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Future Care Planning Practices of Aging Services Professionals in Rural Appalachia

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Abstract. Planning for future care is an important aspect of professional practice with older adults, and social workers play a key role in helping elders engage in future care planning (FCP). This study examined geriatric social service professionals' practices and perspectives on helping older rural Appalachians plan for care needs in later life. Semi-structured interviews were conducted with 14 case managers who live and work in southeast Ohio, a part of rural north central Appalachia. Themes related to efforts made to assist elders with FCP include: a) valuing client self-determination; b) developing positive helping relationships; and c) using initial crises to encourage FCP. Practice implications for rural social work professionals are included.

Keywords: Appalachia, future care planning, older adults, qualitative

As the population in the United States continues to age, it is important to understand how older adults, their families, and service providers plan for the eventualities of increased assistance with activities of daily living (ADLs) and other healthcare needs. According to the United States Department of Health and Human Services (USDHHS), most people who live past the age of 65 will need help with ADLs and/or health-related care at some point in their lives (USDHHS, n.d.). In 2009, 38% of Americans age 65 and older reported some type of impairment, including physical, cognitive, and sensory disabilities (USDHHS, n.d.). While it is difficult to predict exact needs, Kemper, Komisar, and Alexih (2005) found that older adults spend an average of three years receiving long-term care (in a nursing home or assisted living facility) or receiving care (paid or unpaid) at home. How older adults make plans for this care is under-studied and not well understood. Thus, this paper focuses on future care planning (FCP) – specifically direct service providers' practices and perspectives related to helping rural Appalachian elders plan for late-life needs.

Planning for future care is broadly defined as an information-seeking and decision-making framework with the purpose of maintaining quality of life (Sörensen, Mak, & Pinquart, 2011). More specifically, it “occurs when an individual, couple, or family, considers the possibility that frailty or disability might be a future health state” (Sörensen et al., 2011, p.113). Rooted in Proactive Coping Theory (Aspinwall & Taylor, 1997), planning for late-life needs is a dynamic process that includes: 1) becoming aware of future care needs, 2) gathering information, 3) developing preferences, and 4) concrete planning (Sörensen & Pinquart, 2000). Planning for future care is an important aspect of professional practice. Social service providers, specifically

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social work professionals working with older adults in home and community-based settings, are uniquely positioned to help elders engage in future care planning. As a profession, social work needs to better understand these future care planning needs and also provide social work students and nascent social workers with knowledge and skills related to helping older clients and their families prepare for late-life care. As the number of older Americans increases twofold between 2005 and 2030, the need will grow for social workers well prepared for geriatric practice (Institute of Medicine, 2008). Thus, research that helps social work professionals and practitioners to understand future care planning is paramount.

In addition to studies of rural elders' later life planning, research highlighting the experiences of *rural* social workers is also needed, given the documented paucity of empirical social work articles on rural populations in the U.S. (Slovak, Sparks, & Hall, 2011). Within this broad purpose, this paper provides in-depth descriptions of the skills and social work roles assumed by practitioners to help older clients plan for future care needs. Although preparation for future care can also involve making choices around treatment for terminal illness and end-of-life decisions (i.e., advance care planning), this study focuses on planning for a time of increased disability and frailty that often occurs in late life (Sörensen et al., 2011).

Review of the Literature

The benefits of planning ahead for future care needs are well-documented. Individuals often have more options and more control over their options the earlier they plan (Pinquart, Sörensen, & Peak, 2004; USDHHS, n.d.). Elders who communicate their preferences and plan ahead have a better chance of receiving the type of care they prefer (Brechling & Schneider, 1993; Holden, McBride, & Perozek, 1997). Planning ahead for future care also means less stress on family members by giving them time to prepare for the caregiving role and relieving them of the burden of making decisions for the care recipient (Pinquart et al., 2004; USDHHS, n.d.). In addition, thinking about the future and the likelihood of needing help in later life, without making concrete plans, is associated with high levels of worry and depression (Pinquart & Sörensen, 2002a).

