National Rural Health Association

Statement for the Record

National Rural Health Association
to the
United States Senate Special Committee on Aging

November 11, 2025

RE: Statement for the Record on Hearing on: *How the Older Americans Act Uplifts Families Living with Aging-Related Diseases*

Submitted via email: Hans_Hansen@aging.senate.gov

Dear Chairman Scott and Ranking Member Gillibrand,

The National Rural Health Association (NRHA) is pleased to submit a statement to the Special Committee on Aging Hearing, *How the Older Americans Act (OAA) Uplifts Families Living with Aging-Related Diseases*. We appreciate the Senate Aging Committee's continued commitment to the needs of older adults, including the more than 60 million Americans that reside in rural areas. NRHA submits this statement to highlight the unique needs of older adults in rural communities and uplift the importance of improving age-friendly care, nutrition access, and caregiver support.

NRHA is a non-profit membership organization with more than 21,000 members nationwide that provides leadership on rural health issues. Our membership includes nearly every component of rural America's health care, including rural community hospitals, critical access hospitals, long-term care providers, doctors, nurses, and patients. We work to improve rural America's health needs through government advocacy, communications, education, and research.

Background

Older adults living in rural areas make up a disproportionate share of the aging population. In 2020, about 1 in 5 people living in rural areas in the United States were 65 and over, compared to 16 percent in urban areas, and face compounding challenges including higher poverty rates, greater social isolation, limited means of transportation, food insecurity, and reduced access to long term care and home- and community-based services.[i] These difficulties are magnified by ongoing rural hospital closures and workforce shortages.

The OAA has been a reliable source of caregiver relief, nutrition support, and assistance navigating services for many rural families. The OAA created the Administration on Aging, part of the Administration for Community Living (ACL), and established a national aging services network that includes state agencies, Tribal aging programs, Area Agencies on Aging (AAAs) and community-based organizations. Together, this network provides services that play a critical role in helping older adults remain in their homes and communities. In rural America, that mission cannot be met without strengthening OAA funding and flexibility to reflect the realities of rural service delivery.

Economic Challenges

Poverty: Rural older adults often struggle financially due to limited employment opportunities, lower Social Security benefits due to reduced lifetime earnings, and rising health care costs. The poverty rate among rural older adults is 13 percent, which is 9.6 percent higher than the national average.[ii] With limited fixed incomes, even minor changes in finances, such as unexpected healthcare costs, can cause immense strain for rural older adults.

Housing: Housing insecurity is reported to be the leading cause of stress among rural older adults, with many living in substandard conditions due to the unavailability of senior housing programs.[iii] Rural Americans have a lower median household income compared to urban households, sitting around 4 percent lower.[iv] Inaccessibility of affordable and available housing for rural older adults further exacerbates economic challenges faced by this population and is an obstacle to positive healthcare outcomes. Healthy homes promote good physical and mental health. Good health depends on having homes that are safe and free from physical hazards. Residents who experience difficulty paying rent, mortgage or utility bills are less likely to have a usual source of medical care and more likely to postpone treatment and use the emergency room for treatment.[v]

Payment & Health Care Costs: Rural older adults spend an average of 20 percent more on health care than their urban counterparts.[vi] Additionally, Medicare is the primary source of care coverage for rural older adults; however, Medicare only covers nursing home care in limited circumstances (up to 100 days of skilled nursing care following a hospitalization). Outside of this, Medicare generally does not cover long-term care in nursing homes or any assisted living. Rural older adults typically rely upon Medicaid to help pay for these costs.

Additionally, limited transportation infrastructure and reliance on emergency services in rural areas contribute to the high costs of healthcare for rural adults, as well as heighten the challenges older rural adults face in accessing care.

Social Challenges

Caregiver Support: Rural families carry a disproportionate share of the caregiving responsibility because the formal long-term care system in rural areas is thinner and continues to contract. Rural areas have experienced higher rates of nursing home closures, consolidation of home health agencies, and reduction in hospice and in-home support teams. These closures force older adults and their families to travel farther for care or manage complex health needs at home with limited, if any, professional support. As a result, family, friends, and neighbors become the default care system where they support loved ones with dementia, mobility limitations, or multiple chronic conditions while also balancing work, transportation challenges and financial constraints.

Even when services exist, workforce shortages limit availability of rural caregivers. Rural nursing assistants, home health workers, and long-term care staff are consistently underpaid, leading to turnover and service gaps. The result is caregiver burnout and turnover. Expanding caregiver support, in-home care capacity, and respite access under the OAA are needed not only to protect caregiver health but also to enable older adults to remain safely in their homes and communities.

