research focused more on individuals, with less attention given to the importance of how people were interconnected in families, schools, organizations, communities, and societies. Consequently, Robert (2002) encouraged consideration of the characteristics or processes at the community level to better understand the complexity of aging in rural environments. Robert's reasoning is

useful in examining rural environments, especially those experiencing shifting or declining population, to understand the relationship between community characteristics and processes and individual responses and outcomes.

Although the research is limited, some researchers have studied the impact of community on rural elderly. Blieszner, Roberto, and Singh (2001-2002) and Rowles (1988) found considerable diversity among rural environments and rural community members. In addition, rural areas had many differences that may have impacted its residents, such as economic base, migration patterns, population density, or proximity to urban areas. Each geographic area possessed a unique rural population based on gender, race, ethnicity, and social class. Accordingly, these researchers suggested the impact of diversity of rural environments and rural people on the health and well-being of rural elders was not fully understood and required more research.

In a descriptive analysis of the experience of people aging in small towns, Joseph and Martin-Matthews (1993) examined the complementary perspectives of communities and their aging residents. Joseph and Martin-Matthews recognized the heterogeneity of rural environments but maintained that inquiry ranging from the community (macro level) to the immediate circumstances of the home (micro level) could be generalized in terms of the contrasting environmental contexts that older adults in rural areas find themselves. Joseph et al. (1993) were interested in the macro community context of aging. They proposed three interdependent factors that discriminated small towns at the macro level: population size, urban proximity, and migration experience. These findings were similar to the findings from the studies conducted by Blieszner, et al. (2001-2002) and Rowles (1988).

In 2004, Keating, Chapman, Eales, Keefe, and Dobbs examined the experience of aging in rural Canadian environments, using the Human Ecology theory. The conceptual approach took into account the macro-environments of community and the more immediate physical and social environments of older adults. They argued that one could not fully understand the experiences of aging in a rural environment without considering the contexts in which rural seniors live their lives. In an extensive study, the researchers investigated the question, “Was rural Canada a good place to grow old?” by examining the following: 1) How did rural communities in Canada differ on characteristics that may be important in determining community supportiveness to seniors?; 2) What was the relationship between characteristics of rural communities and their supportiveness to seniors?; and 3) What was the set of characteristics that distinguished rural communities that provided strong, moderate, and weak levels of support to seniors? Keating et al. (2004) hypothesized those communities that were perceived as good places to grow old were physical localities in which relevant services were delivered, social ties existed, and commitment to the needs of older residents was evident. Findings from the first phase of the study suggested that supportive communities were smaller in size, had residents who had resided in the communities for a long time, had a higher proportion of older adults, and possessed a culture of helping one another.

While phase one of the Canadian study focused on community characteristics, phase two considered the perspective of individual seniors (Keating et al., 2004). Rural seniors differed in their access to social support and services available in their communities. However, their views of their communities as good places to grow old did not align with these differences. Researchers concluded that rural seniors were quite accepting of their communities, even with their flaws and negative attributes.

Finally, the last phase of this research study was a case study of three distinct rural communities designed to explore the nature of diversity among rural older adults and the ways in which contexts matter to their experiences of supportiveness (Keating et al., 2004). Each of the rural communities was small and had a higher than average proportion of older adults, but they differed in distance from an urban center, population stability, labor force characteristics, income, and level of community supportiveness to older adults. The main finding was that there were four distinct groups of rural older adults, each with characteristic defining features; community active, stoic, marginalized, and frail seniors. These four groups of rural seniors differed considerably. These profiles provided a clearer understanding of the diversity among older adults beyond variability in individual socio-demographic characteristics. These group characteristics shaped their interactions with family, friends, neighbors, organizations, and services. The researchers proposed ways that communities could be supportive to these groups of seniors as they age in place, which increases the understanding of effective interventions to help rural elders remain in their homes and communities. Overall, the findings from this comprehensive study emphasized the importance of understanding the physical and social contexts of community in the experiences of rural elders.

In summary, this chapter reviewed the literature on aging in place, and individual-level and community-level factors considered relevant to the ability of rural elders to remain in their homes and communities. The factors highlighted were attachment to place, characteristics of rural values and culture, informal and formal support of rural elderly, demography of rural areas, and local community context. These factors seem to influence the experiences of older adults who reside in rural areas; however, little known about the complexity of aging in rural environments and the influence of the physical and social aspects of the community. This

proposed research helps to provide new knowledge regarding the relationship between the changing rural landscape and the impact on older adults.

CHAPTER THREE. PERCEPTIONS OF CHANGING COMMUNITIES AMONG RURAL ELDERS

Abstract

Significant rural changes have created concerns about the effects of such change on the well-being of older adults aging in place. This study used a basic interpretive approach to examine the views and attitudes of community change among older adults remaining in rural areas. Participants were recruited from 11 communities in east central North Dakota. This study reports findings from 13 interviews with participants who ranged in age from 69 to 90. Five themes emerged during data analysis: 1) elders were saddened by losses in their community but were resigned to accept them; 2) diversity among the rural communities affected views about community; 3) dwindling social networks and opportunities left elders feeling isolated and lonely; 4) attachment to place is strong; and 5) older adults were committed to remain in rural communities despite concerns for the future.

Key words: aging in place, rural, older adults, well-being, community

Introduction

The majority of older adults want to stay in their own home or community as they age (Sabia, 2004), a concept known as aging in place (Clasby, Hanson, & Halseth, 2004). Aging in place involves a person's attachment, experiences, and images of their home and community. There is an increasing recognition that communities are critical factors in individuals' ability to aging in place (Wiles, Leibing, Guberman, Reeve, & Allen, 2012). Staying in rural communities, especially those with declining populations, can present a double challenge for those individuals trying to cope with loss of independence and loss of a community (Cook, Martin, Years, & Damhorst, 2007).

Rural areas have changed drastically since the 1970s, in large part, because advances in agricultural production led to large farms and the need for fewer farm laborers (Goreham, 2008). This has resulted in the outmigration of young people to obtain educational and job opportunities outside of the community. Rural areas characterized by chronic out-migration of young people are prominently located in the Great Plains and Western Corn Belt (Glasgow & Brown, 2012). The consequences of this demographic trend include an extremely old age structure, long-term population decline, and reduced economic development opportunities (Glasgow et al., 2012).

North Dakota has experienced decades of population loss and a shifting of population from rural areas to urban areas resulting in rural counties losing population (North Dakota State Data Center, 2011). The extent of population loss across the state was concerning with only 11 of the 53 counties growing in population between 2000 and 2010. These population changes have resulted in major concerns for the future of these communities and the maintenance of the way of life for the residents, especially for rural elders.

There has been limited research focused on older people in rural areas (Milbourne, 2012; Keating, Chapman, Eales, Keefe, & Dobbs, 2004) and social gerontologists have paid less attention to the experiences and needs of rural elders (Milbourne, 2012). More research is needed on how older people understand and experience communities that have changed and continue to change.

Background

Aging and the Environment

The environment has a significant influence on the aging experience (Paul, Fonseca, Martin, & Amada, 2003). There are several models to describe the aging and environment relationship but it was early research of M. Powell Lawton that brought attention to the

importance of the physical environment to aging in place (Cook et al., 2007). Lawton provided the theoretical framework in environmental gerontology that is widely used in current research. Lawton and Nahemow (1973) developed the competence-press model suggesting that aging in place requires the maintenance of the right fit between an individual's abilities and the demands of the environment. The competence-press model represents a continuum of the individual's ability to cope with negative environmental circumstances. One of the two concepts of the model, personal competence, is recognized as characteristics of the person, such as financial status, health, and social networks, or as internal, such as personality (Smith, 2009). The second concept, environmental press, considers how the person responds to contextual demands of the environment. Environmental press may include physical demands of the area, availability of amenities, fear of crime, and socio-environmental relationships, e.g. relationships with family, friends, and neighbors (Smith, 2009).

The community environment may become more relevant for older individuals because of decreased competence due to the aging process, suggesting the impact community context may have on health, well-being, and adjustment of older adults (Robert, 2002). Utilizing this theoretical approach, Smith (2009) researched the lives of older adults living in deprived inner-city neighborhoods through personal interviews. She categorized the description of older urban dwellers' adaptation to aging in place as environmental comfort, environmental management, and environmental distress. These categories were developed from the Lawton et al. (1973) competence-press model that proved to be useful in conceptualizing the experiences of older adults living in challenging environments. Within her analysis, Smith (2009) described the categories as dynamic and overlapping, with individuals moving from one category to another throughout their lifetime. Events such as a decline in one's health or an environmental change

can precipitate a move from one category to another. This conceptualization is useful in examining the experiences of older rural adults living in changing communities.

Aging in Place

Aging in place in the community involves objective and subjective indicators that serve as predictors of older adults' well-being in rural areas (Oswald, Wahl, Mollenkopf, & Schilling, 2003). The importance of community and the resources available to provide support to older adults increases with advanced age and the challenges to adapt to functional limitations and losses (Kruse, 2003). The availability of community resources may assist in limiting the effect of these stressful events for older adults. Three main community functions that are important for seniors to remain independent are: housing; transportation, and community supports (Hodge, 2008). If anticipated resources from the community are not available or do not meet expectations, the result may be increased vulnerability among this group (Hodge, 2008).

Rural older persons generally have access to a small number and narrow range of community services and professionals (Butler & Kaye, 2003). Services that were unavailable or inadequate were mental health, home health, adult day care, respite care, geriatric assessment and affordable housing options (Department of Health & Human Services, 2002). Because many small towns do not have services and support locally, transportation is necessary to remain living independently and to stay connected to the community (Joseph & Chalmers, 1995). When driving is no longer possible, there is little public transportation available for rural seniors (Dye, 2011; Mattson, 2011; Hodge, 2008; Johnson, 1996). Without transportation, rural elders are not able to access essential services or to connect with friends and family.

Another challenge to aging in rural environments is the lack of adequate housing available for older adults. Often the only housing alternatives available to older adults living in

rural areas are home ownership, rental housing, or some type of care arrangement, usually facility-based care. Local age-targeted housing alternatives in small communities are rare (Oswald et al., 2003) and older adults with failing health may have no choice but to stay in inadequate housing or to leave the community (Joseph et al., 1995).

Joseph et al. (1995) developed a model for the experience of growing old in-place. The model includes individual attributes to allow for generalizations about older residents' needs that must be met in order to maintain independence. The attributes of the community encompass age-targeted services and general services that aging residents can draw upon. Mobility and residential choice are dynamic components of the model. Mobility is important to older adults because it allows them to go outside of the community, if needed or desired, for day-to-day living. Long-term sustainability in the community is dependent on the availability of local resources because the ability to drive diminishes with declining health and advanced age. The model suggests older adults will consider their residential options, through a filter of their attachment to place, and weigh the benefits and constraints of either staying on or moving.

Regarding the role of community in aging in place, a large amount of research has been conducted on attachment to place (Cook et al., 2007). Cook et al. (2007) noted that, as a social environmental characteristic, community attachment provided people with a sense of belonging or cohesion. Community attachment occurred when individuals resided in a community that made them feel secure and cared for and where they could depend on receiving the support and services needed (Pretty, Chipuer, & Bramston, 2003).

Becker (2003) found that older adults' feelings and attachments to communities were an important component of understanding the aging process. He suggested that long-time residents often have a stronger attachment to place and that social connections were important factors for

older adults to aging in place, regardless of objective conditions. Most research in this area has focused on how good neighborhoods or communities foster positive feelings of attachment (Krause, 2003).

However, community changes may alter the personal experiences and social relations of individuals resulting in instability in their meaning of places (Gustafson, 2001). Whereas neighborhood deterioration has been the focus of much study in the social sciences, not much research has been conducted on rural places and their residents. Pretty et al. (2003) suggested that rural elderly may feel a strong sense of loss and a longing for the way things used to be. Joseph et al. (1995) studied rural older adults in service-depleted communities and found they possessed a strong attachment to place, even when they perceived acceptable housing alternatives to be unavailable. They also suggested this fierce attachment to place was built over the course of a lifetime and is the reason the rural seniors chose to stay on in deteriorating communities.

The environment was an important factor in forming personal identities and memories (Dorfman, Murty, Evans, Ingram, & Power, 2004) and place becomes of greater importance for older adults because of the cumulative effect of reflection and reminiscence (Hay, 1998). For some people, community identity can provide a sense of belonging, promote well-being, enhance feelings of control and security in times of uncertainty, keep the past alive, maintain a sense of competence and independence, and assist in keeping a positive self-image and identity (Peace, Holland, & Kellaheer, 2006; Rowles, 1983; Rubinstein & Parmelee, 1992; Wiles et al., 2011). Place attachments in a specific community made stronger over many years may enhance psychological autonomy.

Older people experience their aging in distinctive social and cultural contexts (Shenk & McTavish, 1988; Joseph & Martin-Matthews, 1993). Shenk et al. (1988) studied older rural women to understand how rural cultural context shaped their values and identities. She found that certain cultural values and norms related to the rural context were found in spite of different life circumstances of the women, including the importance of family relations, religious faith, hard work, self-reliance, and closeness to the land.

Place-related identity is vital for older rural residents as they face changes that may alter their relationship with place (Winterton & Warburton, 2012). In her study of older adults in rural Australia, Winterton et al. (2012) found that rural place was important in shaping older people's identities. However, changes in place may have a negative impact on their sense of rural identity. The consequence of population change on older rural residents was highlighted by Pretty et al. (2003) who found that residents' identity with small rural towns might be disrupted by the results of physical and social changes due to chronic depopulation. Furthermore, relocation could cause environmental stress as it might involve reinterpreting past place identities and understanding individual roles in community settings (Hummon, 1992).

Successful aging is better understood by recognizing the meaning and importance of place (Cook et al., 2007). Major changes in the community can cause frail elderly dealing with losses of personal independence to be more vulnerable.