There may be other benefits to considering future care planning for rural older adults separate from future care planning for urban older adults. Rural communities are notoriously underserved with respect to health care providers and services (Kropf, 2003) and alternative long-term care services are also scarce in these communities (Buckwalter & Davis, 2011). Thus, how rural elders interface with healthcare and social service providers may differ from that of their urban counterparts. Further, specific cultural norms and values should be considered when looking at rural populations.

Rural Appalachian elders represent an understudied population and are recognized as a group facing health disparities (Behringer & Friedell, 2006; Halverson, Ma, & Harner, 2004). In 2000, 14% of Appalachians were 65 or older, compared with 12% of the overall U.S. population. The baby boom cohort living in this region is also steadily advancing towards later life (Haaga, 2004). There is considerable evidence documenting the poor physical health of Appalachians (Halverson et al., 2004; Smith & Holloman, 2011), and of older Appalachians specifically (Behringer & Friedell, 2006; Haaga, 2004). Compared with other regions of the country, Appalachia has a greater percentage of older adults with disabling and chronic conditions

(Halverson et al., 2004) and often experiences shortages in health and social services (Smith & Holloman, 2011). Most older adults with long-term care needs are supported by family members; in 2012, only 3.5% of older adults lived in institutional settings such as nursing homes (Administration on Aging, 2014). For Appalachian older adults, the out-migration of young adults in the area (Haaga, 2004) could potentially limit the availability of family caregivers (Carter & Wang, 2006). Moreover, high rates of poverty in the region (Pollard & Jacobson, 2013) might make it difficult for elders to pay out-of-pocket for formal care (Carter & Wang, 2006). In central Appalachia, the median household income between 2007 and 2011 was \$32,887, only 62 percent that of the U.S. during the same period (Pollard & Jacobson, 2013). Given the poor health status, high poverty rates, and potentially limited available formal and informal resources, planning for future care is crucial for Appalachian elders and their families.

Older Appalachians have a unique culture that likely influences their attitude and behaviors toward planning for later life. Coyne, Demian-Popescu, and Friend (2006) found that “a deep sense of place” characterized the attachment that Appalachians often have to their communities. This desire to age in place is typical of many older adults in the United States (Alley, Liebig, Pynoos, Banerjee, & Choi, 2007; U.S. Census Bureau, 2003). Aging in place while maintaining quality of life and safety requires thinking ahead and preparation, even more so for rural elders who may have fewer community and familial supports. A second Appalachian characteristic that may affect future care planning is a tendency to live for the moment and focus on the present as a way to maintain health and continuity (Hayes, 2006). This “here and now” orientation (Pope, 2013, p. 516) may prove to be harmful if it prevents forethought and keeps older adults from making concrete plans for their care. Third, some middle age and older adults rely on reciprocity from family and friends rather than preparing for later life. Close relationships with friends and relatives mean they have knowledge of each other’s personal troubles, which allow them “to anticipate, offer, and provide informal care before the need to ask [arises]” (Hayes, 2006, p. 288). This tendency to not ask for help and expect others to offer care, found in Hayes’ (2006) research with elder Appalachian women, may hinder the receiving of adequate and appropriate help when long-term care needs arise. A fourth characteristic of Appalachian older adults that can impact future care planning is that of self-reliance. Long and Weinert (1989) identified themes of self-reliance as important considerations when trying to understand and anticipate health care needs of rural populations. Specific to Appalachia, self-reliance as it relates to access to and utilization of health care services has been documented as an important issue (Goins, Spencer, & Williams, 2011; Vance, Basta, Bute, & Denham, 2012). These distinct cultural values and norms must be considered when thinking about future care planning with Appalachian elders.

Social service professionals are uniquely situated to encourage and support older adults and their families in future care planning. While the National Association of Social Workers (2010) has developed guidelines on working with family caregivers, no standards exist regarding best practices for social workers involved in future care planning for older adults and their families. There has been little research on how geriatric service providers support older clients in preparing for late-life needs. Previous work by Black and her colleagues (Black, 2007, 2011; Black & Fauske, 2008) examined personal and professional factors associated with advance care planning practices of geriatric case managers. Based on her research, professionals’ advance care planning practices included giving information, providing referrals, developing options, facilitating communication with families, and informing providers (Black & Fauske, 2008).

