

Older Adults in Rural Washington State: An Overview and Selected Biopsychosocial Issues

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The United States Department of Agriculture Economic Research Service (2005) has written that “rural areas generally have a higher proportion of older persons in their total population than urban areas. Rural areas are aging rapidly as a result of aging-in-place, out-migration of young adults, and immigration of older persons from metro areas. The aging of the population introduces a range of issues, such as adequate health care, housing, and transportation for the older population and society in general” (para. 1).

My research focuses on the rural older adult population in Washington State. In this early exploratory stage, I am looking at demographic data county by county that provide an overview of the rural older adult population in the state, and then I will identify specific biopsychosocial issues to study and discuss in relation to this population, such as access to acute health care services and long-term care. My goal is to cover both the challenges and the benefits that older adults experience in rural areas of Washington State with the caveat that one must be careful not to overgeneralize when it comes to a broad category such as “rural.” There is diversity of experience not only across rural counties but also within rural counties as well.

Washington State consists of 39 counties – from San Juan and Whatcom counties in the northwest to Whitman, Garfield, and Asotin counties in the southeast. Of these 39 counties, the Washington State Office of Financial Management has designated all but eight of them as being “rural.” The eight *urban* counties (as designated by OFM) are Clark, Island, King, Kitsap, Pierce, Snohomish, Spokane, and Thurston. The rest are designated rural. However, it should be noted that “rurality” is defined differently by different organizations and that different classification schemes exist other than the rural/urban dichotomy. Hart, Larson, & Lishener (2005) write that “[t]he term ‘rural’ suggests many things to many people, such as agricultural landscapes, isolation, small towns, and low population density” (p. 1149). Those who study rural areas for health-related purposes, they continue, “must specify which aspects of rurality are most relevant to the topic at hand...” (p. 1149).

My objective in doing this research is to better understand the challenges and benefits of aging in rural areas and to share this research with others in the health and social services field. I believe this research is particularly important in light of a 2003 Washington State Department of Health assessment that found that Washington State is “among the fastest-aging states in the country” and that “[t]he increasing concentration of the aged in rural areas places greater strains on rural health services as the incidence of chronic diseases increases with age and poverty.”

Understanding the health care and social service environment of older adults in rural areas can help gerontologists in their care planning goals.