

Consensus Statement

Conclusions and Recommendations for Policies on Rural Aging in the First Decades of the 21st Century

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ABSTRACT: *The 2000 Forum on Rural Aging: Policy Debates was one of the main tracks of the first International Conference on Rural Aging held in Charleston, W.Va., in June 2000. The 2000 Forum was a follow-up to the Expert Group Meeting on Rural Aging, which met at Shepherdstown, W.Va., in May 1999. That group considered policy implications of the 1999 International Year of Older Persons for rural aging in four key areas: the situation of older people, multigenerational relationships, lifelong development, and the development and aging of rural populations. As a direct follow-up of the Shepherdstown Expert Group Meeting, the 2000 Forum on Rural Aging formulated the Conclusions and Recommendations for Policies on Rural Aging through a series of working groups. The Conclusions and Recommendations were endorsed by the Conference Plenary Session on June 11, 2000. The Draft Recommendations for Policies on Rural Aging were available for comments on the Internet in the remaining part of the year 2000. Many comments were received. Hana Hermanova and Sally Richardson incorporated the comments into the finalized version.*

This policy document outlines the main strategic themes for healthy and active aging in rural areas in the first decades of the 21st century. It sets out a coherent framework for policies at the local, regional, national and international levels. It addresses the key issues in rural aging: among them migration, environmental challenges, and access to education, employment and services. Policy on rural aging involves more than planning. The critical need is implementation—ensuring that policies are put into effect and outcomes are monitored, measured and evaluated. Reliable data are

essential for the development, implementation and evaluation of policies on rural aging. Emphasis is, therefore, put on efficient information systems, research, and means of obtaining the data.

Health and Active Aging of Older People in Rural and Remote Areas

Aging is a lifelong process. Preparation for healthy aging should begin in childhood and continue through-

out life. This applies particularly to rural inhabitants. Skills learned earlier in life prove useful in later life in the challenging environments of rural areas.

Toward Healthy and Active Aging

Recommendations:

- All action directed at determinants of healthy and active aging in rural areas must be multisectoral in view of the multiplicity of factors involved: biological, social, economic, political and environmental.
- Basic public health must be promoted, on grounds of the need to promote the health of older rural people from childhood with lifelong programs of health promotion and disease prevention, and of the importance of adequate nutrition, safe drinking water, and a healthful social and physical environment.
- Aging people and their families should play a more active part in their own care. Health education and information on the aging process and on diseases common in old age should be culturally appropriate and correspond to levels of literacy.
- Public authorities should recognize and support relatives who care for frail aging people at home because of the often heavy physical, emotional and financial demands that such care entails. Home help, respite care and transportation are some areas of needed support.
- In rural areas, training programs for family and community caregivers, health professionals and paraprofessionals, and older people as caregivers and trainers require new orientations toward: supporting self-health-care; maintaining mobility; maintaining independence; maintaining mental health; preventing disability; coping with disabilities; and creating barrier-free environments.

Toward Productive and Self-fulfilling Aging

Recommendations:

- Aging people in rural areas have a role in preserving the health-protective aspects of tradition, history and local culture. Their knowledge and experience give younger generations a sense of place and continuity. Their potential in these respects should be recognized and supported.
- The well-being of rural people in old age is determined by conditions of their lives as children and work-age adults. Old age aggravates inequalities that have persisted from earlier stages of life. Resources should therefore be focused on the most economically deprived older people—often women and older disabled people.

Education, Participation, and Rights

All groups concerned with rural aging at all levels need education and training. Older people themselves need training in the skills of self-help and self-care. The basic and continuing education of professionals and paraprofessionals should equip them with the competencies needed for gerontology and the practice of geriatrics in public health and family practice, and as a specialty. Families and social networks need education and training in support of the elderly. The education of the general public should result in the elimination of myths and stereotypes.