Advance care planning practices were also strongly correlated to certain practice skills, educational activities about advance care planning, and personal experiences in planning (Black, 2011).

The present study differs from Black's in several ways. First, whereas Black framed advance care planning as a concept that included future care and end of life care planning, this study focuses only on planning for future care needs (i.e., "the possibility that frailty or disability might be a future health state" (Sörensen et al., 2011, p.113)). Second, the sample in this study includes social service providers working in various settings, rather than only those working in Area Agencies on Aging (Black, 2007, 2008, 2011). Lastly, the present study highlights the experiences of rural social service professionals who live and work in rural Appalachia. Given that most older adults do not proactively plan for future care needs (AARP, 2007; McGrew, 2000; Pinquart & Sörensen, 2002b), this study makes important contributions to our understanding of the direct practice roles and skills used by geriatric practitioners as they encourage older adults to prepare for future care needs. A clearer understanding of effective practices in the context of rural older adults is critical to increasing proactive planning within a population facing multiple challenges. Additionally, findings from this research are potentially relevant to elders and their families living in rural areas throughout the United States.

Methods

This study used qualitative methods because the aim was to provide in-depth descriptions of the skills and social work roles assumed by practitioners to help older clients plan for future care needs. Qualitative methods allow the researcher to "capture data on the perceptions of local participants from the inside through a process of deep attentiveness, of empathetic understanding, and of suspending or bracketing preconceptions about the topics under discussion" (Miles, Huberman, and Saldaña, 2014, p. 9). North Central Appalachia (Appalachian Regional Commission, 2009), specifically rural southeast Ohio, serves as the study setting and is significant in this research. The Appalachian region has unique cultural traditions (Lengerich et al., 2006); and although some aspects of the culture may put Appalachian elders at risk for adverse health and social consequences in late life (e.g., self-reliance and present orientation), other values and beliefs may be protective (e.g., strong family ties) (Coyne, Demian-Popescu, & Friend, 2006; Hartley, 2004).

Sample Selection and Recruitment

A purposive sampling methodology was used to recruit social service professionals for the study. Participants were recruited by the authors through existing personal and professional contacts. Five participant inclusion criteria were considered: 1) self-identified as a direct service provider, 2) were currently working with or had worked with older adults in the past year, 3) provided services within the North Central Appalachian region of Ohio, 4) had been working in the field for at least one year, and 5) lived within the southeastern Ohio counties of North Central Appalachia.

Fourteen geriatric social service professionals, ranging in age from 24 to 69, comprised the final sample. Participants averaged 13 years of practice experience, and 11 had worked with older adults for more than 5 years. Four participants self-identified as supervisors of other direct

service workers. All participants were White, all were female, and all but two worked full-time. All of the professionals had attended at least some college; six had completed undergraduate programs, and six had master's degrees. The educational backgrounds of participants included social work ($n = 6$), counseling/family studies ($n = 3$), and nursing ($n = 2$). Other disciplines represented were philosophy, marketing, and applied behavioral science. Six participants worked at an Area Agency on Aging, two worked in a hospital, two worked in adult protective services, and two worked in a community crisis center. Work settings also represented were an aging-focused nonprofit and private practice with one participant at each.

Data Collection

All procedures and interview protocols for this study were approved by the Institutional Review Board (IRB) at Ohio University. Before beginning the interviews, the first author reviewed with potential participants the IRB-approved informed consent document describing their rights and responsibilities. If they agreed with the consent form, participants signed the form, keeping one copy for their records, while the researcher retained the other copy. All participants were assigned a pseudonym, and names of towns and agencies mentioned by participants were changed. Participants were offered a \$35 gift card to a vendor of their choosing as a thank-you for participating.

The first author collected data through semi-structured interviews, using an interview guide. Some of the questions included were, "What is involved in helping your clients prepare for future care needs?" and "Describe the conversations you have with clients about future care planning." Prior to each interview, participants were read the following to ensure they understood the concept that was being referred to during the interview.