Changing Contexts of Rural Areas

The U.S population is aging rapidly with older people more concentrated in rural and small town areas (Brown & Swanson, 2003). Approximately 22% of the total population resides in rural counties in the U.S. but 26% of people 65 and older live in rural counties (Brown et al., 2003). Furthermore, approximately 15% of the rural population is 65 years and older compared

to 12% of the urban population (Glasgow et al., 2012). Overall, rural areas have an older age structure than urban areas (Glasgow et al., 2012).

Within rural areas, there is great diversity to consider (Hodge, 2008). Small towns differ greatly in factors such as size, age structure, density of population, distance between towns, proximity to metro areas, major forms of employment, migration patterns, and availability of community resources.

The focus of this study was rural North Dakota. The state has experienced a steady decline in population over the past several decades, often referred to as a natural decrease. This trend of population loss is just one characterization of rural demographic trends and stands in stark contrast to rural areas that have seen high growth in the older population due to net in-migration of adults age 60 and older (rural destinations for older migration) (Glasgow et al., 2012). Rural areas characterized by chronic out-migration of young people are prominently located in the Great Plains and Western Corn Belt (Glasgow et al., 2012). The consequences of this demographic trend include an extremely old age structure, long-term population decline, and reduced economic development opportunities. Progress in agricultural technology and production led to dramatic changes since the 1970s and resulted in a small number of larger farms and a decreased demand for farm workers (Goreham, 2008). This trend resulted in the outmigration of young people to obtain educational and job opportunities.

North Dakota, along with many agricultural regions of the United States, has experienced long-term population decline. Between 2000 and 2005, half of the country's 2,051 rural counties had a decline in population (Goreham, 2008). The extent of population loss across North Dakota is serious (North Dakota State Data Center, 2011). Between 2000 and 2010, only 11 of the 53 counties grew in population. In addition, this rural population loss leaves a significantly higher

proportion of seniors in rural counties relative to those in urban counties (Rathge, Clemenson, & Danielson, 2002). The changing geographic distribution of the older population is causing disparities between community resources and older residents' needs, such as health care, social services, housing, and long-term care (Rogers, 2004). However, energy development in the western counties of North Dakota has caused a population increase since 2005, reversing long-term trends in the state (ND Compass, 2013). The proportion of older adults is expected to continue, but not as high as previously projected. The senior population is expected to grow by 52% between 2010 and 2025 (ND Compass, 2013).

Little is known about growing old in specific environmental locations (Smith, 2009), including changing rural areas. Whereas studies have been conducted in other countries, there have been few recent studies on older rural people in the U.S. focused on the importance of place on their daily lives. Because rural areas are so diverse, research will need to be conducted across various environmental settings in order to continue to build on the current body of knowledge. The aim of this study is to better understand the impact of changing communities on the lives of rural elders in eastern North Dakota.

Method

This qualitative study was designed to investigate the experiences of rural elders and impact of rural change on the well-being of older adults. This section discusses the appropriateness of using a qualitative approach in this study, the research design and procedures that were used in collecting data from the participants' interviews and the demographic survey, and the analysis conducted on the information that was gathered.

The Research Design

An exploratory approach is critical to study a particular group or population, to identify variables that can later be measured, or to hear silenced voices (Creswell, 2007). Therefore, a qualitative methodology was appropriate to employ because little is known about the phenomenon of the impact of rural change on older adults. Qualitative research is a useful approach to facilitate the opportunity for older people to express their perspectives and thoughts, such as how they feel about living in rural areas and how they prefer their later years to be experienced. This method also provides valuable information to family members, professionals, and local leaders to understand old persons' wishes and needs related to their living arrangements. Individual interviews will be conducted with older adults in east central North Dakota to illicit perceptions related to their experience of aging, community change, and well-being.

The Research Participants

A sample of individuals aged 65 years and older from small towns and rural areas in east central North Dakota was recruited using theoretical sampling (Corbin & Strauss, 2008). Corbin et al. (2008) defined theoretical sampling as a method of data collection driven by concepts/themes derived from data. Its purpose is to collect data from places, people, and events that will fully realize opportunities to develop concepts in terms of their properties and dimensions, uncover variations, and identify relationships between concepts. Theoretical sampling is open and flexible, with the researcher letting the analysis guide the research. The researcher recruited the first participant through personal contacts (Appendix C). Data from the initial interview were analyzed and used to determine the selection of the next participant and

research site. Participants were asked for contacts of other older adults who met the study criteria. Interviews continued until data saturation was reached (Merriam & Associates, 2002).

The sample consisted of individuals who resided in small towns and rural areas and had lived in the community for a minimum of 15 years. In a study of residents in rural Nebraska, Potter and Cantarero (2006) considered long-time residents to have lived in the community more than 15 years, which allowed them enough time to notice how the community had changed. Newly arrived residents were considered to have lived in the community for less than five years.

In this investigation, gender, age, and marital status were considered in the sampling process as these factors are associated with “needs” that must be met to maintain an independent life (Joseph et al., 1995). Interviewing participants who reflect a variety of perspectives strengthens the credibility of study findings (Rubin & Rubin, 2005).

This study was conducted in a six-county area in east central North Dakota, including three border counties and three adjacent counties. The framework for selecting the counties was to include counties that have experienced a decline in population and counties that have been impacted by the trend of a shifting population from small towns and rural areas to larger towns and regional centers. First, the geographic area consisted of four rural counties (Nelson, Griggs, Steele, and Traill Counties) that have experienced population decline over the past several decades. Second, the two urban counties (Grand Forks and Cass) each contained a large city where many older adults have re-located. In addition, the urban counties have numerous small communities in the rural portions of the county that can be examined for changing demographics due to rural sprawl.

The Census Bureau's urban-rural classification was used in identifying participants from 'small towns and rural areas'. Urban areas were defined as: 1) Urbanized Areas (UAs) of 50,000 or more people; or 2) Urban Clusters (UCs) of at least 2,500 and less than 50,000 people. Rural areas encompassed all population, housing, and territory not included with an urban area (U.S. Census Bureau, 2010b). For the purposes of this study, individuals residing outside the urban areas of Grand Forks and Fargo were considered "rural" residents.

Data Collection and Procedure

A pilot study was conducted to test the questions and to process responses to the interviews from an older adult who has stayed on in a small town or rural area. According to Creswell (2007), pilot testing is used to refine and develop research instruments, assess observer bias, frame questions, gather background information, and adjust research procedures. Following the interview, the participant indicated the questions were understandable and would be effective in capturing the different experiences of future study participants.

The final study interviews were conducted by the researcher in a private or semi-private setting, such as a home or local café, of the participants' choice. The interviews ranged from 47 to 120 minutes. At the beginning of the interview, demographic questionnaires were given, using structured, close-ended questions (Appendix A). Participants were asked to share the following information: age, gender, marital status, perceived health status, educational level, financial status, length of residence, and current or previous occupation.

Following the structured interview questions, participants were asked open-ended questions focusing on their life experiences, community satisfaction, perception of community change, factors impacting decisions to stay, and suggestions for making rural communities a better place to age in place. Probe questions were asked to better understand information

gathered from the participants during the interviews (Appendix B). A responsive interviewing model, which suggests analysis is not a one-time task, but an ongoing process, was utilized (Rubin et al., 2005). With responsive interviewing, interviews are systematically analyzed after they are conducted, to suggest further questions and topics to pursue. Later, interviews are reexamined as a group. Throughout the study, the researcher alternated between interviewing and analyzing.

Data Analysis

The researcher used a basic interpretive approach for analyzing the data (Merriam et al., 2002). Basic interpretative research seeks to learn how individuals experience and interact with their social world and the meaning it has for them. According to Merriam et al. (2002), data analysis in basic interpretative qualitative research consists of collecting data through interviews, observations, or document analysis. The data is inductively analyzed to identify the recurring themes or patterns that are found across the data. Finally, a rich, descriptive account of the findings is presented and discussed.

All interviews were tape-recorded and the researcher took field notes during the interviews. The audio recordings of the interviews were transcribed and identifying information of the respondents was removed. Once the first transcript was available, the researcher read the transcript and field notes and organized the data. Each interview was read carefully before preparing for the next one so the researcher had a working idea of the important concepts, themes, and events that are present. The first stage of analysis was to recognize the concepts, themes, events, and topical markers in each interview (Rubin et al., 2005). Next, the different interviews were examined to clarify what was meant by specific concepts and themes and to synthesize the different versions in order to understand and develop the overall narrative. After

the concepts and themes were refined and integrated, the coding began by designating a brief label for each data unit. Coded data was sorted by grouping all the data units with the same label into a single computer file. Within each file, the researcher evaluated the broad understanding of the concept, examined the concept for nuances, explored meanings for individual participants, and looked for systematic similarities and differences among and between participants. Finally, the key concepts and patterns in the data were analyzed to identify and describe themes that reflected the participants' experiences.

Participant Characteristics

The 13 participants' ages ranged from 69 to 90, with an average age of 78.85 years. Of the sample, women comprised 69% (9) and men comprised 31% (4). Forty-six percent were married and 54% were widowed. Thirty-one percent had a college degree and 15% had a graduate degree. All but two had completed high school. All participants were Caucasian (Appendix D).

Twenty-three percent of the participants reported their financial condition as modest; 15% as okay; and 62% as comfortable. Regarding their perceived health status, 85% of the participants reported their health as very good or excellent. One participant indicated her health was fair and no one rated her/his health as poor.

The number of years participants had resided in the community ranged from 29 to 90 years, with an average of 58 years. Participants reported having lived in their current home from 6 to 79 years, with an average of 44.6 years. The majority of older adults (69.2%) lived in towns or cities; 15% lived in country settings, and 15% lived on a farmstead. All participants were year-round residents.

Community Characteristics

Eleven communities in six counties in east central North Dakota were included in study. Population of the communities ranged from 53 to 1,346. Approximately 64 % of the communities (7) had a population of less than 250; 27% of communities (3) between 250 and 1,000, and one community (9%) greater than 1,000. Only one community had gained population from 1980 to 2010, with the increase being significant at 149%. Ten communities lost population during this same time period, ranging in population loss from 12% to 44%.

Of the six counties, the two urban counties (Cass and Grand Forks) had gained population from 1980 to 2010. The population increase in Cass County was 70% and the increase in Grand Forks County was 1%, which was lower due to a natural flood disaster in 1997. Between 1980 and 2010, the four rural counties (Traill, Steele, Griggs and Nelson) had lost population ranging from 16% to 40%.

Results

This study was designed to gain a deeper understanding of the impact of changed communities on the lives of rural elders. As the 13 participants shared their perspectives, five themes emerged:

1. Elders were saddened by losses in their community but were resigned to accept them.
2. Diversity among the rural communities affected views about community.
3. Dwindling social networks and opportunities left elders feeling isolated and lonely.
4. Attachment to place is strong.
5. Older adults are committed to stay on despite concerns for the future.

Rural Residents Were Saddened by Losses

Perhaps the strongest message from rural residents was the sense of loss and sadness felt by the changes in their communities and way of life. There was understanding that advances in agricultural production, in large part, had led to larger farms and the need for fewer farmworkers. As a result, young people left the community to look for jobs and businesses closed due to less demand for goods and services. Participants agreed that the decline of rural areas is something that is happening all over and just needs to be accepted.

“Ah the farms keep getting bigger so there’s less people. There’s just less people in the country and in the towns than there were years ago. Well, just what I can remember, we had a post office, we a had a garage, a big repair shop, two grocery stores, two beer parlors, uh, I think there was one café...and now all that is gone. It’s not there anymore.....because of what’s happening out in the countryside. The farms get bigger, so there’s less farmers. Less people really affects the town, it affects the schools, and affects the churches” (79 year-old married farmer).

“Well, there used to be three garages and now there are none” (81 year-old married female).

The result of a continuous decline in population over a very long time has left many small towns at risk of going out of existence. Several participants expressed their dismay with the deterioration of their communities; often pointing out there was minimal or no services and economic activity present.

“The community is just an elevator with people living in town” (81 year-old married female).

“Now there’s nothing. No businesses, just a grain elevator and a post office” (76 year-old married female).

Many participants described how the continued population decline in their community impacted the local school district. Many schools in the small towns struggled with decreasing enrollments, forcing consolidations with neighboring schools. The loss of a school to a small town caused long-term social and economic ramifications.

“It isn’t as tight knit as it used to be. Every town had a small school district. And so anybody in the district was sort of tied together, ah and now those districts couldn’t survive so they’ve all banded together. So now each town – they don’t have that sense of community or bonding together like we did years ago. It is not...it is not that we, ah, that people aren’t as friendly or as nice as they were, they just don’t have the chance or opportunity to get together like we did” (79 year-old married farmer).

“Once the school consolidated, well, then the town dried up. We lost the grocery store and there are not people that really are coming back and raising a family in a small town” (80 year-old married farmer).

“How you get to know people is you go to church or you go to the school and we don’t have a school here anymore and that is really a loss, too” (82 year-old widow).

Participants expressed strong dissatisfaction with the newcomers to their communities. They were disappointed by their lack of involvement in the community and lack of pride in their home and property. The newcomers’ motivation to move to the community was described as either to find a convenient location for commuting to a metro area for jobs or to purchase cheap housing.

“There’s a certain amount of flux here and a lot of times, um, people on welfare get sent out here because they can get a house cheap and rent and run up their water bill for several months and move out” (75 year-old widow).

There’s a few newer ones [residents] that just moved in. They’re on disability so they’re not doing anything for the town either” (76 year-old widower).

“What happens in a smaller community, is that – is that the housing is cheap and the people with few resources buy and move into this community. They maybe don’t have the commitmentto the kind of community we do” (82 year-old widow).

“And it’s kind of a shame because people buy up the empty houses for taxes usually and they move in; deposit their piles of garbage and junk, and leave” (76 year-old married female).