Policies and programs need to be realistic and to take account of the perspective of older people in rural areas and their level of literacy, consider the issues of multigenerational families and communities, and use traditions and concepts of a community's life-course to promote cohesion. The 2000 Forum recommends the following principles for action based on the concept that older people have a meaningful role in the transfer of knowledge and experience, which is important for their well-being and the maintenance of health in older age.

Recommendations:

- Bring technology within the purview of older people, improving their understanding and participation in the expanding world of telecommunications and its numerous learning possibilities.
- Promote and support voluntary community organizations and their capacity to create partnerships that bring expertise and resources to serve community needs.
- Eliminate from rural community services all forms of discrimination directed at gender or age, or against ethnic or racial minorities.
- Promote participation of older people in their communities as guardians of tradition, history and culture.

This article is based on 2000 Forum Policy Debates on Rural Aging, which were part of the International Conference on Rural Aging held in Charleston, W.Va., in June 2000. The text of those debates was made available on the Internet for comments during the remainder of 2000. The comments were incorporated, and the document was finalized by Hana Hermanova and Sally Richardson.

Policy Development, Advocacy, and Implementation

Information and Research. The first step in the developmental process is to recognize how much we need to learn about common issues and their impact on rural aging populations. Research findings in this regard should inform policy-making so as to ensure that the development of policies and programs for rural and remote areas is rights-based, sensitive to issues of gender and age, equitable, and responsive to the expressed needs of older people.

The following issues need to be further explored:

- Changes in patterns of migration and the implications of those changes for family and inter-generational relations;
- The expanding opportunities for older people to be actively engaged in the life of their communities, providing leadership, increasing local capacity for development, and preserving social and cultural traditions that underlie community cohesion;
- The impact of technology and ensuring the benefit of its dispersion to rural communities and areas; and
- Strategies that are successful in providing services and care to rural older people.

Advocacy at the Policy-making Level. Advocacy must be broad based, involving the commitment of major international, national and regional health-care foundations, collaborating with both national and local government and emphasizing the concept of public/private partnerships in seeking better understanding and broader acceptance of the activist role of elder leadership in policy-making in relation to issues and concerns of rural elders.

Recommendations:

- Foundations undertake commitment to research on rural aging, recognizing the integral role that elders play, or can play, in the health of rural communities.
- Funding be obtained to support the collection and retrieval of data for purposes of assessment of the needs of rural aging populations, as well as of documentation and evaluation of successful community practices and programs and their translation into models upon which other communities can build.
- Governments must play a major role in investing an equitable share of public resources in agencies that will advocate responsibly for assured access to pub-

lic services of high quality for rural aging populations and their communities.

- The advocates of rural health and social services for the aging and of rural economic development should join forces to make sure that their shared objectives of equity, choice, and the involvement of rural elders in the mainstream of their communities remain priorities on their agendas and a major focus of their joint and separate activities.

Policy Implementation. The next step is to ensure that policy-making is promoted at all levels of government, that it sets national standards and respects social and ethical values, particularly equity and justice, and secures authority for local flexibility that is informed by the inhabitants of rural and remote areas.

The mechanisms that ensure that policy recommendations are implemented depend on the rural area or community—how it is structured, how it functions, and how it sustains its social and economic well-being.

Policy priorities need to be established to address the following continuing concerns:

- Primary health care that is accessible and affordable;
- Equitable access to welfare services and to social and economic security;
- Access to education, literacy programs, and employment for people of all ages in rural and remote areas.

Components of Successful Model Policies and Programs

Roles and Responsibilities of Local Providers and Volunteers in Successful Models. Community and regional models for serving rural older people should be built from the bottom up.

Recommendations:

- Professionals who understand the culture, concerns, and needs of older rural people;
- Professionals who incorporate the concept and practices of prevention into their service delivery and are able to promote self-reliance and self-care;
- Services that are integrated and coordinated so that health care, for example, is provided in the context of social and economic support and in keeping with socio-economic circumstances;

- Service delivery mechanisms and decision-making that are locally based and adapted to the needs and circumstances of the people and communities that they are designed to serve.

