

Why This Matters

Rural areas cover the vast majority of the country and tend to be “grayer” than urban areas, with higher percentages of older adults. Many older adults prefer to stay in their homes as they age, but it can be difficult to connect rural older adults to needed services.

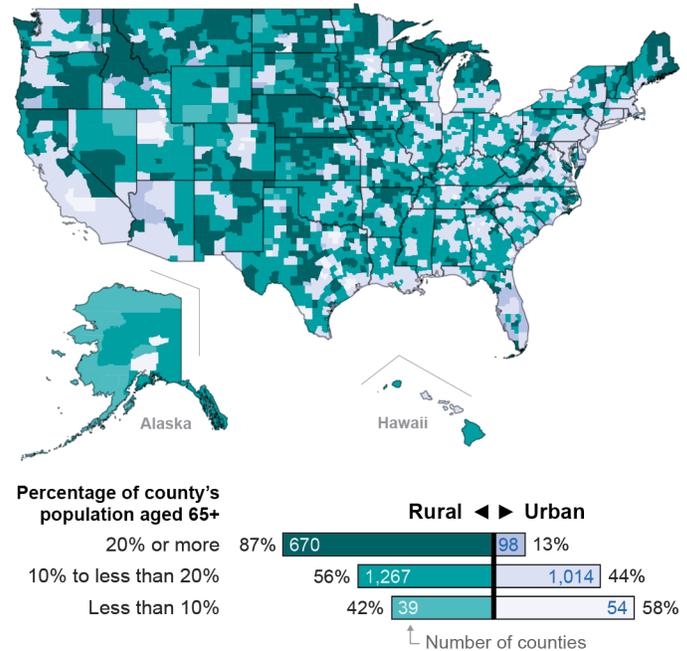
Key Takeaways

To stay in their homes as they age, older adults often need services such as in-home care, meal delivery, and transportation to medical appointments. Under the Older Americans Act of 1965, the Department of Health and Human Services (HHS) funds grants to help state and local agencies provide these services. Rural older adults are identified as important service recipients because of their economic and social needs.

However, studies indicate that rural older adults received certain services, such as home-delivered meals, less frequently than urban older adults. Local officials and service providers told us how reaching older adults in remote, sparsely populated areas can add to the cost and effort of providing services, and how a dwindling working-age population can mean fewer caregivers and volunteers to help.

HHS supports over two dozen national resource centers that publish information on promising practices for delivering services to older adults, including some that may be useful for rural agencies. Yet this information is spread across national resource center websites and is not centrally accessible. Local officials were often not aware of pertinent resources. Several said that more information on rural promising practices or other resources would be helpful.

Rural and Urban Population Aged 65 and Older, by County



Source: GAO analysis of U.S. Census Bureau's American Community Survey data, 2012-2016 5-year estimates. | GAO-19-330

What GAO Recommends

HHS should centralize access to and promote awareness of promising practices or other useful information pertinent to serving rural older adults. HHS agreed.

How GAO Did This Study

We analyzed 2017 HHS survey data; reviewed relevant federal laws, agency documents, and studies; and interviewed service providers in 12 rural localities in eight states. We also interviewed HHS officials, national associations, and experts on rural issues.

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