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SECTION V
LOOKING AHEAD:
TRAINING AND POLICY
RECOMMENDATIONS

Chapter 16

Future Training and Education Recommendations for Rural Gerontological Social Workers

Nancy P. Kropf, PhD

SUMMARY. With the increasing number of older adults, social work students need to be prepared to work with this population in a variety of settings. Rural areas may have high concentrations of older adults including those who age-in-place, and those who relocate to retirement areas in small towns and rural communities. Within the curriculum, content on health care, economics, and leadership/decision making need to be included to prepare students for practice in these areas. In addition,

programs need to actively seek students who have an interest in working within more rural practice settings. *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <http://www.Haworth Press.com> © 2003 by The Haworth Press, Inc. All rights reserved.]*

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INTRODUCTION

As the number of older adults increases, the diversity within the later life population will also expand. In social work education, students need to be exposed to various issues of diversity and multiculturalism in an effort to sensitize them to similarities and differences among clients. Too frequently, diversity is solely defined by variables of race/ethnicity, gender, sexual orientation, and age. While these are important characteristics, other significant variables are omitted, such as community context. Older adults who live in rural or remote areas, for example, may have different life histories, social support systems, and experiences with formal service networks than similarly aged cohorts who live in more urban locations. Therefore, diversity within the older population needs to be broadly defined within the context of assessment, practice, and policy courses.

Unfortunately, many students graduate from social work programs with limited exposure to issues of aging (Damron-Rodriguez & Lubben, 1997; Kropf, Schneider, & Stahlman, 1993; Scharlach, Damron-Rodriguez, Robinson, & Feldman, 2000; Wendt & Peterson, 1993). Various initiatives are currently underway to increase capacity for practice with older adults such as the John A. Hartford funded projects for curriculum innovation, student education, and faculty development (Rosen & Zlotnik, 2001). Although all social work programs are not part of these formal initiatives, there is a great deal that can be done within social work programs to prepare students to practice with older adults (Kropf, in press). As part of these efforts, students need to be exposed to the issues facing older adults and communities within non-urban locations.

IMPORTANCE OF TEACHING CONTENT
ON RURAL OLDER ADULTS

This chapter will focus on issues in preparing social work students to become rural gerontological social workers. An assumption is that many practitioners will find themselves working with increased numbers of older adults, and these clients will become part of diverse social service networks. The National Association of Social Workers has promulgated a position statement on practice with rural populations in an effort to promote practice in underserved communities. Particular issues that are especially relevant in rural areas are understanding dual relationships in areas with high densities of social networks and improving rural communities' infrastructures (NASW, 2002). In order to prepare students for practice roles, content on older adults (including those who reside in rural areas) needs to become more visible within the curriculum. In the remaining sections of this chapter, content on methods to increase knowledge and skills will be presented.

DESCRIPTION OF THE AGING RURAL POPULATION

An important issue in educating students about this older population is to define and describe the aging population that lives in rural areas. Like older adults who live in cities and metropolitan areas, not all of these contexts are the same. Individuals who live in suburban communities have different experiences than those who live in downtown or inner city areas. Likewise, people who live in large urban areas (e.g., New York City, Los Angeles) may have difference lifestyles than those who live in moderate ones (e.g., Richmond, Santa Fe). As all urban areas are not alike, rural areas have different characteristics, populations, structures, and cultural features. Therefore, one aspect of educating students about this population is to define the rural population in different areas and community types.

An important factor in defining the older population is studying various contexts within rural life. For example, there are different reasons why older adults live in rural communities. Some older adults "age-in-place"; that is, the surrounding community changes yet they remain in the same area. The situation of aging-in-place typically involves out migration of younger cohorts from an area, and often is based upon labor force or quality of life issues. Older adults who age in place may find themselves in communities that lack a viable infrastructure as the tax base erodes.

Other communities actively seek older adults to migrate to the area. These "in migrators" typically are in good enough health and have economic resources to relocate to areas that offer a better quality of life. For example, the snowbirds of the North and Mid West may migrate to areas in the South where the weather is more temperate and offers a higher quality of life (van den Hoonaard, 2002). While this population may be attractive to small communities as in-migrators bring economic resources to an area, there are other impacts that must be anticipated. In times of a health crisis, for example if a person becomes ill, in-migrators have limited informal supports available as family and friends live elsewhere. This situation may place a strain on the health and social service network as the need for formal services are great.

