



## VAN FORUM NOTES

September 13, 2005

### OLD AND RURAL: HEALTH & MEDICAL DECISION MAKING

“It would be hard to quit farming. It would be depressing. Maybe that’s what those suicide numbers are all about, they just can live with not being able to work.”

- Kentucky rural farming study participant

**INTRODUCTION.** Sue Meyers, member of the VAN Leadership Group, welcomed the participants in VAN’s September forum to the Fairview Community Center in Roseville Minnesota. She introduced the topic of old and rural by asking participants to explain connections to “rural.”

Participants responded with:

- Raised on a turkey farm in rural Illinois, studied rural families and spends much time in rural life as a tourist.
- Rural roots of family – came to the big city after starting out in rural environment.
- Grew up in small county in rural Minnesota, interested in the future of rural areas for families and individuals.
- Born in small town in NE Iowa, ran employee counseling program and dealt with personal and family issues. SE MN & NE IA is still the most beautiful in the U.S.
- Conducting 10 years of research on 19<sup>th</sup> century on rural churches that have disappeared – the information is held within the stories of older adults who keep the small historical societies going.
- Born & raised in rural Minnesota (Colturf) and strong connections to rural areas particularly in adult protection services in rural areas.
- Born in small town in North Dakota and family raised there.
- Interest in older single women in rural areas and the compounded issues.
- Born in small farming town in England, wife born in Lansboro on farm.
- Family followed migration in the 1930s from Wisconsin to the cities.
- Born on farm in NE Nebraska – remember the days of paying the dentist bill on site.
- Interested about VAN and learning more about what was happening in the Network currently looking at how rapid overlapping changes affect people (rural aging).
- Born and grew up in a suburb of International Falls (Ranier), MN.
- Grew up in Wheaton MN and was a public health nurse in Northern MN. Currently working on a project looking at healthy rural aging.
- Born in Wadena MN and spent summers on grandparents’ farm, owns a Finish Immigrant homestead in Northern St. Louis County near the Lake County line and intends to live in the community.
- Spend summers with grandfather in Burlington, WI – remember the vegetable garden.

Sue described Dr. Jan McCulloch's interest in rural aging from an interdisciplinary and sociological theoretical perspective. Jan is the Head of the Department of Family Social Science at the University of Minnesota. She has examined the experiences of rural elders for 20 years and provides a wide breadth and depth of information.

Jan began by stating that the question Sue asked (connection to rural) was poignant. Why? Younger people today don't have connections to rural like our connections and the connections of our parents and grandparents.

Jan was raised in Alabama and at one time in her life she lived on a dairy farm and milked 120 cows daily. She learned a great admiration for farmers and the people who work in rural America. Jan has experienced rural life as a child through adulthood. She framed her presentation in research she has conducted over her academic career up through the latest study on health and medical decision making with older women in rural Minnesota, Iowa and Wisconsin communities.

### **Why study rural?**

Rural is different. American rural life is romanticized in literature – describing an idyllic life of hearty farmers who live off the land. The reality presented in research paints a different picture. There are limited economic opportunities, more difficult health care access (transportation issues, etc.) and shrinking social support systems (younger people move for jobs returning on the weekend to rural homes).

Those living in rural communities are described as valuing independence, are suspicious of strangers (many rural areas have long histories of exploitation – and some have unsatisfactory relationships with researchers who wish to study them because once funds dry up and services go away the natural systems that were in place can be compromised), tend to be more conservative and religious / spiritual. Is this different from urban elders? Jan suggested not likely.

### **Vira Kivett's Longitudinal Study of the Social Support Systems of NC Elders**

Kivett and her colleagues studied a group of 418 rural elders residing in a "rural by-passed" area from 1976-1996. They included survivors and non-survivors and consisted of qualitative and quantitative data.

Major findings of the study included:

- Older rural adults showed patterns of stability in areas of housing, health & psychological well-being;
- Patterns of change were also noted: very old rural elders were transportation dependent, increasingly living alone or sharing households with their children BUT most of these changes occurred prior to the age of 75;
- Data showed consistent and widespread effects of lack of education on later life outcomes such as living arrangements, transportation dependence, and survivorship;
- Most health problems were chronic in nature;
- 1 in 3 required assistance with activities of daily living (ADLs) (dependency increased as participants in the study got older);
- Family caregivers reported greater burden as compared with paid caregivers.

There were no health care facilities in the county, however there were other outlets like church and support organizations (through Extension services).

Albeit, even with the issues discovered, life satisfaction among the rural elders was high. Why? A common theme emerged related to being tied to the land (getting hands in the soil).

