

# COVID-19 AND AN AGING RURAL POPULATION

## RECOMMENDATIONS TO IMPROVE HEALTH IN ILLINOIS

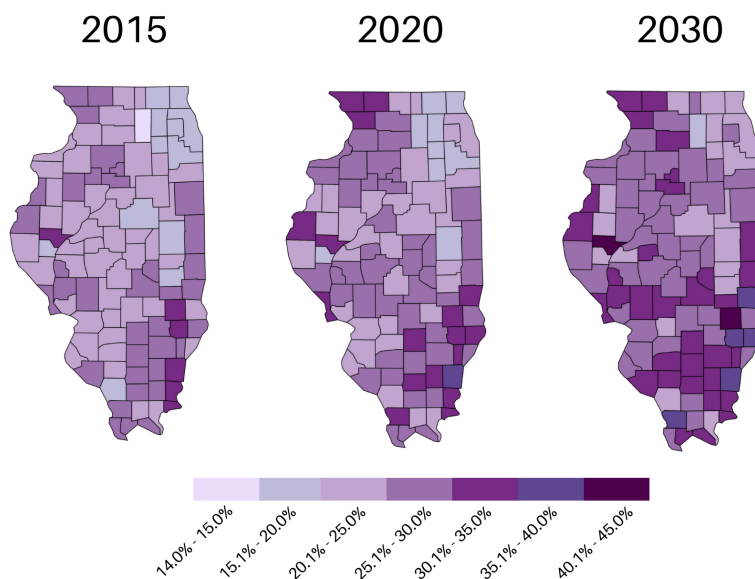
Rural Illinois is in need of sustained, sweeping change to improve the social, economic and environmental factors which determine health outcomes. Illinois' rural communities suffer from "The Five D's:" Rural communities start at a **DISADVANTAGE** due to experiencing food, healthcare, social service and data **DESERTS**, as well as organizational and technological **DISCONNECTION**. Rural regions experience similar **DISPARITIES** to low-income urban areas but experience even fewer **DEVELOPMENT** opportunities than their urban counterparts. These recommendations aim to improve health equity in rural Illinois.



### PREEXISTING CONDITIONS

Rural regions, which are comprised of a greater percentage of older residents than metropolitan areas, face unprecedented challenges in caring for older residents.<sup>1</sup> Individuals aged 65 and older not only face increased risk of severe illness or death from COVID-19 but also suffer from secondary effects of the pandemic. Older rural residents have long struggled with **healthcare access, lack of integrated social services** and **social isolation**. Each of these issues was exacerbated by the pandemic's health, social and economic impact.<sup>2</sup> The number of rural residents over the age of 60 in Illinois is expected to increase from 2.6 million to 3.9 million in 2030. Figure 1 highlights this trend showing how rural communities are most affected. Illinois leaders must address and prioritize the issues facing an aging rural population.

FIGURE 1: Illinois population 60+ by county



### RECOMMENDATIONS

- Utilize technology to enhance the capacity and digital literacy of rural communities to better treat chronic conditions through telehealth and telemonitoring.
- Invest research and program funds in designing rural-specific models for the aging population that align sectors to provide integrated, personalized, and comprehensive services.
- Address social isolation among the rural elderly populations by implementing social isolation screenings and community-based programs.



Illinois' rural residents often face a lack of transportation options, live in healthcare provider shortage areas and have decreased technological skills to take advantage of online healthcare and social opportunities. These issues, though not necessarily unique to rural or the aging, are especially debilitating for older rural residents. Rural communities are less conducive to aging in place as they are more geographically isolated and generally offer fewer services. Furthermore, older individuals are more likely to be diagnosed with a chronic disease that negatively affects both the quality and longevity of life. Patients suffering from a chronic disease generally have worse health outcomes, higher health care expenses and higher hospital readmission rates.<sup>3</sup> Older adults who live in rural areas suffer from a greater frequency of several chronic diseases compared to metropolitan adults 65+, including coronary heart disease and diabetes.<sup>4</sup>