ISSUES FOR SOCIAL WORK EDUCATION

The population of older adults who reside in rural areas poses important issues for inclusion in social work education. Some of the most significant issues for social work include health status and care, economics, and availability of social supports. As in other areas of social work, these factors may be different for diverse segments of the older rural population including persons of color and women.

Health status and care. Probably the most pressing problem for older adults in rural areas is access to quality health care. Rural areas are notoriously underserved in relation to health care providers and services, and many communities are without hospitals, community based services (e.g., home health care providers), or long term care options. In a recent international conference on health and rural elders, four themes were elucidated and coalesced into a strategy to promote health in rural areas (Mitka, 2000). These were:

1. Need for greater and better research on local, national, and worldwide consequences of increased aging in rural areas,
2. Need to establish strategies for preventing illness and injury, and establish a base of good health among this population,
3. Need to educate all health care providers about special aspects of aging in rural areas, and
4. Need to abolish inequities in access to health care and other services that are essential to maintaining independence among rural older adults.

Students in social work programs need to face the challenges that older adults experience in living in communities with scarce health resources.

In addition, students need be aware that cultural issues may be related to the lack of participation in formalized health care programs. For example, older African Americans who live in the rural South engage in cultural practices and rituals that are believed to be more effective than established medical practices. The older population in the Sea Islands of South Carolina have a saying that "the doctor can't do me no good" (Ralston, 1993). These older adults tend to remain out of the formal health care system, fearing doctors and hospitals as places where people go to die.

Long term care issues are also challenging for older adults in rural areas. Often, patient care may be compromised when resources are unavailable in the communities after discharge from an acute care setting (Botsford, 1993). In addition to the lack of health care options that are available, the limited economic resources of many older adults in rural areas may be an additional barrier in accessing long term care services (Coburn & Bolda, 2001). Clearly, social workers have a role in advocating for changes to make health care resources more available and affordable for older adults in rural areas.

Challenges in health care are not confined to the physical health domain, as psychiatric conditions are often untreated in rural communities as well. Students also need to explore challenges related to mental health functioning of older adults in rural areas. The most prevalent mental health problem of late life is depression, and this condition often is manifested somatically in the older population. In an attempt to estimate the prevalence of depression and eating disorders in older Midwestern rural women, a study analyzed eating content and patterns of this population (Pollina & McKee, 2000). Within this study, older women with certain nutritional risk factors were found to have higher depression scores. In addition, this study found that this community dwelling population was more at risk for obesity than for being significantly underweight.

Within the older population, a significant health care issue is assessment of cognitive status. Differential diagnosis between depression, delirium, and dementia is complex, and mental health practitioners need valid assessment measures to use with diverse older populations. For example, a study in rural Colorado was undertaken to assess the distribution of cognitive functioning of both Hispanic and non-Hispanic older adults (Mulgrew, Morgenstern, Shetterly, Baxter, Baron, & Hamman, 1999). As the rural population becomes more diverse, rural communities will experience even more complex and challenging issues in terms of assessment and diagnosis of late life mental health conditions. Students

in health and mental health courses can explore some of these complex issues within the context of rural health care systems.

Economics. In addition to learning about health care issues and resources, students also need to understand the economics of rural areas. Poverty is a pervasive problem in many rural communities, and poverty rates have been higher among older adults who live in rural areas compared to urban dwelling elders. Coward and Dwyer (1998) report that the combined interaction of age and community residence are significant predictors of poor economic status. That is, older adults who live in rural areas have less income and lower quality of housing than those who live in urban areas (van Nostrand, 1993).

In addition to fewer economic inputs, older adults in rural areas may have additional expenses that erode their household budgets. For example, the price of gasoline has increased, which puts a strain on budgets of families in rural areas. Routine trips in remote areas (e.g., grocery store, pharmacy) have inflated costs due to the amount spent on fuel. In addition, resources that are available in small towns may have less competition which can keep the price of items higher than in urban areas. These types of factors may quickly drain the incomes of older adults (Myers, Kropf, & Robinson, 2002).

Social supports. As people age, there may be a need for additional support to conduct their activities of daily living. In addition, the older adult may also need to have support after an acute health crisis such as hospitalization or recent diagnosis. While a common perception is that older adults in rural areas are surrounded by available kin, the reality is that these older adults may have limited sources of support (Botsford, 1993). In rural areas, older adults may have less access to sources of informal supports, which is partially explained by the increased distance between members of the social network.