One of the communities located closest to a metro area and adjacent to a major interstate highway had experienced significant population growth and had added several new housing developments. A participant from this community expressed her disappointment in the newcomers’ involvement in the community.

“When we belonged to the church, we always had church dinners and we would *never* get anybody [newcomers] from, like, the north part of town – all those houses out there – none of them would even come to the dinner” (69 year-old married female).

Another participant described the trend of outsiders buying older houses in rural communities to stay in during hunting trips.

“There’s mostly retired people in the community now. There are some people who have purchased houses in town who pick them up and use them just for hunting shacks. When

the season is on for hunting or fishing, they come in from different areas to stay for a few weeks or months” (80 year-old married farmer).

Location seemed to influence participants’ perception of their community. Residents from remote communities reported a higher satisfaction with friendships and social support. However, they were concerned with continued population loss, the number of empty houses for sale, and fewer young people around.

“It is a community of retired people. Right now we have quite a few empty houses in town” (75 year-old widow).

“But we’re definitely an old town. There aren’t many young people left here. Now, there are *several* houses for sale again” (90 year-old widow).

Conversely, participants residing in communities located near the two major cities in the study region reported dissatisfaction with the higher number of newcomers in their communities, the lack of community engagement, and the dwindling number of older adults with whom to socialize. Many older adults reported feeling alone and isolated.

“I call this a bedroom community. Well, I can think of two [older adults]...that are in the community during the day, besides myself. It’s very quiet. I sometimes feel like I’m the only one in town. Sundays is really bad” (76 year-old widow).

“I don’t know too many people in town. They just don’t get involved” (76 year-old widow).

“They work out of town. Don’t do anything, you know, really in town. It’s their bedroom, more or less” (81 year-old married female).

“I can’t think of anybody else retired living here. If there’s a problem, that’s it!” (82 year-old married female).

“Our community here has really changed from when we were married to what it is now. The farmers--so many quit farming and moved. People moved out and moved into the city, a lot of them did. ‘Cause this town is basically a bedroom community and I probably know...4 or 5 families in that town. It’s *always* kind of been a bedroom community, I think, but not as bad as when these new developments [housing] came in. They all work in the city” (69 year-old married female).

“But it is different when you’re closer to a big city because the *draw* is to go to the city, you know, for things. We’re too close to the city” (69 year-old married female).

Diversity Among Rural Communities Affected Older Person’s Views of Their Community

Rural elders seemed clear on their assessment that their towns were not as close-knit as they used to be.

“The community has changed. It isn’t as supportive as it used to be” (69 year-old widow).

“Our community is not as close knit *at all* as it used to be” (80 year-old married farmer).

“People that work in Fargo are moving in. In fact, the houses sell *really* well because the interstate is close here. They [newcomers] come and go from their own house and live their own little life. They don’t come to anything at the fire hall or take part in *anything*. Maybe at the school if they have children but there just isn’t that sense of community” (82 year-old married female).

However, a few participants had positive comments about the friendliness and supportiveness of residents in their towns.

“There’s a few of us, my age people, still living here and we get together for coffee and pick up each other’s mail and that kind of stuff. And, we watch out for each other” (76 year-old married female).

“If I have trouble or a problem, even people who don’t like me are gonna help me out!” (90 year-old widow).

One participant who had lived in the same community his entire life conveyed a sense of sadness of the anticipated loss of identity of the community in which he lived.

“It’ll, ah...it’ll become an address. It won’t be – it won’t, ah, it won’t be any bonding there like there was years ago. I’ll be an address. And that’s kind of sad. That’s the way – that’s the way things are, ah, going all over, I guess” (79 year-old married farmer).

Most participants were resigned to the fact that their small towns could not support amenities, and, in many cases, even the basic services of a grocery store. Rural seniors expressed appreciation for the few services that were available to them.

“We’re all getting old. The town has gotten so quiet. Main Street used to be full of cars. Now, nobody’s there. Of course, we’re really thankful for our wonderful grocery store. We’ve been so fortunate for that. It’s been a mainstay for us – I buy all of my groceries here. I don’t drive outside of town anymore” (90 year-old widow).

“You know, one thing we have that is very – just wonderful is, ah, this bus service. I hope that never ends” (90 year-old widow).

“I wish we’d get the restaurant that would stay open. But I’m glad that we at least have a school that is kindergarten through sixth grade. The kids come past my street. I sit out in my chair and watch – it’s fun when the kids walk by” (90 year-old widow).

Other older adults indicated they had concerns about the loss of local services and the necessity of transportation for daily activities of living, such as grocery shopping and attending church. Many participants were reluctant to drive in the heavier traffic of larger cities or during the winter months due to inclement weather and poor driving conditions.

“It’s dying out. It’s –there’s just getting to be less and less things to do around here. And when you gotta run so far for shopping, you know, like I said, I don’t drive to those bigger towns” (76 year-old widow).

“I know that many of those people just quit going to church period instead of driving somewhere else [due to local church closure]” (75 year-old widow).

Only one participant reported that his community had everything he needed, in terms of basic and support services. He resided in the largest town in the study region.

“Ah, I know I got the clinic right here, I got the dentist right here, I got the lawyer right here, I got whatever I *need* here” (90 year-old widower).

Some participants described their concerns about the viability of their communities, the loss of additional services in the future, and the challenge of getting along without accessible services.

“There’s really nothin’ to bring people in here anymore, that’s the big problem. We don’t have a store. We still have a post office, I don’t know how many more years that’s gonna happen. I keep sayin’ they’re gonna pull it out” (76 year-old widower).

“...there isn’t a lot of older people there. It’s pretty hard to live there when there isn’t anything [services]” (69 year-old married female).

Dwindling Social Networks and Opportunities Leave Elders Feeling Isolated and Lonely

These sentiments were attributed to a wide range of factors. For some older adults, a declining population and base of older adults contributed to limited social activities. Others stated the loss of settings in which to gather impacted their ability to connect with others. The loss of friends due to old age, death, or a move outside of the community caused the social network for several participants to decrease. The need to go outside of the community to participate in activities also affected people's social life. Family involvement and support, or lack of, made a difference in the lives of a number of older adults. Lastly, the presence of strong local leadership and community involvement made a difference in the level of social engagement and activity in several communities.

Rural elders seemed clear on their dissatisfaction with limited social opportunities, especially in bedroom communities. As one male participant stated, he and his wife began spending three months during the winter in an apartment in a nearby city for social interaction.

“Ah, and there's all these people around. You can go to the shopping centers and, ah, you can kill time just by watching people but there's all these people around you. Where out on the farm, you're alone. And that's why a lot of people move into the city, to, ah, just to have somebody to talk to and visit with” (79 year-old married farmer).

“Weekends it's very quiet around here” (76 year-old widower).

Several participants talked about the challenge of organizing and implementing civic and social activities in their towns because there were just not enough people to carry out or attend the events. When these types of activities did exist, some of the participants had volunteered or held office for years or decades due to the lack of younger residents to replace them.

“Like I said, there’s nothing really up town to socialize or get together. That’s the problem. They can’t get enough together to get a senior group anymore because there’s just not enough interest anymore, you see” (76 year-old widower).

Many participants spoke about the loss of local gathering places, such as cafes, in terms of not only the service it provided, but also the benefit they received from socializing with others and forming friendships with workers.

“Well, you know, I *really* miss our post office. We had a young gal there and you can go up and visit with her and have a few laughs and go home. Then they got two replacements after she quit and they’d never visit with you. I miss having her” (76 year-old widow).

“I *really* miss the café. We’d meet at 9; the men would meet at 8. And we’d just sit and have coffee and laugh and giggle and find out that so-and-so is in the hospital and so-and-so is gonna have a new grandchild. It was just closeness and now we have to talk on the phone. We can’t do nothing about that, I guess” (76 year-old married female).

Many participants reported that their social network was diminishing. Some had lost good friends from death and others from a move out of the community.

“The people that I would have called up and talked to or would have called me and talked to me, several years ago, aren’t here anymore [moved or passed away]” (82 year-old widow).

“At my age, I’ve lost an awful lot of friends –many of them have died and there’s several of them in the nursing home. Now I’ve got two friends left and not an awful lot more” (90 year-old widow).

“It’s just, people get alone and they decide to move to where there’s more socializing and that’s the whole problem. We’ve got five houses up for sale right now” (76 year-old widower).

Two participants had an adult child living with them and approximately four participants had family members living nearby.

“We do have a lot of family activities” (81 year-old married female).

“The kids are so generous with me. They *all* help me so much and my daughter does so much for me. I tease them sometimes and I say, if I’d known you were going to be so good to me in my old age, I would have maybe had six or eight of you!” (90 year-old widow).

However, family support was not readily available for many rural seniors. Two widows expressed their concern of managing alone without the support and help from family members.

“I enjoy the company of the two women I walk with every morning. One is 82 and other one is younger than I am. Now the 82 year old, she’s got a son, so he helps her. And the other friend, she has a husband. He helps her. And I have nobody. What we really need is a handy man. There’s a lot of things I can think of doing but I don’t have the strength to do it” (76 year-old widow).

Most participants reported that limited activities in their towns prompted them to go outside of the community for social functions. The school consolidations have resulted in school children and families traveling further distances for activities.

“If you want any activity, you gotta drive to these other places for that because we just don’t have it here” (76 year-old widower).

“Life is very mobile, you know, distance means nothing” (81 year-old married female).

“There isn’t much to do in town. Since my husband has been in the nursing home, another lady and I drive to a neighboring town on Monday nights to play bingo. I mean, we make this a *big* night – we leave at 6 p.m. and are home by 8 p.m. And that’s about it for myself. The other people go out and do things in different towns” (76 year-old married female).

When asked to describe the level of community involvement in their town, several participants responded positively about the difference strong leadership can make in keeping a community vibrant and socially active.

“We do have a historical society, a community club, and we do have picnics, we have Christmas parties where everybody’s invited, we do have our church here with a pastor who is very community-minded” (76 year-old married female).

“Well, I think we do have a very active community club – they are a very active bunch” (81 year-old married female).

“We have an outstanding community for involvement and just a few core people that really know how to, um, motivate” (75 year-old widow).

Most Rural Elders Expressed a Strong Attachment to Place

Results indicated that, in spite of negative changes in their communities, rural seniors expressed a strong attachment to place. This attachment to place seemed to buffer the many conditions that contributed to their sense of sadness and loss of a previous way of life. It is important to note that all participants had a long-time history with the community, with the average length of residence being 58 years. In addition, most of the participants had either been directly or indirectly involved in farming.

“Well, I’m somebody that – I *have* to be active. I have to be working. And I live on a farmstead with 15 acres of trees and land, so I’ll always have something to do. I’m a farmer and I have a couple of old tractors that I fumble around with. So I like living in the country” (79 year-old married farmer).

“It’s peaceful and we’re very fortunate, so close to the city. I mean, we got the access and everything and yet we’re still living in the country” (69 year-old married female).

“Well this is the community that my grandparents came to as pioneers. They came from Norway” (90 year-old widow).

“I have always loved the prairie. People like the mountains but I love the prairie. Any maybe as a young person I didn’t love it as much as I do now. But I go on a trip and I get down out of the mountains and oh, how I love the flat land! You know, to see the fields that are hundreds, maybe thousands of acres; they’re beautiful. Everything has its own beauty. And ah, for me, that’s special” (90 year-old widow).

While most of the participants expressed their attachment to place and way of life, several rural elders expressed an attachment to their homes and friends.

“And I’m – we built the house. I’m a little reluctant to leave it and I would probably have to give up my grand piano and that would be hard” (75 year-old widow).

“I don’t know if there is going to be a point where the balance swings so far that I can’t do it but I have close friends here that I would just miss the people that I talk to everyday on the phone...” (75 year-old widow).

Rural Elders Were Committed to Stay On Despite Concerns for the Future

Most participants thought their communities were a good place to live for a number of reasons. Some valued the sense of safety and security they felt from living in a familiar community and were skeptical about the crime level in the big cities. Other participants stated their houses were paid for and they weren't eager to start paying rent. Having family close by, or in some cases, living with them, was another reason cited by several participants for being comfortable and satisfied staying in their home and community. Also, while most acknowledged they would have to move when health fails or they cannot drive, it was interesting to note that none of the participants had specific plans as to where they would move.

“Well, I own the property here and as long as I'm drivin' bus for the kids, it gives me something to do. I don't mind living here. It's quiet. But it'd probably be worse if he [son] wasn't living with me right now” (76 year-old widower).

“I'm comfortable here. I think moving into the city, I would be uncomfortable. I'm not afraid of anything out here. So,...I've even left my keys in the door and locked my doors. And I get up the next morning and my keys are hanging in it” (76 year-old widow).

“Well, there's really nothing to get involved in, see. It's just peaceful, quiet living. It's probably the safest town” (76 year-old widower).

“It's been a wonderful community to live. Ah, you know, you don't have to worry if you forget to lock your door. *Nobody's* coming in to harm you” (90 year-old widow).

In addition, participants often spoke of the importance of maintaining good health and being able to drive to stay in their home and community. Driving was considered critical for accessing needed services and for participating in social activities.

“As long as their health stays beyond a certain point, but if they start getting too many health problems, then they’ll have to make a change. One thing that makes them move, ah, is the ability to drive. If that – if you lose that, lose your driver’s license, then – then you are really stuck in one spot. You have to be healthy enough to enjoy a fairly active life to live out in a small area community” (79 year-old married farmer).

“I have told my daughter, I will live here until they take my driver’s license away” (76 year-old widow).

“It’s a good place to live. We have good roads now and if we can get the county commissioners to keep the snow off the road, it doesn’t take too much to where you can find activity to, ah, go to, if you’re so inclined, ah, with the automobiles, you know” (80 year-old married farmer).

