

The Meaning of Health and Health Care for Older Adults in Rural Oregon

Hartford Academic and Research Program

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Purpose

- Describe the meaning of health & healthcare from the perspective of community-dwelling older adults in rural Oregon

Background

- Geographic isolation increases in rural Oregon with less than one person per square mile in two counties where this study occurred (U.S. Census Bureau, 2014)
- These counties also had a high percentage of adults 75 years and older relative to other counties in Oregon

Background

- Health disparities are defined as:
 - *“the differences in incidence, prevalence, morbidity, mortality, and burden of diseases and other adverse health conditions that exist among different population groups”* (CDC, 2017)

Background

- In general, rural-dwelling older adults are more apt to experience health care disparities due to social isolation, poverty, health literacy challenges, and lack of health care resources (Oregon Office of Rural Health, 2015)

Background

- The age group of 75 years and older was selected because of growing evidence that heterogeneity of very old people becomes more intense with more life experience (Twigg, 2015)
- Without their perspective about health and health care, any effort to impact existing disparities may be misguided

Background

- Because determinants of health can be embedded in distinct cultural contexts that vary by region, state, or county, rural health care disparities cannot be defined without taking the uniqueness of place into consideration (James, 2014)

Specific Aims

- Describe the meaning of personal health from the perspective of older adults living in rural Oregon
- Describe the meaning of health care from the perspective of older adults living in rural Oregon

Study Design

- **Method** – qualitative description
- **Setting** - Rural Oregon counties
- **Participants** – 75 and older, living in own homes (sample $n=18$)
- **Data Collection** – semi-structured interviews

Interview Questions

- Can you describe what “health” means to you personally?
 - Do you consider yourself healthy?
 - Do you have certain habits that keep you healthy?
 - What else contributes to your health?

Interview Questions

- Can you describe what “health care” means to you?
 - Do you think you need health care?
 - Does a health care provider visit you?
 - Do you go see a health care provider?
 - Can you think of some barriers to receiving health care?

Participant profile

- $n=18$
- Mean age = 79.9
- Range = 75-97
- Gender = 4 males & 14 females
- Marital status = 5 married, 11 widowed, 2 divorced

Meaning of health	Meaning of healthcare
What it is Ability to function Active mind Healthy habits Keeping busy	You want it Important if you need it Trusted provider
What it is not Illness Injury Surgery	You want to avoid it Lack of privacy Emergency only People get worse (die)
Rural everyday life Cohesive social network Bounce-back	Obstacles Specialty providers Quality Distance/winter Transportation

Results

➤ **Meaning of Health**

- What it is....

Interviewer: “Can you describe what health means to you personally”?

Participant: *“I hope to be 90 and be able to function. I don’t want to (get older) if I am not able to function”*

Results

➤ **Meaning of Health cont.**

- What it is not....

“What health is not” was less densely described compared to the expressions of “What health is...”

Participant responses included descriptions of injuries, illnesses, and surgeries

Results

➤ Rural every day life

- Cohesive social network

Participant: *“I am grateful for the opportunities that are presented for Seniors at the Senior Center. All you have to do is call them up and say, hey, I’ve got a problem with this...”*

Results

- Cohesive social network
 - rural life at age 81, “*I have a family of friends*”
 - “*I have rancher friends on either side of me and they keep track of me so to speak...and we’ve kind of worked up a network out here...that if anyone is sick, do you need food for today, do you need somebody to cook for you*”

Results

➤ Rural every day life cont.

- Bounce-back

Participant: *“Making adjustments...which is very hard for things I can no longer do. The head wants to do one thing and the body just says...no more”.*

Results

➤ **Meaning of healthcare**

You want it...

Two of the geographic centers of interviews had community access hospitals, and participants seemed grateful. One participant called the hospital “*a blessing.*”

Results

➤ **Meaning of healthcare cont.**

- You want it...

Interviewer: Can you describe what “health care” means to you?

Participant: *“I think everyone needs the assurance of a certain amount of health care being available to them without costing an arm and a leg”*

Results

➤ **Meaning of healthcare cont.**

- You want to avoid it....

Interviewer: “Do you see a health care provider regularly”?

Participant: “*No, I think that’s pretty much, ha, ha, I don’t go lookin’ around for health issues*”

Results

- You want to avoid it....

Participant: *“I try to stay away from the doctor’s office as much as I can. My father always said, - ya don’t want to go to the hospital ‘cause that’s where people go to die. I pretty much have to be horizontal (to use emergency department)”*

Results

➤ **Meaning of healthcare cont.**

- Distance

Participant: *“I go to the Boise VA hospital 200 miles away. We have a van that goes over twice a week. It’s just that it’s an all-day event for a 20-minute visit”*

Results

➤ **Meaning of healthcare cont.**

- Access
- **Participant:** *“If you get into anything specialized, then they (doctors) ship. We can maintain a blood pressure, but if you go into atrial fib then you’re shipped two and a half hours away”*

Results

- Access

Participant: *“Just waiting 30 days or so for an appointment, that’s too long (Wife says 60 days). I can go to the emergency room and see a doctor anytime”*

Summary

- Participants living long active lives, did not subscribe to a narrative that getting old meant decline, loss, and despair
- Their self-perception of personal health was positive, despite reporting multiple chronic health problems

Summary

- They tended to normalize obstacles to healthcare such as travel distance and weather
- Many participants, when asked about healthcare, retold a family saga about loss of a loved one to illness or injury, yet the ability to bounce back from the adversity of loss was evident in their stories

Summary

- Living in a rural community provided the opportunity to be a valued part of a cohesive social network where meaningful living thrived
- Although rural life presented obstacles to healthcare access, participants agreed that advantages of rural living outweighed the disadvantages

Limitations

- Purposive sampling for recruitment presented a limitation
- All participants were English-speaking
- Findings are specific to the participants and cannot be generalized to a wider population

Consider– Rural everyday life

- By exploring the meaning of health and healthcare with these participants, a deeper meaning of rural life lived day by day, year in and year out, was revealed
- “...area of residence is associated with health regardless of identifiable risk factors for illness”
(Bernard et, al., 2007)
- Accordingly, most participants in this study related rural living to a sense of well-being.

Consider-“cohesive social network”

- A synergistic effort such as friends coming together in mutual support has been described as an “event of place” (Farmer et al., 2014, p. 187). This suggests something more powerful than the terms rural neighborhood or social network taken alone.

Consider – “bounce back”

- “When older adults were asked to recount significant negative events or hardships in their lives, they invariably focused on the positive redemptive outcomes from the experience”
(Brown-Yung et al., 2017, p. 288).
- Additional years of exercising this redemptive capacity accounts for a strengthening of resilience for some older people moving forward in late life (Carr & Weir, 2017; Zeng & Shen, 2010).

Break out session objectives

- Attendees will gain insight into what is meaningful about health and health care for adults 75 years and older dwelling in rural counties
- Attendees will reflect on the meaning of the findings from the study and discuss possible approaches to support healthy outcomes for people aging in place

Break out session

- Identify possible community approaches to support older people who wish to age in place
(handout)
(15 minutes)
- Present summary of small group discussions
(15 minutes)
- Large group discussion, Q &A *(10 minutes)*





Looking forward

- For nursing – change the narrative from older adults who are fatalistic and in inescapable decline to older adults who are positive while embracing opportunities in life (Fink, 2018)
- Do older adults who live remotely feel the same way about health and healthcare?
- Are there partnerships and resources with community stakeholders, OHSU School of Nursing, and OHSU Campus for Rural Health to support aging in place?



Thank You

REFERENCES ON REQUEST