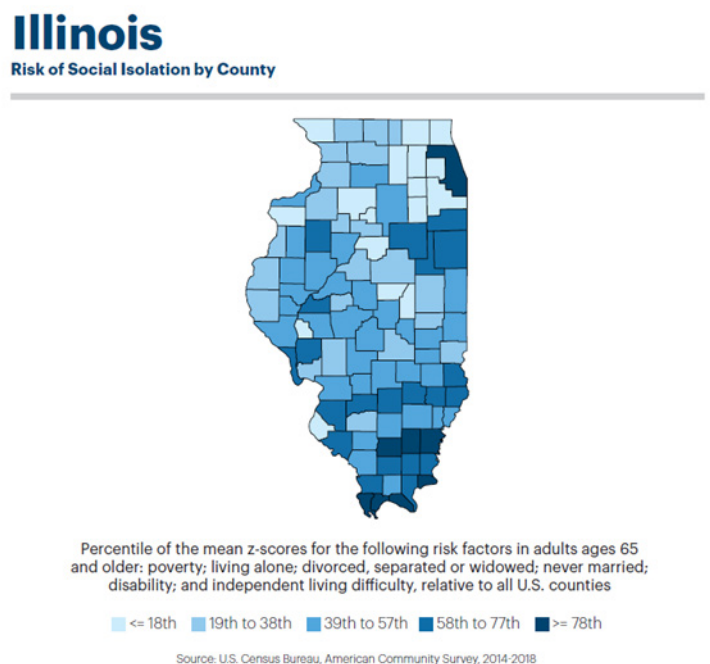
Rural communities also suffer from a lack of services in core categories such as healthcare, housing, civic engagement, nutrition services and social services despite often having higher poverty rates than metropolitan areas.<sup>5</sup> Existing services often operate in silos without a fixed point of patient responsibility. Many services for older adults are delayed because of the lack of coordination between systems.<sup>6</sup>

Limited and disconnected social services are compounded by the fact that accessing quality and consistent transportation is also a regular challenge for rural communities. Approximately 13 percent of rural older adults lack access to a vehicle. Reports have shown that older adults who stop driving go to 15 percent fewer doctors' appointments, take 59 percent fewer shopping trips and attend 65 percent fewer social events, including family and religious activities.<sup>7</sup> This inaccessibility of transportation may greatly impact older adults' physical health, nutrition, ability to care for themselves and mental health.

Social isolation and loneliness is another complicated challenge for rural older adults and may lead to serious adverse health outcomes for this population. As Figure 2 shows, the risk for social isolation is far greater in rural and underserved urban areas across the state of Illinois than those in more affluent suburban areas.<sup>8</sup> According to the CDC, loneliness in people aged 50 and older is associated with a 29 percent increased risk of heart disease, a 32 percent increased risk of stroke and a 50 percent increased risk of dementia.<sup>9</sup> Social isolation in those aged 50 and above is also associated with an increased risk of anxiety, depression and suicide.<sup>10</sup>

This increased risk for loneliness and social isolation leads to a higher probability for rural older adults being admitted to a nursing home because of a deficit in vital support to age in place.<sup>11</sup> However, many rural nursing homes have closed due to factors such as delayed and low Illinois Medicaid reimbursement rates. This leaves some counties with one or no nursing homes, exacerbating an existing shortage of rural nursing homes.<sup>12</sup>

FIGURE 2: Illinois risk of social isolation by county



## DEFINING "RURAL" IN ILLINOIS

Of Illinois' 102 counties, 62 are considered non-metropolitan. 1.5 million Illinois residents reside in nonmetropolitan and/or rural regions. In an effort to be inclusive, this report uses "rural" to describe non-metropolitan counties.



