

## The Impact of Aging Baby Boomers in Rural America

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### I. Introduction

The size of the United States' elderly population is increasing rapidly. In 2019, there were 73 million Americans born from 1946 to 1964, referred to as Baby Boomers.<sup>1</sup> These Baby Boomers are reaching the age of 65 at a rate of 10,000 per day. By the year 2030, all Baby Boomers will be at least age 65.<sup>1, 2</sup> Rural residents who age in place and those who move to rural communities will need affordable access to health care.<sup>3, 4</sup> Rural communities need to understand how the rapidly increasing size of the population age 65 and older may impact them.<sup>5</sup>

As Baby Boomers become 65 years old, they become eligible for health insurance under Medicare. With this growing demographic comes risks to an already fragile and fragmented rural health safety net with added beneficiaries in Medicaid, CHIP, and state and local indigent care programs.<sup>6, 7</sup> The impact of increased workforce demand and growth in utilization by Medicare and Medicaid beneficiaries is potentially devastating to

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<sup>1</sup> United States Census Bureau (USCB). (2019). 2020 Census will help policymakers prepare for the incoming wave of aging boomers. Retrieved on May 22, 2021 from

<https://www.census.gov/library/stories/2019/12/by-2030-all-baby-boomers-will-be-age-65-or-older.html>

<sup>2</sup> MedPac. (2015). Report to the Congress: Medicare and the health care delivery system. Chapter 2: The next generation of medicare beneficiaries. <http://medpac.gov/docs/default-source/reports/june-2015-report-to-the-congress-medicare-and-the-health-care-delivery-system.pdf>

<sup>3</sup> Canady, V. A. (2017). AMHCA fears "silver tsunami" in wake of MH workforce crisis in rural areas. *Mental Health Weekly*, 27(31), 1-3. <https://doi.org.akin.css.edu/10.1002/mhw.31143>

<sup>4</sup> Carver, F. L., Beamish, R., Phillips, P. S., & Villeneuve, M. (2018). A scoping review: Social participation as a cornerstone of successful aging in place among rural older adults. *Geriatrics*, 3(4), 75. <http://doi.org.akin.css.edu/10.3390/geriatrics3040075>

<sup>5</sup> Brown, T., Miller Temple, K., & Rudolphi, J. (2020). NRHA policy paper: Rural America's senior citizens: Considerations for transportation, healthcare access, connectedness, nutrition and economics. National Rural Health Association.

[https://www.ruralhealthweb.org/NRHA/media/Emerge\\_NRHA/Advocacy/Policy%20documents/2020-NRHA-Policy-Documents-Rural-America%e2%80%99s-Senior-Citizens.pdf](https://www.ruralhealthweb.org/NRHA/media/Emerge_NRHA/Advocacy/Policy%20documents/2020-NRHA-Policy-Documents-Rural-America%e2%80%99s-Senior-Citizens.pdf)

<sup>6</sup> Croll, Z. & Gale, J. (2021). State data report: Community impact and benefit activities of critical access, other rural, and urban hospitals, 2019. *Flex Monitoring Team*. <https://www.flexmonitoring.org/sites/flexmonitoring.umn.edu/files/media/fmt-community-benefit-national-2019.pdf>

<sup>7</sup> Schlidt, E. & Wilkinson, C. (2021). Policy brief: Medicare reimbursement in rural America. National Rural Health Association Policy Brief.

[https://www.ruralhealthweb.org/NRHA/media/Emerge\\_NRHA/Advocacy/Policy%20documents/NRHA-Policy-Brief-Medicare-Reimbursement-in-Rural-America.pdf](https://www.ruralhealthweb.org/NRHA/media/Emerge_NRHA/Advocacy/Policy%20documents/NRHA-Policy-Brief-Medicare-Reimbursement-in-Rural-America.pdf)



rural communities and their health outcomes, especially with rural communities bracing for the impending post-COVID-19 impact.<sup>7, 8</sup>

Some of these risks can be mitigated by encouraging policymakers to protect rural safety-net providers and program, which serve large portions of low-income and uninsured rural Americans, through ensuring adequate reimbursement from the Center for Medicare and Medicaid Services (CMS).<sup>2, 9</sup> Rural representatives need to be involved in developing solutions specific for rural communities. Co-creation of the policy, regulations, and legislative efforts will greatly benefit the effectiveness of solving their unique issues. Careful consideration needs to be applied to whether services should be locally accessible.<sup>10</sup> Such provisions would support the development of systems of care to preserve health and provide for greater efficiency in the delivery of care tailored to the needs of the population age 65 and older.<sup>11</sup>

## II. Recommendations

Based on the current research, “aging in place” is the preferred method of living in rural and urban settings.<sup>12</sup> Aging in place describes the ability for an elderly person to live in the residence they choose with the things they need for quality in their daily life.<sup>13</sup> Systems of care need to be individualized to the specific challenges and issues experienced at the local level. The development of health care services should be informed by the local demographics. Services need to be accessible, affordable, and delivered with dignity in the setting of choice.<sup>12</sup> As the number of older adults increases in rural communities, policymakers need to address the distinct barriers to accessing care, including fewer supportive services for caregivers and ongoing nursing home closures in rural areas with extra consideration of the post COVID-19 impact. Language addressing the long-standing issues around transportation, geographical restraints, and health care workforce shortages needs to be rural specific.