Although there was a strong attachment to place expressed by most participants, some older adults had concerns about the future. The concerns included the recognition the community has little to offer them anymore, the challenge of selling their home in towns that continued to lose population and businesses, the lack of senior-friendly housing, and the difficulties of maintaining one’s home in terms of cost and finding good help. Meeting housing costs and dealing with home maintenance were concerns especially voiced by women who were widowed. It would seem reasonable to assume that some rural elders will struggle more than others in their decision to continue living in their rural community.

“You know, there’s – there is really nothing here for me. But I’m still sticking around” (76 year-old widow).

“Well, this is a good place to live but you know, it’s like all these other little towns. We’re losing a lot of businesses. We don’t really have good shopping. All we have is

one grocery store. We don't have any place to buy clothing. And as far as things to do, there really isn't much to do around here. And, everything is going up in pieces around here with taxes – it just seems like since January everything has just gone up. You know when you get older, you just feel like it's getting to be too much!"(69 year-old widow).

"There's a lot of empty houses and I think there's going to be more by spring by the sounds of things. A lot of people are just getting to the point where they think everything's getting too high here so they're putting their houses up for sale and people are getting older so they kind of think apartment living is probably what's going to be the answer" (69 year-old widow).

"Well, I'm very satisfied living here. My kids think I should move and that's fine but truthfully, I don't know who would buy my house here, you know. Because nobody wants to move into a small town where there's no access" (76 year-old married female).

"I had a plumbing problem in the spring and I had to call the plumber here but he was one you couldn't rely on or depend on. And – and I could have sat down and bawled 'cause I didn't know what to do. It's all these little things, you know, that pop up. So, I don't know. It's the handyman we need. At least somebody you can call once in a while if you need" (76 year-old widow).

Discussion

This study was designed to increase the understanding of rural elders living in changed communities. With an increase in the aging population and the shifting of the population from rural to metro areas in the state, there is a need to know the views and experiences of this older generation. The results indicated that changes in these communities made an unfavorable impact on the lives of rural elders. The participants related the following thoughts about living in rural

communities that have undergone long-term changes: 1) rural residents were saddened by losses in their community but were resigned to accept them; 2) diversity among rural communities affected older person's views of their community; 3) dwindling social networks and opportunities left many rural elders feeling isolated and lonely; 4) most rural elders expressed a strong attachment to place; and 5) rural elders were committed to stay on despite concerns for the future. The following discussion will examine the contributions of the current study to the knowledge of rural aging.

Changing Rural Landscapes Have Resulted in a Deep Sense of Loss Among Older Adults

Close examination of the themes reveals the remarkable range of demographic changes experienced by the communities included in the study. These demographic changes have not occurred in a vacuum, but instead have interacted with the history of the community and the participants' history and identity with place, as well. All but one of the eleven communities had lost population over the past three decades, resulting in a variety of losses. Nearly all of the participants in this study reported feeling a sense of loss of "remembered" places and experiences. This is consistent with the findings by Dorfman et al. (2004) indicating older adults have a very strong sense of rural community solidarity and rural identity. Their attachment to the community has been described as a sense of "insideness" (Rowles, 1988); suggesting older adults who had grown up in a rural community have an involvement with and affinity for local space.

Communities that had experienced consistent population loss over the past decades were challenged to maintain businesses and social structures. The current study results confirm previous research findings that older residents of small towns that are losing settings may be more psychologically vulnerable to the loss than residents of larger towns because they are more

place dependent (Norris-Baker, 1999). Participants shared their concern and sadness over the loss of settings, such as the local grocery store, café, and post office. This loss was expressed beyond the functional meaning of the setting, but also the personal meaning associated with the setting. For example, many participants saw these settings as natural gathering places to socialize with friends and neighbors. Residents of small towns have difficulty finding alternatives to replace these important settings in their lives (Norris-Baker, 1999). In addition, rural schools have undergone widespread consolidation and now may serve an entire county instead of a single community (Brown et al., 2003).

As the population has declined in the communities, older participants reported they had fewer friends and neighbors with whom to socialize. Many residents reported that their friends had either moved away or died. The older adults living in the smallest towns described the challenge of offering civic and social activities in their community because there were not enough people to organize or attend the activities. Many participants cited that the closure of the local café, senior center, or natural gathering places diminished social interaction because it took away the opportunity for them to connect with others. Evans (2009) suggests that opportunities for social interaction and a sense of community belonging are factors that influence older people's decision to relocate. However, current study participants, although negatively impacted by diminished social opportunities, did not indicate this would be a factor to cause them to move outside the community, suggesting a strong attachment to place filters their decisions to move from their long-time home and community.

Many participants voiced concerns about new people who had moved into their community. Their dissatisfaction included newcomers' lack of interest in getting involved in community activities, being of a lower socioeconomic class, and not having pride in their home

and property. The current findings are similar to the study by Norris-Baker (1999); indicating older adults often view younger newcomers negatively, as not contributing to the community, especially in leadership roles. She also suggested their disapproval of the differences in lifestyles and values. Brown et al. (2003) have cited that empirical evidence on the impact of new rural residents on politics, culture, and the dynamics of rural communities to be mixed. Research has found the impact to be a loss of informal labor exchange, neighborliness, and trust; representing traditional rural community values (Diamond & Noonan, 1996; Fitchen, 1991); the current study confirmed these findings.

These changes have caused many rural seniors to redefine the boundaries of community because they have been forced to go outside of the community for services, social support, and activities. Scheidt and Norris-Baker (1990) studied declining rural towns and found some older residents “forged” a new regional sense of community which included their community as well as more viable nearby communities. They suggested there are psychological benefits associated with a more viable community. According to Smith (2009), long-time older residents who lack interest in moving or lack the opportunity to move, may continue to develop a sense of community identity and attachment in ways that might be important for psychological well-being. Many participants did confirm this finding stating small town activities had shifted from the community to a larger consolidated school district and that staying connected with the school was an effective way to meet new people and stay socially active.

Although rural communities and their residents have not been the focus of much research on neighborhood deterioration and its effects on people’s lives, Cook et al. (2007) proposed rural elders may feel a deep sense of loss, possess a longing for the past, and suffer from placelessness. In addition, older adults’ identity with these smaller towns may be at risk due to

the uncertainty of the community's long-term sustainability. Pretty et al. (2003) suggested that community sentiment might be considered a risk factor affecting mental health in rural areas.

The current study confirmed the strong sense of loss felt by long-time older residents living in rural communities, especially those residing in communities located closer to a metro area.

Diversity Among the Rural Communities Affected Older Person's Views of Their Community

This study confirmed the unique experiences of older adults differed, in part; due to the heterogeneity of small towns. It appears that participants had different experiences with their communities which were influenced by community characteristics of proximity to metro areas, population size, and migration patterns. Joseph et al. (1993) found these same community factors to differentiate small towns at the macro level.

A major finding of this study is how older adults living in rural regions surrounding major cities have been impacted by the state's demographic trends. Not much is known about this demographic phenomenon of a shifting population from rural to metro areas, and it is important to better understand the influence of urban proximity to predict the service and social environment for older adults. Participants residing in towns closer and more accessible to a metro area by a major highway reported fewer older residents, fewer or no basic services, and a weaker sense of community. Residents conveyed more dissatisfaction with the community in terms of belonging and social interaction. There were many newcomers living in these communities due to the close proximity to employment in the metro area. Older adults expressed their disappointment with the newcomers' lack of interest in getting involved in the community. Joseph et al. (1993) described urban-proximate small towns as being heavily impacted by spillover urban growth, causing many of them to lose their distinctiveness, and to often become bedroom communities. The participants needed to go outside the community for social

interactions and for resources and amenities. Losses in the community in terms of basic resources, amenities, and social support make driving critical to staying connected to the broader community (Cook et al., 2007).

Participants who resided in communities farther from metro areas had different views about their communities. There were more community resources, such as cafes, grocery stores, and senior centers available in some towns, but not all. The availability of community resources meant older adults did not have to drive outside the community as much; however, the distance to specialized health care required longer commutes to the metro areas. The percentage of older adults living in these towns was higher than the towns closer to metro areas and participants reported having a higher number of friends and neighbors close by. Participants from these communities described a stronger sense of community and community identity than participants from bedroom communities. Many of these communities still had the presence of a school. However, concerns shared by the participants included population decline, the loss of business, few young people living in the community, and the uncertainty of the town's future. The participants did express a moderate level of concern about newcomers in the community, but not to the extent as those participants from bedroom communities. Keating et al. (2004) studied the characteristics of rural communities and community supportiveness to seniors and found community size and remoteness to be factors related to the level of supportiveness provided to seniors. Characteristics of more supportive rural communities included: smaller population size, further from a service center, greater proportion of older adults and widowed persons, and a greater proportion of long term residents. In contrast, communities found to be less supportive were larger in population size and experienced more fluctuation in terms of persons who had recently moved into the community. The current study confirmed these findings suggesting the

important influence of physical locality and social aspects of communities on the lives of rural elderly.

Only one participant expressed satisfaction with the community providing all the resources he needed or wanted. This community had the largest population size in the study at 1,346, suggesting larger towns are better able to offer more resources and support to older adults. This finding confirms the research literature. Windley and Scheidt (1985) examined 18 small Kansas towns and found older residents of smaller towns reported significantly lower levels of community satisfaction than residents of larger towns. These researchers suggested residents of smaller towns may have “adjusted” to living with fewer social and service resources by either seeking the services outside of the community or by doing without the service completely. Rowles (1988) pointed to the lack of adequate threshold populations in understanding or predicting the resource deficiencies in rural environments that indirectly influence the aging experience.

Another important finding of this study was the extent that social interaction had diminished for many participants. The current study suggests there is even greater isolation in bedroom communities because of the migration of newcomers into the community and in remote small towns. Family support was available for some participants, but not all. Reasons cited for declining social opportunities ranged from loss of structures that once served as natural gathering places (e.g. local café), fewer older adults with whom to socialize (especially in bedroom communities), and the number of friends and neighbors who had have moved or passed away. Social isolation was a greater concern for several participants who indicated they would only drive to familiar places and were uncomfortable driving in the bigger cities and during the winter months. Research has suggested there is a positive correlation between the level of social

support and the perceived physical and mental health (Johnson, 1996). According to Johnson (1996), rural elderly may be at greater risk for increased social isolation and decreased participation in a social network due to poor or no public transportation, long distances between communities, severe winter weather, and dangerous driving conditions. Even for rural elderly still driving, these conditions can lead to a forced isolation, regardless of an available network of family and friends.

A Strong Desire to Stay On Expressed Despite Challenging Conditions

The majority of participants had very positive feelings about the land, farming, and the peaceful way of life found in the rural and small town environments. It is interesting to note that the deep sense of loss they felt about the changes undergone by their communities did not negatively alter their opinions about these being good places to live. This may be explained by understanding there is a difference between community satisfaction and sense of community (Goreham, 2008). Participants may be more dissatisfied with the losses and changes that have occurred in the community than they are with their perception of sense of community or belonging. Keating et al. (2004) found older adults were generally quite accepting of their communities, despite deficiencies in services and social support. In addition, their attachment to “remembered” places (Dorfman et al., 2004) may be masking concerns about the community. Most of the attachment to place research has focused on how good community characteristics enhance positive feelings of attachment. However, there is little known about the impact of negative community characteristics on older adults (Krause, 2003). This research is adding to the literature, especially in the areas of bedroom community and long-term declining population trends on rural elderly.

Participants were resigned to the fact that they could stay in their home and community only if they maintained good health and the ability to drive. In a study by Joseph et al. (1995), most of the participants found it difficult to see themselves in this position of being ill or extremely frail. He suggested this was part of their coping strategy for living in a rural community but he also addressed the difficulty these older adults may have in considering a move from a place that is full of meaning and memories. Current findings are consistent with Joseph et al. (1995) that older adults from small rural communities lacking resources have a limited choice when faced with failing health. They can either stay in the community with little to no support or move away.

Even though participants recognized the need to move if their health became frail and they could no longer drive, none of them had specific plans about when and where they might move. Plans for the future are especially important when place becomes a problematic situation for older adults (Smith, 2009). However, the current findings are consistent with previous study results (Joseph et al., 1995) showing rural elderly are more concerned about the maintenance of their daily lives than long-term sustainability of their lives in their community.

The study participants expressed the comfort and security they received from their home and community. The current findings confirm the analysis of Scheidt and Norris-Baker (2003) who evaluated the contributions of Lawton's work in understanding the importance of communities as a factor for successful aging. Lawton pointed out that longer residence in a home and community increased the experience and knowledge of the older adults, which was beneficial in terms of being able to find neighborhood resources and getting to know one's friends and neighbors who could be turned to for help. Moving from a familiar community, even if it is a negative environment, may be perceived as a challenge for older adults. The stress of

becoming acquainted and knowledgeable with a new community is often given as a reason not to move.

The question remains of whether study participants are so attached to their community that they choose to stay even when this environment no longer adequately meets their needs. Joseph et al. (1995) found rural elderly residents of service-depleted communities were so attached to “place”, and they often perceived that appropriate housing alternatives were not available. Together, these factors provided a strong incentive to stay in the community, despite challenging situations for them. Confirmation of this finding was perhaps best expressed by one widow participant stating, “There’s nothing here for me, but I’m sticking around.” Joseph et al. (1995) also found that rural elders were concerned about the equity of their homes being sufficient to pay for age-related housing that they would find suitable. This was confirmed by study participants from remote rural areas who voiced similar concerns about the marketability of their homes, particularly in towns that no longer had schools or services to offer new residents.