For the purposes of this interview, *future care planning* is defined as an information-seeking and decision-making that occurs when an individual, couple or family, considers the possibility that frailty or disability might be a future health state. Planning for late-life needs is a process that includes: a) becoming aware of future care needs, b) gathering information, c) developing preferences, and d) concrete planning (Sørensen et al., 2011; Sørensen & Pinquart, 2000).

Data were collected between August, 2012 and May, 2013, and interviews averaged one hour in length. Interviews were digitally recorded and transcribed by the first author and a graduate assistant using Express Scribe® software.

Data Analysis

The first author adapted grounded theory methods to analyze the data, specifically the techniques of coding and constant comparison. Open-coding procedures were used during initial reading of the transcripts. After identifying initial codes, the first author moved to focused coding; this involved making decisions about what codes were most relevant to the research questions, discarding codes that were not relevant, and combining earlier codes that were similar. The technique of constant comparison was used to look for similarities and differences in categories across the transcripts (Charmaz, 2014). Segments of data pertaining to participants' future care planning practices (e.g., attitudes, beliefs, relevant experiences, and statements) were

copied and pasted into a separate document using Microsoft Word®. Sorting the data into emergent categories (i.e., crisis, education, and self-determination) and assigning codes to segments of data occurred simultaneously and were iterative processes. Some of the codes relevant to helping relationship included “rapport”, “self-determination”, and “empathy.”

To help ensure rigor, member checks were employed (Bogdan & Biklen, 2007; Merriam, 2009). After preliminary data interpretations were developed, this information was presented to a few participants. The first author then provided a summary of the findings to seven participants via email. Three participants provided feedback on the common themes, and adjustments were made based on their feedback (e.g., clarifying the label of a theme or category).

Findings

Three themes emerged regarding future care planning practices of geriatric social service professionals in rural southeast Ohio. First, planning was facilitated by providing education and outreach to older adults and their families prior to a point of crisis. Second, professionals used initial crises that brought these clients to them to encourage future care planning. Third, participants focused on the helping relationship (i.e., building rapport, valuing client self-determination, and asking open-ended questions) to assist rural elders in preparing for late-life needs.

Providing Education and Outreach Prior to a Point of Crisis

Education and outreach prior to the onset of crises were central to how participants viewed their efforts to help older clients prepare for future care needs. This included providing information on a large scale, such as campaigns in the community to raise awareness of existing services, as well as education on an individual level, such as answering the questions of someone who calls the agency for information about Medicaid. Karen, a supervisor with 24 years of experience at the Area Agency on Aging (AAA), shared:

We’re constantly encouraging people to take advantage of long-term consultations [and] to get the agency name and word out there so they know that resources are available. We do that over the phone when people will just call and ask questions. We try to be as available and accessible as we possibly we can through Facebook and our webpage and by phone and by emails and whatever method folks want to seek information.

Education was viewed as integral to increasing individuals’ capacity for decision-making and planning about their late life. Linda, a program coordinator at an AAA, saw one of her primary jobs as “empowering [the community] through education.” She went on to say:

[It’s] getting them over the hump and getting them to be proactive. It’s aging [and] death. All of those things are taboo subjects in our society. Nobody wants to think about it. They don’t want to talk about it. They’re in denial and I guess I’m trying to let folks know it’s okay [to talk about].

Jacquelyn, the director of operations at an aging-focused non-profit, also spoke about her efforts to provide information to her consumers. “My role has been coordinating a kind of education

effort.... A lot of people just aren't educated about what, you know, the payment options are [for long-term care]." The one-on-one brokering of services is especially needed for rural elders, given "physical barriers" that exist in the region, such as limited internet and cell phone reception. Overall, participants' knowledge of community resources and their ability to connect clients with tangible services helped support clients' efforts to anticipate and plan for care needs.