Roles and Responsibilities of Governments in Successful Models. Roles and responsibilities of different levels of government should ensure equitable policies and allow the concept of aging in place to be a viable choice for older people.

Recommendations:

- Equitable and adequate funding of health and social services for rural elderly.
- Support for local innovation in increasing the effectiveness and efficiency of services that reach rural areas and communities, and support of services that rely on the development of local resources.
- Investment in developing reliable support systems, such as transportation, housing and community infrastructure, and promotion of cost-effective, home-based and community-based services and benefits.

Implications for Politicians and Decision Makers at National and International Levels

Stimulate political will of political leaders and decision makers in issues associated with rural aging.

Recommendations:

- Promote awareness-raising activities around the key issues affecting older people in rural and remote areas.
- Feature key issues of rural aging in wider development debates at local, national, regional and international levels.
- Advocate a substantial increase in investment for rural development policies that affect older people.
- Promote programs and projects designed to empower older people in rural areas.
- Increase participation and integration of older people in rural development.
- Ensure that older people in rural areas participate, and are duly represented, in policy-making processes and procedures that affect them.
- Advocate representation of older rural people in law-making bodies.
- Build alliances with key partners in rural development (international agencies, nongovernmental orga-

nizations, and other organizations of civil society) to include in their activities issues related to aging in rural development policies.

- Develop and implement a collaborative Plan of Action on Rural Aging, focusing on development and implementation of policy at local and regional levels through demonstration projects addressing services (accessibility, affordability and delivery), education, research, and public campaigns promoting active aging.
- Develop a set of indicators to monitor progress in implementing policies on rural aging.

Annex: Implications for Programs—Examples of Successful Models and Practices

Programs should promote local innovation and development of local resources, and disseminate instances of “best practice” with older people in rural areas.

Development of Local Resources. Among the most important factors in assuring access to services in rural areas are identification and maximization of existing resources. The use of volunteers, for example, is neglected almost everywhere.

Volunteers are a valuable potential resource in every community. With specialized training they can provide many populations with basic needs and support services. Such an arrangement benefits both the volunteers and the service recipients and can strengthen the community bonds of both parties.

Volunteers in Calhoun County, W.Va., prior to providing transportation to services for older people in remote areas, requested education and training in coping with sudden health problems that might occur in the course of a journey. After such education and training they provide the volunteer service on a daily basis.

Many kinds of health care providers can also be a valuable resource in rural communities but as yet they are underutilized. For instance, as patient loads increase and fewer physicians venture into rural practice, pharmacists can serve as a vital link for health information and for education and support of patients.

Rural transportation systems are an essential service for older inhabitants of rural communities and regions. Without family support or other means of getting to and from services, rural aging individuals can often be truly isolated from contact that is essential to their well-being and quality of life. Recognizing the

importance of a transportation infrastructure, the West Virginia Center for Rural Health Development has undertaken a pilot program to fund five proposals for rural community transportation. These programs must emphasize coordination of existing resources and collaborate with other organizations to develop additional resources as needed. Proposals must demonstrate potential to reduce barriers to community transportation and to fill needed gaps. Criteria for the selection of programs include demonstrated sustainability, broad and strong community partnerships, and the commitment of partners to the programs. The programs will be evaluated to determine effective processes and operations, degree of client satisfaction, and sustainability as models that other West Virginia communities can use.

Networking for Change in Latin America

Poverty makes older rural people—women in particular—very vulnerable. The development organization HelpAge International has addressed issues of poverty, aging, and vulnerability in several Latin American countries through small projects in nutrition, housing, livelihood strategies, and provision of health care, including herbal medicine and traditional practices. The main objective of these very small projects has been to empower older rural people by providing identity, helping them gain access to income-generating activities, education and services, and by facilitating the building of their organizations, programs and strategic alliances. Evaluation has shown that the grassroots approach has been efficient.