Transportation: Unlike urban areas, most rural regions lack public transit systems or rideshare services. Older adults who no longer drive often have no alternative way to get medical appointments, grocery stores, pharmacies, senior centers, or social visits. As a result, losing the ability to drive can lead to instant isolation and access challenges. These transportation barriers contribute to missed medical care, delayed treatment,

and worsened chronic disease outcomes. OAA-funded transportation programs attempt to fill these gaps but are consistently under-resourced and face higher per-trip costs due to long travel distances and dispersed populations in rural areas.

Isolation & Mental Health: Rural older adults are more likely to live alone farther from neighbors, and in communities where gathering places have declined due to hospital closures, shrinking senior centers, and loss of local businesses. Social isolation is linked to higher risks of depression, cognitive decline, vulnerability to elder abuse, and earlier mortality by up to 30 percent.[vii] OAA supported congregate meal programs and senior centers have historically served as anchors of connection, but many rural providers struggle to maintain programming or transportation to bring people together.

Health Care Access

Workforce: Developing, retaining, and sustaining the rural healthcare workforce is often challenging in rural areas. As a result of these workforce shortages, rural older adults often struggle to access primary care providers, nurses, and other specialty care providers. Rural areas have 64 percent fewer health care workers per capita than urban areas.[viii] This in turn leads to limited access to preventive care and chronic disease management for older adults. Community health workers (CHWs) integration into the healthcare system offers one method to help bridge gaps in health care delivery and increase access to care. CHWs play an increasingly vital role in delivering culturally competent education, care coordination, and social support, especially in rural settings where clinical workforce shortages persist.

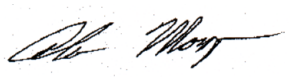
Infrastructure: Healthcare infrastructure that can help support the rural older adult population is integral in providing long-term care (LTC) support and addressing the needs of the rural aging population. This includes home health or home and community-based services, or institutional infrastructure such as skilled nursing facilities (SNFs), assisted living, or long-term care facilities. Rural counties have a higher percentage of residents 65 or older and have a higher percentage of the population that identifies as having a disability, which indicates a greater need for age-friendly resources. Access to high-quality nursing home care in rural communities and investments in long-term services and support (LTSS) are needed to allow rural residents to access support and care at home or in their local communities. As mentioned, Medicare often does not provide coverage for many LTC costs. Residents of rural communities who are Medicare beneficiaries tend to use more skilled nursing services and have a higher rate of covered days as compared to urban communities.[ix] Funding for LTC services as well as reimbursement adjustments for these facilities can help prioritize, sustain, and increase support for health infrastructure for rural older adults.

Nutrition: Reliable access to nutritious food is foundational to healthy aging, yet rural older adults face higher rates of food insecurity and malnutrition due to limited grocery access, long travel distances, and rising food and fuel costs. In nearly one in five rural counties, there is no full-service grocery store at all and more than 20 percent of rural Census tracts qualify as food deserts.[x],[xi] For older adults who no longer drive, this means that even basic staples like fresh produce and medication snacks become difficult or impossible to obtain. OAA nutrition programs directly counter these conditions. Congregate meals provide structured social engagement and routine safety checks, reducing the risk of cognitive decline and loneliness. Home delivered meals like Meals on Wheels support older adults who are homebound or have mobility limitations. These meals in rural communities are not simply supplemental, they are the primary balanced meal of the day and a key part of managing diabetes, hypertension, stroke recovery and heart disease.

Overall, rural communities are home to a large population of older adults. Many factors contribute to the challenges and barriers this population faces in terms of healthcare access. The OAA is a key solution to help improve social drivers of health, offer support to care-givers and rural adult health needs, and address

key issues in health workforce and infrastructure in rural communities. Addressing these challenges can help improve the overall health and disease management of older adults in rural areas.
NRHA thanks the Committee for the opportunity to weigh in on supporting the health of the older population living in rural areas throughout the country. For further information on this topic, please reference NRHA's **policy brief**, *Older Americans Act: Greatest economic and social needs of older rural adults*. If you have any questions or would like to discuss our response further, please contact NRHA's Government Affairs and Policy Director, Alexa McKinley Abel at amckinley@ruralhealth.us.

Sincerely,



Alan Morgan
Chief Executive Officer
National Rural Health Association

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