## ABOUT THE RURAL HEALTH SUMMIT

[Southern Illinois University \(SIU\) Medicine Department of Population Science and Policy, SIU Paul Simon Public Policy Institute, SIU Medicine Center for Rural Health and Social Service Development](#) and [University of Illinois Chicago School of Public Health](#) continued the work of the 2018 Illinois Rural Health Summit and convened rural stakeholders for 11 discussion forums in late 2020 to better understand and address the COVID-19 pandemic in rural Illinois. Using the [2019 report on the most pressing issues facing rural Illinois](#) as a foundation, 80 leaders from 55 organizations in diverse fields such as public health, health care, academia, industry and government met virtually to discuss how the pandemic is creating new challenges and fostering new innovation. Forums focused on **rural economic development, health workforce, children's growth and development, nutrition and fitness, mental health, opioids, public health systems, caring for an aging population** and **healthy housing**. Discussion forums participants were also invited to an additional, overarching session to identify common challenges and synthesize impactful solutions. The information, anecdotes and issues raised in this report come from those conversations.



AN AGING  
POPULATION



MENTAL  
HEALTH



PUBLIC  
HEALTH  
SYSTEMS



NUTRITION  
& FITNESS



CHILDREN'S  
GROWTH  
& DEVELOPMENT



RURAL HEALTH  
WORKFORCE



OPIOIDS



HEALTHY  
HOUSING



ECONOMIC  
DEVELOPMENT

## THE PANDEMIC'S IMPACT

Eight out of every 10 COVID-19 deaths in the United States are among individuals aged 65 and older.<sup>13</sup> Since September 2020, rural counties have reported higher COVID-19 infection rates than metropolitan counties.<sup>14</sup> In addition to the increased risk of serious illness and death for an older population, the pandemic caused additional structural disparities and unmet needs. Most notably, many older individuals in rural communities suffer from inability to take advantage of online services or opportunities and have an increased risk of loneliness due to social distancing and lack of social services.

In an effort to stop the spread of COVID-19 and protect those most vulnerable to the virus, an emphasis has been placed on social distancing and limiting time spent outside of the home. While this has been an effective way to decrease COVID-19 infection rates, it has increased loneliness and subsequent health effects on the older adult community.<sup>15</sup> Many rural experts participating in the Rural Health Summit discussion forums (see more about the Rural Health Summit in box above) noted that individuals in rural communities could be at a higher risk to have social and emotional needs unmet. As senior transportation services, community centers and religious activities shut down to stop the spread of COVID-19, older adult patients found themselves with little to no traditional social interaction.

As a result of social distancing measures, many services and amenities, especially early in the pandemic, were only accessible online. However, the older population utilizes online technology at lower rates compared to younger counterparts, often lacks access to quality internet and consistently shows lower rates of smartphone, tablet and computer ownership.<sup>16</sup>

The pandemic necessitated increased use of telemedicine as patient visits were held virtually, which not only helped control the spread of COVID-19 but eliminated transportation or mobility challenges.