One of the important contributions of this study is the enhanced understanding of the views and experiences of older adults living in rural areas. Little is known about communities experiencing long-term population loss and bedroom communities influenced by metro areas on the lives of older rural residents. Increased knowledge developed about rural elderly’s unique experiences will assist older adults, their families, and aging service professionals to tailor strategies and supports to improve their quality of life. One suggestion for community leaders may be to focus on strategies that would strengthen social supports for rural elders because social aspects of communities have an important influence on their lives. There has been limited research conducted on the negative community characteristics and its impact on rural elderly

(Krause, 2003). The motivation for staying on in spite of deteriorating community conditions suggests long-time residents of rural areas possess a very strong attachment to place, which may defy the needs of the aging individual for security, belonging, support, and maintenance of identity (Evans, 2009). Rural communities are very diverse and it is important to understand which community characteristics impact the well-being of older adults. More research will be needed to determine how to develop supportive environments for older adults across different communities.

Limitations and Future Research

As a qualitative study, the findings are the specific view of those individuals involved and cannot be generalized to any other populations or areas. In addition, the researcher has extensive experience working with rural elders and it must be acknowledged that researcher bias may have influenced the findings. Despite the limitations mentioned, this study will provide a new dimension to the subject area.

Future practice considerations should include new interventions to strengthen support networks and opportunities for social interactions to deal with rural isolation. It will continue to be a challenge, especially for the smaller rural communities, to provide older residents the appropriate social and leisure opportunities to meet their needs (Scheidt et al., 2003). One approach may be to organize and offer services and activities on a larger county or regional scale, which align with recently consolidated school districts. It will be difficult to provide elderly specific programs or activities in small towns that continue to lose population. However, collaborating with school districts in ways that include older adults may help them continue to develop a sense of community identity and attachment that is important for their well-being.

Future research should include expanding the sample to include frail older adults and older adults who could no longer live independently and have recently re-located. It would be helpful to expand the sample to other regions, also. Future research could include identifying positive community characteristics for aging in place in order to develop a typology of rural communities for better planning and decision-making purposes. This information would be useful for families, community leaders, and aging professionals in evaluating their ability and desire to create strategies and interventions for older adults aging in rural places. Also, it would be useful to examine rural elderly's views about the future, in addition to the past and present, to better understand their decision-making process to move or stay on.

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CHAPTER FOUR. RURAL AGING: DAILY EXPERIENCES, CHALLENGES, AND STRATEGIES

Abstract

Aging in place paired with the significant changes among many rural communities has given rise to concerns about the effects on the daily lives of older adults. A qualitative basic interpretive approach was utilized to discover how elders were experiencing and responding to life in rural areas. Participants ranging in age from 69 to 90 years were recruited from 11 communities in east central North Dakota. This paper reports findings from 13 interviews. Four themes emerged during data analysis: 1) social interactions were limited; 2) sense of social connectedness had weakened; 3) daily life experiences depended on community and individual characteristics, and 4) elders sought to manage challenges.

Key words: aging in place, rural, older adults, changing environments, social connections

Introduction

Aging in place is referred to as older adults' desire to remain in their home as they age (AARP, 2000). One framework that conceptualizes for aging in place safely includes multiple factors, such as individual characteristics, social support network, formal services, the need for medical services and the structure of the home and neighborhood (Lau, Scandrett, Jarzebowski, Holman, & Emanuel, 2007). This is one of several frameworks that acknowledge the importance of including community, in addition to the person environment, to aging in place strategies (Emlet & Mocerri, 2012). Despite advances in aging-in-place research, social gerontology has given little attention to changes in neighborhoods in which older adults live, nor how they experience these changes (Burns, Lavoie, & Rose, 2012).

Older rural adults are known to have a strong attachment to place but often face significant challenges to aging in place. In addition, rural environments have faced significant changes over the past decades; however, limited research has been conducted on older people in rural areas (Milbourne, 2012; Keating, Chapman, Eales, Keefe, & Dobbs, 2004). There is a gap in the literature on changing rural environments and how rural elders understand and live out their daily lives.

Background

Challenges to Aging in Place in Rural Areas

Aging in place considerations include housing options, transportation, recreational opportunities, and amenities that facilitate physical activity, social interaction, cultural engagement, and ongoing education (Wahl & Weisman, 2003). According to Dye, Willoughby, & Battisto (2011), there are three interconnected domains associated with challenges to aging in place: 1) individual factors; 2) physical environment, and 3) social environment and support services. When older adults do move, it is often due to declining health, economic hardships, poor housing, and lack of support services and care giving (Dye et al., 2011). In rural areas, research has found there are four primary challenges to aging in place: transportation, housing, caregiving, and health (Goins, 2004).

In a focus group study of 39 older rural adults, Dye et al. (2011) asked participants what it took to age in place. Their findings included: 1) a desire to remain independent; 2) social support, and 3) transportation. The importance of transportation was cited because there were few options available in the rural areas and it was deemed essential to self-reliance, accessing healthcare, living independently, and maintaining social ties. The lack of public transportation has been well documented (Krout, 1988; Joseph & Chalmers, 1995; Walsh, O'Shea, Scharf, &

Murray, 2012; Manthorpe, Iliffe, Clough, Cornes, Bright, & Moriarty, 2008; Hodge, 2008; Johnson, 1996; Mattson, 2011). When driving is no longer possible, it has implications on the social and physical health of older rural adults.

Rural communities may present additional risks for older adults because services may not be located nearby and isolation may lead to loneliness or depression (Cook, Martin, Yearns, & Damhorst, 2007). Remote communities, along with low population density, and dispersed populations, may cause challenges for providing services, sustaining personal mobility, and maintaining social connectedness (Krout, 1988; Joseph et al., 1995). There is evidence that there are risks of poverty, deprivation, isolation and loneliness related to aging in place in rural areas.

Older adults' attachments to places or communities were an important factor in understanding the process of aging (Becker, 2003). Burns et al. (2012) studied two urban communities in Canada and found older people with strong attachment to place felt more in control, more secure and had a positive sense of self. However, the nature of the neighborhood and the population at hand impacted the experiences of attachment to place.

Wiles, Leibing, Guberman, Reeve, & Allen (2011) examined the meaning of aging in place among older adults in New Zealand. Aging in place was found to be a resource because of the sense of security and familiarity older adults felt in relation to both home and community. Also, older adults conveyed a sense of identity through independence and autonomy, caring relationships, and roles in the places they lived. The researchers suggested this area needed more research with older adults themselves versus research "on" older adults.

While attachment to place and identity may attribute to positive feelings for older adults, changes in the environment may alter their personal experiences and social relations. Burns et al. (2012) studied two contrasting neighborhoods in Canada and found variable levels of

attachment to place due to negative neighborhood changes. Gentrification had triggered the social exclusion among older adults and the loss of social spaces dedicated to older people led to social disconnectedness, invisibility, and loss of political influence on neighborhood planning. Gustafson (2001) found adults and adolescents in two remote rural towns in Australia were exposed to the negative aspects of strong community sentiments. Gustafson (2001) suggested individuals may not be able to identify that a community or place no longer has the services or resources they need, either because their needs have changed or the environment itself has declined. In this type of situation, place attachment and identity can result in older adults feeling trapped.

Joseph et al. (1995), in a study of rural elders in New Zealand, discovered participants were not concerned about the lack of support services but more so with the impact of the closure of businesses and general services on their daily lives. They were not focused on the long-term sustainability of their lives. Their strong attachment to place, along with a perceived inaccessibility of alternative housing, provided a strong incentive to stay on in service-depleted communities. The result was rural elderly will be left to cope by themselves.

As noted earlier, the social environment may have an important influence on the experience of aging in place for older adults. Social connections, including marriage, have been found to be strongly related to subjective well-being (Helliwell & Putnam, 2004). According to Helliwell et al. (2004), people who have close friends and confidants, friendly neighbors, and supportive coworkers are less likely to experience sadness, loneliness, low self-esteem, and problems with eating and sleeping. Davis (2012) found that ongoing participation in different types of social, civic, and community group involvement, even those 80 years of age and older, created social capital that served the older adults well. Cramm, van Dijk, and Nieboer, (2013)

studied older adults in the Netherlands and found a number of factors that were significantly related to the well-being of older adults, such as house ownership, education, income, social capital of individuals, neighborhood security, neighborhood services, neighborhood social capital, and neighborhood social cohesion.

Whereas research has supported the importance of a positive social environment on aging in place and well-being of older adults, it is not the experience of all elders. Manthorpe et al. (2008) studied social change in diverse country areas in England and found it to have a negative influence on health and well-being in later life. Walsh et al. (2012) found long-term older rural residents to have concerns of social cohesion and togetherness, indicating that changes in interpersonal social relations and socialization within communities had occurred. In addition, participants conveyed a lack of engagement on their part and lack of social opportunities in the area. Burns et al. (2012) found that the loss of social spaces for older adults, especially in changing environments, resulted in the erosion of social links, invisibility and feelings of exclusion (Manthorpe et al., 2008).

Regarding social networks, in a study of 82 older adults from rural areas in the U.S., Johnson (1996) found that older rural adults have few people in their social support networks, decreased levels of support, and poor health. Johnson suggested that community leaders and service providers find ways to increase the level of support in the rural aged. Research conducted by Paul, Fonseca, Martin, and Amado (2003) in rural Portugal, found social networks seemed to compensate for some basic needs of rural elders, but not enough to significantly change feelings of loneliness. Without children nearby, older adults have difficult lives, even with the comforts of a safe environment and the friendship of neighbors. Windley and Martin-Matthews (1993) found rural elders have contact with relatively few people, considering their potential network of

acquaintances, while Manthorpe (2004) found close social networks existed for some rural elders but not for all.

The influence of a strong sense of community belonging or connectedness has been studied to understand its impact on older adult residents. In a study conducted by Wiles et al. (2011), quality of social contacts was shown to ameliorate the negative impacts of past and immediate environments. According to Wiles et al. (2011) participants spoke about the “warmth” of their communities and the sense of social connection and interaction among the locals. They described how important it was to be near friends and how small gestures, like being greeted by numerous people as they walked down the street, provided a sense of connection and familiarity with the wider community, both in terms of people and place. Hummon (1992) found that community attachment seemed to be most strongly associated with social integration into the local areas. Attachment was influenced by local friends and the length of residence and life-cycle stage of the older adults. Winterton and Warburton (2012) found sense of community was a factor in identity for long-term rural residents, as their social connections with place through family and friends provided opportunities to relive the past. Also, belonging to a close knit community offered self-esteem through contributions made to the community and provided an identity that made older people feel appreciated. For some individuals, belonging to community also enabled them to draw on community resources to promote independence.

Changes within communities may negatively impact individuals’ experiences with the physical and social environment (Gustafson, 2001). Walsh et al. (2012) found rural communities that have faced deteriorating local economies and community infrastructure had become socially, economically, and politically marginalized. There were indications that aging in rural areas was

associated with a higher risk of poverty, deprivation, isolation, and loneliness (Wenger, 2001). Challenges of rural living depended on people's connection and relationship to their place (Walsh et al., 2012; Windley & Scheidt, 1988).

Burholt and Naylor (2005) and Davies (2011) found changes in rural communities had influenced the lives of older people with respect to their experiences of accessing services, and social relations and social cohesion. The challenges with respect to general services and health and social care provision were introduced, continued, or made worse by the changing socio-economic structures in the rural communities. Walsh et al. (2012) interviewed older adults in rural Northern Ireland and reported that rural elders, especially long-time residents, spoke about changes to interpersonal relationships in rural areas. Social visiting had changed. Now, daily social contact, in the absence of strong family networks, was often based on intermittent interactions with neighbors. Older people sometimes find it difficult to adapt to changing nature of rural social life (Scharf & Bartlam, 2006). Despite this, participants still felt socially connected to their communities. Community networks provided emotional and practical support for older residents and a dependable source of assistance during periods of poor health and disability. Older people recognized the need to make an effort within their own rural communities both in terms of mixing with other people and undertaking a civic responsibility. Combating isolation and issues of integration was viewed as a mutual process that while needed to be led by the community, required the older person to assume an active role. Environmental change can have consequences which reduce interaction with place (Lawton & Nahemow, 1973) Place-related change or growth can potentially threaten older people's identification as a rural person (Winterton et al., 2012). In a study of rural residents in two small communities, Winterton et al. (2012) found that change may influence physical, mental and social well-being,

affect community morale and social capital, diminish connectedness and information flow and promote social isolation. Environmental change may result in feelings of loss and placelessness for older people (Cook et al., 2007).

Environmental Framework

The community environment may become more relevant for older adults due to decreased competence associated with the aging, suggesting the influence community context may have on health, well-being, and adjustment of older adults (Robert, 2002; Cookman, 1996). It was the early work of M. Powell Lawton that provided a theoretical framework in environmental gerontology that continues to influence environmental science, research, and practice (Smith, 2009). It was Lawton and Nahemow (1973) who developed the competence-press model which proposed aging in places necessitates maintaining the right fit between an individual's abilities and the demands of the environment. The model includes two useful concepts – personal competence and environmental press. Personal competence relates to individual characteristics, such as health and social networks, and to internal characteristics, such as personality, which are measured on a continuum from low to high. Environmental press considers the contextual demands of the environment and how the person responds based on their competence level. Examples of environmental press may include available community services, physical demands of areas, and social connectedness. This concept is measured on a continuum from weak to strong. A key contribution of this model is to show that adaptive behavior may result from a variety of combinations of individual competencies and environmental presses (Lawton, 1986).

Maintaining the person-environment balance is a fluid process because the level of individual competence and the environment change over time, and it is the individual who must

adjust to changes in the environment (Cook et al., 2007). It may be more difficult for aging individuals to maintain an adaptive balance because of physical and cognitive declines in competence and increases in environmental stressors.