Using Initial Crises to Encourage Clients to Plan for Future Care

Social service providers shared that most of their clients were not proactive in planning for future care. Marge, a service broker at a community crisis center noted, "most people are today [focused]...just today." Amy, a supervisor with Adult Protective Services, also observed a tendency "within Appalachian culture [to say], 'Oh, I'll deal with it later.'" According to participants, the small percentage of their client population who did approach aging and potential care needs with some thought and planning were characterized by having more family support, financial resources, and education. Taylor, a 24 year-old case manager with AAA, said, "I think if people have really good family involvement they're often, or the family is, better able to help them look towards the future." Similarly, Amy observed differences in planning based on socio-economic status; she stated, "If [people] are more middle-class or upper-class...they are thinking about planning more."

Participants revealed that most of the clients were not thinking about and preparing for potential care needs that might arise as they aged. Karen, a supervisor with 24 years of experience with an AAA described it this way:

A few folks have called just to see what's available because somebody suggested that they call. But often, it's that they truly are at the point of need. Very rarely just someone calls just because they want to really understand what might be available out there for them in the future.

Linda, who also worked at an AAA, echoed this sentiment: "Usually, people don't contact us until they're forced into it for one reason or another – like some sort of crisis. Or it is...a benefit that they want or they need." However, she went on to say, "Programs like our Senior Farmer's Market [and others], people want those coupons. So they come to the door, but all of those things are creating a higher sense of awareness of our agency and what's available."

Initial crises that brought older adults to the attention of these professionals included incontinence issues, wandering, and impaired judgment demonstrated by behavior such as giving money away. Although older adults initially came into contact with social services because of an acute situation, participants tried to use these situations to encourage clients to consider care needs that might occur in coming years. Amy, a 36 year-old supervisor with Adult Protective Services said, "I would say in the beginning we are a little more directive....Then, once we get the stability in place, then we can start talking to them about more long-term care." In her work as a case manager at an AAA, Taylor was always looking ahead to anticipate her clients' needs, even when her clients were not thinking proactively. "I guess it's being aware of present needs as well as always looking to the future for, you know, what if this happens, what can we do to help this person." Contact with their agency also provided an opportunity for these professionals to connect older clients with aging-related services and resources. In her work as a supervisor at an

AAA, Carolyn said, “A lot of what we do is in crisis mode. So it’s not good planning. But at least, [clients] are thinking, ‘Okay, we’ve got to do something and we don’t know what to do. Help us find the resources that we need.’” These social services professionals are not unlike other social workers whose first contact with a client occurs because an existing difficulty has impaired their well-being and functioning. However, the worker-client interaction was viewed by participants as a vehicle not only to help clients cope with their present problem, but also to encourage client insight to prevent future crises.

Focusing on the Helping Relationship

The third theme that emerged related to service providers’ practices related to helping rural Appalachian elders plan for late-life needs was using the helping relationship. Specifically, participants discussed the importance of self-determination, rapport and trust, and asking open-ended questions in fostering a positive worker-client relationship to encourage planning.

Building rapport and establishing trust. A key aspect of the helping relationship that professionals used to assist rural elders in future care planning was building rapport and establishing trust with clients. Terri shared about her job: “it’s about trying to build a rapport in a short period of time and seeing if [clients] even identify as frail or needing assistance.” She went on to say, “You have to start with building a rapport, and that rapport building is a continual process.” Amy, a supervisor with Adult Protective Services, described how relationships serve as a conduit for helping older clients plan for care needs:

It’s really hard because some people don’t want to talk about it and ... they don’t want to plan for it....What happens usually is when we start developing relationships with people, those relationships develop into feeling more comfortable talking about those things.... So, you know, it’s not the first visit or the second visit. It’s down the road after we’ve been with them for a while.

Carolyn made this observation about people in her small community: “You know, people have a lot of pride – they don’t want to ask for help.” For participants in this study, attending to client engagement supported a working relationship where clients felt comfortable sharing personal information and trusted the social worker to help with issues of vulnerability and getting assistance with care needs.