### **Examination of mental health and psychological hardiness among rural and urban elders in Kentucky**

Discovered that:

- Psychological hardiness is an important predictor of mental health including depression and positive and negative affect;
- Supported others who call for measurement of residence on a continuum (study classified residence from open country farm and non-farm to inner city);
- Hardiness was difficult to measure or define but included things such as commitment, challenge and control.

### **Examination of sustained work of older farmers**

- Current longitudinal study examining over 1400 older farmers in Kentucky (small farms in Eastern KY because of hilly areas and limited land; large agri-businesses in Western KY – farms included dairy, tobacco, soy beans and cotton) and South Carolina
- Preliminary findings:
  - Older farmers have similar prevalence rates for depression (12%)
  - Farmers who were depressed were more likely to rate their health as poor, to have lower household incomes, were less satisfied with farming, & thought they would stop farming in the next 5 years
  - Health as well as farm characteristics were important in predicting the likelihood that older farmers would experience depression
  - “It would be hard to quit farming. It would be depressing. Maybe that’s what those suicide numbers are all about, they just can live with not being able to work.” - Kentucky rural farming study participant.

### **Rural sociology and the myth of the American Dream**

In the 1980s, University of Minnesota faculty members Randy Cantrell, Rural Sociologist (now of Nebraska) and Jim Krile, Sociologist (now of Blandin, Grand Rapids), presented information on changes in rural communities, as part of the Minnesota Extension Service "Project Future." The project looked at the understanding of realities and myths of rural and farm values challenges assumptions by urban, suburban and rural residents alike. This was part of the phenomenon of respect at a different time, part of the American Dream – the “Land of Gentry” however this has changed to the opposite.

### **Rural women making decision about health and medical care**

Jan began a study after experiencing a scenario with her mother, who needed medical attention and waited until her sister woke up to call her for help – a phenomenon Jan discovered is not uncommon.

The qualitative study is interviewing 24 older women in rural areas of Iowa, Wisconsin and Minnesota using a snowball sampling technique (find a new participant from a current participant). The study uses a vignette approach to ask older women about decisions for seeking care (when does someone seek help?). The three different vignettes contain information on diabetes, acute heart disease, and depression.

The theoretical background includes Carol Gilligan's work on ethic of care and women's decision making related to health care. The theme of the theory is that women do not make decisions without determining the ramifications the decision would have on others.

- Preliminary results indicate:
  - Older rural women identify diabetes (72%), heart disease (55%) and depression (45%) at different rates;
  - Preferred confidants / support network members (hierarchy of helping);
  - Considerations when calling on children:
    - Competing and conflicting notions of how to involve children;
    - Avoid being a burden;
      - “And I would let them know, but they are just too busy... Times have changed and they are just so busy now.” - Study participant
    - Filter delivery of information;
  - Reluctance to seek support – desire to handle problem self:
    - Shame, self-pity, cause others to worry, will go away on its own, and medical care should be private;
  - Older rural women worry but they are unable to exactly define what this “worry is” – they indicate a temptation to handle pains and problems alone so that children can just deal with their own lives.
    - “I would hate for her to worry, she is so busy and has enough to worry about, and she doesn't need to be wondering about how I am doing.” - Study participant.

Participants in the forum shared their experiences that anecdotally validated the preliminary results of the study – giving up the farm because it is not safe for other people to help out. It was also pointed out that one of the differences in rural and urban research looks at religion and neighbors and the influence on older adults.

Jan suggested that a hypothesis with adult children rests in deferred reciprocity – children won't find parents as a burden, but as reciprocity for what the parent has done.

The study preliminary results include information related to depression:

- Older rural women provide insight regarding how depression is a different case
  - Least recognized of the three illnesses
  - Older rural women indicate different sources of support
    - Friends who have been “blue”
    - Pastor (less frequently)
    - Would not discuss depression with family – particularly not with their husbands (what can he do?)
  - Ambivalent about depression and seeking care

Jan and participants discussed possible reasons for seeking help including stigmatization (particularly in rural and being labeled as crazy), a difference of opinions between spouses (political, etc.), and the definitions of bother and worry of the participants.

The study will continue to explore the case of depression in greater detail especially the role of husbands in providing support. In addition, more exploration will occur around the concept of worry and how that interfaces with social support.

Join VAN at the next forum:

**October 11: Taking Charge of Your Health**

Mary Jo Kreitzer, Center for Spirituality and Healing  
Calvary Center Cooperative, Golden Valley