



RESEARCH BRIEF #64

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Aging and Disability Services are Unequally Distributed Across the United States

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The U.S. population is aging, and a growing number of older adults will increase the demand for community-based aging services across the country.¹ The Older Americans Act, which funds many aging services, requires that services be prioritized for low-income, minority, and rural older adults.² However, geographically, economically, and socially disadvantaged areas frequently have less access to a wide range of health care and other health-related services,^{3,4} and these same communities may experience reduced availability to aging and disability services (ADS) as well.

This brief summarizes the results of a recent study published in the [*Journal of Rural Social Sciences*](#).⁵

We examined how the availability of ADS differ based on county characteristics.

KEY FINDINGS

- 466 counties in the United States are aging and disability services (ADS) deserts.
- Residents of ADS deserts must travel outside of their home county to access services.
- A larger share of rural counties are ADS deserts.
- Counties with the highest rates of poverty, largest shares of non-Hispanic Blacks, and largest shares of older adults are significantly more likely to be ADS deserts.

15% of U.S. Counties are Aging & Disability Services Deserts

Aging and disability service (ADS) deserts are those that have no ADS service organizations, which include senior centers, adult community centers, and social services organizations providing non-medical home care. Across the U.S., 466 counties (15%) are ADS deserts. Residents of these counties must travel outside of their home county to access important services that support healthy aging. Figure 1 shows that ADS deserts are concentrated in the upper Mountain West and parts of the South. However, in Arizona, Michigan, and much of the

Northeast, there are no ADS deserts.

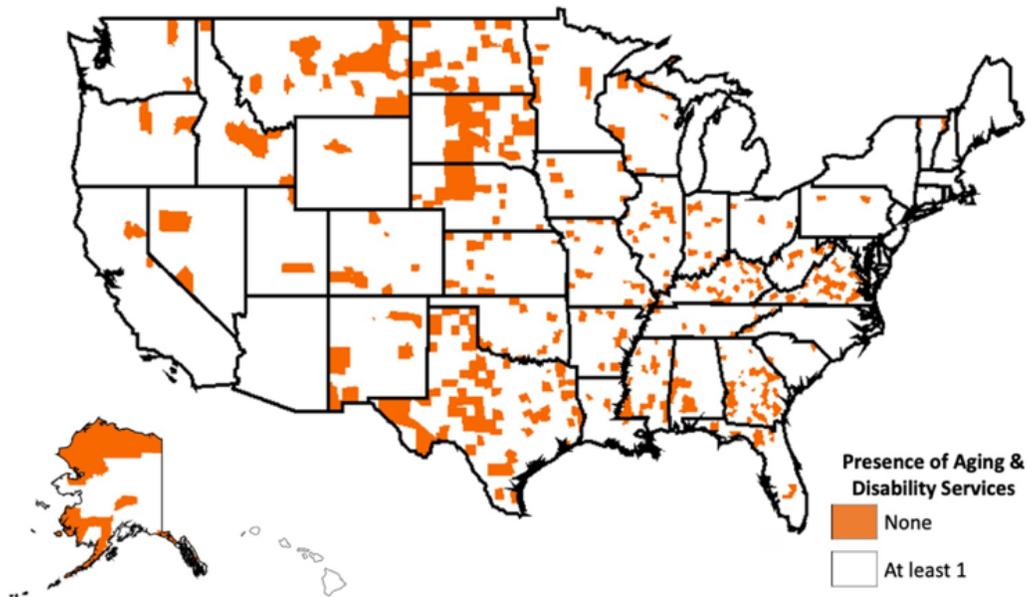


Figure 1: Location of Aging and Disability Services Deserts
Data Source: National Neighborhood Data Archive (NaNDA), 2017
Note: county-level counts of ADS establishments (N=3,142 counties)

Rural Counties and Counties with Older Populations, Higher Poverty Rates, and Higher Shares of Non-Hispanic Blacks are More Likely to be Aging and Disability Services Deserts

Figure 2 shows the probability of a county being an ADS desert based on rural-urban status and counties' racial and ethnic composition, poverty rate, and age structure. Holding other factors constant, rural counties that are not adjacent to metro areas (21%) and rural counties that are adjacent to metro areas (15%) are significantly more likely than metro counties to be ADS deserts (5.8%). Counties with the highest poverty rates are more likely to be ADS deserts compared to counties with the lowest poverty rates (15.5% vs. 11.3%). Counties with the highest shares of non-Hispanic (NH) Blacks are more likely than counties with the lowest shares of NH Blacks to be ADS deserts (14.6% vs. 11.3%), and counties with the highest shares of older adults (ages 65+) are more likely than those with the lowest shares of older adults to be ADS deserts (17.2% vs. 9.6%).