Valuing client self-determination. Self-determination was also viewed as central to supporting a helping relationship that facilitated future care planning. Service providers needed to recognize when to probe deeper with clients about the need to prepare for chronic illness or disability and know when to “back off” and be less directive. Carolyn, a long-time supervisor at an AAA said this:

[It’s] a lot of it is education and knowing when to back off with people. If they are resistant and not willing to hear you out or accept the information that you’re giving – it’s fine, you know. You have to have a sense of, okay, how far can my discussion go? And it might not go very far....They may not be ready at that point in time. We’ll follow up with them later if they want or if we think that that person might be receptive later.

Similarly, Terri, a case manager and assessor with more than 17 years of experience at an AAA, shared:

Some people just don't want you there at all and you need to just excuse yourself and say, "Here's my card and if you want to talk later, please don't hesitate to give us a call." I can't force myself or our services, because these are adults, and I have to respect them as such.

In this study, there was a recognition by participants that older clients had the right and capacity to consider the possibility of future care needs in late life and make plans for that care. Practitioners like Jacquelyn also observed that client autonomy should be viewed within the Appalachian community where they worked: "Part of what I think is hard about Appalachian culture is that we're so independent and bull-headed." Ultimately, even when clients were initially resistant to conversations about future care needs, these individuals believed that respecting clients' self-determination was central to their role in helping older clients engage in future care planning.

Asking open-ended questions. A third aspect of the helping relationship was asking open-ended questions. Terri, who worked at an Area Agency on Aging, explained how she approaches her clients: "Asking a lot of open-ended questions, seeing where they are and where they want to be and who they want to be involved, even if they're receptive to that kind of conversation....It's a lot of information gathering." Some open-ended questions that Carolyn asks her older clients are:

"Where is it that you live? How far are you from the hospital? How long does it take for the life squad to get to your home? Is your home accessible to the life squad?" Because some of our folks who live out in the rural areas and not in town you might have to be climbing a hill in trying to take somebody out of a home.... "Do you understand your medications? What kind of a relationship do you have with your primary care physician? What other physicians do you see? Are there transportation barriers to getting to where you need to go?"

Open-ended questions not only provide information needed to assess clients' situations, but can also stimulate self-reflection in clients related to future care planning. Courtney, a service coordinator trained as a nurse, uses questions to encourage hypothetical thinking from clients about their plans for care: "I usually try to ask them about what are your plans. What are you going to do if situation A happens? What are you going to do if situation B happens?"

Conclusion

The body of literature concerning social service provision in rural communities is largely comprised of narratives, case studies, and conceptual models (Riebschleger, 2007). As a result, research investigating effective practices used by social service professionals in these communities is limited, and even less is known about supporting rural older adults in planning for later life. Yet, strong evidence exists to support the notion that rural populations are underserved, disproportionately vulnerable to health-related problems, and "often invisible within discourse about social welfare programs, policy, and research" (Slovak et al., 2011, p.

429). As such, the present study is particularly relevant to social workers, adds to an evolving understanding of practitioners' experiences working in rural communities, offers implications for practice, and identifies areas for future research.

Results from this study are a first step in understanding how rural social service professionals help support older clients in planning for future care. Findings reveal practitioners perceived three salient methods as efficacious in working with rural older clients in planning for future care: providing education and outreach prior to a crisis, using initial crises to encourage clients to plan for future care, and attending to the helping relationship using specific generalist practice techniques. These findings are consistent with Riebschleger's (2007) suggestions for rural social work practice, which emphasize the centrality of generalist practice skills, in addition to the importance of community, connection, and attention to diversity. In her qualitative study of social workers serving rural areas, practitioners highlighted aspects of generalist practice such as purposeful use of self, self-awareness, flexibility, creativity, and innovation (Riebschleger, 2007). Encouraging these skills, alongside those related to the helping relationship identified in the present study, address the lack of specificity Daley (2010) asserts is missing from models of rural social work that are predominantly community-based and limited in providing guidance for direct practice with individuals and families. Further, new knowledge related to barriers and factors that promote rural Appalachians' preparation for late-life needs (e.g., long-term care preferences, housing needs, and social support) can inform social workers and health professionals as they develop strategies to facilitate planning among this population. Interventions that might influence planning among rural elders include culturally specific education and outreach efforts for aging individuals and their families and increasing long-term care options for individuals living in rural areas.