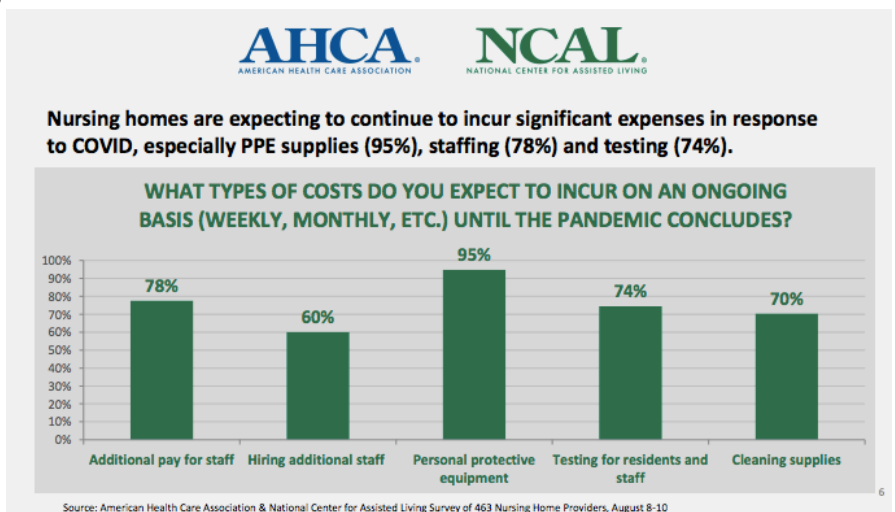


Sweeping legislation was passed at the onset of the pandemic as part of the [Coronavirus Preparedness and Response Supplemental Appropriations Act](#) to improve access to telemedicine services. Previous Medicare telehealth payment requirements were waived and patients were able to access remote care. Telehealth services were also charged at the same rate as in-person medical services, or at parity, and several other exemptions were enacted.<sup>17</sup> This has been extremely valuable for rural older adults who have enjoyed and benefitted from telehealth. In a survey of Medicare Advantage beneficiaries, 91 percent of individuals using telemedicine reporting a “good” experience and 78 percent reporting they would use it again.<sup>18</sup>

Social distancing recommendations also deterred individuals from taking advantage of the few rural public transportation options. According to a recent Deloitte report on the future of mobility after the pandemic, COVID-19 disrupted the transportation system and made people hesitant to travel using shared mobility.<sup>19</sup> The virus and the economic fallout as a result of the public health crisis reshaped public transportation systems in rural and urban areas alike. Rural transit systems struggle with a workforce shortage, service infrequency, unstable financial support and rely heavily on direct funding from state and local government.<sup>20</sup>

Nursing homes and assisted living centers were also impacted especially hard by the COVID-19 pandemic. As of early June 2020, Illinois nursing home and long-term care facility outbreaks were linked to 54 percent of all COVID-19 deaths in the state.<sup>21</sup> In February 2021, Illinois reported 73,286 laboratory confirmed COVID-19 cases in long term care facilities and 9,571 deaths.<sup>22</sup> Many nursing homes and long-term care facilities were struggling before the pandemic, and as Figure 3 shows, COVID-19 made challenges worse.<sup>23</sup> The increased costs of protective equipment and low Illinois Medicaid reimbursements forced some nursing homes to close, leaving families scrambling to find other options in the midst of the pandemic.<sup>24</sup> These closures increased the lack of cross-sector coordination to help older adults.

**FIGURE 3: COVID-19 increased nursing home expenses**



Despite these challenges, COVID-19 also brought innovative partnerships and practices. During the pandemic, many systems of care were forced to collaborate and work outside of traditional silos. Discussion forum participants shared that these collaborations were one of the greatest benefits of the COVID response. Area Agencies on Aging (AAA) are a sound example of the benefits of quality coordination. A Health Affairs report found 74 percent of AAAs have partnered with hospitals, 72 percent have partnered with departments of health, and 83 percent have partnered with emergency preparedness agencies.<sup>25</sup> These partnerships were critical in reductions in avoidable health care use and spending in their service areas, which prevented a strain in the health care system.

Hope is emerging for our state’s older residents. Vaccinations offer strong protection for older residents, yet some still struggle to obtain vaccinations. Challenges to improve vaccine rates include limited health and digital literacy, access to broadband and hardware and transportation issues.<sup>26</sup> Continued robust vaccination programs targeted to the aging population will be instrumental in allowing Illinois to focus on renewed policy goals to improve the health and wellness of older citizens.



## 2021 Rural Health Summit Policy Recommendations:

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The COVID-19 pandemic has created an opportunity to re-examine how to best improve the lives of the rural aging population. The following three recommendations offer an opportunity to begin to build brighter futures for rural Illinois's older residents.



### **Utilize technology to enhance the capacity and digital literacy of rural communities to better treat chronic conditions through telehealth and telemonitoring.**

Illinois made a proactive step during the pandemic in expanding telemedicine services to include all health care, psychiatry, mental health treatment, substance use disorder treatment and related services provided to a patient regardless of the patient's location via electronic or telephonic methods including, FaceTime, Facebook Messenger, Google Hangouts or Skype.<sup>27</sup> This solution improves access and decreases costs associated with traveling and taking time off work. Medical providers benefit from less stress, smaller patient-to-physician ratios and more population health data.<sup>28</sup> Opportunities to continue this expansion of telemedicine services needs to continue with careful attention and study paid to its effectiveness in treating chronic conditions that affect the aging population.