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<sup>8</sup> IHS Markit Ltd. (2021). The complexities of physician supply and demand: Projections from 2019 to 2034. *Association of American Medical Colleges*. Washington, DC: AAMC; 2021.

<sup>9</sup> Ein Lewin M. & Altman S. (Editors). (2000). America’s health care safety net: Intact but endangered. *Institute of Medicine (US) committee on the changing market, managed care, and the future viability of safety net providers*. Washington (DC): National Academies Press.

<sup>10</sup> Henderson, L., Maniam, B., & Leavell, H. (2017). The Silver Tsunami: Evaluating the Impact of Population Aging in the U.S. *Journal of Business & Accounting*, 10(1), 153-169.

<sup>11</sup> Hash, K. M., Jurkowski, E. T., & Krout, J. A. (2015). *Aging in Rural Places: Programs, Policies, and Professional Practice*. Springer Publishing Company.

<sup>12</sup> Henning-Smith, C., Mulcahy, J., Lahr, M., & Tanem, J. (2021). Preferences for long-term care arrangements among rural and urban older adults. *Policy Brief, University of Minnesota Rural Health Research Center*. [http://rhrc.umn.edu/wp-content/uploads/2021/05/UMN-Aging-in-Place-Policy-Brief\\_5.1.21.pdf](http://rhrc.umn.edu/wp-content/uploads/2021/05/UMN-Aging-in-Place-Policy-Brief_5.1.21.pdf)

<sup>13</sup> AgeInPlace.com. (2021). *What is aging in place?* <https://ageinplace.com/aging-in-place-basics/what-is-aging-in-place/>



Recommendations include:

- a. Rural health researchers and policymakers should assess the entry of Medicare Advantage Dual-Eligible Special Needs Plans into rural areas, identify potential barriers, and adopt policies that encourage or expand the reach of these plans to rural beneficiaries.
- b. Congress should pass legislation that adds comprehensive dental, vision, and hearing coverage to Medicare, so individuals can afford needed care and providers can receive the reimbursement necessary to serve these communities.<sup>14</sup>
- c. State Medicaid programs should directly pay and provide greater support to caregivers in rural areas to help with continuity of care. An increased percentage of informal (unpaid) caregivers typically provided care for adult family members or friends in rural communities.<sup>15</sup> Several barriers to care for rural caregivers would be alleviated with funding to pay for comparative supportive care services that urban counterparts have access to, including respite care, transportation services, agency aides and/or nurses.<sup>14</sup>
- d. Financing incentives should be offered to states governments to enhance home and community-based services in rural areas.
- e. CMS could explore demonstrations that would enable savings attributable to appropriate use of home care to be shared with states governments, with some of those savings going to increased wages for rural health care providers.
- f. Congress should address health care and housing costs specific to rural populations to make services more accessible in homes with assistance. Make eligible federal and state subsidies for the following housing programs to better align health care and social services for programs: United States Department of Agriculture (USDA) Section 515 program and associated Section 521 rental assistance; Section 514/516 Farm Labor Housing loan and grant program; Housing and Urban Development (HUD) HOME block grants; and National Housing Trust Fund (HTF).
- g. Continue to expand flexibility in Medicare telehealth billing and provide a comprehensive resource of telehealth offerings in rural areas.

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<sup>14</sup> Burroughs, M. & Fish-Parcham, C. (2018). Fact sheet: For rural seniors, improving oral health care could mean better health. Families USA. [https://familiesusa.org/wp-content/uploads/2019/09/RuralSeniorOralHealth\\_120718\\_Fact-Sheet.pdf](https://familiesusa.org/wp-content/uploads/2019/09/RuralSeniorOralHealth_120718_Fact-Sheet.pdf)

<sup>15</sup> Nightingale, C. (2017). *Rural caregiving in the United States*. Community Anti-Drug Coalitions of America. <https://www.cadca.org/blog/rural-caregiving-united-states>



- h. State Medicaid programs should incentivize the use of technology that monitors vital signs and specially adapted video/audio technology, to deliver basic health monitoring services in remote or rural areas at low costs, by providing financial assistance for telehealth start-up costs, which can be significant.
- i. The U.S. Department of Health and Human Services (HHS) Administration on Aging should work with states to address poor nutrition and health outcomes by promoting resources that help overcome food insecurity in rural communities. Develop Community Health Workers/meals-on-wheels programs in rural areas to provide outreach to shut-in seniors.
- j. HHS should develop a national strategy to:
  - a. Ensure the promotion and encouragement of age-friendly concepts within federal rural health grant programs
  - b. Invest in local systems to strengthen the rural safety net and its ability to provide local services for the elderly.
  - c. Build awareness around rural caregiving and how to help them.
  - d. Create a comprehensive resource on the aging and long-term services and supports available to older adults in rural areas.

### **III. Conclusion**

Rural communities need to be aware of the potential impact of the silver tsunami on their health care and social service delivery systems. These recommendations seek to enhance the role of the federal government in helping rural communities to address the unique health and social service needs of their residents. Towards this end, we recommend that policymakers consider the rural specific recommendations offered in this policy brief when crafting legislative, regulatory, and program language. It is integral that rural communities are provided with tools to support the health of their populations based on their local needs and resources.