Despite a lack of consensus in how the profession of social work constructs the phenomenon of *rural social work*, the general notion that this practice area is, in fact, distinctive is widely accepted (Daley, 2010). Daley cautions against the rural/urban dichotomy due to the lack of consistent discerning characteristics between the two, so conceptualizing *rural* based upon the community of interest, rather than population threshold, may be of use in developing best practices in social service provision. The practices deemed as helpful by participants in the present study seem to be derived from the latter understanding; that is, participants discussed practices that were informed by regional and cultural characteristics of clients—both as rural clients and older clients. The perceived effectiveness of these practices may very well be tied to practitioners' apparent cognizance of the aforementioned unique characteristics of Appalachian older adults—sense of place, present-moment focus, tendency to not ask for help, and self-reliance—as evidenced by the emphasis on building rapport and trust, valuing client self-determination, and the use of open-ended questions. The importance of valuing clients' self-determination supports other research highlighting the tendency for older Appalachian women to utilize health care “on my own terms” (Brown & May, 2005, p. 10). In short, the study presented here supports the notion that a focus on community and cultural norms may serve to be a critical aspect of rural social work practice.

Providing outreach and education to older adults in their communities was also viewed as central to how these service professionals encourage and support future care planning. Providing this information on a community level, versus education tailored to the needs of individuals and families, may not be effective for older adults in small towns and rural communities. National

social marketing campaigns to encourage people to actively plan for long-term care needs have been only moderately successful. One such campaign called “Own Your Future” involved governors in 24 states sending letters to every household with residents between the ages of 45 and 65. Residents were offered a free Long-Term Care Planning Kit that could be mailed to their home. An evaluation of the effectiveness of “Own Your Future” indicates that only 8% of individuals who received the mailing made the effort to order the free kit. According to Tell and Cutler (2011), “the campaign was effective in getting individuals who already have a planning orientation to take some type of planning action” while “it was not as effective in generating requests for the planning guide among those who saw little value in planning ahead” (p. 155). Karen, a participant in this study, even mentioned the “Own Your Future” campaign and said her agency had “boxes and boxes of those darn [pamphlets] they were trying to get out.” She admitted that the information offered was very useful to older adults and their families, yet few took advantage of it. Perhaps education efforts in rural communities should consider the cultural characteristics of family-orientation and loyalty to trusted individuals. Rather than using mass mailings to encourage future care planning, identifying and training lay leaders in the community would be more effective by “leveraging the strong social networks within rural communities” (Bardach, Schoenberg, Fleming, & Hatcher, 2012, p. 6).

While the present study was somewhat limited by both a small non-random sample and with a narrow demographic range, the findings are still important and valuable to social service practitioners and educators alike. Perhaps its greatest contribution is the focus on a specific population—older adults residing in Appalachia—that may be particularly vulnerable due to multiple factors including age, geographic location, and cultural norms. As the need for geriatric social workers continues to grow (Institute of Medicine, 2008), so too does our understanding of how to best prepare social work practitioners for this work. This study adds to the growing literature related to future care planning and emphasizes the need for a strong foundation in generalist social work practice skills while also emphasizing the importance of place and culture in practice. Rural elders—particularly those in Appalachia—may be less likely to seek support and care prior to a crisis; this delay may lead to difficulties finding needed resources at the onset of a crisis. Utilizing this knowledge of situations appropriate for intervention for future care planning can help practitioners to think about opportunities to proactively plan for future care with elders and their families. The complexity of place, culture, history, and experience must be taken into consideration when crafting successful interventions and future care plans.

Study findings highlight the need for further research related to service provision for older adults in rural communities. While the present study identifies worker perceptions of helpful techniques in working with older clients in the Appalachian region who may benefit from planning for later life, a clearer understanding of the client perspective regarding needs, efficacy of services, and the helping relationship would contribute to the extant literature. Studies are needed to continue to explore the ways in which the culture of those in this region influences service availability and use, as well as how the service delivery system could more effectively attend to the needs of this population.

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