The continued expansion of telehealth serves also needs to be supported by efforts to ensure older rural individuals have the technology and skills needed to access online services. Funding and innovative program building is vital to increase digital literacy in older adults. A recently launched Illinois statewide initiative called [Disrupt Disparities](#) hopes to do this for the state's older adults from communities of color. Illinois could also learn lessons from the [Maine Digital Inclusion Initiative](#), established in mid-2020, as one of the first statewide digital inclusion programs in the country. The program focuses on expansion of digital literacy services to traditionally underserved populations to provide job training/employment-related education as well as technology training to older adults. The Initiative has engaged and trained digital literacy instructors to provide computer skills/digital literacy instruction to adult learners throughout Maine.<sup>29</sup>



### **Invest research and program funds in designing rural-specific models for the aging population that align sectors to provide integrated, personalized and comprehensive services.**

Older adult systems should have a multi-layered approach that integrate the services needed for the aging population to maximize quality of life. These systems should include better access to community services including transportation, greater multidisciplinary service coordination and prominent health care and social support.

Building age-friendly systems requires bridging divides and focus on health, social services and community. An initiative of the John A. Hartford Foundation and the Institute for Healthcare Improvement, in partnership with the American Hospital Association and the Catholic Hospital Association, [has created a model of age-friendly health systems](#) focused on understanding and aligning care with an older adult's specific outcome goals and care preferences. Age-friendly systems mirror the [system of care](#) definition and philosophy often exemplified in children's mental health systems.

The [Illinois State Plan on Aging FY 2021-2023](#), drafted by the [Illinois Department on Aging](#), is beginning to move Illinois in this direction. This document prioritizes supporting older adults' ability to remain independent and in their own homes through the provision of quality home and community-based services with a strong focus on healthy aging and prevention. Additionally, the Department plans to



address social determinants of health including, but not limited to, housing, food, education, employment, healthy behaviors, transportation and personal safety to improve health and reduce longstanding disparities in health and health care.

The Department on Aging's emphasis on aligning systems is critical, but addressing these large systemic issues will require more emphasis on cross-sector collaborations, solidifying the partnerships started in the pandemic connecting areas of aging with public health, health care, social services, housing and many more. The State of Illinois in combination with universities, corporations and philanthropy need to begin investing in new rural-specific models providing resources, time and expertise to test new solutions, scale them across the State of Illinois and sustain them in an effort to build long lasting age-friendly systems.



## Address social isolation among the rural elderly populations by implementing social isolation screenings and community-based programs.

Prior to COVID-19, screening tools were developed to address social determinants of health, including questions that specifically address social isolation/connectedness as well as more specific tools to identify isolation and loneliness in patients. Increased utilization of these screening tools will lead to diagnoses that will allow providers to refer patients for social and clinical support services.<sup>30</sup> Furthermore, the pandemic has highlighted a need to revisit the current screening model as a recent study found that while existing screening tools have merit, they can be unidimensional and, in the majority of cases, do not provide tailored recommendations for action.<sup>31</sup> The existing screening tools can be the groundwork for newer models that are of the highest value for use in rural communities during and after the pandemic.

Improving social capital in rural communities will require government, media, religious organizations, schools, businesses, philanthropic groups and senior advocacy groups partnering together to develop programs focused on social engagement. Efforts should utilize existing infrastructure, digital tools and organizations to to maximize the established trust and credibility created in these communities. During a time when both loneliness and social isolation have seen a significant uptick for the older adult population, innovations to combat social isolation are key. In Central Illinois, a retirement community successfully piloted a program called [Carle Friends](#). The program connected volunteers with persons who expressed feelings of loneliness or concerns about isolation via a phone call or video conference. Both volunteers and participants have shared the positive impact this program has had on them. Whether it be exercise groups, volunteer projects or local mentorship programs, these community-based solutions are effective ways to get seniors engaged, reduce social isolation and improve mental, physical, and social health.

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