Smith (2009), in a study of older adults living in deprived inner-city neighborhoods, utilized the Lawton et al.'s (1973) competence-press model to conceptualize the experiences of these participants living in challenging environments. The older urban dwellers' adaptation to aging in place was categorized as environmental comfort, environmental management, and environmental distress. Within her analysis, Smith (2009) described the categories as dynamic and overlapping. Individuals could move from one category to another throughout their lifetime based on events that influenced the person-environment relationship, such as a decline in one's health or a change in local services. Smith (2009) described environmental comfort as low environmental demand or risk and sufficient personal resources that enabled a sense of environmental ease with an individual's daily life. This category included a strong sense of place attachment to the immediate neighborhood, no desire to move, and a positive rating of quality of life. Environmental management assumed individuals were acutely aware of the presses in their environment, but managed to remain engaged within the neighborhood. Attachment to place was evident but it was either with the immediate neighborhood or outside of the neighborhood. The notion of environmental management supports the idea that people are active agents in their environment, and are able to find personal resources to negotiate daily life and maintain well-being, in spite of strong environmental challenges. Environmental management relates to a concept, environmental proactivity, later developed by Lawton (1990). The last category, environmental distress, there were significant demands and risks for managing daily life. Personal resources were unable to cope and maladaptive behavior and psychological

distress were present. Attachment to place was either absent or there was evidence of disruption to current place attachment. For individuals who had experienced a disruption to a previous strong attachment to place, psychological distress appeared to be more acute compared to those that had never been attached to place. Failed or disrupted attachments to place have been found to threaten well-being (Brown & Perkins, 1992). The environmental distress category is aligned with Lawton's (1980, 1982) environmental docility hypothesis, which suggests environmental press may overwhelm personal competencies and lead to negative affect and maladaptive behavior.

Another theoretical framework that supports the conceptualization of Smith's (2009) categories of environmental comfort, environmental management, and environmental distress is the Wahl & Oswald Conceptual Framework (Wahl, Iwarsson, & Oswald, 2012). This framework proposes two parallel pathways: 1) experiences related to belonging (e.g. place attachment), and 2) behavior (e.g. moving to change conditions as an adaptation to aging) leading to agency (e.g. altered person-environment fit). Belonging and agency both contribute to well-being. The level of agency to cope changes for older adults as they become more frail, more confined, and vulnerable to negative characteristics (e.g. fewer stores, lack of friends, driving difficulties). These changes can bring more presses on older adults at the same time that emotional connections to the neighborhood may change due to decreased feelings of connection or belonging and friends moving away. For long-term residents, place attachment may increase over time and then lessen due to deteriorating cognitive and physical function.

Yen, Shim, Martinez, and Barker (2012) conducted a qualitative study of 38 older adults in San Francisco and Oakland, CA to understand how they perceive and navigate their neighborhoods. They found participants experienced a poor fit with neighbors, described as

detached and distant relations with their neighbors, due to change in composition to households that were different in age and/or ethnicity. This caused environmental stress. Also, participants experienced varying levels of engagement with neighbors – for some the community did provide opportunities for social interactions and at times social connections, a basis for the experience-to-belonging piece of the Wahl and Oswald framework (Wahl et al., 2012). Yen et al. (2012) suggested the need for future research to include extending Wahl and Oswald framework (Wahl et al., 2012) to other locations to investigate how older persons find and experience place attachment.

The purpose of this study was to conduct a qualitative exploration into the lives of older adults living in rural areas. There is limited knowledge about growing old in specific environmental locations (Smith, 2009), including changing rural areas. There have been studies conducted in other countries, but there have been limited recent studies on the impact of changing communities on the daily lives of rural elders in the United States. A review of the literature indicated a need for further investigation into the impact of changed communities among rural elders. The present study aims to better understand the experiences and attitudes of rural elderly in changing communities in eastern North Dakota.

Method

Due to the lack of research on the impact of rural community change on elderly residents, a qualitative study was developed to gain a better understanding of the experiences of older rural adults. Qualitative research is appropriate when issues need to be explored, as well as, the contexts or settings in which participants address problems or issues (Creswell, 2007). A qualitative design was selected because of its useful approach in facilitating older adults' expression of their perspectives and feelings about daily experiences of aging in rural areas.

Sample Selection

The sample consisted of individuals who resided in small towns and rural areas and had lived in the community for at least 15 years. Potter and Cantarero (2006) conducted a study of residents in rural Nebraska and considered long-time residents to have lived in the community more than 15 years. This length of residence allowed them enough time to notice how the community had changed.

Theoretical sampling was used to recruit individuals at least 65 years of age living in small towns or rural areas in east central North Dakota (Corbin & Strauss, 2008). Theoretic sampling is open and flexible, with the researcher letting the analysis guide the research. This type of sampling is a method of data collection guided by the concepts and themes drawn from the data (Corbin et al., 2008). According to Corbin et al. (2008) the intent of theoretical sampling is to collect data in a way that will assist the researcher in understanding the opportunities to fully develop concepts in terms of their properties and dimensions, variations, and relationships. The first participant was recruited through personal contacts (Appendix C). The initial interview was analyzed and used to guide the researcher in determining the selection of the next participant and research site. Through participants, more rural elders were identified to participate in the study. The interviews were conducted until data saturation was achieved (Merriam & Associates, 2002).

The study area was a six-county area in east central North Dakota, which included three border counties and three adjacent counties. These counties were selected for two primary reasons. First, the geographic area consisted of four rural counties (Nelson, Griggs, Steele, and Traill Counties) which had experienced population decline over the past several decades. Second, the two urban counties (Grand Forks and Cass) each contained a large city

where many older adults had re-located and many younger people commuted for employment. The study area reflected both counties that had experienced population decline and been impacted by the trend of a shifting population from small towns and rural areas to larger towns and regional centers.

Rural residents were identified using the Census Bureau's urban-rural classification. Urban areas were defined as: 1) Urbanized Areas (UAs) of 50,000 or more people, or 2) Urban Clusters (UCs) of at least 2,500 and less than 50,000 people. Rural areas included all population, housing, and territory not included with an urban area (U.S. Census Bureau, 2010b). This study considered individuals living outside the urban areas of Grand Forks and Fargo to be "rural" residents.

Data Collection and Procedure

Prior to the start of the formal study, a pilot study was conducted with one older adult to test the questions and to process responses to the interview. The researcher was able to have a post-interview discussion with the pilot participant to determine if the instrument needed to be refined and questions reframed to capture the participant's experiences (Creswell, 2007). The pilot study participant reported the questions were clear and effective in discovering the various experiences and feelings of study participants.

The interviews were conducted by the researcher in a private or semi-private setting of the participant's choice, such as a home or local library. The length of interviews ranged from 47 to 120 minutes. At the beginning of the interview, there was a brief review of the study, review of confidentiality issues, and the tape recording. After written permission was received, demographic questionnaires were given using structured, close-ended questions (Appendix A). The questionnaires were used to obtain information about participants' age, gender, marital

status, perceived health status, educational level, race/ethnicity, financial condition, length of residence, community of residence, type of residence, residential status, and current or previous occupation.

Immediately following the structured interview questions, open-ended, face-to-face qualitative interviews were used to obtain a better understanding of their life experiences, community satisfaction, perception of community change, factors impacting decisions to stay, and suggestions for making rural communities a better place to age (Appendix B). Throughout the interviews, participants were asked probe questions to better understand information gathered. A responsive interviewing model was used, which suggests analysis is not a one-time task, but an ongoing process (Rubin & Rubin, 2005). Responsive interviewing allows the researcher to systematically analyze the interviews after they are conducted, to suggest further questions and topics to pursue. After this step, interviews are reexamined as a group. During the study, the researcher moved between interviewing and analyzing.

Data Analysis

The researcher used a basic interpretive approach for analyzing the data (Merriam et al., 2002), which allows the researcher to discover and understand the meanings of people's lives and experiences. Using the basic interpretative method, data analysis was comprised of collecting data through interviews (Merriam et al., 2002) and presenting results of analysis in rich descriptions in the participants' own language and experience to give trustworthiness to the reporting of the rural elders.

Each interview was tape-recorded with the researcher taking field notes during the interview. The audio recordings of the interviews were transcribed verbatim and any identifying information of the participants was removed. A coding process was used for the data analysis.

The researcher read the transcript and field notes and organized the data. Each transcript was read extensively and passages that seemed to be important were marked. The marked passages were categorized and coded by assigning a label (Creswell, 2003). After all the transcripts were coded, the coded data were compared across the interviews to gain both the broad understanding and nuances of the concepts. The key concepts and patterns in the data were analyzed to identify themes. The themes were reviewed for accuracy and thoroughness until thematic material was exhausted.

Participant Characteristics

Approximately 69% of the participants were women and 31% were men. The age range of the participants was from 69 to 90, with an average age of 78.85 years. Of the sample, 46% were married and 54% were widowed. All participants were Caucasian. Regarding education, 15% had a graduate degree, 31% had a college degree, and all but two had completed high school (Appendix D).

The participants' financial condition was rated as follows: 1) 62% were comfortable; 2) 16 % were okay, and 3) 23% were modest. The majority (85%) of the participants reported their health status as very good or excellent. Eight percent of older adults perceived their health as good and eight percent as fair. No one considered their health as poor.

The number of years that participants had resided in the community ranged from 29 to 90, with an average of 58 years. Regarding the participants' residential status, 69.2% lived in towns or cities; 15% lived in country settings, and 15% percent lived on a farmstead. One hundred percent of the older adults reported themselves as year-round residents.

Community Characteristics

The study area was comprised of six counties in east central North Dakota. Eleven communities were involved in the study, with the population ranging from 53 to 1,346. The population range of the communities was as follows: 1) 64% of the communities had a population of less than 250; 2) 27% were between 250 and 1,000, and 3) 9% (1 community) was greater than 1,000. Ten communities lost population during the period of 1980 to 2010, ranging in population loss from 12% to 44%. Only one community had gained population from 1980 to 2010, with the increase being substantial at 149%.

Results

This study was designed to gain a deeper understanding of the impact of changing communities on the daily lives of older rural adults. Interviews from 13 participants were analyzed and the impacts to changes in the community were revealed among the older rural residents. Four major themes were identified:

1. Social interactions were limited.
2. Sense of social connectedness had weakened.
3. Daily life experiences depended on community and individual characteristics.
4. Elders sought to manage challenges.

Social Interactions Were Limited

One of the main themes of the experiences of older rural adults involved diminished social support. The level of social support available to participants was varied but for some it was more challenging. Those participants who were widowed or living alone revealed more dissatisfaction of not having the emotional closeness of a spouse or family member nearby on

which to rely on for help. One widow expressed her concern of managing alone without the support and help from family members.

“I enjoy the company of the two women I walk with every morning. One is 82 and other one is younger than I am. Now the 82 year old, she’s got a son, so he helps her. And the other friend, she has a husband. He helps her. And I have nobody” (76 year-old widow).

“Well, I have nobody to play cards with. I could sit and play solitaire I suppose, but that gets old after a while” (76 year-old widow).

Many of the participants expressed sadness and loneliness due to the loss of many friends and neighbors. Some friends were lost due to death and others from a move outside of the community.

“I’ve lost a lot of my older friends that we used to do things together. I don’t know how to describe that one” (69 year-old widow).

“We’ve outlived most of ‘em [friends]. And that in itself is difficult” (82 year-old married female).

“She [friend] went to assisted living for something to do because I think her friends had all died” (76 year-old widow).

A common concern expressed by the participants was the limited social activities or organized groups available in their community. It was clear the participants were disappointed with few opportunities to connect with other people.

“It’s dying out. There’s just getting to be less and less things to do around here” (69 year-old widow).

“Most of the social activities, uh, especially in small towns, revolve around your church or school” (79 year-old married male).

“There’s really nothing to get involved in” (76 year-old widower).

There isn’t much to do in town” (76 year-old married female).

“There aren’t many young people left here. There’s very few kids in Sunday school” (90 year-old widow).

“Some people move into the city just to have someone to talk to” (79 year-old married male).

“And we do have a senior citizen club. We’ve been holding onto that...for dear life” (76 year-old widow).

The majority of participants described the need to go outside of the community if they wanted to participate in social activities.

“There are some summer festivals in neighboring towns but other than that, if people want to do something they pack the car and make a trip somewhere or go to the cities” (80 year-old married male).

“We’ve gotten used to our social life being spread out so far. You have to adapt. You have no choice” (79 year-old married male).

Several participants expressed feelings of isolation and loneliness which they contributed to the unique characteristics of their community. Communities located closer to a metro area were described as having few older adult residents and mostly younger residents who commuted to the city for employment. It was reported that there were few or no organized activities or groups in which to participate. One participant shared what it felt like to live in such a community:

“Very quiet....sometimes I feel like I’m the only one in town. Sunday is *really* bad” (76 year-old widow).

Sense of Social Connectedness Had Weakened

There was a range of feelings and experiences shared by participants that contributed to a perception of declining community social support. Participants clearly expressed their feelings that the sense of community had diminished.

“Ah, people aren’t as folksy as they used to be” (82 year-old married female).

“The community has changed. It isn’t as supportive as it used to be” (69 year-old widow).

“Our community is not as close knit *at all* as it used to be.” (80 year-old married farmer).

A few participants provided a negative assessment, stating the sense of community or belonging was no longer present.

“It’s lost” (76 year-old widow).

However, a few participants had positive comments about the friendliness and supportiveness in their towns, which seemed to give them a sense of security. The availability of peer support was evident.

“There’s a few of us, my age people, still living here and we get together for coffee and pick up each other’s’ mail and that kind of stuff. And, we watch out for each other” (76 year-old married female).

“If there is a heavy snowfall in the wintertime, my neighbors clean out my driveway. They rarely send me a bill. They just do it out of the kindness of their heart” (82 year-old widow).

“If I have trouble or a problem, even people who don’t like me are gonna help me out!” (90 year-old widow).

In addition, several participants described how the loss of settings in their community, such as the local café or post office, took away natural gathering places to connect with other residents and friends. These settings had meanings beyond their primary function which could not be replaced.