In addition to informal sources of support, older adults may require assistance from formal services and programs. Unfortunately, a comprehensive system of care may be unavailable for older adults regardless of community type. For older adults in rural areas, the continuum of formalized services may be especially abbreviated. A major problem with access to services for rural older adults is related to health care financing, as greater numbers are dependent on public programs (Medicare and Medicaid) for services (Coburn & Bolda, 2001). In evaluating service gaps within the older population, some of the most extensive differences between urban and rural services were formal supports such as adult day care centers, homemaker and chore services, hospice and respite services, and home health nursing, which are often lacking in more rural communities (Coward & Dwyer, 1998). These stresses place tremendous pressure on rural areas to seek creative methods of financing to serve older adults in these communities.

TEACHING CONTENT ON RURAL OLDER ADULTS

In order to cover the spectrum of issues within the social work curriculum, courses need to include content on rural older adults from a practice, policy, and research perspective. This section will highlight social work roles and skills that are particularly relevant to gerontological social workers in rural areas. Within the curriculum, students should be sensitized to the importance of both direct and macro practice interventions with older adults. In addition, instructional methods that can be employed to teach this content are presented.

Models of social work practice. Due to the breadth of social work practice in rural areas, social work students need to have an orientation to practice across multi-system levels. Case management is a method of practice that is commonly used within small communities as the target of intervention may be the individual, family system, or surrounding community itself. In addition, social workers need to develop leadership skills in order to exert influence in communities that often may have characteristics of closed systems. Finally, technology provides opportunities in innovative intervention models such as telemedicine or telehealth. Due to geographical distance and the lack of resources, these innovations may be particularly useful for delivering service in rural areas. Social work courses can educate students in understanding and employing intervention approaches that have specific utility with older adults in rural areas.

Case management. In rural communities, a major issue of practice is linking older adults and their families to needed resources. Case management is a practice model that is used extensively in rural areas to help with linkage and provide a method to help older adults secure services that might be unknown or misunderstood. In order to demonstrate the importance of case management in varying contexts, two rural case management programs will be highlighted.

In one model, support to informal caregivers was used as an adjunct to formal case management services within a rural hospital in New York (Botsford, 1993). Due to the demands on a relatively small case management staff, the hospital undertook a training program for families on care coordination. Social work and medical staff provided training to family care providers on psychological aspects of care, physical aspects of aging, identifying and securing community resources, and developing advocacy skills. Based upon self reports of the program, care providers reported reduced stress in their role after completing the support program and were able to obtain assistance from formal agen-

cies to reduce caregiving demands. This type of program provides an example of a creative way to engage families in rural areas to effectively assume some case management tasks for their older family members.

Case management has also been developed for custodial grandparents who are raising grandchildren in rural communities (Myers et al., 2002; Robinson, Kropf, & Myers, 2000). Families who participate within this case management program are assisted in interfacing with the multiple service networks that are typically part of this caregiving situation (e.g., schools, public welfare, mental health). In addition, the service model includes a monthly support group to help link custodial grandparents to each other in an effort to decrease isolation and alienation which accompanies this role.

Administration and leadership skills. In preparing students for practice in rural areas, the curriculum also needs to include content which helps students develop leadership skills. Social workers who practice in small towns need to be aware of the local decision-making factors, processes, and power structures as a way to enact change. This process includes understanding the decision making networks in community structures and sources of influential leadership.

Within administration courses, various issues related to rural practice can be explored and discussed. Often, part of the service agenda in rural areas focuses on change within the current service network or system. Part of the assessment process is understanding the concept of power within small communities, such as the distribution within the population and key community players. For example, influential people within the community may hold multiple roles that exert influence in many areas of community life. Martinez-Brawley (2000) describes one area where powerful community actors held influential roles in several domains of community life such as environmental boards, funding sources (e.g., United Way), and local service providers (e.g., hospital). In preparing students to hold administrative and leadership positions in this type of community, they need to have a clear perspective on the dense decision making networks that may exist and influence factors such as resource allocation and service priorities.

Telemedicine interventions. As technology becomes more advanced, social workers may be involved with telemedicine or telehealth interventions. Most broadly defined, "telemedicine" is the use of telecommunications to provide medical information and services (Perednia & Allen, 1995). However, Kaye (1997) argues that "the term 'telehealth' may well be more accurate in describing telemedicine applications . . . ,

given the likelihood that professions other than medicine (such as nursing) will be major participants in its implementation" (p. 243). In fact, the US Department of Health and Human Services (DHHS) recently established an Office for the Advancement of Telehealth "to support the agency's push to use telecommunications . . . among grantees, clinicians and other health care professionals" (HRSA focuses agency, 1998).