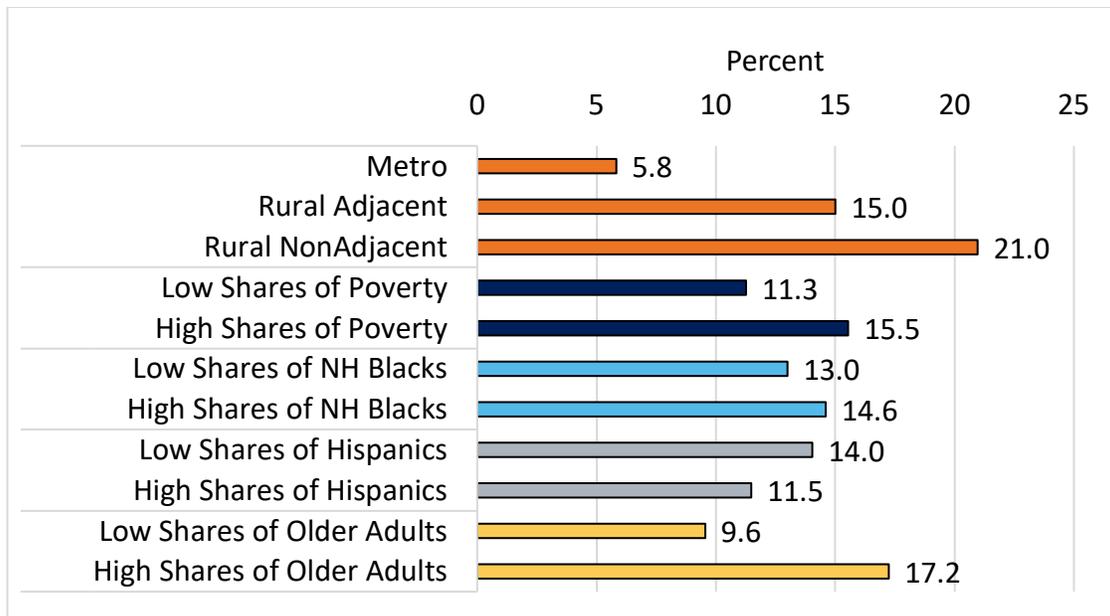


Figure 2: Predicted Probabilities of a County being an Aging and Disability Services (ADS) Desert

Data Source: National Neighborhood Data Archive (NaNDA), 2017 and American Community 5-year estimates, 2013-2017. *Notes:* N=3142 counties. Predicted probabilities are based on regression models and have been converted to percentages.

Aging Policy Stakeholders Must Take Action to Increase Equity in Access to Aging and Disability Services

The Older Americans Act directs state and local aging services policy stakeholders and providers to target services towards older adults with the greatest social and economic need, including rural, minority, and low-income groups.² Our findings suggest that current efforts to target services for these priority groups have not been fully successful. Rural older adults are at greater risk of experiencing unmet need for ADS, given the large number of ADS deserts in rural America. This is especially concerning since rural older adults may have greater difficulty than their urban counterparts accessing alternative forms of support given less healthcare service availability, greater travel distances, and limited transportation options in rural areas.⁴ Policymakers and service providers should consider innovative approaches to rural service delivery including mobile services or remote services by phone or online.

Our findings that higher poverty counties and counties with larger shares of Black residents are more likely to be ADS deserts suggests a potential health equity concern. This aligns with previous research showing that low-income and predominately-minority communities, with arguably the greatest need for health care and social services, have lower access to a range of health care and long-term care services.^{3,4,6} ADS placement decisions may reflect availability of private funding, local tax bases, or access to clients able to contribute fees or donations, rather than strategically located to maximize access to priority service recipients. More holistic policy action to invest in communities affected by red-lining and economic decline are needed to address systemic inequality in access to health-related resources for low-income, minority, and

rural communities. For example, expanding Community Development Block Grants and strengthening social infrastructure through the bipartisan infrastructure bill would provide much-needed resources and health-related supports for historically underserved communities. Increasing federal funding for Older Americans Act services and creating a more coordinated nation-wide approach to funding and administering aging services would also support greater access for rural, low-income, and minority older adults across the country.

Data and Methods

We accessed county-level counts of ADS organizations for 2017 from the National Neighborhood Data Archive (NaNDA) Social Services dataset. We used data from U.S. Census Bureau's 2013-2017 American Community Survey to determine counties' age composition, poverty rate, and racial/ethnic composition. We created dichotomous measures for percent 65+ and percent poverty ("high shares" were categorized as upper 50th percentile and "low shares" as lower 50th percentile. Percent non-Hispanic Black and percent Hispanic were positively skewed, so both variables were dichotomized to represent high shares (upper 25th percentile) and low shares (lower 75th percentile). We used the USDA's Economic Research Service Rural-Urban Continuum Codes (RUCCs) to categorize counties as "Metro" (RUCCs 1-3), "Rural Adjacent to Metro" (RUCCs 4, 6, and 8), and Rural Not Adjacent to Metro (RUCCs 5, 7, and 9). The final dataset contained 3,142 counties. More details on the study's data and methods are available in the [published paper](#).

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