“I really miss our cafe. It was just closeness and now we have to talk on the phone”
(76 year-old married female).

“Well, you know, I *really* miss our post office. We had a young gal there and you can go up and visit with her and have a few laughs and go home. Then they got two replacements after she quit and they’d never visit with you. I miss having her” (76 year-old widow).

Another specific concern shared by several participants was the changing characteristics of their community due to its proximity to a metro area. These communities had experienced the in-migration of newcomers who commuted to the metro area for employment. The older rural adults were disappointed by the newcomers’ lack of interest and involvement in the community. Many of the participants indicated their desire to get to know these new residents but the opportunities to do so were not available.

“I don’t know too many people in town. They just don’t get involved. They are all younger with kids. I call this a bedroom community” (76 year-old widow).

“There are few older people in town – that’s a problem if there is a problem” (82 year-old married female).

“It’s just people get alone and they decide to move to the city where there’s more socializing and that’s the whole problem” (79 year-old married male).

Daily Life Experiences Depended on Community and Individual Characteristics

The majority of participants acknowledged and accepted the fact that small towns could not offer amenities and, in some cases, even basic services because of declining population. For those towns that did have basic services, such as cafes and grocery stores, the participants expressed appreciation for them but also feared losing them in the future.

“And here we’re lucky we have a grocery store” (81 year-old married female).

“Recently we had an issue with the store being about to close and luckily we had very strong leadership in the city that did not want to see that happen and so we formed a co-op....it just seems quite important that we keep our store” (75 year-old widow).

“I just hope they don’t close our post office, which they are talking about” (76 year-old married female).

“The churches aren’t doing well” (82 year-old widow).

“I wish we’d get the restaurant that would stay open” (90 year-old widow).

Participants conveyed their feelings about the challenges of having few or no services available locally and how this impacted their daily lives. Several participants indicated they had gotten used to going without many services and understood travel to other communities was a necessity when living in a rural community.

“Basically, you have to come into the city to get any services you want. It depends on your driving ability” (76 year-old widower).

And you have to run so far for shopping and I don’t drive to those bigger towns” (69 year-old widow).

“It’s a good place to live but you know, it’s like all these other little towns. We’re losing a lot of businesses. We don’t really have good shopping. There really isn’t that much to do around here” (79 year-old married male).

However, driving was mentioned often as a concern, especially for older participants who stated they only felt comfortable driving locally. Also, widows who had depended on their spouses to drive in the past seemed more distressed with driving in the city or during winter months.

“But it’s the drive in and the drive back that I really hate” (76 year-old widow).

“I’m not comfortable driving in the city because my husband did all of the driving and I never paid attention. And, you know, I’m afraid of traffic” (75 year-old widow).

One participant, who lived in the largest town in the sample of communities, had a different view about community resources, stating satisfaction with the services available in his community.

“Ah, I know I got the clinic right here, I got the dentist right here, I got the lawyer right here, I got whatever I *need* here” (90 year-old widower).

Several participants stated their appreciation for the community engagement displayed in their community and how the efforts of volunteers made a positive difference in their community. However, several participants did share their concern about this volunteer activity phasing out as volunteers were getting older and there were fewer younger residents available or willing to take their place.

“We got a fire department that is so very active that it’s the social life of the town practically” (79 year-old married male).

“Well, I think we do have a very active community club- they are an active bunch but they’re in their 60’s and 70’s so I don’t know how long that will continue” (81 year-old married female).

Elders Sought to Manage Challenges

The majority of participants described the changes to their communities as negative and acknowledged the changes were persisting. Fewer physical community resources were available, social interaction had dwindled, and the sense of community had weakened but participants still considered their community to be a good place to live in spite of the major challenges. It was quite evident that participants’ strong sense of attachment to place was an important factor impacting views of the community.

“My family would love to have me move into the city, but I like it out here.” (76 year-old widow).

“You know, there’s – there is really not here for me. But I’m sticking around” (76 year-old widow).

“I’m satisfied just living right here” (76 year-old widower).

“I’m a small town person” (90 year-old widower).

“Oh, this community means a lot to me...but everybody’s moving out” (76 year-old married female).

“Well, this is the community that my grandparents came to as pioneers. But, ah, I have always loved the prairie. And even more so now than when I was younger” (90 year-old widow).

Although participants acknowledged the specific challenges of living in their communities, they shared a variety of strategies used to buffer the negative consequences. Many

of the strategies mentioned were aimed at maintaining social connections and finding new social opportunities to fill existing voids.

“Get involved with whatever you can and the people in your town” (79 year-old married male).

“I go down to the home [nursing home] every day to volunteer” (90 year-old widower).

“It is important to keep your friendships up” (90 year-old widow).

“I am finding that I need to reach out to people” (82-year-old widow).

“I still drive school bus. It gives me something to do and gets me out every day. I don’t have to sit here and look at four walls all the time” (76 year-old widower).

“If you took the cell phone away from me, it’d be hard because I can talk to my children, my friends, my sisters, my brother. I’m lucky my two sisters and brother are still living and we’re good friends” (82 year-old widow).

“So people need to look for – be creative and look for opportunities to have those social opportunities” (80 year-old married male).

One participant spoke about her intentions to be assertive and find ways to meet the newcomers in her community. She also expressed how she has gained new friends, such as the local business people, the young man who cuts her grass, and the new young pastor.

“The woman who runs the post office – we’re friends” (82 year-old widow).

Many participants spoke of routinely going outside of the community to engage in a variety of activities. Others expressed the importance in becoming involved in the consolidated school district as a way to meet new people.

“I meet friends in the city and have coffee” (76 year-old widow).

One participant shared how he and his wife moved to the adjacent city for the winter months, so they would not have to deal with clearing snow from the driveway and driving on bad roads. They also reported the added benefit of more social interactions.

Two of the 13 participants had an adult child living with them and both acknowledged this living arrangement made a positive difference in their lives.

“I don’t mind living here. It’s quiet. But it’d probably be worse if he [son] wasn’t living with me right now” (76 year-old widower).

Discussion

Through qualitative interviews, the elders identified numerous challenges of living in rural areas and, at the same time, shared ways they were attempting to meet these demands. This study was designed to the better understand the daily life experiences of older adults living in rural areas and small towns. The key themes developed from participants’ responses about their lived experiences in communities that have undergone long-term changes: 1) social interactions were limited; 2) sense of social connectedness had weakened; 3) daily life experiences depended on community and individual characteristics, and 4) elders sought to manage challenges. The discussion which follows evaluates the offerings of the current study to the knowledge of rural aging.

Social Interactions Were Limited

Overall, the current study reinforces previous studies of the importance of family, friends, neighbors, and community of the well-being of older people and fills in gaps on the social environment and its impact on rural elders. Participants conveyed disappointment in the limited social interactions in their lives, which were influenced by factors such as, living arrangement, family proximity, and network of friends. More than half of the sample lived alone and it was

this group that vocalized greater concerns about feeling isolated. Cramm et al. (2013) found that single and poor older adults reported lower well-being. Higher levels of social integration and social support have been found to be associated with lower levels of loneliness (Rote, Hill, & Ellison, 2013) and higher success in obtaining needed assistance from informal sources of support (Johnson, 1996). In addition, eight of the 13 participants did not have family close by; however, family proximity did not always assure frequent contact. One participant conveyed her desire to interact with her family more but stated “Everyone is so busy”. Similar to previous research, the study participants often did not have family support (Johnson, 1996). Older participants who were widows or widowers reported more frequently that their social networks were dwindling due to death or a move to a care facility more frequently. However, there were younger participants who also reported the loss of friends due to outmigration, citing their friends had moved to be closer to medical facilities, closer to family, or to be in a larger city that offered more amenities and social and leisure opportunities.

While some communities did provide opportunities for residents to attend activities and functions, it was varied. Participants shared memories of vibrant communities of years ago contrasted with the present dismal situation. Many of the communities that had experienced continual population loss had reached a point in which it was difficult to organize and offer activities and social events in their town. In some cases, older residents were still actively involved in organizations, like the senior citizen club and the American Legion Auxiliary, but they were concerned about the lack of younger people to assume their leadership roles and the eventual demise of these groups.

Sense of Social Connectedness Had Weakened

A positive social environment is beneficial to the well-being of older adults (Cramm et al., 2013). Furthermore, feeling connected to others is important in the lives of older rural adults. According to Helliwell et al. (2004), social connections are one of the strongest indicators of subjective well-being. Individuals with close friends, confidants, and friendly neighbors are less likely to experience sadness, loneliness, low self-esteem, and problems with eating and sleeping. Several participants shared how important it was for them to know someone was interested and concerned about their well-being. They also conveyed the sense of security they found from having neighbors they could rely on if they had problems or needed help. The belief of being part of a community contributed to many participants' sense of belonging and identity. This social connectedness seemed to buffer the effects of managing or adjusting to the changes in the community. Another positive social aspect was the availability of peer support. Older adults felt more connectedness if there were other older persons residing in the community or area, which is consistent with other research (Yen et al., 2012; Keating et al., 2004).

However, there was considerable diversity in the sense of community or social connectedness among the rural communities which was consistent with the findings of Keating et al. (2004). The strongest feelings of dissatisfaction with social connectedness came from participants living in communities in close proximity to a metro area, in very small towns with few older residents, and in towns with a pattern of in-migration of younger families. Because these communities had very few older residents, participants felt invisible and experienced a loss of influence on community planning and decisions. Research findings from Alley, Liebig, Pynoos, Banerjee, & Choi (2007) suggested a community's respect for older adults contributed substantially to their quality of life.

An important finding of this study has been the effect of changes in North Dakota rural communities on its older residents. This finding adds to the existing research (Yen et al., 2012) in that older adults who perceived a poorer fit with their neighbors experienced a form of environmental press, due to the change in composition in the community. It was distressing for participants to have neighbors they did not know and with whom they had little in common.

Daily Life Experiences Depended on Community and Individual Characteristics.

Small towns differ greatly in terms of size, age structure, density of population, distance between towns, proximity to metro areas, major forms of employments, migration patterns and availability of community resources (Hodge, 2008). Individuals are also diverse in areas such as socioeconomic status, health, personality, age, and social networks. Each participant's experience was unique based on the nature of the community and their personal characteristics.

Participants reported daily stress experiences in communities that had fewer older adult residents or towns that had been significantly altered due to in-migration, resulting in feelings of social isolation and social disconnectedness. Smaller towns and more remote towns caused other barriers that made aging in place difficult for older adults. Barriers included the absence of basic services and amenities, such as a grocery store, the insecurity of losing additional community resources, and long geographic distances to regional health care facilities.

While individuals reported varying levels of distress living in a rural community, transportation and home maintenance were significant concerns for widows. Most participants needed to travel to meet their social and service needs. Several of the widows conveyed their fear of driving in the winter months with cold weather and bad roads and their inability to drive in the traffic of the big cities. Only one participant lived in a senior apartment and the rest of the sample lived in their own homes. Many older adults expressed concerns of maintaining their

home and keeping up with the yard work. One participant who was widowed described the level of distress she experienced dealing with a recent plumbing problem stating "...I could have sat down and bawled 'cause I didn't know what to do." The desire for senior-appropriate housing was mentioned often by participants.

Mobility and good health were a requirement of staying on, but participants had not given much thought to a future time when failing health may cause a loss in independence and mobility. All but one participant indicated the need or desire to travel outside of the community for shopping, social, and medical needs. Yen et al. (2012) found older adults had not given serious consideration to the future when they might not be able to drive or get around on their own. Joseph et al. (1995) suggested older rural adults' difficulty seeing themselves in a position of being ill or extremely frail might be a coping strategy for living in a rural community. Current study findings are consistent with these previous research studies. Rural elderly may be at greater risk for social isolation due to lack of public transportation, considerable distances between communities, long winters, and poor roads (Johnson, 1996). When living in service-depleted communities with no transportation options, rural elders may be forced to move or go without.

Elders Sought to Manage Challenges

Lawton's person-environment theory suggests the environment has three main functions of maintenance, stimulation, and support (Emlet et al., 2012). The main concern of maintenance is with the consistency and predictability of one's environment, stimulation with the effect of stimulation on behavior, and support with the environment's ability to compensate for diminished personal competencies. The current study findings suggest older rural adults cannot

depend on the community to respond to their needs, instead, it is individuals that must respond to meet the demands of their changing community environments.

An important finding from the current study was the revealing of ways in which individuals employed strategies to meet the demands of their community. Many of the strategies shared by participants focused on filling the gaps in their social environment. Some examples include: 1) volunteering in home community or metro area; 2) going to school activities in the new “consolidated” school district; 3) going outside of the community for activities; 4) reaching out to people, especially newcomers; 5) using cell phones to stay connected to kids, grandkids, and siblings; 6) maintaining friendships; 7) keeping active with the community and hobbies; 8) moving to metro area during winter months for social opportunities and to avoid hardships of winter weather; 9) having adult child move in with them, and 10) keeping a positive attitude.

A significant contribution of this study has been the enhanced understanding of the daily stresses faced by older rural adults living in changing communities and how they are experiencing and responding to these stresses. There has been limited focus on the changes in communities in which older adults live and how they have experienced these changes. Furthermore, there are few current studies in the United States focused on the lived experiences of rural elders in changed communities. Smith’s (2009) conceptualization of the categories of environmental comfort, environmental maintenance, and environmental distress proved useful in appreciating the daily life experiences of rural elders. Although the lack of transportation, age-appropriate housing, and basic services were reported to be stressors for some of the rural elders, the more prevalent stressor was the change in interpersonal social relations and socialization and cohesion within communities. This has resulted in feelings of isolation, loneliness, and vulnerability of among rural elders. The experiences of older rural elders were influenced by

their level of individual competencies and the environmental presses of their communities, which resulted in a variety of adaptive management strategies employed by the participants. Since the greatest environmental stressor for participants was the weakened state of social relations and social cohesion within communities, it seems important for key community stakeholders to understand why and how to build social networks for older adults. Community development professionals may provide the leadership for developing practical strategies that increase socialization and sense of connectedness among older residents.