Telemedicine approaches have several beneficial outcomes for older adults in rural areas. These include access to services for those who live in remote areas, possible cost reduction in providing services, and outreach and support to family caregivers. As Dezendorf and Green (1999) describe, information technology offers various potentials in service delivery including eradicating barriers to service, raising awareness of outcomes and options, and partially offsetting the barrier of poverty as greater improvements are made in technology efficiency and efficacy. Four types of telemedicine programs have been identified for older adults (Kropf & Grigsby, 1999), which seem to have specific utility for social workers in rural community settings:

1. *Health maintenance programs*. These telemedicine services provide quality care that is accessible and affordable for older adults. Example include physical and psychosocial services to older adults with varying health care conditions such as patients with cancer (Allen & Hayes, 1994), psychological or psychiatric conditions (Ball, 1996; Burke, Roccaforte, Wengel, Conly, & Potter, 1995; Montani et al., 1997), patients with pacemakers (Barbaro, Bartolini, & Bernarducci, 1997) and diabetics (Owens, 1997).
2. *Emergency response programs.* These programs provide timely and direct links to health care sources that can provide aid in emergency situations. For example, cardiac patients may wear a device that would link them to an emergency system in cases of arrest or problem (Roth, Carthy, & Benedek, 1997). In another emergency response model, older adults can link to a community resource center via broadband video communication in a situation where they feel unsafe, or in the midst of a dangerous situation (Erkert, 1997).
3. *Psychiatric or psychological.* In addition to programs that target physical health, telemedicine has also been used for psychiatric and psychological purposes. These telemedicine programs can be used for screening (as in mental status) or actually providing intervention, such as reassurance.

4. *Support to caregivers.* Another function of telemedicine is to provide support to care providers of older adults such as reducing isolation, providing support in times of a crisis, providing access to expert knowledge, and linking to other care providers (Ball, 1996).

METHODS TO ATTRACT STUDENTS TO RURAL PRACTICE

Another educational issue in preparing students for rural practice is recruitment. The scarcity of resources within rural locations is related to the inadequate number of professionals who deliver services in these areas. Specifically, social work needs to develop and retain qualified professionals to administer and provide social welfare services in rural communities (Daley & Avant, 1999). In this section, additional methods to attract students to practice in rural communities are explored.

One method of attracting students to this field of practice is providing students with an opportunity to learn more about rural social work through exposure to issues found within these communities. First person accounts, or hearing rural stories, help students develop a sensitivity and appreciation of different ways of living, knowing, and being. Carawan, Bass, and Bunch (1999) provide examples of using narratives within classes to give voice to the inner lives of rural people and provide more contextual understanding of life in a rural area. By inviting various speakers from rural communities into the classroom, students become aware of personal and social narratives that exist. Stories may include various themes such as sense of community and place, subculture issues (e.g., people of color in rural areas, persons who are gay/lesbian who live in these communities), and the dynamics and politics of these places.

Strategies have also been developed to "home grow" professionals from persons who are part of rural areas. The home grown approach may have advantages in retaining a workforce as people are already familiar with life and experiences within these community contexts. However, few programs have been developed that afford the community-university partnership that is needed within this approach (Daley & Avant, 1999; Zlotnik, 1998). Social work program should take the lead in developing courses, curriculum, and internship experiences that focus on particular aspects of social work practice in rural areas. In addition, social work programs need to develop networks to and relationships with key organizations within communities and provide methods for individu-

als to enroll in social work programs. Distance education resources (e.g., online courses, satellite courses) can increase access to university programs without requiring students to leave their communities in order to complete course work.

In summary, social work needs to examine various methods and strategies to educate students for work in rural areas and small communities. Within the social work curriculum, direct practice methods and administrative/leadership skill courses need to include content on contexts, skills, roles, and knowledge that is necessary for effective practice in rural areas. In addition, innovative programs such as telemedicine can also be included as a way to help students consider creative ways to provide cost effective and efficacious services within these community settings.

As the older population continues to grow, people in rural areas will increasingly be clients of social services. Some of these rural communities face an eroding tax base, with labor force aged adults moving to more prosperous locations. This situation may cause problems for social workers, as few formal services may be available to assist older adults with late life health and social issues. Other communities attract older adults of retirement age who relocate to be in more desirable communities (e.g., Sunbelt areas). In these high retirement areas, the in-migrators arrive in good health with economic resources but may turn to formal services quickly in times of a crisis situation. In both of these scenarios, social workers must be educated and prepared to deal with the psychosocial, resource, and economic issues of providing services to older adults in small towns and rural areas.

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