Limitations and Future Research

The results of this study provided important information on the personal experiences of elders living in rural communities. However, in order to understand the full range of experiences among rural elders, additional research clarifying the nature and influence of social networks is needed. Future research must include an assessment of individual-level and community-level social support. Despite these limitations, the study can be used as a preliminary study, providing valuable insight into the experiences of aging in rural North Dakota.

In the future, practice considerations should include new rural innovations to deal with social isolation and its health consequences for rural elders. Partnering with local churches, schools, and organizations to create and strengthen social connections for older adults would be one viable approach. Also, educational efforts that offer practical prevention strategies should be geared to family members and friends of those older adults who may be at risk of social isolation. The area of technology should be explored to discover how social media, smart home environments, and robotic animals might benefit the social and emotional life of seniors, especially those living alone. Last, since it will be difficult to provide new transportation options for seniors in small towns and rural areas, volunteer transportation should be explored.

This type of transportation may be more feasible if it is organized and offered on a larger county or regional scale.

Future research should include expanding the sample to include older adults who have poorer health, are frailer, and have less financial resources. Future research questions could include a closer examination of the different types of social support available to elders and an assessment of the supportiveness of communities to better understand the relation between individual-level social support and community-level social support. Also, it would be useful to understand the reasons rural elders are staying on in deteriorating rural communities, especially when attachment to place seems to be disrupted by physical and social changes. It would be important to understand if there are constraints that prevent older rural adults from re-locating, such as decreased market value of their home and the desire for continuity in their lives, which may be as relevant as attachment to place for staying on.

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CHAPTER FIVE. GENERAL CONCLUSIONS

This qualitative research study was developed to study the experience of older adults living in rural areas. The in-depth understanding of these experiences of older rural adults increases the knowledge about their daily lives and perceptions at a time when there will be a growing number of older adults in North Dakota. Rural areas have undergone changes for decades, but in spite of this, older rural adults have been the focus of minimal studies. Research on the impact of changing environments is even less prevalent. As a professional who has worked with older rural adults in the state, I felt it was important to hear from seniors themselves on what it was like to live in these communities. The findings of this current study were presented in research articles entitled “Perceptions of Changing Communities Among Rural Elders” and “Rural Aging: Daily Experiences, Challenges, and Strategies” found in Chapter Three and Chapter Four, respectively, of the dissertation.

An analysis of the 13 qualitative interviews with older rural adults resulted in themes which can be integrated in to three broader conclusions. First, there was a strong desire to stay on in spite on challenging conditions, which was a key theme in Chapter Three. Second, there was a diversity of perceptions and experiences among participants because of differences in community and individual characteristics. Both research articles highlighted the wide range of demographic trends and characteristics of the communities in the study. Participants’ daily life experiences were influenced by these community characteristics and their own personal competencies. Third, there was a deterioration of social environments in which the participants were living. Chapter Three and Four both identify themes of dissatisfaction with the frequency and quality of social relations.

The research question was “What are the experiences of staying on for rural elderly in changing North Dakota communities?” There were several intriguing aspects of the qualitative analysis that the researcher did not expect to find. First, participants living in communities in close proximity to a metro area, in very small towns with few older residents, and in towns with a pattern of in-migration of younger families expressed strong feelings of dissatisfaction with the frequency of social interactions and the quality of social relations. They were particularly dissatisfied with newcomers’ different lifestyles and values. The rural elders perceived a poorer fit with their neighbors, leaving them feeling invisible and isolated. A form of environmental stress was experienced due to the change in composition in the community.

Second, the majority of participants expressed sadness and disappointment with the deteriorating social environments. Limited social interactions were influenced by factors such as living arrangements, family proximity, and network of friends. Many participants reported their social networks had dwindled because their friends had died, moved out of the community, or relocated because of the need for long-term care. Because of declining populations, many social opportunities were now located outside of the community. There was considerable diversity in the sense of community or social connectedness, with participants from communities farther from a metro area and with a high proportion of older adults reporting higher satisfaction.

Last, the majority of participants were acutely aware of the negative changes that had occurred in their community, but they had no desire to move. Their strong attachment to place acted as a buffer to the negative changes experienced in their communities, or in some cases, hindered their ability to change their circumstances for the better. Although participants acknowledged that they would need to move when they were no longer able to drive, they had given little thought to the future scenario.

Strengths of the Study

The present qualitative study offers insights into how rural elders perceived their changing communities and how they are responding to these changes. The information gathered may help professionals and family members to understand the feelings, strengths, and vulnerabilities of older rural adults and, thus, initiate and provide appropriate interventions, support, and education. The interviews provided rural elders an opportunity to share their perspectives that may not have been expressed otherwise.

Limitations of the Study

Results of the study cannot be generalized beyond the participants interviewed for the research project. In addition, the participants, in general, had high levels of education and financial stability and this group does not likely represent all older adults in the study area. . Despite the limitations mentioned, this study will add to the scientific knowledge of how changes in rural communities impact the lives of older adults.

Implications for Future Research

Methodological directions in future research should include a quantitative study that examines the variables of the Competence-Press Model (Lawton & Nahemow, 1972): environmental press; personal competence; place attachment; desire to move, and quality of life and identity. Findings would provide information on Smith's (2009) categories of environmental expression, those being environmental comfort, environmental maintenance, and environmental distress. A greater understanding of the distinguishing characteristics that lead to these categories will provide better insight into the person-environment relationships and well-being. Another direction for future research may include an examination of rural elders' social networks

in order to understand the impact of social networks versus other community characteristics on the experiences of older adults.

In addition, it may be important to consider how baby boomers, who have traveled extensively, perceive attachment to their rural community. What is their attachment to place compared to the current generation of older rural adults? How do they experience place attachment – at home and other geographically distant places?

Summary

This study was the first qualitative study on the impact of changing communities on the well-being of older rural adults in North Dakota. An analysis of the 13 qualitative interviews with rural elders resulted in a number of key findings, including a strong desire to stay on despite challenging conditions, diversity of life experiences due to differences in community and individual characteristics, and deteriorating social environments.

This study can be used as a foundation for future research in identifying the variables of the person-environment relationship in additional geographic areas. Future studies may help to identify specific environmental and personal characteristics that either promote or hinder well-being. If older adults plan to continue to live in rural communities as they age, then it is important to understand their perception of environmental change, individual change, and the necessary adaptations they need to make to manage their lives now and in the future.

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APPENDIX A. DEMOGRAPHIC QUESTIONNAIRE

ID: _____

Date: _____

Please answer the following background questions to the best of your ability. Responses to the questions are completely voluntary and you may choose not to answer certain questions. All responses provided will be kept confidential and you will not be identified by name in any research or publications resulting from this study. If you have any questions, please ask the researcher at any time.

1. What is your gender?

_____ Male

_____ Female

2. What is your age (in years)?

_____ Years old

3. What is your current marital status?

_____ Married

_____ Single

_____ Divorced/Separated

_____ Widowed

_____ Other

4. Please describe your current or previous occupation.

5. Please describe your partner's current or previous occupation.

6. What is the highest level of education that you have completed?

- _____Some high school
- _____High school diploma
- _____Some college
- _____College degree
- _____Some graduate school
- _____Graduate degree
- _____Other (specify):_____

7. What is your race/ethnicity?

- _____African-American
- _____Asian-American/Pacific Islander
- _____Hispanic
- _____Native American/American Indian
- _____White/Caucasian
- _____Other (specify):_____

8. How would you rate your financial condition?

Very Difficult *Comfortable*

1 2 3 4 5

9. How would you rate your health?

Poor *Excellent*

1 2 3 4 5

10. What community do you live in or live close to?_____

11. How long have you lived in this community? _____Years
12. How long have you lived in the current apartment/house? _____Years
13. What best describes your current residence?
- _____country
 - _____town/city
 - _____farmstead
14. What best describes your current residential status?
- _____year-round resident
 - _____snowbird in winter
 - _____other (describe) _____

Thank you for your participation.

APPENDIX B. INTERVIEW QUESTIONS

1. **Tell me about your history with this community.**
 - a. How long have you lived here?
 - b. What brought you to live here?
2. **What is the story of this community?**
 - a. How do you remember this community in earlier days?
 - b. What is this community like now?
 - c. Tell me about the changes that have occurred?
 - i. Social
 - ii. Physical
 - d. How do you feel about these changes?
 - e. Describe the sense of community?
3. **Tell me about why you continue to live here?**
 - a. Satisfaction with services, social support, community support?
4. **When you think about the future, what concerns you the most?**
5. **What suggestions would you recommend to family, friends, professionals, or local leaders to help older adults living in rural areas?**
6. **Please share anything else you would like to add about living in this community.**

Boldface numbered statements/questions are the main interview

questions. Statements/questions underneath these are prompts for the interviewer.

APPENDIX C. PARTICIPANT RECRUITMENT PHONE SCRIPT

Hello, my name is Jane Strommen. I'm calling on behalf of the *Older Adults Aging in Rural Communities* research study and the opportunity for your voice to be heard.

Dr. Greg Sanders and I are recruiting older adults age 65 and older to participate in our research on *Aging in Rural Communities*. We hope to gain understanding about your experience and perspective about living in a rural area in North Dakota. This area has been studied on a very limited basis so you will be helping others to better understand what it is like to age in a rural area.

The research would involve your completion of a brief background (demographic) questionnaire, and a 90-120 minute face-to-face interview at a location and time convenient to you.

This is a very real opportunity to let your experiences be heard and have your suggestions for making life better for older adults living in rural areas shared with local community leaders and professionals.

Would you be willing to be a participant in this research effort?

If yes:

We can now move forward and schedule an interview at a time and place convenient for you.

If no:

I want to thank you for your time. We will not be contacting you further about participation and we want to thank you for your consideration.

APPENDIX D. DEMOGRAPHIC SURVEY RESULTS

Demographic Questionnaire Response Data

GENDER

- Male: 4 (30.8%)
- Female: 9 (69.2%)

AGE

- 69: 2 (15.4%)
- 75: 1 (7.7%)
- 76: 3 (23.1%)
- 79: 1 (7.7%)
- 80: 1 (7.7%)
- 81: 1 (7.7%)
- 82: 2 (15.4%)
- 90: 2 (15.4%)

MARITAL STATUS

- Married: 6 (46.2%)
- Single: 0
- Divorced/Separated: 0
- Widowed: 7 (53.8%)

EDUCATION

- Some High School: 2
- High School Diploma: 4
- Some College: 1
- College Degree: 4
- Some Graduate School: 0
- Graduate Degree: 2
- Other: 0

RACE/ETHNICITY

- African-American: 0
- Asian-American/Pacific Islander: 0
- Hispanic: 0
- Native American/American Indian: 0
- White/Caucasian: 13 (100%)
- Other: 0

FINANCIAL CONDITION

- 1 (Very Difficult): 0
- 2 (Difficult): 0
- 3 (Modest): 3 (23.1%)
- 4 (OK): 2 (15.4%)
- 5 (Comfortable): 8 (61.5%)

HEALTH

- 1 (Poor): 0
- 2 (Fair): 1 (7.7%)
- 3 (Good): 1 (7.7%)
- 4 (Very Good): 5 (38.5%)
- 5 (Excellent): 6 (46.1%)

NUMBER OF YEARS OF RESIDENCE IN COMMUNITY (Average: 57.7 years)

- 29: 1 (7.7%)
- 36: 1 (7.7%)
- 45: 1 (7.7%)
- 51: 1 (7.7%)
- 52: 1 (7.7%)
- 55: 2 (15.3%)
- 56: 1 (7.7%)
- 57: 1 (7.7%)
- 65: 1 (7.7%)
- 79: 1 (7.7%)
- 80: 1 (7.7%)
- 90: 1 (7.7%)

COMMUNITY OF RESIDENCE (11 communities)

- McVile: 1 (7.7%)
- Sharon: 1 (7.7%)
- Cooperstown: 1 (7.7%)
- Niagara: 1 (7.7%)
- Larimore: 1 (7.7%)
- Galesburg: 2 (15.4%)
- Page: 1 (7.7%)
- Buffalo: 1 (7.7%)
- Mapleton: 1 (7.7%)
- Grandin: 2 (15.4%)
- Gardner: 1 (7.7%)

YEARS OF RESIDENCE IN CURRENT HOME (Average 44.6 years)

- 6: 1 (7.7%)
- 29: 1 (7.7%)
- 33: 1 (7.7%)
- 36: 1 (7.7%)
- 38: 1 (7.7%)
- 43: 1 (7.7%)
- 45: 2 (15.3%)
- 49: 1 (7.7%)
- 51: 1 (7.7%)
- 52: 1 (7.7%)
- 74: 1 (7.7%)
- 79: 1 (7.7%)

TYPE OF CURRENT RESIDENCE

- Country: 2 (15.4%)
- Town/City: 9 (69.2%)
- Farmstead: 2 (15.4%)

RESIDENTIAL STATUS

- Year-Round: 13 (100%)
- Snowbird in Winter: 0
- Other: 0

CURRENT/PREVIOUS OCCUPATION OF SELF AND PARTNER

Participant #	Previous Occupation	Partner's Previous Occupation
1	Nurse aide	Farmer/carpenter
2	Farmer	Housewife
3	Housekeeping	Owner-service station
4	Housewife	Rural mail carrier
5	Farming	Ladies apparel buyer
6	Plumbing/lumberyard	Daycare
7	Teacher/housewife	Farmer
8	Nurse	Farmer/insurance salesman
9	Teacher/postal worker	Implement dealership
10	Teacher	Farmer
11	Farmer	Nurse
12	Postmaster	Farmer
13	Food service	Postal worker